

UPPER COLUMBIA RIVER

FINAL Fish Tissue Data Summary and Data Gap Report

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ACRONYMS AND ABBREVIATIONS

ACG	analytical concentration goal
BERA	Baseline Ecological Risk Assessment
CAS	Columbia Analytical Services
CBR	critical body residue
CCV	continuing calibration verification
COI	chemical of interest
CPUE	catch per unit effort
CSM	conceptual site model
<i>delta</i> -BHC	<i>delta</i> -benzenehexachloride
DDE	dichlorodiphenyldichloroethylene
DDT	dichlorodiphenyltrichloroethane
DMA	dimethylarsinate
DQO	data quality objective
EPA	U.S. Environmental Protection Agency
FSP	field sampling plan
FSCA	Fish Sample Collection Area
GPS	global positioning system
HHRA	human health risk assessment
HQ	hazard quotient
ID	identification
MDL	method detection limit
MMA	monomethylarsonate
MRL	method reporting limit
OCDD	octachlorodibenzodioxins
OCDF	octachlorodibenzofurans
PAH	polycyclic aromatic hydrocarbon
PBDE	polybrominated diphenylether
PCB	polychlorinated biphenyl

PCDD	polychlorinated dibenzodioxin
PCDF	polychlorinated dibenzofuran
QAPP	Quality Assurance Project Plan
RBC	risk-based concentration
RfD	reference dose
RI/FS	Remedial Investigation and Feasibility Study
RM	river mile
RPD	relative percent difference
RSD	relative standard deviation
SDG	sample delivery group
SLERA	Screening Level Ecological Risk Assessment
SRM	standard reference material
SVOC	semivolatile organic compound
TAI	Teck American Incorporated
TAL	target analyte list
TCDF	tetrachlorodibenzofuran
TRV	toxicity reference value
UCR	Upper Columbia River
Vista	Vista Analytical Laboratory
WDFW	Washington Department of Fish and Wildlife

UNITS OF MEASURE

cm	centimeter(s)
ft	foot/feet
g	gram(s)
in.	inch(es)
kg	kilogram
m	meter
mg	milligram
mg/kg-ww	milligram(s) per kilogram-wet weight
μ g/kg-ww	microgram(s) per kilogram-wet weight
mm	millimeter(s)
pg	picograms
ww	wet weight

1 INTRODUCTION

This document presents a summary report of fish biological measurements and tissue results conducted under the Quality Assurance Project Plan (QAPP) for the 2009 Fish Tissue Study (TAI 2009). This study was conducted as part of the Upper Columbia River (UCR) Remedial Investigation and Feasibility Study (RI/FS).

Primary objectives of the RI/FS are to investigate the nature and extent of unacceptable risk at the Site¹, provide information to support baseline risk assessments for human health (to be completed by the U.S. Environmental Protection Agency [EPA]) and the environment (to be completed by Teck American Incorporated [TAI]), and to develop and evaluate potential remedial alternatives for the Site (USEPA 2008). Fish tissue sampling was conducted from September 28th to October 18th, 2009 to collect data necessary for completion of the ecological and human health risk assessments. During the study, tissues were collected from several fish species and size classes within six fish collection areas of the UCR in accordance with the 2009 QAPP (TAI 2009).

1.1 BACKGROUND

A review of historical fish tissue data collected within the UCR identified several potential data gaps for evaluating ecological and human health risks (TAI 2009). For example, the historical data set lacked information for describing concentrations of chemicals of interest (COIs) in small- to medium-sized fish (i.e., ≤ 30 cm) throughout the site. In addition, COI concentrations had not been collected in fillet tissues of some key large-sized fish (>30 cm), such as kokanee and smallmouth bass. The primary objective of the 2009 fish tissue study was to collect information on chemical concentrations in fish tissues to fulfill the data needs identified in the QAPP (TAI 2009). This report summarizes the data collected and identifies if the Data Quality Objectives (DQOs) of the QAPP have been met. This report does not evaluate potential risks nor does it consider other relevant data (e.g., 2005 fish tissue). Such evaluations will be performed and detailed within the Human Health and Baseline Ecological Risks Assessments accordingly. During that time and consistent with Guidance (USEPA 1997), should EPA determine that there is insufficient information to support informed risk-based management decisions, additional fish tissue data may be needed.

¹ The UCR site as defined within the June 2, 2006 Settlement Agreement is the areal extent of hazardous substances contamination within the United States in or adjacent to the Upper Columbia River, including the Franklin D. Roosevelt Lake, from the U.S.–Canada border to the Grand Coulee Dam, and those areas in proximity to the contamination which are suitable and necessary for implementation of response actions.

1.2 REPORT ORGANIZATION

This report is organized into the following sections:

- **Section 1—Introduction.** This section describes the purpose and objectives of the 2009 fish tissue program.
- **Section 2—2009 Fish Tissue Study.** This section provides an overview of the 2009 fish tissue program, including: target species; target tissue types; target sample locations; collection methods; how individual fish were assigned to composite samples; and how composite samples were prepared prior to submission to the laboratory.
- **Section 3—Quality Assurance Project Plan Modifications and Deviations.** This section discusses any deviations from the QAPP and sampling plan presented in the QAPP.
- **Section 4—Validation Assessment.** This section provides an overview of the validation assessment conducted on the analytical results of the fish tissue samples.
- **Section 5—Summary of Available Data.** This section presents a summary of the analytical data available from the 2009 fish tissue samples.
- **Section 6—Assessment of Data Gaps.** This section presents an analysis of data gaps in the fish tissue results.
- **Section 7—Summary and Recommendations.** This section presents a summary of the fish tissue results in terms of data gaps and provides recommendations.
- **Section 8—References.** This section presents bibliographic information for the documents cited within this report.

In addition to the above-listed and associated appendices, data tables presented herein have been provided in electronic format, including the raw data (see enclosed CD-ROM). Data may also be obtained directly from the Project Database, accessible at <http://teck-ucr.exponent.com>.

2 2009 FISH TISSUE STUDY

2.1 PURPOSE OF STUDY

The purpose of the 2009 fish tissue study was to collect information on chemical concentrations in fish tissues to fulfill the data needs identified in the QAPP (TAI 2009).

2.2 DATA QUALITY OBJECTIVES

As described in the QAPP (TAI 2009), EPA's seven-step DQO process (USEPA 2006) was used to guide the design rationale for the fish tissue study. The DQO process is a tool to determine the type, quantity, and quality of data. This process establishes performance and acceptance criteria for the data to promote achievement of study goals. A review of the DQOs for the 2009 Fish Tissue Study is necessary for the data gap analysis (Section 6).

2.2.1 State the Problem

The preliminary conceptual site model (CSM) for the UCR RI/FS identified consumption of fish tissue as a potential exposure pathway for piscivorous fish and wildlife, and people. A relatively large amount of information has previously been collected on characteristics of the UCR fish community and major species (see the QAPP [TAI 2009] for a full discussion on existing data). The fish tissue study conducted by EPA in 2005 (USEPA 2007), as well as several earlier studies, identified the presence of COIs in fish tissues. Despite this large amount of existing information, a number of data gaps remained. For example, the EPA 2005 study evaluated large fish (13 to 22 in. [33 to 56 cm]). Although these data are useful in evaluating potential risks to people, they are less useful for evaluating potential risks to ecological receptors that prey largely or entirely on smaller fish. The 2009 fish tissue study is intended to supplement the 2005 data set and provide additional data that supports both the ecological and human health baseline risk assessments. Specifically, the 2009 fish tissue study collected additional fish species, target size classes, and COI tissue concentration data to adequately estimate risks posed by COIs to piscivorous fish, wildlife receptors, and people. In addition to collecting fish smaller than 13 in., the 2009 fish tissue study repeated the collection of large-sized fish (>30 cm) collected by EPA in 2005 to expand and enhance the data set.

2.2.2 Identify the Goal of the Study

The goal of this study is to support a decision of whether potential remedial actions are warranted due to unacceptable risks posed by the COIs to fish and piscivorous wildlife in the UCR. EPA may choose to use these data in support of similar objectives for the Human Health Risk Assessment (HHRA).

Specific risk-related questions that will be addressed through collection of data on concentrations of COIs in fish tissues are:

- Will reproduction, growth, or survival of aquatic-associated wildlife be adversely affected by the concentration of COIs in the fish consumed from the Site?
- Will growth, reproduction, or survival of fish be adversely affected by the concentration of COIs in their bodies or in prey fish?
- Will the health of recreational anglers or subsistence harvesters be adversely affected when they consume fish caught from within the Site and, if so, which species and size classes are contributing the most to risk estimates?

2.2.3 Identify Information Inputs

Step 3 of the DQO process (USEPA 2006) requires consideration of:

- Types and potential sources of information (e.g., site characteristics or variables) that should be measured to provide estimates or resolve decisions
- Information to provide a basis for specifying performance or acceptance criteria
- Information on the performance of appropriate sampling and analyses methods.

Determination or estimation of potential risks to piscivorous fish and wildlife requires representative data for COIs in Site fish tissue, knowledge about the size and species of fish preferred by various feeding guilds, knowledge about species and size of fish found in the UCR, and knowledge about fish movement and habitat preference. Existing information with regard to characterizing feeding and habitat preferences, and fish species and sizes at the Site is provided in the QAPP (TAI 2009). Representative COI concentrations from appropriate fish species and size classes were determined through new data collection as set forth in the QAPP (TAI 2009) in combination with data collected by EPA in 2005.

Toxicity benchmarks for fish, wildlife, and people are information inputs to aid in specifying performance or acceptance criteria (i.e., determination of unacceptable risk). Preliminary information with regard to toxicity benchmarks is presented in the QAPP (TAI 2009). Sampling and analytical methods must be appropriate to ensure that chemical measures of exposure can be properly estimated and compared to toxicity benchmarks or other acceptance criteria. Analytical procedures used for this study are standard EPA approved analytical protocols (Table 2-1) with detection limits sufficiently low to provide concentration data that are below risk-based benchmarks (Table 2-2; discussed later in this section).

In addition, the sampling scheme must be sufficiently robust to allow for statistical analyses that have a low probability of both Type I and Type II errors² and to provide adequate exposure concentration estimates.

Feeding Preferences for Wildlife

Three size classes (≤ 15 cm, >15 to ≤ 30 cm, and >30 cm) were selected to differentiate diets among wildlife feeding guilds. The relative importance of various sizes of fish in the diet of these representative wildlife species are shown in Table A-6 of the QAPP (TAI 2009). It is recognized that some fish in each size class will be fully grown adults while others will be juveniles or younger fish of species that grow to a much larger size. While this may confound the assessment of risks to fish, age analysis (through otolith measurements) could provide information that can inform the risk assessment and reduce uncertainty. The age of fish is less relevant for wildlife dietary analyses, as birds and mammals primarily key on fish size and will eat whatever is catchable within that size range. Collection of at least some of the same species in different size classes will aid in comparisons among fish age groups should questions about increasing contamination with age need to be addressed.

Species and Sizes of Fish in the UCR

Table A-7 of the QAPP (TAI 2009) lists fish species (and some life history characteristics) known to inhabit the UCR, and Table A-8 of the QAPP (TAI 2009) presents the relative abundance of these species.

Wildlife Prey Species

To develop data needed to assess exposure to piscivorous wildlife, several abundant fish species were collected as species-specific composite samples for each of the three size classes described above. Fish species sampled at each location included fish from several different feeding guilds to represent varying exposure conditions. Thus, target fish species were intended to be representative of food types consumed by wildlife inhabiting the UCR.

Fish Prey Species

To develop data needed to assess exposure to piscivorous fish, representative species of major fish feeding guilds (e.g., insectivores and omnivores) were chosen. Fish tissue will be used to characterize exposure to piscivorous fish via ingestion, and exposure of fish to organic substances, using concentrations in whole fish samples.

² A Type I error incorrectly concludes that there is a risk when there really is not; a Type II error incorrectly concludes that there is no risk when there really is risk.

Fish Species Consumed by People

Species most relevant to the assessment of risk to people are those that are generally caught by recreational anglers and harvested for subsistence purposes. Fish abundance surveys and creel surveys have indicated that anglers frequently target walleye, rainbow trout, lake whitefish, kokanee, burbot, and largescale sucker. In addition, smallmouth bass are increasing in numbers and are becoming a larger proportion of the recreational fishery. White sturgeon fishing is closed in the UCR, including Lake Roosevelt. While it is anticipated that people will likely target larger fish (>30 cm), catch limits do not prohibit collection and consumption of smaller fish.

For the 2009 fish tissue study, analyses on larger fish were conducted on fillets (with skin) and on the remainder of the fish. The remainder is all remaining portions of the fish after the fillets are removed. Fillets and the remainder were weighed separately because chemical analyses were performed on these tissues in separate composites. Whole body concentrations were calculated from these separate composites (discussed in Section 2.3.2). Guts of benthivorous fish (i.e., those that feed from the sediment) may contain sediment, which could bias results of the tissue analysis. Therefore, gut contents of the largescale and longnose suckers (benthivorous fish) were removed prior to chemical analysis.

Analytical Concentration Goals – Benchmarks Used

Toxicity benchmarks are used as risk-based concentrations (RBCs) to establish analytical concentration goals to ensure that analytical detection limits are sufficiently low to provide data that can be used in the ecological and human health risk assessments. These RBCs are purposefully conservative and may not be the final toxicity reference values (TRVs) or reference dose (RfD) used in the risk assessments. Benchmarks used for the fish tissue chemistry are detailed in the QAPP (TAI 2009) and summarized in Table 2-2 of this report.

2.2.4 Define Site Boundaries

The Site encompasses the UCR from the U.S.-Canada border (river mile [RM] 745) to the Grand Coulee Dam (approximately RM 596). For purposes of the fish tissue sampling program, and consistent with the RI/FS Work Plan (USEPA 2008) and Screening Level Ecological Risk Assessment (SLERA) (TAI 2010a) the Site was divided into six reaches:

- Reach 1 (U.S.-Canada border at RM 745 to RM 730)—riverine
- Reach 2 (RM 730 to RM 712)—transitional (riverine to lacustrine)
- Reach 3 (RM 712 to RM 700)—Marcus Flats [transitional (riverine to lacustrine)]
- Reach 4 (RM 700 to RM 640)—lacustrine

- Reach 5 (RM 640 to RM 617)—lacustrine
- Reach 6 (RM 617 to Grand Coulee Dam near RM 596)—lacustrine.

The approach used for the 2009 fish tissue study was to collect fish from the same six Fish Sample Collection Areas (FSCAs) used in 2005 (USEPA 2007), see Map 2-1.

2.2.5 Identify the Analytical Approach

Step 5 of the DQO process provides the analytical approach for evaluating fish tissue data and drawing conclusions on exposure to COIs in this medium. Concentrations of COIs in fish tissue will be used to estimate dietary exposure for fish, wildlife, and people; and for comparison to fish critical body residues (CBRs). This information will be used to support a decision of where or whether a remedial action is warranted due to unacceptable risks posed by the COIs to fish and piscivorous wildlife. Potential remedial actions can be based on the same set of analytical methods identified herein and these methods will use appropriate detection limits (refer to Tables 2-1 and 2-2). This approach will avoid creating a data set invalid for applying a potential action.

Conclusions regarding potential risk to ecological receptors will be made using estimates of exposure compared to toxicity benchmarks (TRVs or RfDs). Exposure assessment may include estimation of the central tendency (e.g., mean concentration) or reasonable maximum concentration (e.g., 95 percent upper confidence level on the mean). Wildlife dietary exposures will be estimated as in the SLERA (TAI 2010a), with fish intake based on appropriate size classes and other site-specific factors. A component of fish exposure will be based on their diet (e.g., for metals) or tissue concentrations relative to critical body residues (e.g., bioaccumulative organic compounds). A potential risk may be indicated using the hazard quotient (HQ) method (e.g., ratio of exposure estimate to the toxicity benchmark); or partial to full probabilistic assessment methods.

2.2.6 Specify Performance or Acceptance Criteria

Step 6 defines performance or acceptance criteria to minimize the possibility of either making erroneous conclusions or failing to keep uncertainty in estimates to within acceptable levels (USEPA 2006). For this study, performance and acceptance criteria applies to generating appropriate and acceptable data for use during risk assessment activities, and providing sufficient data to reduce uncertainty and the probability for false positive (Type I) or false negative (Type II) decision errors.

Sampling and analysis of fish tissues were conducted using standard EPA-approved methods and clean handling techniques. If analytically possible, analytical concentration goals (ACGs) were set below one-fifth the RBC for fish and wildlife, or one-tenth the human health threshold, whichever was lowest (Table 2-2). If ACGs are lower than

method detection limits (MDLs), then the MDL was used as the detection goal. Finally, samples were composited to ensure that sufficient sample mass was acquired to meet the ACGs, and laboratory sample splits from composite homogenates were required to allow for evaluation of analytical variability. Analytical data meeting the ACGs and found within analytical method performance criteria will be considered adequate to answer the questions defined in Step 2.

The estimated sample size and number of fish per composite was selected based on a statistical analysis of fish tissue data collected by EPA in 2005 (Appendix D of the QAPP [TAI 2009]). Based on this analysis, a target sample size of six composites (with five fish per composite) was identified as adequate to detect statistical differences ($\alpha = 0.05$, power = 0.80).

2.2.7 Develop the Plan for Obtaining Data

The final step in the DQO process is the development of a resource-effective design for collecting and processing the proposed samples in a manner that would achieve the specified performance criteria. The plan for obtaining data is described in the Field Sampling Plan (Appendix A of the QAPP [TAI 2009]). In general, a range of fish sizes and species representing varying feeding guilds were targeted in six river reaches of the Site. A broad range of COIs were analyzed in fish tissues to provide additional data for risk assessment purposes.

2.3 STUDY DESIGN

The 2009 fish tissue sampling study targeted locally abundant fish species to provide data to support the ecological and human health risk assessments. The following sections summarize the 2009 fish tissue study design.

2.3.1 Targeted Species and Size Classes

Three size classes and a variety of species were targeted to provide representative data of fish feeding guilds, trophic levels, and prey items for consumers of fish (wildlife and people). The following fish size classes (based on total length) and species were targeted.

≤15 cm Size Class. A goal of six whole body composites (minimum of five fish per composite) consisting of one species per composite was targeted. The goal was to collect six different species from three feeding guilds to achieve representation across guilds.

- Primary species
 - Omnivore—yellow perch
 - Insectivore—rainbow trout
 - Benthivore/detritivore—largescale sucker

- Secondary species
 - Omnivore—bluegill
 - Insectivore—whitefish
 - Benthivore/detritivore—longnose or bridgelip sucker
- Tertiary species (may include)
 - Omnivore—redside shiner, crappie, pumpkinseed, and smallmouth bass
 - Insectivore—pikeminnow
 - Benthivore/detritivore—sculpin.

>15 to ≤30 cm Size Class. A goal of six whole body composites (minimum of five fish per composite) consisting of one species per composite was targeted. Six species from three feeding guilds were targeted to achieve representation across guilds.

- Primary species
 - Benthivore/detritivore—largescale sucker
 - Insectivore—kokanee
 - Piscivore—walleye
- Secondary species
 - Benthivore/detritivore—longnose or bridgelip sucker
 - Insectivore—lake whitefish
 - Piscivore—smallmouth bass
- Tertiary Species (may include)
 - Benthivore/detritivore—sculpin
 - Insectivore—mountain whitefish
 - Piscivore—pikeminnow.

>30 cm Size Class. A goal of six single-species composite samples (minimum of five fish) was targeted for each of the following species.

- Walleye—piscivore
- Burbot—piscivore
- Smallmouth bass—piscivore
- Rainbow trout—omnivore
- Kokanee—insectivore
- Whitefish—insectivore
- Largescale sucker—benthivore/detritivore.

Species collected in this largest size class will provide data primarily for the HHRA; and may be used in the Baseline Ecological Risk Assessment (BERA). Targeted species-specific composites were collected in this size class to represent species commonly sought after by anglers, and to supplement 2005 data (USEPA 2007). A summary of target species and size classes is presented in Table 2-3.

2.3.2 Tissue Types

Whole body samples were targeted for size classes ≤ 30 cm because wildlife and piscivorous fish typically consume the whole body. Fillets of larger fish were collected to provide additional data for the HHRA. Skin-on fillets were collected in 2005 (USEPA 2007) and were also collected in 2009. A summary of target species and size classes from each FSCA is presented in Table 2-3. Tissue types collected for target species were:

≤ 15 cm Size Class

- Whole body samples for all composites

>15 to ≤ 30 Size Class

- Whole body samples for all composites

>30 cm Size Class

- Walleye—fillets (with skin) and remainder³ composites. Consistent with the QAPP (TAI 2009) subsamples from individual walleye fillets were analyzed for total mercury prior to compositing
- Burbot—fillets (with skin) and remainder composites
- Smallmouth bass—fillets (with skin) and remainder composites. Consistent with the QAPP (TAI 2009) subsamples from individual bass fillets were analyzed for total mercury prior to compositing
- Largescale sucker—fillets (with skin) and remainder (without gut contents)
- Rainbow trout—fillets (with skin) and remainder composites
- Kokanee—fillets (with skin) and remainder composites.

Fillets of larger fish were collected to provide additional data for the HHRA and supplement the 2005 data (USEPA 2007). Both of the fillets (composited together) and the remainder (i.e., the carcass or tissue remaining after filleting) were analyzed to allow for reconstruction of whole body concentrations using the following equation:

³ The remainder includes the following components: head, viscera, fins, skeleton, and musculature not obtained with the fillets.

$$C_{ew} = \frac{((C_f \times W_f) + (C_o \times W_o))}{W_f + W_o} \quad \text{(Equation 1)}$$

Where:

C_{ew} = Estimated whole body composite concentration of analyte in wet weight [ww] (mg/kg-ww)

C_f = Concentration in ww of analyte in fillet composite (mg/kg-ww)

W_f = ww of fillet tissue (kg)

C_o = Concentration in ww of analyte in remainder composite (mg/kg-ww)

W_o = ww of remainder tissue (kg)

As specified in Section 2.1.5.7 of the QAPP (TAI 2009), gut contents of large (>30 cm) longnose and largescale suckers (benthivorous fish) were removed prior to chemical analysis so as to not bias tissue results. After a sucker species was filleted, the digestive tract was removed from the head to the anus. The gut was cut open along its full length and the digestive contents extruded into a pre-cleaned glass jar. The guts were rinsed clean with deionized water and the empty digestive tissue was returned to the remainder portion of the fish for chemical analysis. See Appendix A for photographs of typical operations. Consistent with the QAPP (TAI 2009), gut contents were archived.

2.3.3 Sample Locations

As noted within Section 2.2.4 of this report, FSCAs matched those targeted in 2005 (USEPA 2007), and were located within each of the following river reaches (Map 2-1):

- Reach 1 (U.S.-Canada border at RM 745 to RM 730)
- Reach 2 (RM 730 to RM 712)
- Reach 3 (RM 712 to RM 700)—Marcus Flats
- Reach 4 (RM 700 to RM 640)
- Reach 5 (RM 640 to RM 617)
- Reach 6 (RM 617 to Grand Coulee Dam near RM 596).

Locations where fish were successfully captured are shown on Maps 2-2 to 2-7. A summary of the total number of fish collected by size class and FSCA is presented in Table 2-4.

2.3.4 Analyte List and Methods

Planned target analytes as defined in the QAPP (TAI 2009) are presented in Table 2-2. Observations of condition and an external examination for health and abnormalities were recorded (Section 2.4) and photographs of each specimen (one on each side) were collected.

2.3.5 Collection Methods

The following is a summary of the methods used throughout the 2009 fish tissue sampling event. Generally, four to five people were assigned to each boat, including: the boat captain, field leader, one or two field technicians, and a guide from the Spokane Tribe or a representative from EPA or the Colville Tribe. Technical oversight by EPA and/or the Colville Tribe was provided throughout the duration of the sampling effort.

- **Gill nets.** Gill nets were constructed of monofilament mesh, with floats on the top horizontal line, and weights on the bottom line. The nets were 200 ft long and 10 ft high, with a mesh size of 3 to 4 cm. Ends were weighted with one or more concrete or lead anchors attached by a short line (about 1 m) to keep the net near but above the bottom. An inflated buoy was attached to each end to mark the locations of the net at the water surface (see Photographs A-1 and A-2 in Appendix A). Nets were generally deployed in the late afternoon or evening and retrieved the following morning. In some cases, nets were re-deployed in the morning, retrieved later that day or the following morning. A global positioning system (GPS) unit on board each vessel was used to document the location of each net set upon deployment. Nets were retrieved by pulling the anchor line up and gradually driving the boat forward while bringing in the remainder of the net. Fish and debris (e.g., vegetation) were removed as the net was pulled. Gill nets were successful in capturing medium and large fish species.
- **Boat electrofishing.** Electrofishing was conducted in littoral or shoreline areas following methods described by the Washington Department of Fish and Wildlife (WDFW) (Bonar et al. 2000). Settings were adjusted by the boat operator to fish effectively while limiting fish mortality. Electrofishing was most effective after dark; therefore, field crews usually launched vessels near sunset and electrofished until approximately midnight. Typically a crew of three was used for electrofishing efforts: one boat operator, and two netters. Long-handled nets allowed netters to reach stunned fish about 10 to 12 ft from the boat or under the water. Fishing depth was limited to approximately 10 ft of water. A GPS receiver was used to record the position at the beginning and end of each electrofishing transect. Electrofishing was successful in capturing all fish species and size

classes. An example of an electrofishing vessel is presented in Photograph A-3 in Appendix A.

- **Backpack electrofishing.** A backpack electrofisher was used as an alternative to boat electrofishing and to target small sized fish (≤ 15 cm). Backpack electrofishing was conducted using methods outlined by WDFW (Bonar et al. 2000). The operator used the backpack button switch to activate the anode in order to stun fish while wading instream. One or more assistants waded next to the operator using dip nets to capture stunned fish. Assistant(s) also adjusted electrofisher settings for the operator and monitored electrical output. Sampling was conducted while moving upstream. Backpack electrofishing generally occurred in the late afternoon and was successful at capturing small sized fish (≤ 15 cm).
- **Burbot traps.** Burbot traps were constructed of a conical steel frame wrapped in nylon netting, with an opening that allowed fish to enter but not escape. Traps were baited with fresh fish cut into pieces and placed in a mesh bag inside the trap⁴, and lowered to the bottom with a line attached to a surface buoy (see SOP #5 from the QAPP [TAI 2009]). The location and depth of each trap set was recorded on the fish collection form. Traps were deployed in a variety of locations at depths that ranged from approximately 20 to 100 ft, with limited success. Burbot trap deployment is depicted in Photograph A-4 in Appendix A.
- **Beach seines.** Beach seines were used near shorelines to collect small fish (≤ 15 cm). Beach seines were deployed from a boat (or by wading), where one end of the seine was fixed by a technician on the shore bank, and the other end secured on the boat (or by wading into the shallow area). The boat (or wader) was backed away from the shore while deploying the net, then the boat (or wader) moved back to the shore downstream or upstream of where the seine was secured. The seine was then manually pulled onto shore from both ends. Trapped fish congregated in the end of the looped net were dragged up onto shore and placed in buckets with water from that area so that target and non-target fish could be sorted. Photograph A-5 in Appendix A presents an example of this process.
- **Minnow traps.** Minnow traps were used as an alternative method targeting ≤ 15 cm fish. Traps consisted of two pieces clipped together to form a small cylinder slightly tapered at either end. Each end has a funnel entrance which leads into the center of the trap, allowing fish to enter but preventing them from escaping. Traps were generally placed on the substrate in the shallow shoreline

⁴ A mesh net bag prevented captured burbot from eating the bait fish. Visual inspection of bait bags after retrieval confirmed that bait fish were not consumed (i.e., bait bags were intact and contained the bait fish).

areas. A string of four to five traps along a line were set in the morning or afternoon and retrieved the next day.

- **Hoop nets.** Hoop nets were not identified in the QAPP (TAI 2009) as a primary method for fish collection. However, given the limited success in capturing burbot, guides from the Spokane Tribe suggested this as an alternative method. Two nets provided by the Spokane Tribe were tested in FSCA 6. A hoop net has a steel hoop supporting the nets round shape, and a smaller 12 inch steel hoop is woven into the center of the net (see Photograph A-6 in Appendix A). Bait is attached to the inner hoop. A rope bridle is attached in three spots around the outer hoop and connects to the main rope. A float was attached between the mainline and the bridle to support the bridle above the net. Hoop nets are anchored and buoyed in a similar fashion as gill nets. Hoop nets were set in the afternoon and collected the next day. Only two target fish (i.e., burbot) were collected using this method.

Following collection using the above-listed methods, fish were transferred to a live well on board the vessel. All fish were handled using nitrile gloves. Gloves were replaced between fish collection areas. Boat crews examined each fish to determine if it was within the target species and size class. Field crews had fish identification (ID) cards derived from Wydowski and Whitney (2003) to aid with species identification. Non-target fish were returned to the area they were collected. Target fish were given an ID number written on plastic tags, and attached to the fish with a nylon cable tie passed through the fish's mouth and out the gill opening under the operculum. Each fish was then placed in an individual resealable bag and placed in a cooler with ice. For the two smaller size classes, the ID tag was placed inside the resealable bag rather than affixed to the gills so as to reduce damage to the fish. Fish ID numbers were recorded on fish collection forms along with information about the time and location of collection. Coolers with target fish were returned to on-shore processing stations periodically throughout each day or evening.

2.3.6 Sampling Effort

To meet the DQOs a minimum sampling effort was planned for each FSCA and size class. Three to five days of sampling was conducted at each FSCA. A summary of the minimum required sampling effort per target fish size class is presented below.

≤15 cm Size Class

- Primary sampling gear and effort
 - Beach seines (8 hours or five seine hauls)
 - Electrofishing (3 hours of active electrofishing)

- Secondary sampling effort (if needed)
 - Beach seines (alternative gear equal effort, 8 hours or five seine hauls)
 - Boat/backpack electrofishing (3 hours of electrofishing).

>15 to ≤30 Size Class

- Primary sampling gear and effort
 - Gill nets (two 12-hour gill net sets with four gills nets per set)
 - Boat electrofishing (two 6-hour periods of active electrofishing)
- Secondary sampling effort (if needed)
 - Gill nets (two 12-hour gill net sets with three gills nets per set)
 - Boat electrofishing (two 6-hour periods of active electrofishing).

>30 cm Size Class

- Primary sampling gear and effort
 - Gill nets and electrofishing (same as 15 to 30 cm)
 - Burbot traps (two 12-hour sets with 12 traps per set)
- Secondary sampling effort (if needed)
 - Gill nets and electrofishing (same as 15 to 30 cm)
 - Burbot traps (two 12-hour sets with 12 traps per set).

2.3.7 Biological Measurements

Each fish was rinsed with a spray of site water, which was collected from the FSCA at the time of fish collection, to remove any ice, blood, or debris from the body surface. Next, species identification was verified using identification cards derived from Wydowski and Whitney (2003). Then the total length and weights were recorded (Appendix B), an external exam performed (Appendix C), and photographs taken (Appendix D and Photograph A-7 in Appendix A). Each fish tag number was recorded on the length-weight form, and the fish placed on a clean piece of aluminum foil, shiny side away from the fish. The field tag remained with each fish throughout onshore processing. The total length (i.e., anterior-most part of the fish to the tip of the compressed lobes of the caudal fin) of each fish was measured to the nearest millimeter. Each fish was weighed to the nearest gram using a laboratory balance (calibrated daily), and had been tared to the weight of the foil. External examinations were performed in accordance with the external exam sheet and guidelines presented in Smith et al. (2002).

Preferred aging structures by species are provided in Table 2-5. Fish were aged using their preferred structure, with the exception of kokanee where otoliths were examined (see field notebook in Appendix E). Fish of sizes ≤15 cm did not undergo the aging

process as it was assumed that they were generally within one year of age (see Appendix F, Modification 01). Based on recommendations from the WDFW, aging structures (i.e., otoliths, scales, or opercula) were removed from fish of the larger two size classes (see Table 2-5). Otoliths were removed by cutting into the skull of the fish with a disposable scalpel blade in accordance with techniques described by Secor et al. (1991) (see Photograph A-8 in Appendix A). Both otoliths were removed and placed into a slot in a plastic otolith storage tray, and each slot was logged into a logbook with the fish identification information. Fish scales were collected from each fish with a clean scalpel and placed in an envelope with the fish identification information written on the outside. Opercula were removed from both sides of fish (e.g., sucker species) using a clean scalpel or clean dissection scissors and placed in an envelope with the fish identification information written on the outside. Opercula were then placed in a freezer prior to shipping. Scales and otoliths were placed in a clean, cool dry area prior to shipping as it was not necessary to freeze them prior to shipping. All structures were sent to the WDFW laboratory in Olympia, Washington, for age determination.

2.4 FIELD SAMPLING RESULTS

The following section provides a discussion of fish sample collection results. A review of the field effort, fish collected, and fish characteristics (e.g., lengths/weights) are described below. Locations where fish were successfully captured are shown on Maps 2-2 through 2-7. A summary of the total number of fish collected by size class and FSCA is presented in Table 2-4. Field notebooks are in Appendix E, field collection forms are in Appendix G, and fish processing forms are in Appendix H.

2.4.1 Sampling Results for FSCA 1

2.4.1.1 Sampling Effort

Sampling effort conducted within FSCA 1 is summarized in Table 2-6 and successful fish collection locations are presented on Map 2-2. The minimum level of effort was met for all gear types, except for beach seines. However, when combining beach seines and minnow traps (an alternate method) the minimum level of effort was met (Table 2-6). The sampling effort is also summarized on a catch per unit effort (CPUE) basis in Tables 2-7a through 2-7f for each sampling method employed. Boat electrofishing and gill nets provided the highest CPUE of all the methods.

2.4.1.2 Fish Samples Collected

Information for each individual fish collected in FSCA 1 is documented in Table 2-8, while a summary of the total catch is described below for each size class and species:

≤15 cm Size Class

- Black crappie—one fish with a total length and weight of 56 mm and <1 g, respectively was collected
- Largescale sucker—13 fish ranging in length from 63 to 144 mm and in weight from 2 to 25 g were collected
- Longnose sucker—four fish ranging in length from 73 to 118 mm and in weight from 4 to 16 g were collected
- Pikeminnow—five fish ranging in length from 67 to 140 mm and in weight from 2.3 to 28 g were collected
- Rainbow trout—eight fish (all wild origin) ranging in length from 66 to 145 mm and in weight from 2.5 to 36.6 g were collected
- Redside shiner—one fish with a total length and weight of 100 mm and 8.2 g, respectively was collected
- Sculpin—20 fish ranging in length from 60 to 139 mm and in weight from 2 to 32 g were collected
- Smallmouth bass—14 fish ranging in length from 47 to 97 mm and in weight from 1.6 to 13 g were collected.

>15 cm to ≤30 cm Size Class

- Kokanee—15 fish (all hatchery origin) ranging in length from 265 to 300 mm and in weight from 200 to 321.3 g were collected
- Largescale sucker—one fish with a total length and weight of 197 mm and 82.4 g, respectively was collected
- Longnose sucker—three fish ranging in length from 154 to 167 mm and in weight from 37 to 40 g were collected
- Mountain whitefish—four fish ranging in length from 151 to 285 mm and in weight from 30 to 250.8 g were collected
- Rainbow trout—three fish (all wild origin) ranging in length from 180 to 300 mm and in weight from 65 to 299 g were collected
- Smallmouth bass—two fish ranging in length from 244 to 278 mm and in weight from 244.6 to 333 g were collected
- Walleye—one fish with a total length and weight of 157 mm and 31.2 g, respectively was collected
- Yellow perch—two fish ranging in length from 164 to 169 mm and in weight from 62 to 66 g were collected.

>30 cm Size Class

- Burbot—one fish with a total length and weight of 555 mm and 645 g, respectively was collected
- Kokanee—50 fish (4 wild, 46 hatchery) ranging in length from 302 to 485 mm and in weight from 273.8 to 1213.9 g were collected
- Largescale sucker—three fish ranging in length from 493 to 577 mm and in weight from 1157.8 to 1717.2 g were collected
- Longnose sucker—one fish with a total length and weight of 360 mm and 651 g, respectively was collected
- Mountain whitefish—three fish ranging in length from 424 to 477 mm and in weight from 926.8 to 1398.9 g were collected
- Rainbow trout—36 fish (all wild origin) ranging in length from 308 to 565 mm and in weight from 312.4 to 2613.8 g were collected
- Walleye—24 fish ranging in length from 319 to 674 mm and in weight from 260.2 to 3908 g were collected.

One juvenile white sturgeon was encountered and released in FSCA 1 (Map 2-8). A summary of all incidentally captured juvenile white sturgeon is presented in Table 2-9, with locations illustrated on Maps 2-8 through 2-10. All incidentally captured juvenile white sturgeon were handled per the WDFW protocols outlined in Permit #09-027A.

External examinations were performed to evaluate characteristics identified in Table 2-10. Table 2-11 provides a summary of all external abnormalities identified for each fish examined in FSCA 1. Information for each individual fish is provided in Appendix C. Few abnormalities were noted, with the exception of marks or cuts due to gill nets.

2.4.2 Sampling Results for FSCA 2

2.4.2.1 Sampling Effort

Sampling effort conducted within FSCA 2 is summarized Table 2-6 and successful fish collection locations presented on Map 2-3. The minimum level of effort was met for all gear types, except for boat electrofishing where one of the electrofishing vessels required repairs and was not able to fish one evening during week 1. Other collection methods employed were well above the minimum level of effort to make up for the electrofishing time missed. Sampling efforts are summarized on a CPUE basis in Tables 2-7a through 2-7f. Boat electrofishing and beach seines provided the highest CPUE of all the methods.

2.4.2.2 Fish Samples Collected

Information for individual fish collected in FSCA 2 is presented in Table 2-12, while a summary of the total catch is described below:

≤15 cm Size Class

- Bluegill—15 fish ranging in length from 26 to 38 mm and in weight from 0.3 to 1 g were collected
- Largescale sucker—26 fish ranging in length from 43 to 136 mm and in weight from 0.8 to 21 g were collected
- Longnose sucker—17 fish ranging in length from 40 to 132 mm and in weight from 0.6 to 23 g were collected
- Pikeminnow—19 fish ranging in length from 68 to 150 mm and in weight from 3 to 30 g were collected
- Rainbow trout—six fish (all wild origin) ranging in length from 12 to 146 mm and in weight from 5.7 to 31.8 g were collected
- Redside shiner—one fish with a total length and weight of 79 mm and 4 g, respectively was collected
- Sculpin—nine fish ranging in length from 72 to 109 mm and in weight from 3.2 to 18 g were collected
- Smallmouth bass—31 fish ranging in length from 43 to 91 mm and in weight from 0.1 to 12 g were collected
- Yellow perch—17 fish ranging in length from 60 to 142 mm and in weight from 1 to 36 g were collected.

>15 cm to ≤30 cm Size Class

- Kokanee—10 fish (all hatchery origin) ranging in length from 263 to 296 mm and in weight from 234 to 336 g were collected
- Largescale sucker—five fish ranging in length from 208 to 275 mm and in weight from 77 to 260 g were collected
- Longnose sucker—10 fish ranging in length from 158 to 280 mm and in weight from 38.4 to 217.5 g were collected
- Mountain whitefish—one fish with a total length and weight of 237 mm and 109 g, respectively was collected
- Pikeminnow—14 fish ranging in length from 155 to 280 mm and in weight from 29.1 to 212.6 g were collected

- Rainbow trout—nine fish (all wild origin) ranging in length from 170 to 258 mm and in weight from 45 to 178 g were collected
- Smallmouth bass—one fish with a total length and weight of 279 mm and 360 g, respectively was collected.

>30 cm Size Class

- Burbot—three fish ranging in length from 479 to 623 mm and in weight from 609 to 1366 g were collected
- Kokanee—29 fish (1 wild, 28 hatchery) ranging in length from 304 to 485 mm and in weight from 316 to 1207g were collected
- Largescale sucker—12 fish ranging in length from 332 to 583 mm and in weight from 439 to 2135 g were collected
- Longnose sucker—six fish ranging in length from 306 to 408 mm and in weight from 304.3 to 770 g were collected
- Mountain whitefish—four fish ranging in length from 444 to 480 mm and in weight from 884 to 1226 g were collected
- Rainbow trout—33 fish (30 wild, 3 hatchery) ranging in length from 313 to 572 mm and in weight from 364 to 1806 g were collected
- Smallmouth bass—one fish with a total length and weight of 414 mm and 1147 g, respectively was collected
- Walleye—43 fish ranging in length from 316 to 582 mm and in weight from 268 to 1899 g were collected.

Fifty-nine juvenile white sturgeon were captured in FSCA 2 (Map 2-9). Of those, 55 were released in good condition and four were incidental mortalities. These mortalities were kept on ice and delivered to the WDFW Sherman Creek Hatchery as directed by Jason McLellan of WDFW⁵. A summary of all juvenile white sturgeon incidentally captured is presented in Table 2-9 and locations are presented on Maps 2-8 through 2-10.

External examinations were performed to evaluate the characteristics identified in Table 2-10. Table 2-11 provides a summary of all external abnormalities identified for each fish. Information for each individual fish is provided in Appendix C. Few abnormalities were noted, with the exception of marks or cuts, and frayed fins likely due to gill nets.

⁵ It is uncertain what, if anything was done (e.g., chemical analyses) with incidental juvenile white sturgeon mortalities provided to the WDFW consistent with Permit #09-027A. Any analyses that may have been performed by WDFW are not part of this sampling effort and have not been communicated or made available to TAI, if they exist.

2.4.3 Sampling Results for FSCA 3

2.4.3.1 Sampling Effort

Sampling effort conducted within FSCA 3 is summarized Table 2-6 and successful fish collection locations are presented on Map 2-4. The minimum level of effort was met for all gear types, except for beach seines. Beach seines targeted the two smaller size classes, and enough fish were collected in FSCA 3 to complete six composites for each size class, thus only four seine hauls were conducted. Sampling effort on a CPUE basis is summarized in Tables 2-7a through 2-7f. Boat electrofishing and gill nets provided the highest CPUE of all methods.

2.4.3.2 Fish Samples Collected

Information for individual fish collected in FSCA 3 is documented in Table 2-13, while a summary of the total catch is described below for each size class and species:

≤15 cm Size Class

- Black crappie—29 fish ranging in length from 60 to 107 mm and in weight from 2 to 16.8 g were collected
- Largescale sucker—seven fish ranging in length from 68 to 149 mm and in weight from 2.1 to 29.5 g were collected
- Longnose sucker—39 fish ranging in length from 62 to 112 mm and in weight from 1.3 to 12.2 g were collected
- Pikeminnow—45 fish ranging in length from 70 to 150 mm and in weight from 3 to 27.4 g were collected
- Rainbow trout—11 fish (all wild origin) ranging in length from 12 to 138 mm and in weight from 7 to 26.4 g were collected
- Sculpin—12 fish ranging in length from 40 to 138 mm and in weight from 0.4 to 32 g were collected
- Smallmouth bass—70 fish ranging in length from 50 to 149 mm and in weight from 1.7 to 45 g were collected
- Walleye—seven fish ranging in length from 102 to 149 mm and in weight from 7.4 to 24.2 g were collected
- Yellow perch—33 fish ranging in length from 44 to 109 mm and in weight from 0.6 to 15.9 g were collected.

>15 cm to ≤30 cm Size Class

- Kokanee—16 fish (all hatchery origin) ranging in length from 218 to 299 mm and in weight from 181.9 to 336 g were collected
- Largescale sucker—17 fish ranging in length from 153 to 275 mm and in weight from 29 to 237.1 g were collected
- Longnose sucker—19 fish ranging in length from 152 to 230 mm and in weight from 33.9 to 120 g were collected
- Pikeminnow—38 fish ranging in length from 152 to 296 mm and in weight from 20.6 to 237 g were collected
- Rainbow trout—three fish (all wild origin) ranging in length from 155 to 280 mm and in weight from 34.6 to 228 g were collected
- Smallmouth bass—25 fish ranging in length from 161 to 300 mm and in weight from 56.8 to 441 g were collected
- Walleye—12 fish ranging in length from 157 to 276 mm and in weight from 29 to 166 g were collected.

>30 cm Size Class

- Burbot—14 fish ranging in length from 436 to 600 mm and in weight from 493 to 1085 g were collected
- Kokanee—49 fish (1 wild, 48 hatchery) ranging in length from 301 to 392 mm and in weight from 312 to 691 g were collected
- Lake whitefish—31 fish ranging in length from 342 to 607 mm and in weight from 457 to 2445 g were collected
- Largescale sucker—25 fish ranging in length from 341 to 594 mm and in weight from 461 to 2116 g were collected
- Rainbow trout—33 fish (19 wild, 14 hatchery) ranging in length from 301 to 564 mm and in weight from 321 to 2121 g were collected
- Smallmouth bass—eight fish ranging in length from 305 to 390 mm and in weight from 377 to 1018 g were collected
- Walleye—47 fish ranging in length from 342 to 621 mm and in weight from 374 to 1976 g were collected.

Five juvenile white sturgeon were incidentally captured in FSCA 3 (Map 2-10). Of those, four were released in good condition and one was an incidental mortality. This mortality was kept on ice and delivered to the WDFW Sherman Creek Hatchery as directed by Jason McLellan, WDFW. A summary table of all juvenile white sturgeon incidentally captured is presented in Table 2-9 and locations are presented on Maps 2-8 through 2-10.

During fishing activities it was noted by the field team that crayfish were frequently encountered in burbot traps. All crayfish were released in the area they were collected.

External examinations were performed to evaluate characteristics identified in Table 2-10. Table 2-11 provides a summary of all external abnormalities identified for fish in FSCA 3. Information for each individual fish is provided in Appendix C. Few abnormalities were noted, with the exception of marks or cuts or frayed fins likely due to the gill nets.

2.4.4 Sampling Results for FSCA 4

2.4.4.1 Sampling Effort

Sampling effort conducted within FSCA 4 is summarized Table 2-6 and successful fish collection locations are presented in Map 2-5. The minimum level of effort was met or exceeded for all gear types. Sampling effort on a CPUE basis is summarized in Tables 2-7a through 2-7f. Boat electrofishing and gill nets provided the highest CPUE.

2.4.4.2 Fish Samples Collected

Information for each individual fish collected in FSCA 4 is documented in Table 2-14, while a summary of the total catch is described below for each size class and species.

≤15 cm Size Class

- Largescale sucker—one fish with a total length and weight of 114 mm and 12.5 g, respectively was collected
- Longnose sucker—15 fish ranging in length from 81 to 110 mm and in weight from 4.6 to 85 g were collected
- Pikeminnow—one fish with a total length and weight of 100 mm and 7.3 g, respectively was collected
- Sculpin—five fish ranging in length from 50 to 82 mm and in weight from 1.2 to 6.1 g were collected
- Smallmouth bass—54 fish ranging in length from 53 to 93 mm and in weight from 1.6 to 10.9 g were collected
- Walleye—31 fish ranging in length from 83 to 150 mm and in weight from 4.2 to 25.8 g were collected
- Yellow perch—44 fish ranging in length from 63 to 110 mm and in weight from 2.2 to 44 g were collected.

>15 cm to ≤30 cm Size Class

- Kokanee—11 fish (all hatchery origin) ranging in length from 279 to 300 mm and in weight from 205 to 347 g were collected
- Lake whitefish—two fish ranging in length from 210 to 260 mm and in weight from 94 to 171 g were collected
- Largescale sucker—four fish ranging in length from 200 to 212 mm and in weight from 89 to 111 g were collected
- Longnose sucker—one fish with a total length and weight of 200 mm and 88.7 g, respectively was collected
- Peamouth—four fish ranging in length from 264 to 285 mm and in weight from 166 to 213 g were collected
- Pikeminnow—one fish with a total length and weight of 277 mm and 177 g, respectively was collected
- Rainbow trout—four fish (all wild origin) ranging in length from 161 to 299 mm and in weight from 44.6 to 360 g were collected
- Smallmouth bass—seven fish ranging in length from 162 to 279 mm and in weight from 62.9 to 381 g were collected
- Walleye—26 fish ranging in length from 151 to 288 mm and in weight from 26.2 to 202 g were collected
- Yellow perch—two fish ranging in length from 197 to 242 mm and in weight from 89 to 186 g were collected.

>30 cm Size Class

- Burbot—35 fish ranging in length from 420 to 620 mm and in weight from 393 to 1194 g were collected
- Kokanee—32 fish (2 wild, 30 hatchery) ranging in length from 302 to 418 mm and in weight from 298 to 924 g were collected
- Lake whitefish—33 fish ranging in length from 375 to 580 mm and in weight from 693 to 2528 g were collected
- Largescale sucker—nine fish ranging in length from 430 to 622 mm and in weight from 1044 to 2134 g were collected
- Longnose sucker—11 fish ranging in length from 384 to 450 mm and in weight from 795 to 1298 g were collected
- Rainbow trout—38 fish (11 wild, 27 hatchery) ranging in length from 301 to 545 mm and in weight from 366 to 1852 g were collected

- Smallmouth bass—two fish ranging in length from 305 to 319 mm and in weight from 371 to 560 g were collected
- Walleye—37 fish ranging in length from 302 to 592 mm and in weight from 232 to 2310 g were collected.

No juvenile white sturgeon was encountered in FSCA 4. During fishing activities in FSCA 4, it was noted by the field team that that crayfish were frequently encountered in burbot traps. All crayfish were released in the areas they were collected.

External examinations were performed to evaluate characteristics identified in Table 2-10. Table 2-11 provides a summary of all external abnormalities identified for each fish examined for FSCA 4. Information for each individual fish is provided in Appendix C. Few abnormalities were noted, with the exception of marks or cuts and frayed fins, likely due to the gill nets.

2.4.5 Sampling Results for FSCA 5

2.4.5.1 Sampling Effort

Sampling effort conducted within FSCA 5 is summarized Table 2-6 and successful fish collection locations presented in Map 2-6. The minimum level of effort was met (or exceeded) for all gear types, except beach seines. Four of five targeted beach seine hauls were conducted. The CPUE is described in Tables 2-7a through 2-7f. Beach seines did not result in any fish collected in FSCA 5 (Table 2-7d). Boat electrofishing provided the highest CPUE.

2.4.5.2 Fish Samples Collected

Information for each individual fish collected in FSCA 5 is documented in Table 2-15, while a summary of the total catch is described below for each size class and species.

≤15 cm Size Class

- Black crappie—one fish with a total length and weight of 115 mm and 19.8 g, respectively was collected
- Sculpin—23 fish ranging in length from 63 to 100 mm and in weight from 2.8 to 12.6 g were collected
- Smallmouth bass—65 fish ranging in length from 8.5 to 149 mm and in weight from 2.6 to 44.9 g were collected
- Walleye—33 fish ranging in length from 80 to 150 mm and in weight from 3.5 to 30 g were collected
- Yellow perch—40 fish ranging in length from 66 to 126 mm and in weight from 3 to 22.7 g were collected.

>15 cm to ≤30 cm Size Class

- Kokanee—13 fish (all hatchery origin) ranging in length from 245 to 300 mm and in weight from 143 to 331 g were collected
- Largescale sucker—one fish with a total length and weight of 295 mm and 328 g, respectively was collected
- Longnose sucker—two fish ranging in length from 260 to 264 mm and in weight from 206 to 277 g were collected
- Pikeminnow—one fish with a total length and weight of 240 mm and 121 g, respectively was collected
- Smallmouth bass—16 fish ranging in length from 152 to 281 mm and in weight from 46 to 291 g were collected
- Walleye—18 fish ranging in length from 160 to 226 mm and in weight from 30 to 104 g were collected
- Yellow perch—two fish ranging in length from 198 to 264 mm and in weight from 102.4 to 272 g were collected.

>30 cm Size Class

- Burbot—34 fish ranging in length from 440 to 624 mm and in weight from 448 to 1172 g were collected
- Kokanee—30 fish (all hatchery origin) ranging in length from 302 to 360 mm and in weight from 311 to 542 g were collected
- Lake whitefish—21 fish ranging in length from 344 to 536 mm and in weight from 521 to 1806 g were collected
- Largescale sucker—four fish ranging in length from 500 to 623 mm and in weight from 1122 to 2529 g were collected
- Rainbow trout—34 fish (6 wild, 28 hatchery) ranging in length from 301 to 496 mm and in weight from 316 to 1414 g were collected
- Smallmouth bass—13 fish ranging in length from 301 to 332 mm and in weight from 300 to 505 g were collected
- Walleye—32 fish ranging in length from 312 to 900 mm and in weight from 234 to 6500 g were collected.

No juvenile white sturgeon was encountered in FSCA 5.

External examinations were performed to evaluate characteristics identified in Table 2-10. Table 2-11 provides a summary of all external abnormalities identified for each fish examined for FSCA 5. Information for each individual fish is provided in Appendix C.

Few abnormalities were noted, with the exception of frayed fins and marks or cuts likely due to the gill nets.

2.4.6 Sampling Results for FSCA 6

2.4.6.1 Sampling Effort

Sampling effort conducted within FSCA 6 is summarized Table 2-6 and successful fish collection locations presented in Map 2-7. The minimum level of effort was met (or exceeded) for all gear types, except beach seines. Four of five targeted beach seine hauls were conducted. The CPUE is described in Tables 2-7a through 2-7f. Boat electrofishing and gill nets provided the highest CPUE of all the methods.

2.4.6.2 Fish Samples Collected

Information for each individual fish collected in FSCA 6 is documented in Table 2-16, while a summary of the total catch is described below for each size class and species:

≤15 cm Size Class

- Black crappie—one fish with a total length and weight of 99 mm and 13 g, respectively was collected
- Bluegill—seven fish ranging in length from 40 to 50 mm and in weight from 0.9 to 1.9 g were collected
- Sculpin—six fish ranging in length from 40 to 94 mm and in weight from 0.6 to 8 g were collected
- Smallmouth bass—82 fish ranging in length from 8.1 to 149 mm and in weight from 3 to 42.1 g were collected
- Walleye—nine fish ranging in length from 105 to 149 mm and in weight from 8.4 to 24.7 g were collected
- Yellow perch—39 fish ranging in length from 81 to 120 mm and in weight from 5.1 to 107 g were collected.

>15 cm to ≤30 cm Size Class

- Kokanee—15 fish (all hatchery origin) ranging in length from 245 to 300 mm and in weight from 151 to 349 g were collected
- Smallmouth bass—22 fish ranging in length from 151 to 278 mm and in weight from 37.5 to 322 g were collected
- Walleye—19 fish ranging in length from 151 to 280 mm and in weight from 23.8 to 159.4 g were collected.

>30 cm Size Class

- Burbot—27 fish ranging in length from 424 to 570 mm and in weight from 381 to 1202 g were collected
- Kokanee—27 fish (all hatchery origin) ranging in length from 301 to 356 mm and in weight from 329 to 501 g were collected
- Largescale sucker—30 fish ranging in length from 475 to 615 mm and in weight from 1211 to 2478 g were collected
- Rainbow trout—40 fish (18 wild, 22 hatchery) ranging in length from 310 to 519 mm and in weight from 348 to 1440 g were collected
- Smallmouth bass—50 fish ranging in length from 303 to 450 mm and in weight from 296 to 1486 g were collected
- Walleye—34 fish ranging in length from 332 to 545 mm and in weight from 278 to 1348 g were collected.

No juvenile white sturgeon was encountered in FSCA 6.

External examinations were performed to evaluate characteristics identified in Table 2-10. Table 2-11 provides a summary of all external abnormalities identified for each fish examined for FSCA 6. Information for each individual fish is provided in Appendix C. Few abnormalities were noted, with the exception of frayed fins and marks or cuts likely due to the gill nets.

2.5 SAMPLE COMPOSITING

Composite determination was conducted after field sampling was completed and all samples were stored at the analytical laboratory (i.e., Columbia Analytical Services [CAS]). The following methods were used to randomly assign individual samples (i.e., whole body, fillet, or remainder) from a FSCA into composite samples by species.

- **≤15 cm size class.** Composites were formed for individual species with a minimum of five fish. The QAPP (TAI 2009) specified that composites would be formed such that the smallest individual is not less than 75 percent of the length of the largest individual. However, due to the analytical mass required (~100 to 300 g, depending on the analytical suite) it was not possible to follow this rule and have a sample with sufficient mass to conduct the analysis. Therefore for this size class, all individuals collected for a species for each FSCA were included in the composite or randomly assigned to a composite until sufficient mass was achieved.
- **>15 to ≤30 cm size class.** Composites were formed for individual species with a minimum of three fish. Fish were assigned to a composite using a random number generator (i.e., each fish had an equal chance to be included in the

composite). Fish assigned to each composite sample were checked to ensure that the smallest individual was not less than 75 percent of the largest individual, in accordance with the QAPP (TAI 2009). If a fish was outside this range, than another randomly selected fish was placed in the composite. All fish not assigned to a composite were archived.

- **>30 cm size class.** Composites were formed for individual species with a minimum of three fish. In some cases, the target of 30 fish for 6 composites was not reached, and therefore some composites were formed with three, four, or five fish depending on the number caught. Fish were assigned to a composite using a random number generator (i.e., each fish had an equal chance to be included in the composite). No size restrictions were proposed in the QAPP (TAI 2009), therefore no alterations of the composites were necessary based on total length. All fish not assigned to a composite were archived. In addition to compositing as described above, fillets for walleye and smallmouth bass were individually analyzed for total mercury per the QAPP (TAI 2009). Walleye and smallmouth bass captured in excess of the targeted number were also analyzed for total mercury in the fillets.

Details on the sampling event, fish collected, and composites formed are described below. Table 2-17 summarizes the final compositing scheme, including number of composites and the number of fish in each composite (note that individual fish are denoted as a composite containing one fish). This compositing scheme was reviewed and approved by EPA prior to chemical analysis.

2.5.1 FSCA 1

Individual fish from FSCA 1 were assigned to composite samples and approved by EPA as shown in Table 2-17. Individual fish from FSCA 1 assigned to each composite are shown in Table 2-8. Based on the fish collected, a total of six and four composites were made of the smaller two size classes, respectively. For the >30 cm size class, five composites were formed for walleye, three for largescale and longnose suckers, one for burbot, three for mountain whitefish, six for rainbow trout, and six for kokanee (Table 2-18).

2.5.2 FSCA 2

Individual fish from FSCA 2 were assigned to composite samples and approved by EPA as shown in Table 2-17. Individual fish from FSCA 2 assigned to each composite are shown in Table 2-12. Based on the fish collected, a total of seven and five composites were made of the smaller two size classes, respectively. For the >30 cm size class, six composites were formed for walleye, three for burbot, 11 for largescale and longnose suckers, four for mountain whitefish, six for rainbow trout, one for smallmouth bass and six for kokanee (Table 2-18).

2.5.3 FSCA 3

Individual fish from FSCA 3 were assigned to composite samples and approved by EPA as shown in Table 2-17. Individual fish from FSCA 3 assigned to each composite are shown in Table 2-13. Based on the fish collected, a total of eight composites were made for each of the two smaller size classes. For the >30 cm size class, six composites were formed for walleye, nine for smallmouth bass, five for burbot, five for largescale and longnose suckers, six for lake whitefish, six for rainbow trout, and six for kokanee (Table 2-18).

2.5.4 FSCA 4

Individual fish from FSCA 4 were assigned to composite samples and approved by EPA as shown in Table 2-17. Individual fish from FSCA 4 assigned to each composite are shown in Table 2-14. Based on the fish collected, a total of five composites were made for each of the two smaller size classes. For the >30 cm size class, six composites were formed for walleye, six for burbot, 14 for largescale and longnose suckers, six for lake whitefish, six for rainbow trout, two for smallmouth bass, and six for kokanee (Table 2-18).

2.5.5 FSCA 5

Individual fish from FSCA 5 were assigned to composite samples and approved by EPA as shown in Table 2-17. Individual fish from FSCA 5 assigned to each composite are shown in Table 2-15. Based on the fish collected, a total of four and five composites were made of the smaller two size classes, respectively. For the >30 cm size class, six composites were formed for walleye, three for smallmouth bass, six for burbot, four for largescale and longnose suckers, four for lake whitefish, six for rainbow trout, and six for kokanee (Table 2-18).

2.5.6 FSCA 6

Individual fish from FSCA 6 were assigned to composite samples and approved by EPA as shown in Table 2-17. Individual fish from FSCA 6 assigned to each composite are shown in Table 2-16. Based on the fish collected, a total of four and five composites were made of the smaller two size classes, respectively. For the >30 cm size class, six composites were formed for walleye, nine for smallmouth bass, five for burbot, six for largescale and longnose suckers, six for rainbow trout, and five for kokanee (Table 2-18).

2.6 AGE MEASUREMENTS

All aging structures (i.e., otoliths, scales, or opercula) of fish >15 cm were sent to the WDFW laboratory in Olympia, Washington, for age determination. Results of the aging analysis are presented by species and respective size class in Figure 2-1 a through j.

Burbot ranged in age from 2 to 11 years. Kokanee were ≤ 2 years of age. Pikeminnow ranged in age from 1 to 6 years of age. Few yellow perch samples were collected and those ranged from less than 1 year to 3 years old. Only results from FSCA 1 are available for sculpin and those fish ranged from 1 to 6 years. Smallmouth bass ranged in age from less than 1 to 8 years. Some of the oldest fish caught were largescale and longnose suckers, which ranged in age from 1 to 34 years. Rainbow trout ranged in age from less than 1 year to 6 years. Walleye and whitefish ranged in age from less than 1 year to 12 years.

3 QUALITY ASSURANCE PROJECT PLAN MODIFICATIONS AND DEVIATIONS

This section provides a discussion of modifications to QAPP methods and deviations from the QAPP and field sampling plan (FSP), and how these changes affect the quality of data.

3.1 GENERAL MODIFICATIONS TO QAPP METHODS

Three modifications to the QAPP were enacted during the 2009 fish tissue program. Copies of the field modifications are presented in Appendix F and summarized below.

- **Modification 01.** During the first few days of sampling it was identified that collecting aging structures of ≤ 15 cm fish slowed on-shore processing activities. It was assumed that ≤ 15 cm fish are generally young of the year and that this data point was not critical for the fish tissue program. Therefore, aging structures were not collected from ≤ 15 cm fish collected after October 1, 2009.
- **Modification 02.** The QAPP (TAI 2009) indicated that fish captured dead from gill nets should not be used for the sampling program. A modification was made in order to utilize all available target fish that were captured. Therefore, if a captured fish was dead, did not show signs of deterioration as observed immediately upon retrieval and during onshore processing activities, then the fish was to be considered a valid sample, if subsequent sampling efforts did not satisfy anticipated (i.e., design) capture rates. Fish that were dead upon sample retrieval are identified in Appendix B.
- **Modification 03.** As written in the QAPP (TAI 2009), stainless steel tweezers or forceps were to be replaced between FSCAs when handling fish. Although the QAPP was followed as written, it was recommended by Greg White (CH2M Hill) that tweezers/forceps be replaced between each fish species within each FSCA. This step was added to the sampling process.

In addition to the above-mentioned, fish >30 cm were not being scaled prior to filleting as per the QAPP (TAI 2009). However, these methods were determined by EPA's field oversight team to pose a potential problem with the usability of samples for the HHRA. Therefore, per EPA's direction and request, large fish were scaled. A field change form was not prepared, although verbal authorization was provided by Helen Bottcher (October 1, 2009).

None of the modifications identified above are anticipated to adversely affect the quality of the data collected under the 2009 fish tissue program.

3.2 DEVIATIONS FROM QAPP AND FSP

Deviations from the QAPP and FSP occurred and are summarized below for each FSCA, including target species completeness, species identification, number of fish per composite, sample locations, and holding times. Species identifications of a subset of small (≤ 15 cm) and medium (≥ 15 cm to ≤ 30 cm) sized fish were reviewed by Greg White, a fisheries biologist with CH2M Hill, at CAS in Kelso, WA on March 16-17, 2010. A total of 10 percent of individuals in the ≤ 15 cm size class were randomly selected from the catostomid, centrarchid, and cyprinid fish families. In addition, 10 percent of individuals in the >15 to ≤ 30 cm size class (sucker species only) were checked for identification accuracy; by random selection, these were all from FSCA 3. Mr. White's report is included in Appendix I, and summarized below.

The QAPP (TAI 2009) was inconsistent regarding arsenic speciation. In one instance it stated that "Arsenic speciation will be conducted to evaluate inorganic arsenic (As^{+3} and As^{+5}) and organic arsenic (monomethylarsonate [MMA] and dimethylarsinate [DMA]) species"; while in the tables and FSP portion of the QAPP (TAI 2009) it only identified the evaluation of total inorganic and total arsenic, which is what was completed by the laboratories. This was accomplished by measuring total arsenic and total inorganic arsenic only. Total inorganic arsenic was not detected in any of the samples analyzed and therefore MMA and DMA were identified but not quantified. Using the full detection limit value this meant that total inorganic arsenic was no more than 0.3 to 1 percent of the total arsenic. Therefore, and in consultation with EPA (personal communication, July 2011), it was decided that organic arsenic species could reasonably be assumed to be 99 percent of the total amount of arsenic measured and therefore, it was not necessary to directly measure MMA or DMA.

3.2.1 Identification Codes

Sample identifiers were reviewed for accuracy and comparability to what was specified in Appendix A of the QAPP (TAI 2009) and the database. Identifiers for each individual fish deviated from the QAPP; whereas identifiers for composites adhered to the QAPP more closely. A key to sample identification codes are provided in Table 3-1.

Sample Identifiers. The QAPP specified starting each sample/composite identifier with "TC" for "Teck Code," which was not completed. Rather sample identifiers began with a number from 1 to 6, indicating the FSCA, as required by the QAPP (TAI 2009). Sample identifiers for individual fish then had a code for the method of collection (e.g., EB = electrofishing from a boat; GN = gill netting), followed by a four digit number added sequentially for each fish upon capture. For large fish, following filleting procedures the remainder was identified as either "offal" or "remainder," and was designated as a "-O" or "-R", respectively; fillets were identified with a "-F."

Composite Identifiers. The identifier for composites also started with the FSCA number which was then followed by fish species code. The fish species code was correctly assigned, except for smallmouth bass (identified as “SMB” instead of “SB”) and sculpin (identified as “SC” instead of “SN”). An “H” for “hatchery” and “W” for “wild” were added to rainbow trout per the QAPP, while only the “H” was added to the kokanee code; those without the “H” are wild fish. The size class code (S1 to S3) was carried forward as a number, and the required “S” was inadvertently dropped. An individual composite number (4 digits) was then assigned. If a composite was comprised of fillets, then the identifier ended with “-F;” remainders were identified with “-R.” Some whole fish and fillets were analyzed individually without being composited, and their composite identifiers had “IND” included after the species code.

Database Retrievals. In the Project Database, the column labeled “sample_no” will be either the individual fish number or the composite number. When field data are retrieved (including age, length, and weight), information is provided for individual fish only. When laboratory analytical data are retrieved (i.e., chemical concentrations), information is provided for composites only, with the exception of those fish (or fillets) that were analyzed as individuals. Therefore, the “sample_no” column will contain either the individual sample identifier (field data), or the composite identifier plus individual identifiers (laboratory data). This column also identifies whether a result is a laboratory or field duplicate (“dup”) or triplicate (“trip”).

None of the deviations discussed in this section are expected to adversely affect the quality of the data collected under the 2009 fish tissue program.

3.2.2 FSCA 1

The following deviations from the QAPP for FSCA 1 are noted:

- **Target species.** A goal of two species within three feeding guilds for ≤ 15 cm fish was targeted. However, the minimum level of effort resulted in obtaining five of the six desired species. Thus, only one species within the omnivore feeding guild was collected. A similar goal was targeted for the >15 to ≤ 30 cm size class, while only three of the six species were collected. Rainbow trout in this size range were found to be abundant and were substituted as one of the target species. However, no species within the piscivore feeding guild were collected. For the largest size class (>30 cm), targets were not met for burbot (only one fish collected), walleye (five of six composites), largescale and longnose suckers (three of six composites), whitefish (three of six composites), and smallmouth bass (zero of six composites). Although the minimum level of effort was met (and exceeded for some methods) not all of the target fish were collected. A number of factors may have contributed to these reduced numbers (e.g., available habitat, weather, water levels, and/or migration to tributaries).

- **Species identification.** In the <15 cm size class, 26 fish were randomly chosen for a review of their species identification. One longnose sucker was misidentified as a largescale sucker, and vice versa. One redbside shiner was misidentified as a northern pikeminnow. All other fish (13 smallmouth bass, three northern pikeminnow, three longnose suckers, three largescale suckers, and one black crappie) were correctly identified.
- **Composite numbers.** A minimum of five individual fish per composite was the goal as specified in the QAPP (TAI 2009). However, due to the relatively low catch totals for some species within the >15 to ≤30 cm and >30 cm size classes, it was necessary to develop composites with three to five individual fish in order to form composite samples to meet the overall goals of the QAPP. The number of fish in each composite is shown in Table 2-17.
- **Sample locations.** In general, sample locations were within FSCA boundaries. In accordance with the QAPP Section A.9.4.2, "The approach to be used for the 2009 fish tissue study is to collect fish from the same six FSCAs used by EPA in 2005 (USEPA 2007). However, if target fish species are not found within the FSCA in a particular reach, then the length of the FSCA may be extended to collect the target number of fish." In FSCA 1, three sample locations (see Map 2-2) occurred outside FSCA boundaries. Specifically, a gill net was placed just above the northern boundary. The current in this stretch of the river was swift, thus the gill net was placed in an area where the buoys would remain visible. During the first few days of sampling in FSCA 1 there was poor success for ≤15 cm fish. Therefore on the last day of sampling (October 1, 2009), an additional attempt was made (i.e., beach seines and backpack electrofishing) to capture this size class just north of the FSCA 1 boundary. Several <15 cm fish were captured areas a result of this additional effort (see Map 2-2).
- **Holding times.** According to the QAPP (TAI 2009), fish were to be held on ice and processed within 48 hours of collection from each FSCA. During week 1, some fish were processed within 60 hours (i.e., one evening later). No deterioration was noted upon processing, therefore the samples were considered acceptable. When available, only fish processed within the 48 hour period were included in respective composites. Fish exceeding holding times are noted in Table 2-8. Composite numbers 1MW3001, 1RBW2001, 1RBW3005, 1RBW3006, 1WE3003, 1WE3004, and 1WE3005 include at least one fish processed over the holding time.

3.2.3 FSCA 2

The following deviations from the QAPP for FSCA 2 are noted:

- **Target species.** A goal of two species within each of three different feeding guilds for the >15 to ≤30 cm size class was targeted (i.e., total of six different species).

Five of the targeted six species were collected from FSCA 2. Rainbow trout in this size range were found to be abundant and were substituted as one of the target species. For the largest size class (>30 cm), targets were not met for smallmouth bass (one of six composites), burbot (three of six composites), and whitefish (four of six composites). Although the minimum level of effort was met (and exceeded for some methods) not all target fish were collected. A number of factors may have contributed to these reduced numbers (e.g., available habitat, weather, water levels, and/or migration to tributaries).

- **Species identification.** In the <15 cm size class, five fish were randomly chosen for a review of their species identification. One peamouth was misidentified as a northern pikeminnow. All other fish (four northern pikeminnow) were correctly identified.
- **Composite numbers.** A minimum of five individual fish per composite was the goal as specified in the 2009 Fish Tissue QAPP (TAI 2009). However, due to the relatively low catch totals for some species within the >15 to ≤30 cm and >30 cm size classes composites it was necessary to develop composites with three to five individual fish in order to form composite samples to meet the overall goals of the QAPP. The number of fish in each composite is shown in Table 2-17.
- **Holding times.** According to the QAPP (TAI 2009), fish were to be held on ice and processed within 48 hours of collection from each FSCA. During week 1 two fish from FSCA 2 were processed after the 48 hr period (i.e., within 60 hours, the next evening). No deterioration was noted upon processing, therefore the samples were considered acceptable. When available, only fish processed within the 48 hour period were proposed for inclusion in a composite. Fish exceeding the holding times are noted in Table 2-12. Only composite number 2KOH3005 included fish processed over the holding time.

3.2.4 FSCA 3

The following deviations from the QAPP for FSCA 3 are noted:

- **Target species.** For the largest size class (>30 cm), the targets were not met for burbot (five of six composites) and largescale and longnose suckers (five of six composites). Although the minimum level of effort was met (and exceeded for some methods) not all of the target fish were collected. A number of factors may have contributed to these deviations (e.g., available habitat, weather, water levels, and/or migration to tributaries).
- **Species identification.** In the ≤15 cm size class, 32 fish were randomly chosen for a review of their species identification. Three peamouth were misidentified as northern pikeminnow. One fish that was either a peamouth or speckled dace had been misidentified as a northern pikeminnow. All other fish (14 northern

pikeminnow, four longnose suckers, eight largescale suckers, and two black crappie) were correctly identified. Five medium sized (≥ 15 to ≤ 30 cm) fish were randomly chosen and reviewed for correct species identification. All five were largescale suckers and were correctly identified.

- **Composite numbers.** A minimum of five individual fish per composite was the goal as specified in the QAPP (TAI 2009). However, due to the relatively low catch totals for some species within the >15 to ≤ 30 cm and >30 cm size classes composites it was necessary to develop composites with three to five individual fish to meet the overall goals of the QAPP. The number of fish in each composite is shown in Table 2-17.

3.2.5 FSCA 4

The following deviations from the QAPP for FSCA 4 are noted:

- **Target species.** For the smallest size class (≤ 15 cm), only five of six targeted composites could be formed. There were no fish from the insectivore feeding guild captured in this reach of this size-class. For the largest size class (>30 cm), targets were not met for smallmouth bass (two of six composites). Although the minimum level of effort was met (and exceeded for some methods) not all target fish were collected. A number of factors may have contributed to these reduced numbers (e.g., available habitat, weather, water levels, and/or migration to tributaries).
- **Species identification.** In the ≤ 15 cm size class, three fish were randomly chosen for a review of their species identification. All three had been correctly identified as longnose suckers.
- **Composite numbers.** A minimum of five individual fish per composite was the goal as specified in the QAPP (TAI 2009). However, due to the relatively low catch totals for some species within the >15 to ≤ 30 cm and >30 cm size classes it was necessary to develop composites with three to five individual fish in order to meet the overall goals of the QAPP. The number of fish in each composite is shown in Table 2-17.
- **Sample locations.** In general, sample locations were within the FSCA boundary. In accordance with the QAPP Section A.9.4.2, "The approach to be used for the 2009 fish tissue study is to collect fish from the same six FSCAs used by EPA in 2005 (USEPA 2007). However, if target fish species are not found within the FSCA in a particular reach, then the length of the FSCA may be extended to collect the target number of fish." In FSCA 4, some sample locations occurred outside the FSCA boundaries for two reasons. First, an additional day of sampling occurred at FSCA 4 to target smallmouth bass due to poor initial catch in this area. Fishing areas were targeted based on Tribal guide recommendations and these were

located just north of the FSCA 4 boundary (see Map 2-5). Second, burbot traps generally had poor performance throughout the entire sampling event (see Table 2-7f). Due to poor returns from burbot traps in Reaches 1, 2 and 3, the field team set burbot traps within and outside of FSCA 4 to attempt to collect more burbot. Areas were selected based on recommendations from Tribal guides or based on preferred burbot habitat (e.g., deep water near rocky shorelines). The minimum sampling effort for burbot traps was easily achieved within the boundaries of FSCA 4.

3.2.6 FSCA 5

The following deviations from the QAPP for FSCA 5 are noted:

- **Target species.** For the smallest size class (≤ 15 cm), only four of the desired six species were captured and no insectivorous fish were captured in this reach of this size-class. For the >15 to ≤ 30 cm size class, four of the six targeted species were collected. The largescale sucker composite was made of largescale and longnose sucker species. For the largest size class (>30 cm), targets were not met for smallmouth bass (three of six composites), whitefish (four of the six composites), and largescale and longnose suckers (four of six composites). Although the minimum level of effort was met (and exceeded for some methods) not all of the target fish were collected. A number of factors may have contributed to these reduced numbers (e.g., available habitat, weather, water levels, and/or migration to tributaries).
- **Species identification.** None of the randomly selected fish that were subjected to a species identification review were from this FSCA.
- **Composite numbers.** A minimum of five individual fish per composite was the goal as specified in the QAPP (TAI 2009). However, due to the relatively low catch totals for some species within the >15 to ≤ 30 cm and >30 cm size classes it was necessary to develop composites with three to five individual fish to meet the overall goals of the QAPP. Lake whitefish in the <30 cm size class were all composited as four composites of five fish each (4 times 5), instead of four composites with four fish each (4 times 4), and one composite with five fish (1 times 5) as had been requested by EPA (Bottcher 2010, pers. comm.). The number of fish in each composite is shown in Table 2-17.
- **Sample locations.** In general, sample locations were within the FSCA boundary. In accordance with the QAPP Section A.9.4.2, "The approach to be used for the 2009 fish tissue study is to collect fish from the same six FSCAs used by EPA in 2005 (USEPA 2007). However, if target fish species are not found within the FSCA in a particular reach, then the length of the FSCA may be extended to collect the target number of fish." In FSCA 5, some sample locations for burbot traps

occurred outside the FSCA boundaries. Due to poor returns from burbot traps in Reaches 1, 2 and 3, the field team set burbot traps within and outside of FSCA 5 to collect more samples. Areas were selected based on recommendations from Tribal guides or based on preferred burbot habitat (e.g., deep water near rocky shorelines). Based on Tribal guide recommendations, these burbot traps were located just north of the FSCA 5 boundary (see Map 2-6). The minimum sampling effort for burbot traps was easily achieved within the boundaries of FSCA 5.

3.2.7 FSCA 6

The following deviations from the QAPP for FSCA 6 are noted:

- **Target species.** For the smallest size class (≤ 15 cm), only four of the desired six species were captured and no insectivorous fish were captured of this size-class. For the >15 to ≤ 30 cm size class, only three of the six species were collected and no benthivorous species were encountered. For the largest size class (>30 cm), targets were not met for burbot (five of six composites), kokanee (five of six composites), and lake whitefish (zero of six composites). Although the minimum level of effort was met (and exceeded for some methods) not all of the target fish were collected. A number of factors may have contributed to these reduced numbers (e.g., available habitat, weather, water levels, and/or migration to tributaries).
- **Species identification.** None of the randomly selected fish that were subjected to species identification review were from this FSCA.
- **Composite numbers.** A minimum of five individual fish per composite was the goal as specified in the QAPP (TAI 2009). However, due to the relatively low catch totals for some species within the >15 to ≤ 30 cm and >30 cm size classes it was necessary to develop composites with three to five individual fish to meet the overall goals of the QAPP. The number of fish in each composite is shown in Table 2-17.

4 VALIDATION ASSESSMENT

Environmental Standards Inc. (Valley Forge, PA) performed the quality assurance review on the 2009 fish tissue data. The review was performed with guidance from the *Guidance for Labeling Externally Validated Laboratory Analytical Data for Superfund Use* (EPA-540-R08-008) (USEPA 2009); *U.S. EPA Contract Laboratory Program National Functional Guidelines for Organic Data Review* (EPA/540/R-99/008) (USEPA 1999); *U.S. EPA Contract Laboratory Program National Functional Guidelines for Inorganic Data Review* (EPA/540/R-04-004) (USEPA 2004); *EPA Region 10 SOP for the Validation of Method 1668 Toxic, Dioxin-like PCB Data* (USEPA 1995); *EPA Region 10 SOP for the Validation of Polychlorinated Dibenzodioxin (PCDD) and Polychlorinated Dibenzofuran (PCDF) Data* (USEPA 1996); and the requirements specified in the QAPP (TAI 2009).

All fish tissue samples, including laboratory duplicates, have undergone an independent data validation. Data were examined to determine the usability of analytical results and compliance relative to requirements specified above and the analytical methods. In addition, deliverables were evaluated for completeness and accuracy. Qualifier codes have been placed next to results on the data tables to enable the data user to quickly assess the qualitative and/or quantitative reliability of any result based on the criteria evaluated. EPA's QA/QC chemist reviewed draft data and data validation reports. Any and all issues identified during EPA's QA review were resolved and EPA approved the data for use on January 27, 2011. Complete data validation reports are available on the "Downloads" page in the Project Database (<http://teck-ucr.exponent.com>). The following sections summarize results of the validation.

4.1 OVERALL DATA QUALITY

Most (>99 percent) of the data are useable, with the qualifications presented in the validation reports and included in the Project Database. Only useable data were included in this data summary and data gap report (all data, including rejected data, are in the Project Database). Data qualifiers were added to data tables by the laboratories and validators to signify when data were out of calibration range (i.e., below or above levels of quantification), where contaminated blanks compromised data interpretability, or if matrix spikes, internal standards, or other quality control metrics were exceeded. Table 4-1 summarizes the number of samples with each type of data qualifier, by analyte. Refer to the Draft UCR RI/FS Data Management Plan Amendment No. 1 (TAI 2010b), for information regarding how data qualifiers should be used.

Of all the analyses, some data for only seven chemicals were rejected from sample batches with associated quality control problems (Appendix J presents the details of the rejected data). These chemicals were tantalum, titanium, zirconium, PBDE-209, PBDE-203 and 200 (which co-eluted), and PBDE-206 (polybrominated diphenylethers [PBDE]). As shown in

Table 4-1, only one or two samples for zirconium, PBDE-209, PBDE-203 and 200 (which co-eluted), and PBDE-206 were rejected; thus, there remains a large amount of available data for these chemicals. Only 34 of 268 samples analyzed for titanium were rejected, resulting in approximately 87 percent of the data being available for most species in all FSCAs. Many samples for tantalum were rejected, resulting in approximately 15 percent of the data being available. The following is a summary of fish species for which tantalum tissue data are not available:

- None for small fish samples representing FSCAs 2, 3, 4, 5, and 6
- None for medium fish samples representing FSCAs 1, 3, 5, and 6
- None for large burbot samples representing FSCAs 2, 3, 5, and 6
- None for large kokanee samples representing FSCAs 2, 3, 4 and 6
- None for large rainbow trout samples representing FSCAs 2, 4, 5, and 6
- None for large smallmouth bass samples representing FSCAs 1, 2, and 3
- None for large largescale/longnose sucker samples representing FSCAs 1, 2, and 6
- None for large walleye samples representing FSCAs 2, 3, 4 and 6
- None for large whitefish samples representing FSCAs 2, 4, 5, and 6.

Therefore, potential data gaps for tantalum within some FSCAs may exist.

4.2 FIELD HOLDING TIMES AND SAMPLE TRANSPORT

Field holding times were addressed in Section 3.2; details are in Tables 2-8 and 2-12. There were no deviations associated with sample transport.

4.3 FIELD BLANK RESULTS

There were no field blanks for this study as the matrix being collected for analysis (fish tissue) did not lend itself to inclusion of field blanks.

4.4 EQUIPMENT RINSE BLANKS

Equipment rinse blanks were included with each sample delivery group (SDG); thus, a minimum of one rinse blank per twenty samples was prepared. Because analyses were run on a solid matrix (fish tissue) but equipment rinse blanks are necessarily a liquid matrix, blank concentrations were converted to similar units and all data were re-evaluated by the data validators. However, no changes were made as it was found that no data had been unnecessarily qualified as a result of the original approach taken with the equipment blanks.

4.5 LABORATORY HOLDING TIMES

Laboratory holding times were not exceeded for any analyte in any of the samples.

4.6 INORGANICS

All inorganic analyses were conducted by CAS in Kelso, WA, with the exception of arsenic speciation which was performed by Frontier Global Sciences, Inc. in Seattle, WA.

4.6.1 Calibration

Detection limits for antimony, total inorganic arsenic, boron, bismuth, beryllium, chromium, lead, silver, thallium, and uranium in some samples may have been higher than reported, and the “not-detected” values were flagged “UJ” in the database.

High relative percent differences (RPD) (>40 percent) were observed for scandium and zirconium in four samples, chromium in one sample, and other inorganic substances in a few other samples. Results were considered estimates and “J” flagged in the database.

4.6.2 Blanks

Due to their trace-level presence in the associated laboratory and/or equipment blanks, the reported positive results for some analytes in some samples were considered “not-detected” and flagged “U*” in the database.

4.6.3 Surrogate Recovery

Significant negative bias (absolute value >2 times MDL) for a few samples was observed for boron, chromium, and vanadium in the associated interference check samples. Significant positive bias was identified for lithium and titanium in some samples.

4.6.4 Matrix Spike

Some matrix spikes had low recoveries, although associated post-digestion spike results were within acceptance limits for most. Tantalum was the exception, with 85 percent of samples associated with low matrix spike recoveries and therefore qualified as “R” and removed from the dataset. Thirty four out of 268 samples analyzed for titanium were also “R”-flagged and rejected, resulting in approximately 87 percent of the data being available.

Antimony, calcium, fluoride, and zirconium in several samples had matrix spike recoveries <75 percent and were “J” flagged as estimated results. Cadmium, calcium, iron, lead, molybdenum, and selenium had high matrix spike recovery (>125 percent) in a few samples and were also “J” flagged.

4.6.5 Laboratory Control Samples and Standard Reference Material

Lead measurements in the standard reference material (SRM) were high for several samples, which were flagged in the database. Interference sample checks indicated interference in the presence of high concentrations of the interferents for chromium, vanadium, lithium, boron, and titanium. Consequently, some samples were “J” qualified in the database.

4.7 POLYCHLORINATED DIBENZO-P-DIOXINS / POLYCHLORINATED DIBENZOFURANS, POLYCHLORINATED BIPHENYLS AND POLYBROMINATED DIPHENYLETERS

Analysis of samples for polychlorinated dibenzo-p-dioxins (PCDDs)/polychlorinated dibenzofurans (PCDFs), polychlorinated biphenyls (PCBs) and PBDEs was conducted by Vista Analytical Laboratory (Vista) in El Dorado Hills, CA.

Several organic results were qualified as “not-detected” due to blank contamination or as “estimated” due to low extraction standard recovery, field triplicate imprecision, quantitation above the instrument calibration range, out-of-criteria ion abundance ratios, and quantitation between the sample-specific detection limit and reporting limit. Overall, the data reviewed are usable with the qualifications presented in the validation reports and database.

4.7.1 Calibration

The laboratory reported results from several samples that exceeded the instrument calibration range for some PBDE compounds. Data were qualified as “EMPC” (estimated maximum possible concentration) by the laboratory and flagged with a “U” qualifier (not detected) in the database, in compliance with the EPA Region 10 protocol and the EPA Contract Laboratory Program. The laboratory then expanded the calibration range and demonstrated acceptable linearity for the expanded PBDE and PCB congener calibration – the relative standard deviations (RSDs) for all analytes were less than 20 percent.

For undiluted samples, all MDLs reported by Vista were well below the ACG values specified for the project. In cases where dilutions were required, the dilution-adjusted MDLs for a small number of PCB congeners/samples exceeded the ACG values and were quantified only to the ACG level. In this manner, ACGs were met for all analytes.

The concentration of PBDE-209 in the initial calibration curve was higher than concentrations of other congeners. As a result, it was not possible to expand the range of the instrument calibration because PBDE-209 would saturate the column at the highest point. The linearity of the brominated congeners reported above the calibration curve,

was verified using a high-level check standard only containing these select congeners. Nevertheless, the “J” qualifications for results above the initial calibration range were not removed from the validation reports or the database.

Discrepancies in RPD for PCBs were found in one sample.

There were instances in one data reporting group where results for 2,3,7,8-tetrachlorodibenzo-furan (TCDF) in the calibration verification standards analyzed on the confirmation column were outside of the acceptance criteria and the laboratory did not initiate corrective action. In these cases, the project sample results for 2,3,7,8-TCDF reported from the confirmation column were considered quantitative estimates and qualified as such (“J” flagged). Data validators exercised professional judgment in determining whether to report the unqualified primary column instead of the qualified confirmation column results, specifically in cases where interference was not observed and all acceptance criteria on the primary column were met.

One set of samples used 5g instead of 10g when performing extractions for PBDE analyses; the MDLs were adjusted accordingly.

4.7.2 Blanks

Trace-level amounts of PCBs and PBDEs were found in some equipment blanks. Trace levels of all octachlorodibenzodioxins (OCDD) and octachlorodibenzofurans (OCDF) were also found in laboratory and equipment blanks. The reported positive results for the analyses associated with those blanks were considered “not-detected”, and the reported results have been replaced with the detection limit in the database and flagged with a “U*” qualifier.

4.7.3 Field Replicates

Discrepancies were found between the field duplicate/triplicate samples (from less than five times the detection limit to less than two times the detection limit) for two samples. Therefore, the results were considered estimated and flagged with a “J” qualifier.

4.7.4 Surrogate Recovery

Extraction standards for three PBDE congeners were not recovered in the analysis of a few samples. These samples were considered “unusable” and have been flagged “R” in the database.

4.8 ORGANOCHLORINE PESTICIDES

Analysis of samples for organochlorine pesticides was conducted by CAS in Kelso, WA.

4.8.1 Calibration

Detection limits for endrin, endrin aldehyde, endosulfan sulfate, ketone, oxychlorane and toxaphene in some samples may be higher than reported, and the “not-detected” results have been flagged “UJ” in the database. High percent drifts (>15 percent) in the direction, or a decrease in instrument sensitivity, were observed for these compounds in some sample analysis groups.

High percent differences were observed for a few target compounds in a few continuing calibration verification (CCV) standards on one or both chromatographic columns, although, the average percent difference across all compounds in the CCV standards were within acceptance criteria. Data associated with these calibration standards were “J” flagged (estimated) in the project database.

4.8.2 Blanks

Due to their trace-level presence in the associated laboratory and/or equipment blanks, the reported positive results for some analytes in some samples were considered “not-detected” and flagged “U*” in the database.

4.8.3 Matrix Spikes

Very low recoveries (<75 percent) were observed for toxaphene in a few samples that were considered as “not-detected” and flagged as “UJ” in the database.

4.8.4 Laboratory Control Samples and Standard Reference Material

The analyses for *delta*-benzenehexachloride (*delta*-BHC) in several samples were initially qualified as rejected (“R” flagged) and deemed unusable due to very low SRM recoveries. It was subsequently determined that the laboratory misidentified and misreported *delta*-BHC in the SRM analyses. The compound was, in fact, not included in the SRM mixture. As a result, the rejection qualifiers for *delta*-BHC were considered invalid and the samples reclassified as valid data in the project database.

Method detection limits and/or method reporting limits (MRLs) for one or more organochlorine pesticide compounds in some samples were raised by the laboratory due to chromatographic interference. These are flagged as “U” in the database. Results for 2,4-dichloro-diphenyl-trichloroethane (DDT) in several samples were reported from initial five-fold dilutions, due to high concentrations of interfering, non-target compounds and are flagged as “J” in the database.

4.9 VOLATILE AND SEMIVOLATILE ORGANIC CHEMICALS

Analysis of samples for volatile and semivolatile organic chemicals was conducted by CAS in Kelso, WA.

4.9.1 Calibration

The MDLs and/or MRLs for one or more organic chemicals (e.g., di-*n*-butyl phthalate) in several samples were raised due to chromatographic interference. These samples were considered “not-detected” and flagged “U” in the database.

4.9.2 Blanks

Due to their trace-level presence in the associated laboratory and/or equipment blanks, the reported positive results for some analytes in some samples were considered “not-detected” and flagged “U*” in the database.

4.9.3 Matrix Spikes

In some sample reporting groups, low recoveries of matrix spikes were observed for benzo(a)anthracene, 2-methylnaphthalene, and hexachlorocyclopentadiene. These samples were considered as “not-detected” and flagged as “UJ” in the database.

4.9.4 Laboratory Control Samples and Standard Reference Material

Analyses for *cis*-nonachlor in several samples were initially qualified as rejected (“R” flagged) and deemed unusable due to very low SRM recoveries. It was subsequently determined that the laboratory misidentified and misreported *cis*-nonachlor in the SRM analyses. The compound was, in fact, not included in the SRM mixture. As a result, the rejection qualifiers for *cis*-nonachlor were considered invalid and the samples reclassified as valid in the project database.

5 SUMMARY OF AVAILABLE DATA

This section describes availability of useable analytical data for the 2009 fish tissue samples in each chemical class. To facilitate these discussions, Tables 5-1 to 5-5 provide statistical summaries (minimum, arithmetic mean, maximum, and standard deviation) of COI concentrations by fish size class. Concentration data for the COIs analyzed in each fish or composite are shown in Appendix K. Additionally, a series of figures were created to illustrate ranges of concentrations of COIs by FSCA and species (>30 cm fish) or feeding guild (≤ 15 cm and >15 to ≤ 30 cm fish); selected figures are included in this report and the remaining plots are included in Appendix L (see Appendix M for TEQ calculations related to PCBs and dioxin/furans). Table 5-6 presents comparisons of planned and actual number of fish tissue composites for each analysis. This table lists the number of fish tissue composites analyzed by size class, species for fish >30 cm, and chemical analysis. For simplicity, field duplicate samples were treated as primary samples.

As noted in Section 2.3.2, fillets of large fish were collected to provide additional data for the HHRA. Both of the fillets (composited together) and the remainder (i.e., the carcass or tissue remaining after filleting) were analyzed to allow for reconstruction of whole body concentrations using Equation 1. The whole body concentration calculation is further detailed in Appendix K and to facilitate the reconstruction process an example calculation is presented within the aforementioned appendix. An electronic data file with calculated whole body values has been enclosed with this report as well.

To evaluate the usability of available 2009 fish tissue data, actual method detection limits for metals, dioxin/furans, PCBs, PBDEs, pesticides, polycyclic aromatic hydrocarbons (PAHs), and semivolatile organic compounds (SVOCs) are compared to five times the ACG; and are shown in Tables 5-7 through 5-13. Analytical concentration goals were derived by first selecting conservative RBCs for human and ecological receptors. These values are not proposed as the final list of TRVs for the BERA or HHRA, but were used to ensure adequate sensitivity of reported results. The ACG was then calculated as equal to the human health RBC, or one-fifth the fish and wildlife RBC, whichever was lowest. The MDL was expected to be equal to or less than the ACG, which was true for most COIs, although standard laboratory methodology was not expected to be sufficiently sensitive to provide MDLs below the ACG for several analytes (Tables 5-7 through 5-13). In some cases, RBCs were lower than what could technically be achieved so the ACG was set equal to the known MDL, and in other cases the MDL was not known *a priori* (indicated as "TBD" in the tables). Samples that were at or below the MDL were flagged with a "U" in the database to indicate "not detected," and samples between the MDL and the MRL; limit of quantitation were flagged with a "J" to indicate an "estimated" value.

5.1 TARGET ANALYTE LIST METALS/METALLOIDS

A total of 509 composite fish samples of all sizes and from all FSCAs were analyzed for target analyte list (TAL) metals and metalloids, which include aluminum, antimony, arsenic, barium, beryllium, cadmium, calcium, chromium, cobalt, copper, iron, lead, magnesium, manganese, mercury, molybdenum, nickel, potassium, selenium, silver, sodium, thallium, vanadium, and zinc (Table 5-6; Figures 5-1 through 5-4), plus uranium (Table 5-6). A total of 576 composite fish samples of all sizes and from all FSCAs were planned. Of the 36 small fish composites (≤ 15 cm) planned, 34 small fish composites were analyzed (Table 5-6). Six were analyzed from FSCA 1; 7 were analyzed from FSCA 2; 8 were analyzed from FSCA 3; 5 were analyzed from FSCA 4; and 4 each were analyzed from FSCAs 5 and 6 (Table 5-14). Of the 36 medium fish composites (>15 cm to ≤ 30 cm) planned for TAL metals and metalloids analysis, 32 medium fish composites were analyzed (Table 5-6). Four were analyzed from FSCA 1; 5 were analyzed from FSCA 2; 8 were analyzed from FSCA 3; and 5 each were analyzed from FSCA 4, 5, and 6 (Table 5-14). For large fish, 36 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 2-18 and 5-14). For instance, only one set of large fish (>30 cm) fillet and remainder composite samples for burbot were analyzed for FSCA 1, only three sets from FSCA 2, only 5 sets from FSCA 3, and only 5 sets from FSCA 6 (Table 5-14), which resulted in a total of 26 composites each of fillet and remainder burbot samples for analysis as opposed to the planned 36 composites each of fillet and remainder burbot samples. In addition, 48 composites each of large fish (>30 cm) fillet and remainder samples of smallmouth bass were available for analysis, with shortages from FSCA 1 (none); FSCA 2 (1 set of samples); FSCA 4 (2 sets of samples); and FSCA 5 (3 sets of samples). However, additional composites of smallmouth bass fillet and remainders were available for FSCA 3 (9 sets in total) and FSCA 6 (9 sets in total). See Table 5-14 for a list of fish samples available for analysis by FSCA, which do not include additional individual fillets analyzed for total mercury analysis (those are shown in Table 5-15).

Additional individual fillets of large smallmouth bass and walleye were analyzed for total mercury, where available (Table 5-15). A total of 281 individual fillet samples of large smallmouth bass and walleye from all FSCAs were analyzed for total mercury in addition to those composite samples discussed above. A total of 360 individual fillet samples of large smallmouth bass and walleye from all FSCAs were planned (Table 5-6). For smallmouth bass, 180 individual fillets were planned, but only 66 individual fillets were analyzed. For walleye, 215 individual fillets were analyzed for total mercury, while only 180 individual fillets were planned.

Analytical concentrations goals, planned MDLs, and actual MDLs for metals and metalloids are shown in Table 5-7. In general, for inorganic substances, only a very small percentage (1.5 percent) of the analyses had MDLs greater than five times the ACG, primarily due to laboratory blank contamination. For most of the COIs (i.e., 98.5 percent of all metals/metalloid analyses), actual MDLs were at or below the planned MDLs, or no more than five times greater than the ACG. The following are exceptions to this:

- The maximum MDL for aluminum, cobalt, lead, and molybdenum in most species
- The maximum MDL for total arsenic in kokanee, sucker, pikeminnow and smallmouth bass samples
- The maximum MDL for barium in largescale sucker samples
- The maximum MDL for chromium in largescale sucker and walleye samples
- The maximum MDL for copper in burbot and sucker samples
- The maximum MDL for nickel in burbot, sucker, and sculpin samples
- All MDLs for mercury in all samples
- The maximum MDL for selenium in kokanee, sucker, whitefish, and smallmouth bass samples.
- The maximum MDL for thallium in burbot, kokanee, whitefish, largescale sucker, smallmouth bass, and walleye samples
- The maximum MDL for uranium in longnose sucker.

However, this bears little consequence on the available data for these metals since the samples contained detectable concentrations of aluminum, arsenic, copper, lead, mercury and selenium above the MDL (see Appendix L).

5.2 NON-TAL METALS/METALLOIDS

A subset of fish composites were analyzed for metals and metalloids other than TAL metals, which include: bismuth, boron, cerium, cesium, dysprosium, erbium, europium, gadolinium, gallium, germanium, gold, holmium, indium, lanthanum, lithium, lutetium, neodymium, niobium, praseodymium, rubidium, samarium, scandium, strontium, tantalum, tellurium, terbium, thorium, thulium, tin, titanium, tungsten, ytterbium, yttrium, and zirconium. In addition, a subset of fillet samples of large fish was analyzed for inorganic arsenic.

A total of 192 composite fish samples of all sizes and from all FSCAs were analyzed for non-TAL metals and metalloids (Table 5-6). A total of 192 composite fish samples of all sizes and from all FSCAs were planned. All of the 12 small fish composites (≤ 15 cm) planned for non-TAL metals and metalloids analysis were analyzed (Table 5-6). Two composites were analyzed from each FSCA. Of the 12 medium fish composites

(>15 cm to ≤30 cm) planned for non-TAL metals and metalloids analysis, 18 medium fish composites were analyzed (Table 5-6). Two each were analyzed from FSCAs 1 and 2, four each were analyzed from FSCAs 3, and 4; three each were analyzed from FSCAs 5 and 6 (Table 5-16). For large fish, 12 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 5-6 and 5-16). For instance, 10 remainder composite samples were available for burbot, 10 remainder composites for smallmouth bass, and 9 remainder composites for whitefish were available (Tables 5-6 and 5-16). In some cases, more than 12 composite samples of fillets or remainders were analyzed, such as largescale/longnose suckers (Tables 5-6 and 5-16).

A total of 98 large fish fillet samples from all FSCAs were analyzed for inorganic arsenic (Table 5-6). A total of 108 composite large fish fillet samples from all FSCAs were planned. Thirty six composite samples of fillets were planned for large burbot, and 12 each were planned for kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite fillet samples of large fish were collected and available for analysis (Table 5-6). For instance, 26 fillet samples for burbot, 13 fillet samples for kokanee, 10 fillet samples for smallmouth bass, 16 fillet samples for largescale and longnose suckers, 12 fillet samples for rainbow trout, 12 fillet samples for walleye, and 9 fillet samples for whitefish were available (Table 5-17).

Reporting limits for non-TAL metals and metalloids, including inorganic arsenic are shown in Table 5-7. Actual detection limits for these COIs were at or below the planned MDL or no more than five times greater than the ACG, with the following exceptions:

- The maximum MDL for boron in most species
- The maximum MDL for tungsten in burbot samples
- The maximum MDL for zirconium in largescale sucker

Of the above-listed COIs, tungsten and zirconium do not have human or ecological (i.e., fish and wildlife) RBCs, and as such, the resulting elevated MDLs are not anticipated to adversely affect data quality. All boron MDLs were significantly lower than ecological RBCs and as such have no consequence on the available data and its quality for the ecological risk assessment. Similarly, given that ≥86 percent of all boron analyses had MDLs less than the human health RBC identified in the QAPP (TAI 2009), it is not anticipated that the relatively few elevated boron MDLs will adversely affect data quality (see Appendix L).

5.3 DIOXINS/FURANS

A total of 507 composite fish samples of all sizes and from all FSCAs were analyzed for dioxins and furans (Table 5-6; Figures 5-5 through 5-8). A total of 576 composite fish

samples of all sizes and from all FSCAs were planned (Table 5-6). Of the 36 small fish composites (≤ 15 cm) planned for dioxins and furans analysis, 32 small fish composites were analyzed (Table 5-6). Six were analyzed from FSCA 1; seven were analyzed from FSCA 2; eight were analyzed from FSCA 3; four each were analyzed from FSCAs 4 and 5; and three were analyzed from FSCA 6 (Table 5-18). Of the 36 medium fish composites (>15 cm to ≤ 30 cm) planned for dioxins and furans analysis, 32 medium fish composites were analyzed (Table 5-6). Four samples were analyzed from FSCA 1; five were analyzed from FSCA 2; eight were analyzed from FSCA 3; and five each were analyzed from FSCAs 4, 5, and 6 (Table 5-18). For large fish, 36 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 2-18 and 5-18). For instance, only one set of fillet and remainder composite samples for burbot were analyzed for FSCA 1 (Table 5-18), which resulted in a total of 26 composites each of fillet and remainder samples for analysis. In addition, 24 composites each of fillet and remainder samples of smallmouth bass were available for analysis, with shortages from FSCA 1 (none); FSCA 2 (1 set of samples); FSCA 4 (2 sets of samples); and FSCA 5 (3 sets of samples). However, additional composites of smallmouth bass fillet and remainders were available for FSCA 3 (9 sets in total) and FSCA 6 (9 sets in total) (Table 5-18).

Detection limits for the dioxin and furan congeners are shown in Table 5-8. Actual MDLs for dioxin and furan congeners were at or below the planned MDL with the exception of the maximum MDL for 2,3,7,8-Tetrachlorodibenzodioxin which was at the ACG for longnose suckers.

5.4 POLYCHLORINATED BIPHENYLS

A total of 576 composite fish samples of all sizes and from all FSCAs were analyzed for PCB congeners (Table 5-6; Figures 5-9 through 5-12). A total of 576 composite fish samples of all sizes and from all FSCAs were planned. Of the 36 small fish composites (≤ 15 cm) planned for PCB congener analysis, 32 small fish composites were analyzed (Table 5-6). Six were analyzed from FSCA 1; seven were analyzed from FSCA 2; eight were analyzed from FSCA 3; four each were analyzed from FSCAs 4 and 5; and three were analyzed from FSCA 6 (Table 5-18). Of the 36 medium fish composites (>15 cm to ≤ 30 cm) planned for PCB congener analysis, 32 medium fish composites were analyzed (Table 5-6). Four samples were analyzed from FSCA 1; five were analyzed from FSCA 2; eight were analyzed from FSCA 3; and five each were analyzed from FSCAs 4, 5, and 6 (Table 5-18). For large fish, 36 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Table 5-6). For instance, only one set each of fillet and remainder composite samples for burbot were analyzed for FSCA 1 (Table 5-18), which

resulted in a total of 26 composites each of fillet and remainder samples for analysis. In addition, 24 composites each of fillet and remainder samples of smallmouth bass were available for analysis, with shortages from FSCA 1 (none); FSCA 2 (1 set of samples); FSCA 4 (2 sets of samples); and FSCA 5 (3 sets of samples). However, additional composites of smallmouth bass fillet and remainders were available for FSCA 3 (9 sets in total) and FSCA 6 (9 sets in total) (Table 5-18).

Detection limits for PCBs congeners are shown in Table 5-9. Actual MDLs for PCB congeners were at or below the planned MDL, with the exception of 3-onochlorobiphenyl, Coelution of PCB 12 and 13, Coelution of PCB 44, 47, and 65, and PCB Congener 14 in which actual MDLs were above the planned MDLs but less than five times the ACGs for some species (Table 5-9).

5.5 POLYBROMINATED DIPHENYLEETHERS

A total of 184 composite fish samples of all sizes and from all FSCAs were analyzed for PBDE congeners (Table 5-6). A total of 192 composite fish samples of all sizes and from all FSCAs were planned. All 12 small fish composites (≤ 15 cm) planned for PBDE congener analysis were analyzed (Table 5-6). One composite was analyzed from each FSCA except for FSCA 6 where there were none (Table 5-19). Of the 12 medium fish composites (>15 cm to ≤ 30 cm) planned for PBDE congener analysis, 13 medium fish composites were analyzed (Table 5-6). Two composites were analyzed from each FSCA except six were analyzed from FSCA 6 (Table 5-19). For large fish, 12 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 5-6 and 5-19). For instance, ten fillet and remainder composite samples were available for burbot, nine fillet and remainder composites for smallmouth bass, and nine fillet remainder composites for whitefish were available (Table 5-19). In some cases, more than 12 composite samples of fillets or remainders were analyzed, including for kokanee, largescale/longnose suckers, and walleye (Table 5-19).

Detection limits for PBDEs congeners are shown in Table 5-10. Actual MDLs for many PBDEs (approximately 98 percent of all analyses) were at or below the planned MDL or no more than five times greater than the ACG. The following PBDEs were observed to have elevated MDLs:

- The maximum MDLs for PBDEs -28, -47, -49, -66, -100, -153, and -154 in burbot samples were greater than five times the ACG
- The maximum MDLs for PBDE-99 in burbot, largescale and longnose sucker samples were greater than five times the ACG

- The maximum MDLs for PBDE-183 in burbot, rainbow trout, smallmouth bass and walleye samples were greater than five times the ACG
- The maximum MDL for PBDE-206 in burbot, kokanee, rainbow trout, and walleye samples were greater than five times the ACG
- The maximum MDL for PBDE-209 in burbot, kokanee, lake whitefish, largescale sucker, mountain whitefish, rainbow trout, and walleye samples were greater than five times the ACG.

The above-listed represent approximately 2 percent of all PBDE analyses completed for the 2009 Study. Although there is uncertainty associated with the absolute concentrations for the above-listed nondetectable PBDE congeners; this uncertainty is not anticipated to affect overall data quality as it represents a very small percentage of available PBDE data, for which no human health or ecological RBCs are available.

5.6 ORGANOCHLORINE PESTICIDES

A total of 187 composite fish samples of all sizes and from all FSCAs were analyzed for organochlorine pesticides (Table 5-6). A total of 192 composite fish samples of all sizes and from all FSCAs were planned (Table 5-6). All 12 of the planned small fish composites (≤ 15 cm) were analyzed (Table 5-6). Two composites were analyzed from each FSCA (Table 5-20). Of the 12 medium fish composites (>15 cm to ≤ 30 cm) planned for organochlorine pesticides analysis, 13 medium fish composites were analyzed (Table 5-6). Two samples each were analyzed from FSCA except for FSCA where three composites were analyzed. (Table 5-20). For large fish, 12 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 5-6 and 5-20). For instance, ten fillet and remainder composite samples were available for burbot, 10 fillet and remainder composites for smallmouth bass, and 9 fillet and remainder composites for whitefish were available (Table 5-20). More than 12 (16) composite samples of fillets and remainders were analyzed for largescale/longnose suckers (Table 5-20).

Detection limits for organochlorine pesticides are shown in Table 5-11. Actual MDLs for many organochlorine pesticides (approximately 76 percent of all analyses) were at or below the planned MDL or no more than five times greater than the ACG. For the remaining 24 percent of the analyses, the maximum MDL was greater than five times the ACG.

With the exception of total chlorodane and hexachlorobutadiene, which were respectively observed to have elevated MDLs in 71 percent and 64 percent of analyzed samples, other organochlorine pesticides (e.g., methoxychlor, 4,4'-dichlorodiphenyldichloroethylene (DDE), 2,4'-DDT; refer to Table 5-11) had concentrations at or below the planned MDL or

no more than five times greater than the ACG within ≥ 81 percent of the analyses. As a result, although there is uncertainty associated with the absolute concentrations for a fraction of these data; this uncertainty is not anticipated to affect overall data quality.

The elevated MDLs for total chlordane and hexachlorobutadiene in a significant portion of the analyses represents an uncertainty because the concentrations in many composite samples of fish were below the MDL, thus resulting in many non-detect samples (Appendix L). As outlined in Section 4.8, given that these non-detects were the result of blank contamination and/or chromatographic interference, it is unknown if lower MDLs would have resulted in more samples with detectable concentrations. Regardless risk assessors should be aware of this uncertainty.

5.7 POLYCYCLIC AROMATIC HYDROCARBONS

A total of 187 composite fish samples of all sizes and from all FSCAs were analyzed for PAHs (Table 5-6). A total of 192 composite fish samples of all sizes and from all FSCAs were planned (Table 5-6). All 12 of the planned small fish composites (≤ 15 cm) were analyzed (Table 5-6). Two composites were analyzed from each FSCA (Table 5-20). Of the 12 medium fish composites (>15 cm to ≤ 30 cm) planned for PAH analysis, 13 medium fish composites were analyzed (Table 5-6). Two samples each were analyzed from FSCA except for FSCA where three composites were analyzed (Table 5-20). For large fish, 12 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 5-6 and 5-20). For instance, ten fillet and remainder composite samples were available for burbot, ten fillet and remainder composites for smallmouth bass, and nine fillet and remainder composites for whitefish were available (Table 5-20). More than 12 (16) composite samples of fillets and remainders were analyzed for largescale/longnose suckers (Table 5-20).

Detection limits for PAHs are shown in Table 5-12. Actual MDLs for PAHs (approximately 77 percent of all analyses) were at or below the planned MDL or no more than five times greater than the ACG. For the remaining 23 percent of the analyses, the maximum MDL was greater than five times the ACG at least once.

Elevated detection limits for these PAHs (e.g., anthracene, chrysene, and benzo[a]anthracene) represent an uncertainty because concentrations of these PAHs in many composite samples of fish were below the MDL, thus resulting in many non-detect samples. As illustrated within Appendix L however, even in these instances in which the maximum elevated MDL was greater than five times the ACG, a significant proportion of these analyses (77 percent on average) had MDLs at or below the planned MDL or no more than five times greater than the ACG. As a result, although there is uncertainty associated with the absolute concentrations for a portion of these data; this uncertainty is

not anticipated to affect overall data quality. As outlined in Section 4.9, given that these non-detects were largely the result of chromatographic interference, it is unknown if lower MDLs would have resulted in more samples with detectable concentrations.

5.8 SELECTED SEMI-VOLATILE ORGANIC COMPOUNDS

A total of 187 composite fish samples of all sizes and from all FSCAs were analyzed for SVOCs (Table 5-6). A total of 192 composite fish samples of all sizes and from all FSCAs were planned for SVOC analysis (Table 5-6). All 12 of the planned small fish composites (≤ 15 cm) were analyzed (Table 5-6). Two composites were analyzed from each FSCA (Table 5-20). Of the 12 medium fish composites (>15 cm to ≤ 30 cm) planned for SVOC analysis, 13 medium fish composites were analyzed (Table 5-6). Two samples each were analyzed from FSCA except for FSCA where 3 composites were analyzed (Table 5-20). For large fish, 12 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 5-6 and 5-20). For instance, 10 fillet and remainder composite samples were available for burbot, 10 fillet and remainder composites for smallmouth bass, and 9 fillet and remainder composites for whitefish were available (Table 5-20). More than 12 (16) composite samples of fillets and remainders were analyzed for largescale/longnose suckers (Table 5-20). Detection limits for SVOCs are shown in Table 5-13. For most of the SVOCs (approximately 79 percent of all analyses), actual MDLs were above the planned MDL but no more than five times greater than the ACG. The following SVOCs were observed to have a maximum MDL greater than five times the ACG:

- The maximum MDLs for 1,1'-biphenyl in lake whitefish, suckers, rainbow trout, smallmouth bass, and walleye were greater than five times the ACG
- The maximum MDL for bis(2-ethylhexyl) phthalate in rainbow trout and smallmouth bass samples were greater than five times the ACG
- All of the maximum MDLs for butyl benzyl phthalate in all analyzed fish were greater than five times the ACG
- The maximum MDLs for di-n-butyl phthalate in kokanee, lake whitefish, largescale suckers, rainbow trout, smallmouth bass and walleye samples were greater than five times the ACG
- The maximum MDL for di-n-octyl phthalate in longnose sucker and rainbow trout samples were greater than five times the ACG
- All of the MDLs for pentachlorophenol in all analyzed fish samples were greater than five times the ACG.

Of the above-listed, 99 percent for di-n-octyl phthalate, 98 percent for bis(2-ethylhexyl) phthalate, 83 percent for 1,1'-biphenyl, and 66 percent for di-n-butyl phthalate analyses had MDLs at or below the planned MDL or no more than five times greater than the ACG, respectively. As a result, although there is uncertainty associated with the absolute concentrations for a fraction of these data (e.g., 1 to 34 percent); this uncertainty is not anticipated to affect overall data quality.

Only data for pentachlorophenol and butyl benzyl phthalate, where 100 percent of analyses had elevated detection limits, is a potential to represent an uncertainty in the risk assessment. As outlined in Section 4.9, given that these non-detects were largely the result of chromatographic interference, it is unknown if lower MDLs would have resulted in more samples with detectable concentrations. Regardless risk assessors should be aware of this uncertainty.

5.9 LIPID AND MOISTURE CONTENT

A total of 504 composite fish samples of all sizes and from all FSCAs were analyzed for lipid content (Table 5-6). A total of 576 composite fish samples of all sizes and from all FSCAs were planned for lipid analysis (Table 5-6). Of the 36 small fish composites (≤ 15 cm) planned for lipid content analysis, 32 small fish composites were analyzed (Table 5-6). Six were analyzed from FSCA 1; seven were analyzed from FSCA 2; eight were analyzed from FSCA 3; four each were analyzed from FSCAs 4 and 5; and three were analyzed from FSCA 6 (Table 5-21). Of the 36 medium fish composites (>15 cm to ≤ 30 cm) planned for lipid content analysis, 31 medium fish composites were analyzed (Table 5-6). Three samples were analyzed from FSCA 1, five samples were analyzed from FSCA 2, eight samples were analyzed from FSCA 3, and five each were analyzed from FSCAs 4, 5, and 6 (Table 5-21). For large fish, 36 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Table 5-6). For instance, one set of fillet and remainder composite samples for burbot were analyzed for FSCA 1, which resulted in a total of 26 composites each of burbot fillet and remainder samples for analysis (Tables 5-6 and 5-21). In addition, 24 each of fillet and remainder samples of smallmouth bass were available for analysis, with shortages from FSCA 1 (none), FSCA 2 (1 set of samples), FSCA 4 (2 sets of samples) and FSCA 5 (3 sets of samples) (Table 5-21). However, additional composites of smallmouth bass fillet and remainders were available for FSCA 3 (9 sets in total) and FSCA 6 (9 sets in total) (Table 5-21).

A total of 789 composite fish samples of all sizes and from all FSCAs were analyzed for moisture content (Table 5-6). A total of 576 composite fish samples of all sizes and from all FSCAs were planned (Table 5-6). Of the 36 small fish composites (≤ 15 cm) planned for moisture content analysis, 34 small fish composites were analyzed (Table 5-6). Six composites were analyzed from FSCA 1; seven composites were analyzed from

FSCA 2; eight were analyzed from FSCA 3; five were analyzed from FSCA 4; and four each were analyzed from FSCAs 5 and 6 (Table 5-22). Of the 36 medium fish composites (>15 cm to ≤30 cm) planned for moisture content analysis, 32 medium fish composites were analyzed (Table 5-6). Four samples were analyzed from FSCA 1, five samples were analyzed from FSCA 2, eight samples were analyzed from FSCA 3, and five each were analyzed from FSCAs 4, 5, and 6 (Table 5-22). For large fish, 36 composite samples of fillets and remainders each were planned for burbot, kokanee, whitefish, largescale sucker, rainbow trout, smallmouth bass, and walleye. However, not all of the planned composite samples of large fish were collected and available for analysis (Tables 5-6 and 5-22). For instance, 1 set of fillet and remainder composite samples for burbot were analyzed for FSCA 1 (Table 5-22), which resulted in a total of 26 composites each of burbot fillet and remainder samples for analysis. In addition, 23 composites each of fillet and remainder samples of whitefish were available for analysis, with shortages from FSCA 1 (3 sets of samples), FSCA 2 (4 set of samples), FSCA 5 (4 sets of samples), and FSCA 6 (none) (Table 5-22). However, additional individual fillet samples of walleye and smallmouth bass were available for moisture content analysis (these samples were also analyzed for total mercury, Section 5.1).

6 ASSESSMENT OF DATA GAPS

In this section a discussion of data gaps relative only to study design, not the HHRA or BERA, is presented. In order to determine if there are data gaps, the following questions were answered:

1. Were all targeted fish obtained and analyzed?
2. Are there analytical data for at least one fish species representative of major feeding guilds?
3. Are there sufficient data from each size class to represent the variety of wildlife diets?
4. Were all analytes measured appropriately and at sufficiently low detection levels?
5. Are there sufficient fish tissue data to represent each FSCA?

A final determination of data adequacy and sufficiency will be made during the preparation of the BERA. The discussion presented in this section is an initial assessment meant to determine if there is an obvious and immediate need to collect additional fish prior to initiating work on the risk assessment.

6.1 NUMBER OF SAMPLES OBTAINED AND ANALYZED

Table 5-6 compares the numbers of planned fish tissue samples for analysis to the numbers of samples that were actually analyzed. There are 10 fewer fish than planned for the small whole body fish composites when samples from all FSCAs are considered. For medium whole body fish composites, there were only two fewer samples analyzed than planned. Two more medium whole body fish composites were analyzed for non-TAL metals than planned, and one additional sample each for PAHs, organochlorine pesticides, PBDEs, and SVOCs. While there were shortages for large fish when sample numbers for all FSCAs are combined, at least sixty percent of the total numbers of planned samples of large fish were actually analyzed. There are no cases where no analytical data are available for a planned analysis for any given fish size class or FSCA (Table 5-6).

Despite meeting and sometimes exceeding the sampling effort targets targeted fish species were not always obtained from FSCAs. Shortages for small (≤ 15 cm) fish composite samples include two whole body composites of small insectivores (rainbow trout and pikeminnow) from FSCAs 4, 5, and 6. However, additional small fish from other feeding guilds were collected and analyzed to supplement the small fish composite totals. As a result, the goal of six whole body composite samples of small fish for each FSCA increased to 5 (FSCA 4) and 4 (FSCAs 5 and 6). Shortages of medium (>15 to

≤30 cm) fish composite samples include one whole body composite of medium benthivores (largescale and longnose suckers) from FSCAs 1, 4, and 5 and two from FSCA 6, as well as two whole body composite of medium piscivores (walleye, smallmouth bass, and pikeminnow) from FSCA 1 and one from FSCA 2. However, samples of rainbow trout, which is considered an omnivore at a size >15 cm, were included in this size class, as well as additional medium fish from other feeding guilds to supplement the medium fish composite samples. As a result, the goal of six whole body composite samples of medium fish was nearly met, with five composites in each FSCA, except there were four in FSCA 1 and eight in FSCA 3.

Shortages of large (>30 cm) fish fillet and remainder composite samples were as follows:

- Burbot—Five sets of fillet and remainder samples from FSCA 1, 3 sets of fillet and remainder samples from FSCA 2, and 1 set of fillet and remainder samples each from FSCAs 3 and 6
- Kokanee—One set of fillet and remainder samples from FSCA 6
- Whitefish—Three sets of fillet and remainder samples from FSCA 1, 2 sets of fillet and remainder samples each from FSCAs 2 and 5, and 6 samples from FSCA 6
- Suckers—Three sets of fillet and remainder samples from FSCA 1, 1 set of fillet and remainder samples from FSCA 3, and 2 sets of fillet and remainder samples from FSCA 5
- Smallmouth bass—Six sets of fillet and remainder samples from FSCA 1, 5 sets of fillet and remainder samples from FSCA 2, 4 sets of fillet and remainder samples from FSCA 4, 3 sets of fillet and remainder samples from FSCA 5
- Walleye—One set of fillet and remainder samples from FSCA 1.

As outlined above, there were instances in which capture rates for certain species within FSCAs fell short of planned rates. There were also instances in which capture rates within FSCAs exceeded planned rates for certain species (e.g., smallmouth bass). As a result, to supplement the above-listed shortages and consistent with EPA's direction, large fish captured in excess of planned rates within adjacent FSCAs were also analyzed increasing the overall available data set. Specific examples in which capture rates exceeded planned rates, resulting in additional data are as follows:

- Smallmouth bass—Three sets of fillet and remainder samples from both FSCA 3 and FSCA 6
- Suckers—Five sets of fillet and remainder samples from FSCA 2 and 8 sets of fillet and remainder samples from FSCA 4.

Despite satisfying and often exceeding design sampling efforts, capture rates for certain species of large fish within some FSCAs did not meet planned capture rates.

Nevertheless, these data in conjunction with data collected in 2005 (USEPA 2007) are anticipated to provide adequate fish tissue concentration data for use in the risk assessment.

6.2 REPRESENTATION OF MAJOR FEEDING GUILDS

Samples of fish representing all major feeding guilds were collected from each of the FSCAs. Whole body samples of small fish (≤ 15 cm) from three feeding guilds (omnivores, insectivores and benthivores) and medium fish (> 15 to ≤ 30 cm) from four feeding guilds (omnivores, insectivores, piscivores, and benthivores) were obtained and analyzed from most FSCAs. However, there were some size classes that did not have all their feeding guilds represented within two of the FSCAs. Specifically, small insectivorous fish were not obtained from FSCAs 4, 5 and 6, medium omnivorous fish were not obtained from FSCAs 5 and 6, and medium piscivorous fish were not obtained from FSCA 1 (Table 2-18). Nevertheless, while certain feeding guilds were not present in all size classes of fish from a given FSCA, those feeding guilds were represented by fish in other size classes within that same FSCA.

6.3 REPRESENTATION OF WILDLIFE DIET

The QAPP identified fish species and size classes that are key components in the diet of representative piscivorous wildlife species (Table A-6 of the QAPP; TAI 2009). These data were used to select target species and size classes of fish for the 2009 fish tissue study. Below are discussions regarding the availability of adequate fish tissue concentration data to represent the diet of representative piscivorous wildlife species.

Bald eagles consume a variety of fish, including largescale sucker, American shad, common carp, other cyprinids, salmon, steelhead, black crappie, other centrarchids, yellow perch, sturgeon, shiner perch, trout, hardhead, Sacramento squawfish, Tui chub, Sacramento sucker, channel catfish, and brown bullhead (Watson et al. 1991; Jackman et al. 1999). During breeding season, bald eagles consume a large amount of smaller (< 10 cm) fish than larger (> 60 cm) fish (Watson et al. 1991). Outside of breeding season, bald eagles consume a larger amount of larger (> 60 cm) fish than smaller (< 10 cm) fish (Watson et al. 1991). Bald eagles also consume fish ranging from 129 to 854 cm (Jackman et al. 1999). Therefore, the diet of the bald eagle contains a variety of freshwater fish species of varying sizes and feeding guilds. As shown in Tables 2-18 and 5-6, sufficient COI concentration data are available for fish found in the diet of the bald eagle, including rainbow trout, kokanee, and largescale and longnose suckers, from all FSCAs.

Ospreys consume brown bullhead, rainbow trout, kokanee, mountain whitefish, northern squawfish, yellow perch, and largescale sucker, and the majority of the fish consumed are between 11 and 30 cm (Van Daele and Van Daele 1982). There are COI concentration data for four to eight whole body composites of medium (> 15 cm to ≤ 30 cm) fish from a variety

of feeding guilds from each FSCA (Tables 2-18 and 5-6). Therefore, there is sufficient fish tissue data to represent the diet of the osprey.

Great blue herons consume a variety of freshwater fish, with the majority of fish consumed between 5 and 15 cm (Alexander 1977). Belted kingfishers also consume a variety of freshwater fish, with the majority of fish consumed between 6 and 12 cm (Davis 1982; Salyer and Lagler 1949; Alexander 1977). There are COI concentration data for at least four whole body composites of small (≤ 15 cm) fish from a variety of feeding guilds from each FSCA (Tables 2-18 and 5-6). Therefore, there is sufficient fish tissue data to represent diets of the great blue heron and belted kingfisher.

Otters consume a variety of fish, including burbot, cyprinids, trout, pike, perch, eel and roach (Erlinge 1969; Wise et al. 1981). The majority of fish consumed by otter observed by Erlinge (1969) were burbot between 17 and 24 cm. In the study by Wise et al. (1981), the sizes of fish consumed by otter varied by species. The majority of roach were between 9 and 15 cm, whereas the majority of salmonids were between 0 and 15 cm, and the majority of eels were between 20 and 40 cm. EPA's *Wildlife Exposure Factor Handbook* (USEPA 1993) states that 50 percent of fish consumed by the otter are between 11 and 20 cm, and the other 50 percent are >20 cm. There are COI concentration data for at least thirteen composites of large (>30 cm) burbot, kokanee, and rainbow trout from each FSCA (Tables 2-18 and 5-6). In addition, there are COI concentration data for five whole body composites of medium (>15 cm to ≤ 30 cm) fish from a variety of feeding guilds from each FSCA (except four from FSCA 1) (Tables 2-18 and 5-6). Therefore, there is sufficient fish tissue data to represent the diet of the otter.

Mink consume a variety of fish, including burbot, cyprinids, trout, pike, perch, eel and roach (Erlinge 1969; Wise et al. 1981). The majority of fish consumed by mink observed by Erlinge (1969) were greater than 15 cm. In the study by Wise et al. (1981), sizes of fish consumed by mink varied by species. The majority of roach, perch and salmonids were between 0 and 15 cm, whereas the majority of pike were between 20 and 50 cm, and the majority of eels were between 20 and 40 cm. Alexander et al. (1977) found the majority of fish consumed by mink were between 5 and 13 cm. There are COI concentration data for at least thirteen composites of large (>30 cm) burbot, kokanee, and rainbow trout from each FSCA (Tables 2-18 and 5-6). In addition, there are COI concentration data for at least five whole body composites of medium (>15 cm to ≤ 30 cm) fish from a variety of feeding guilds from each FSCA (except 4 in FSCA 1) (Tables 2-18 and 5-6). Therefore, there is sufficient fish tissue data to represent the diet of the mink.

6.4 CHEMICAL ANALYSIS AND DETECTION LIMITS

Analytical methods for determining COI concentrations are standard EPA methods (see Table 2-1). During development of the QAPP (TAI 2009), certain analytical methods were selected over others to achieve lower detection limits. The methods of analysis of

COIs in fish tissue samples matched methods of analysis of COIs presented in the QAPP (TAI 2009). Methods for lipid and moisture content were not specified in the QAPP to be EPA methods, but were described as freeze/dry and gravimetric methods, which are appropriate. Therefore, all data were analyzed appropriately and in accordance with the QAPP (TAI 2009).

Actual MDLs were compared to five times the ACGs for metals/metalloids, dioxin/furans, PCBs, PBDEs, pesticides, PAHs and SVOCs (TAI 2009). As detailed within Section 5, because ACGs were conservatively set at one-fifth the fish and wildlife RBC, or set equal to the human health RBC (whichever was lowest), nondetect samples are considered adequately sensitive for use in the RI/FS. A summary of actual MDLs versus five times the ACGs for all COI analyses is shown in Tables 5-7 through 5-13. As illustrated within Tables 5-8 and 5-9 respectively, actual MDLs for all dioxins/furans and PCBs were at or below the planned MDL or no more than five times greater than the ACG.

It is important to note that if only one analysis for a given COI had an actual MDL that exceeded the planned MDL or was five times greater than the ACG, it was accordingly highlighted within the aforementioned tables (Tables 5-7 through 5-13). As detailed within Section 5 however, with the exception of four COIs (i.e., total chlorodane, hexachlorobutadiene, pentachlorophenol, and butyl benzyl phthalate); actual MDLs even for 'highlighted' COIs (refer to Tables 5-7 through 5-13) were largely at or below the planned MDL or no more than five times greater than the ACG.

Due to chromatographic interference, MDLs for total chlorodane, hexachlorobutadiene, pentachlorophenol, and butyl benzyl phthalate did not meet planned MDLs and were often observed to be greater than five times the ACG. Specifically, 71 percent and 64 percent of the analyses for total chlorodane and hexachlorobutadiene were respectively observed to have MDLs greater than five times the ACG. Despite actual MDLs meeting or not exceeding five times the ACG for the aforementioned organochlorine pesticides 29 - 36 percent of time, there is uncertainty associated with the data that risk assessors should consider.

Similarly, MDLs for the SVOCs pentachlorophenol and butyl benzyl phthalate, did not meet planned MDLs, chromatographic interference, and were observed to be greater than five times the ACG for all analyses. As a result, there is uncertainty associated with the concentrations for these two COIs which will need to be considered during the risk assessment.

6.5 REPRESENTATION OF FSCAS

As discussed in Section 6.1, all targeted fish were not obtained from each FSCA (Table 2-18). A goal of six composite samples for small (≤ 15 cm) and medium (≥ 15 to ≤ 30 cm) size classes, and six composite samples for each species of the >30 cm size class was targeted from each FSCA, for a total of 576 composite samples (whole body, fillet,

and remainder composites). For TAL metals which were to be measured in all fish collected (Table 5-14), benthivorous and insectivorous small fish were under-represented in FSCAs 4, 5 and 6, and omnivorous small fish were under-represented in FSCA 1. Medium size benthivores were under-represented in FSCAs 1,4, 5 and 6, and medium sized piscivores were not collected from FSCA 1. For large fish, burbot and smallmouth bass were under-represented in FSCA 1, and whitefish were absent from FSCA 6. All other feeding guilds and size classes were represented within each FSCA at ≥ 50 percent of target levels.

Two samples per species and size class for each FSCA were targeted for analysis of the non-TAL metals, congeners of dioxins, furans and PCBs, PBDEs, organochlorine pesticides, PAHs and SVOCs. Actual numbers analyzed are shown in Table 5-7 through 5-13, respectively. In general, one or two samples were analyzed for each feeding guild/age group within each FSCA, but there were some data gaps. For example, there were no medium insectivores analyzed for non-TAL metals, and large smallmouth bass were consistently absent from FSCA 1; while whitefish were not found in FSCA 6. Some analyte groups had more than the required samples analyzed in some FSCAs. For example, PCBs, dioxins, and furans were analyzed in five fish from many sizes/feeding guilds (Table 5-18).

In general, all FSCAs are well represented by all age (size) classes within each analyte group, but a few fish feeding guilds were absent from some FSCAs. This may reflect the differences in habitat among FSCAs, especially between FSCA 1 (high energy, lotic system; smallmouth bass absent) and FSCA 6 (lower energy, lentic system; whitefish absent).

7 SUMMARY AND RECOMMENDATIONS

A large number of fish tissue samples representing a variety of feeding guilds and size classes important for conducting ecological and human health risk assessments was obtained and analyzed for COIs. While not all target fish were obtained for chemical analysis, the available fish tissue data met the stated DQOs in the QAPP (TAI 2009). The data appear to be representative of fish present in each FSCA and major feeding guilds within the UCR. In addition, available fish tissue data appear to be sufficient to represent the primary components of piscivorous wildlife diets that may be evaluated in the ecological risk assessment. All samples were analyzed for COIs appropriately and in accordance with the QAPP (TAI 2009). For most samples (i.e., 98 percent), actual MDLs met the planned MDLs or were no greater than five times the ACGs. Four COIs (i.e., total chlorodane, hexachlorobutadiene, pentachlorophenol, and butyl benzyl phthalate) had a high percentage (ranging from 64 to 100 percent of the analyses) of non-detects for which actual MDLs did not meet planned MDLs or were five times greater than the ACG due to chromatographic interference. As a result, there is uncertainty associated with the concentrations for these four COIs.

In summary, it appears that there are no significant data gaps relative to the QAPP (TAI 2009) that would suggest additional fish tissue data are needed prior to conducting ecological and human health risk assessments. However, the final determination of data sufficiency will be made during the preparation of the BERA and HHRA. During that time and consistent with Guidance (USEPA 1997), should EPA determine that there is insufficient information to support informed risk-based management decisions, additional fish tissue data may be needed. At this time however, based on results from the 2009 data collection activity, fish tissue data appear representative of targeted species, size classes, and major feeding guilds within targeted sample collection areas outlined in the QAPP (TAI 2009).

8 REFERENCES

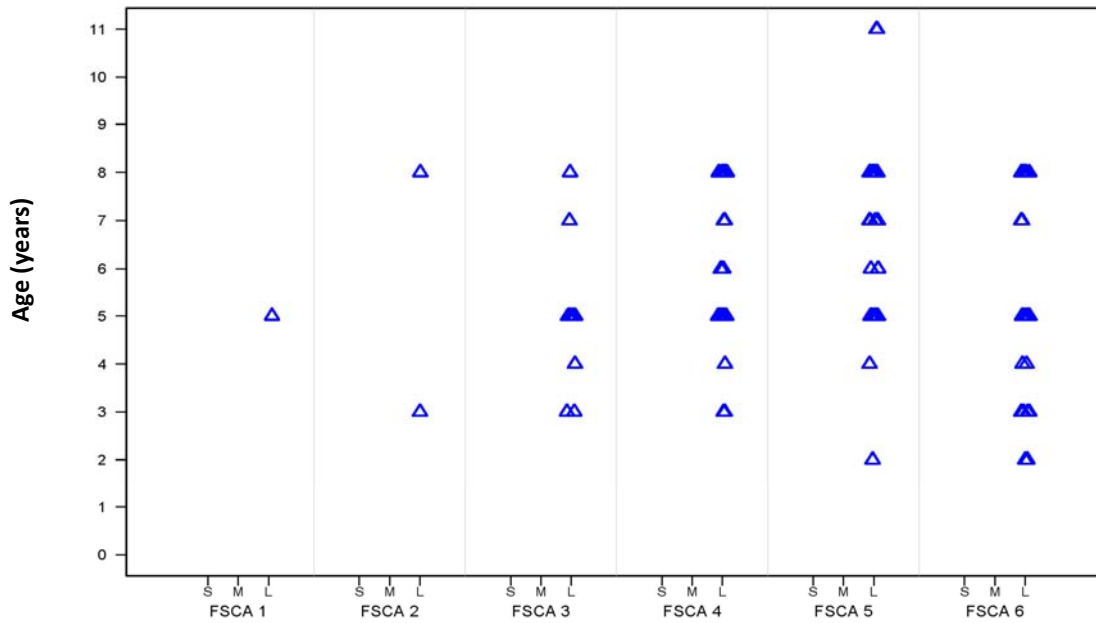
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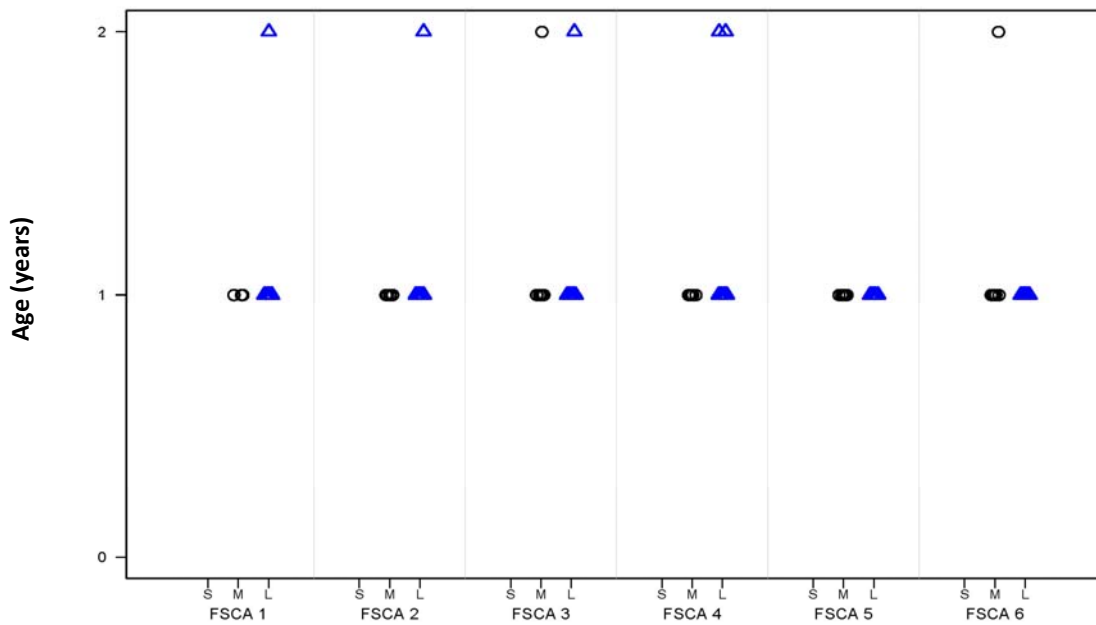
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FIGURES

Burbot



Kokanee

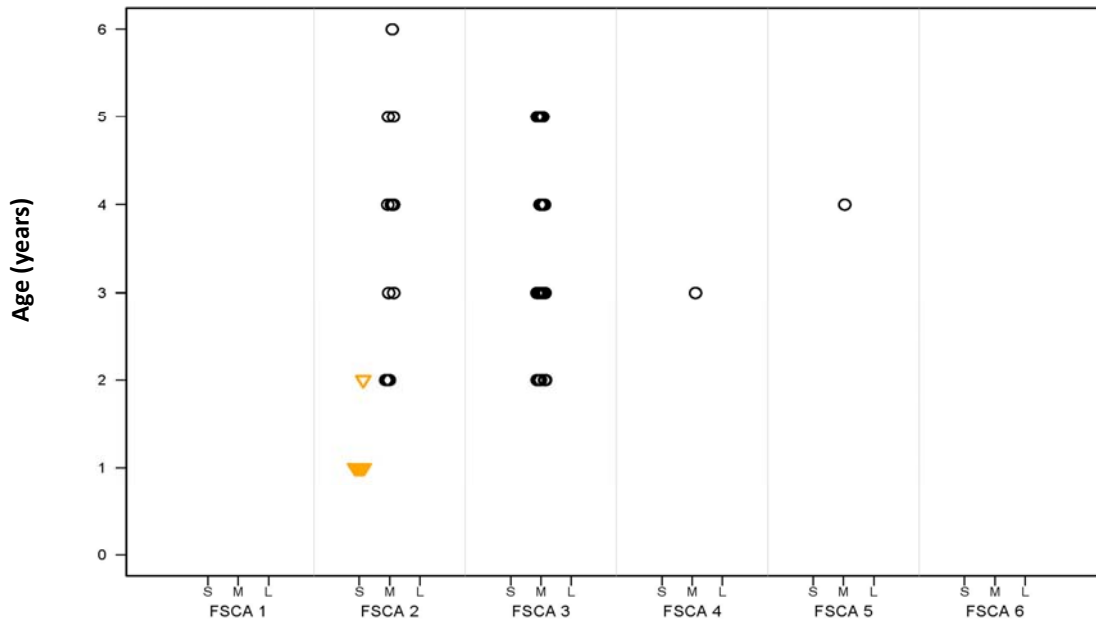


- ▽ (Orange) Small fish (≤ 15 cm.)
- (Black) Medium size fish ($>15 - \leq 30$ cm.)
- △ (Blue) Large size fish (>30 cm.)

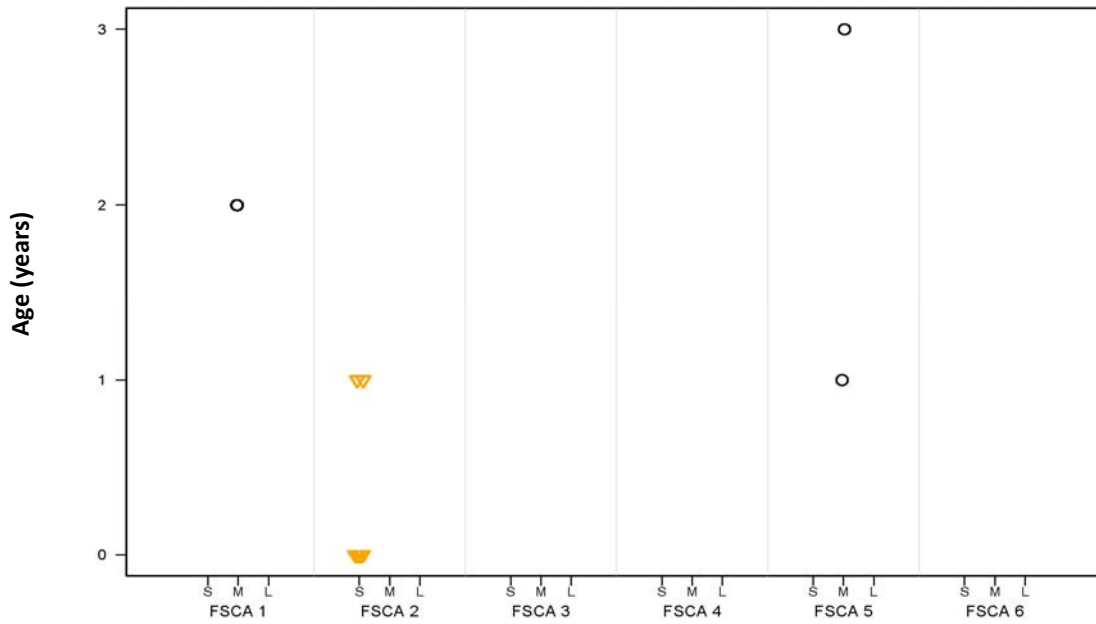
Note: A small amount of noise has been added to the horizontal axis to show overlapping symbols

Figures 2-1a and 2-1b. Results of Age Analysis for Burbot and Kokanee

Pikeminnow



Yellow Perch

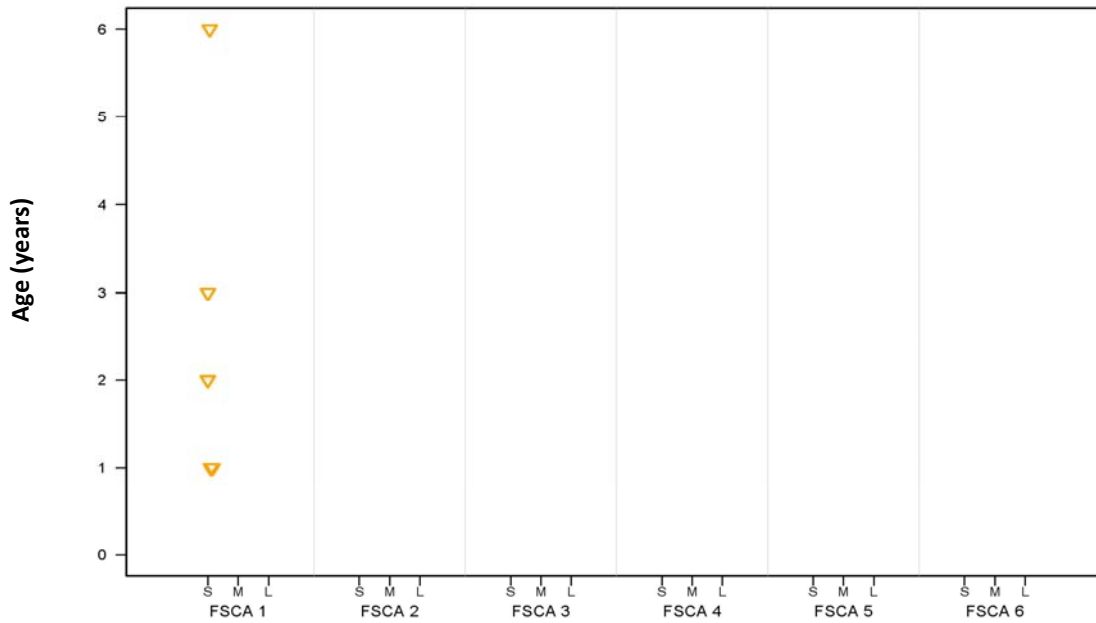


- ▽ (Orange) Small fish (≤15 cm.)
- (Black) Medium size fish (>15 - ≤30 cm.)
- △ (Blue) Large size fish (>30 cm.)

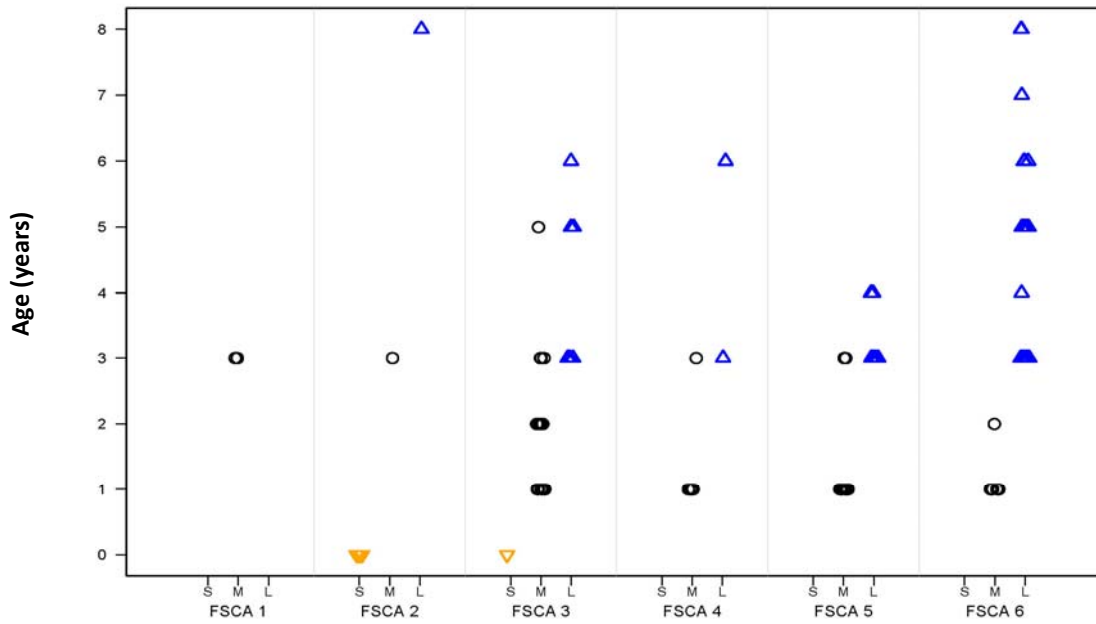
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Figures 2-1c and 2-1d. Results of Age Analysis for Pikeminnow and Yellow Perch

Sculpin



Smallmouth Bass

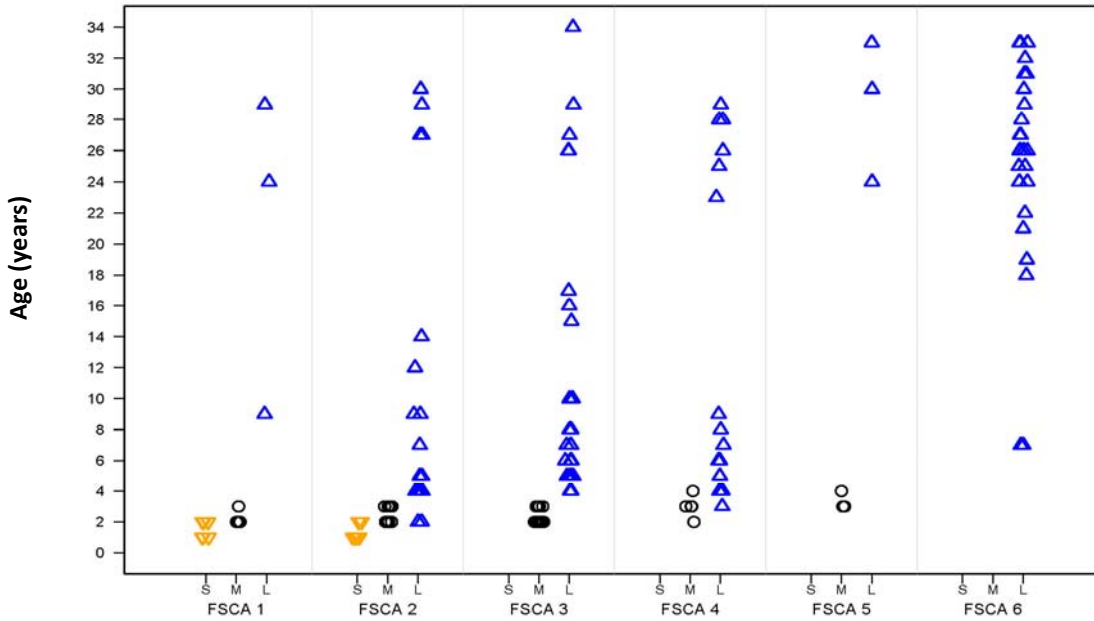


- ▽ (Orange) Small fish (≤ 15 cm.)
- (Black) Medium size fish (>15 - ≤ 30 cm.)
- △ (Blue) Large size fish (>30 cm.)

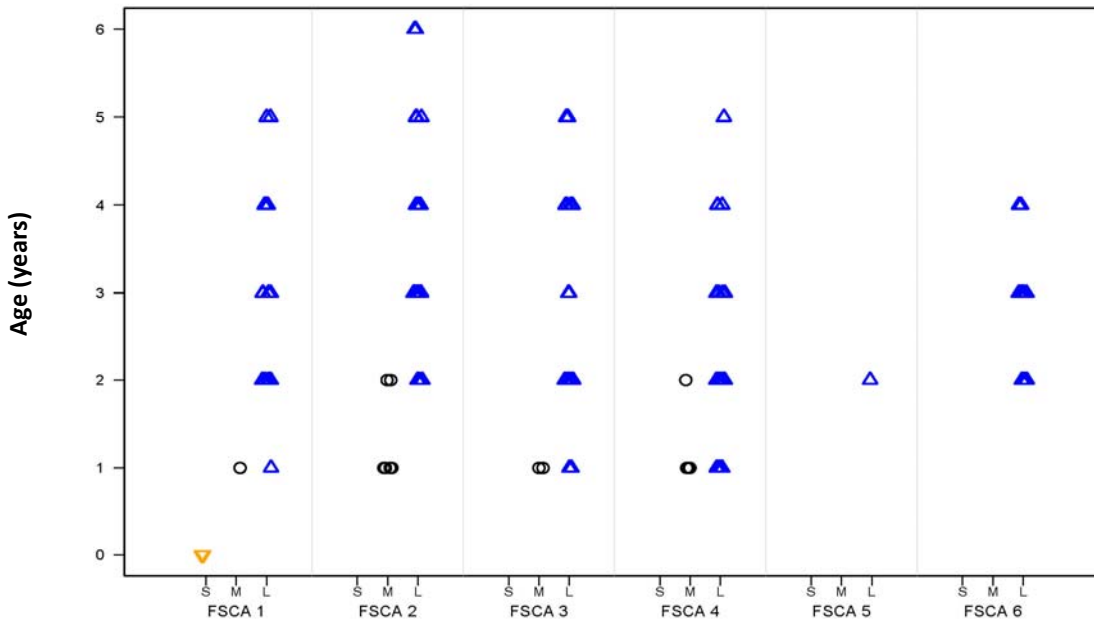
Note: A small amount of noise has been added to the horizontal axis to show overlapping symbols

Figures 2-1e and 2-1f. Results of Age Analysis for Sculpin and Smallmouth Bass

Largescale and Longnose Suckers



Rainbow Trout

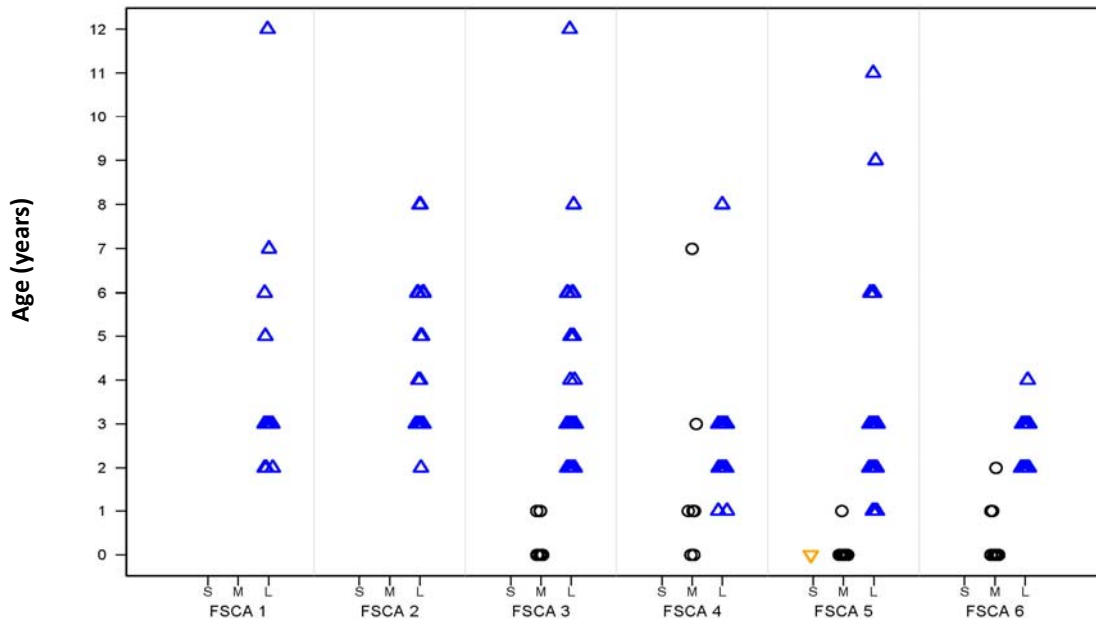


▽ (Orange) Small fish (≤ 15 cm.)
○ (Black) Medium size fish ($>15 - \leq 30$ cm.)
△ (Blue) Large size fish (>30 cm.)

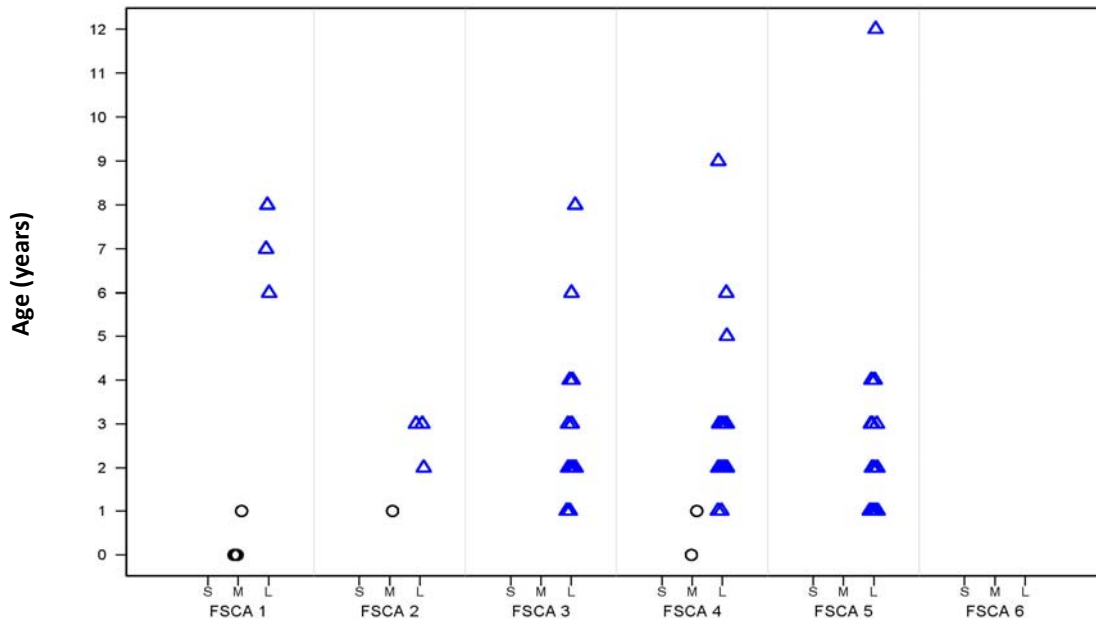
Note: A small amount of noise has been added to the horizontal axis to show overlapping symbols

Figures 2-1g and 2-1h. Results of Age Analysis for Largescale and Longnose Suckers and Rainbow Trout

Walleye



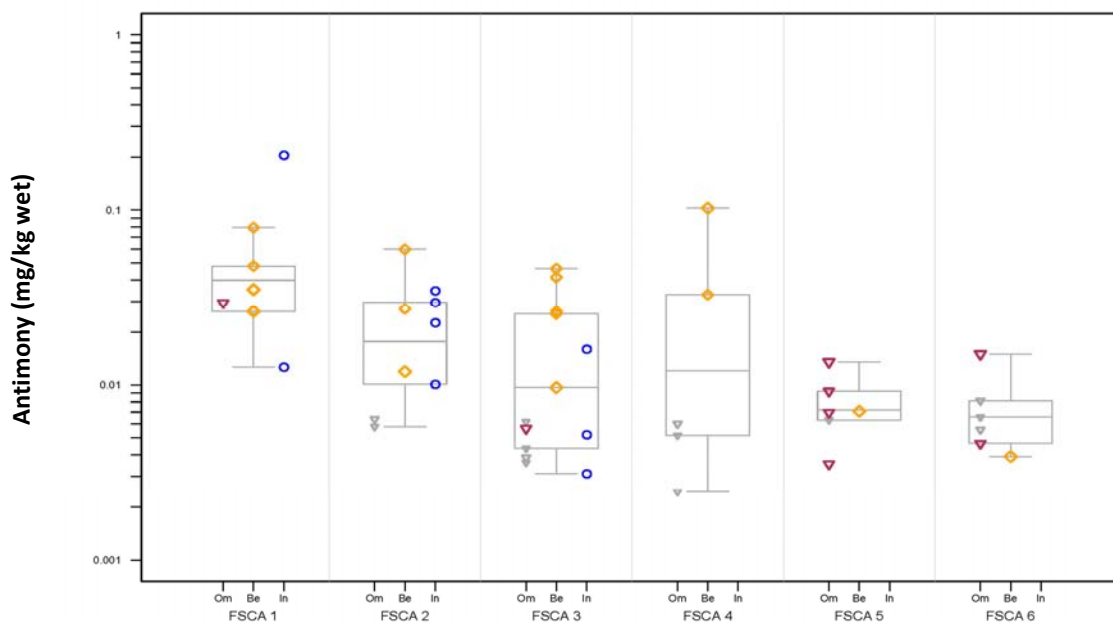
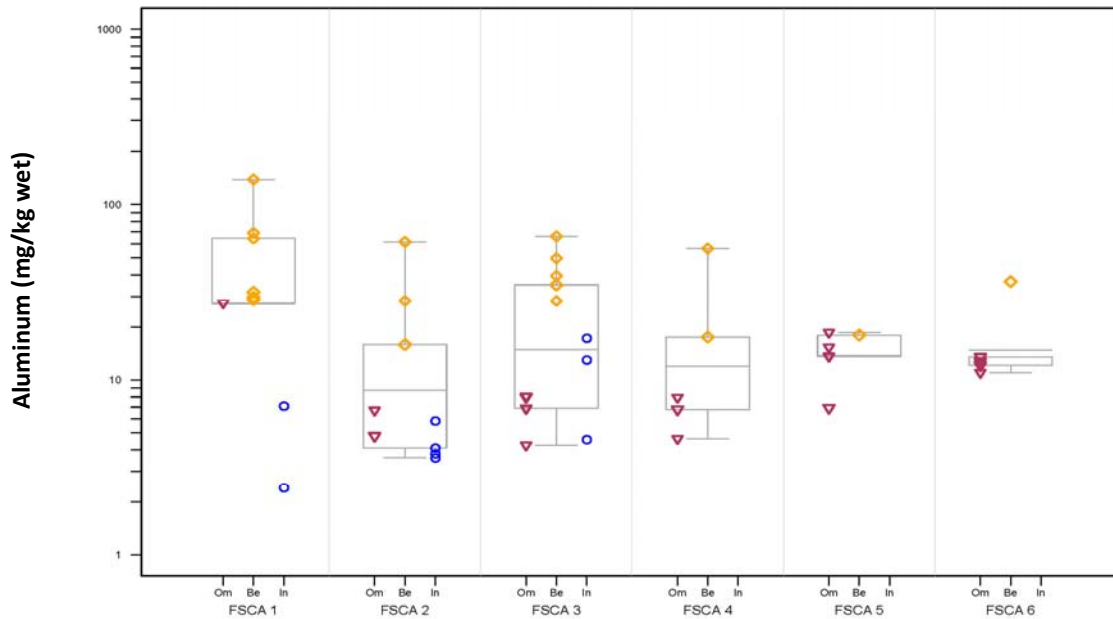
Whitefish



- ▽ (Orange) Small fish (≤ 15 cm.)
- (Black) Medium size fish ($> 15 - \leq 30$ cm.)
- △ (Blue) Large size fish (> 30 cm.)

Note: A small amount of noise has been added to the horizontal axis to show overlapping symbols

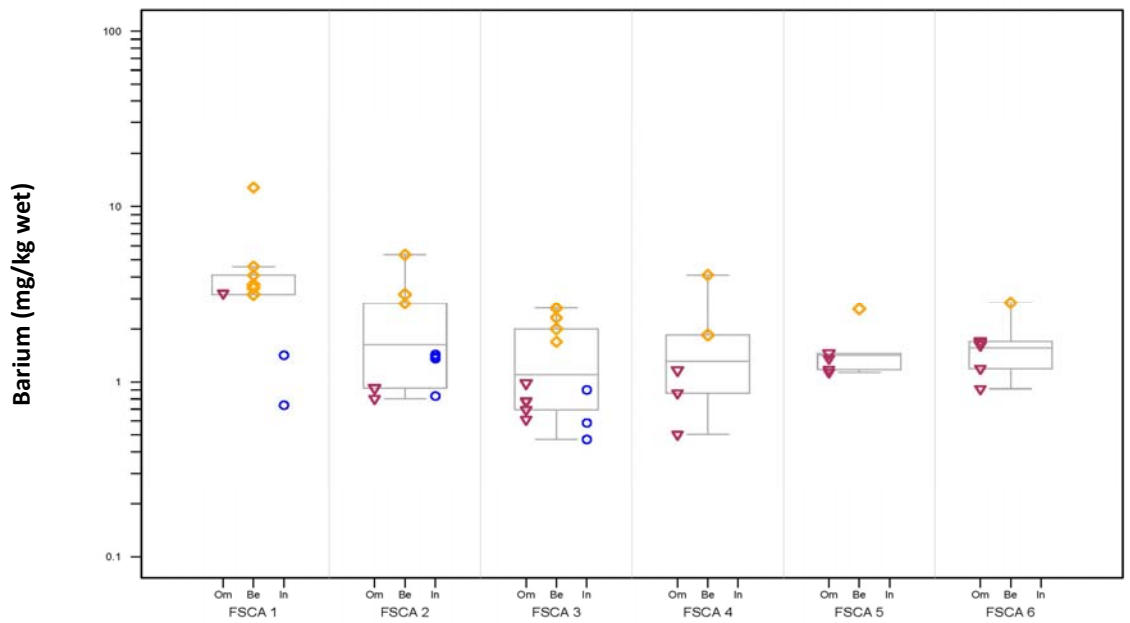
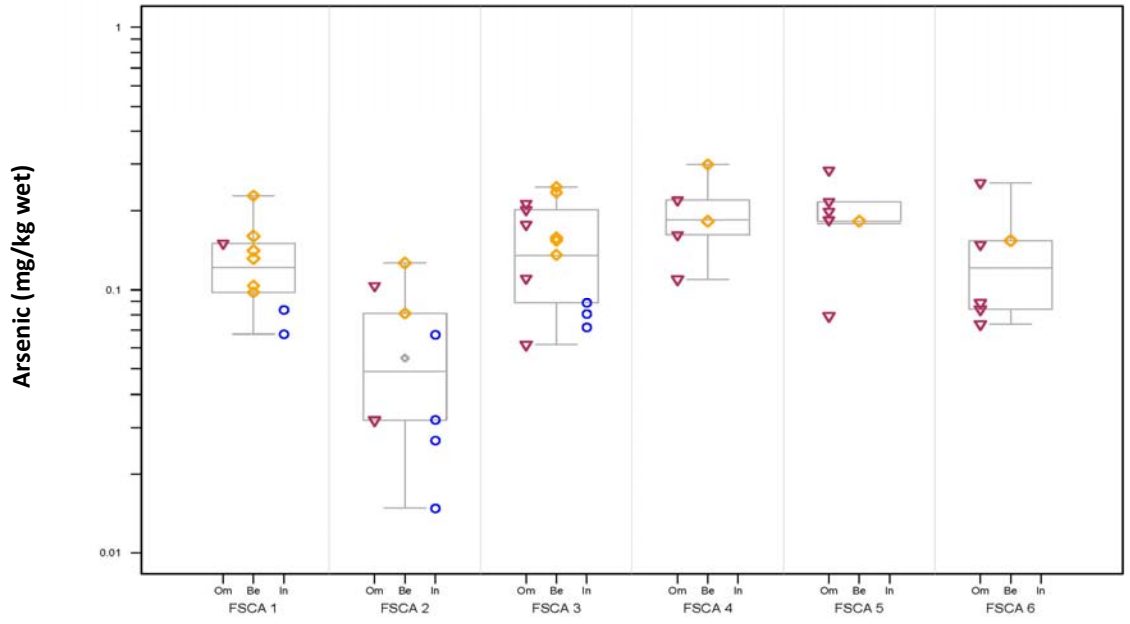
Figures 2-1i and 2-1j. Results of Age Analysis for Walleye and Whitefish



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

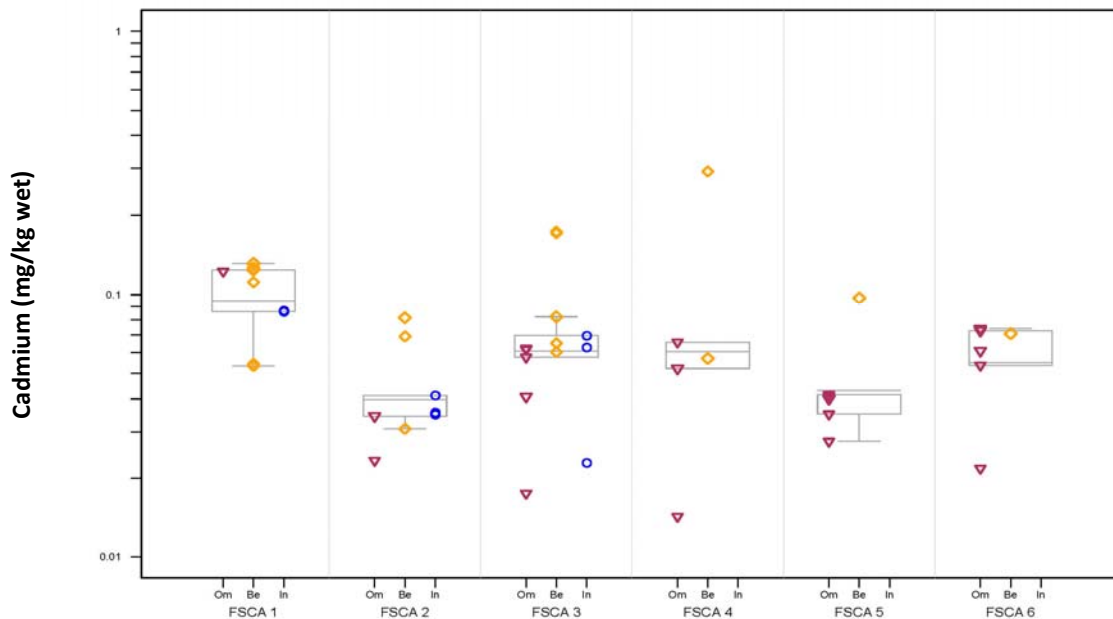
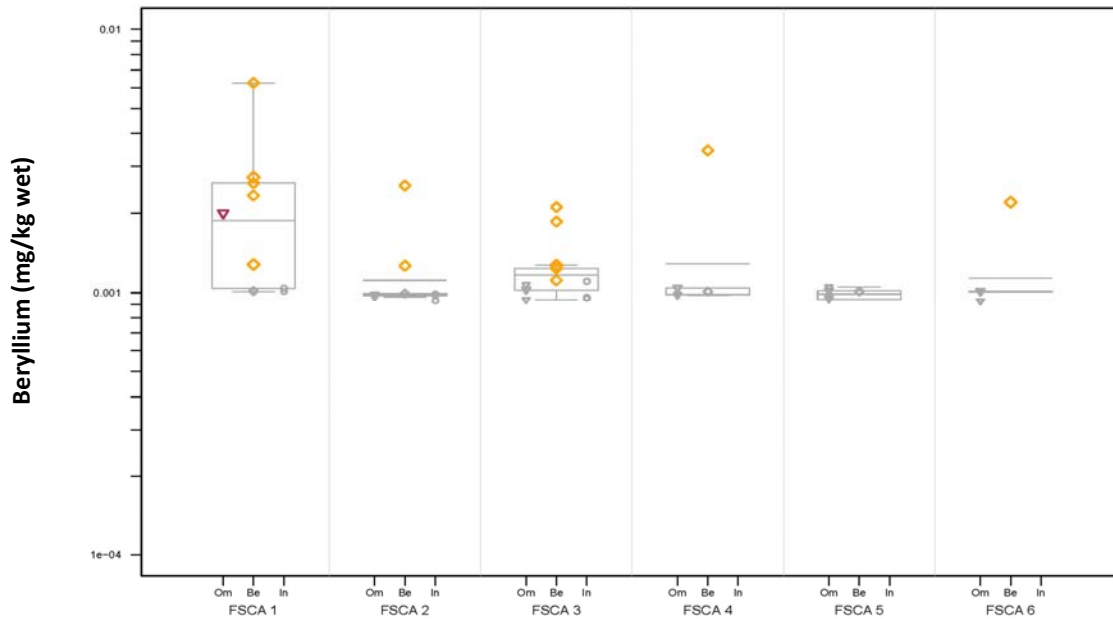
Figures 5-1a and 5-1b. Aluminum and Antimony Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

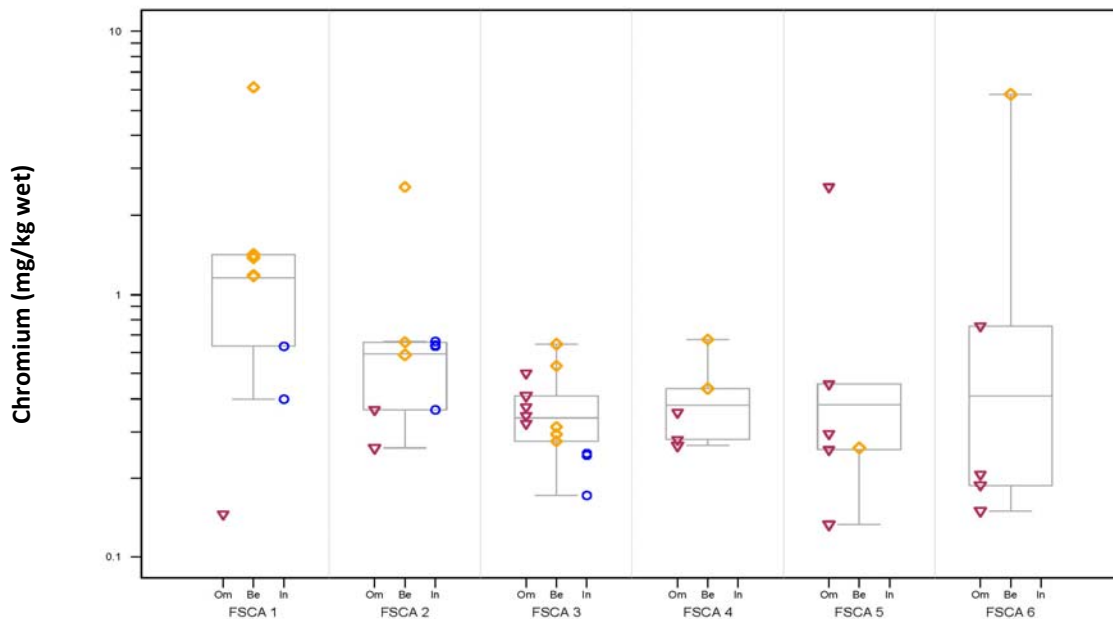
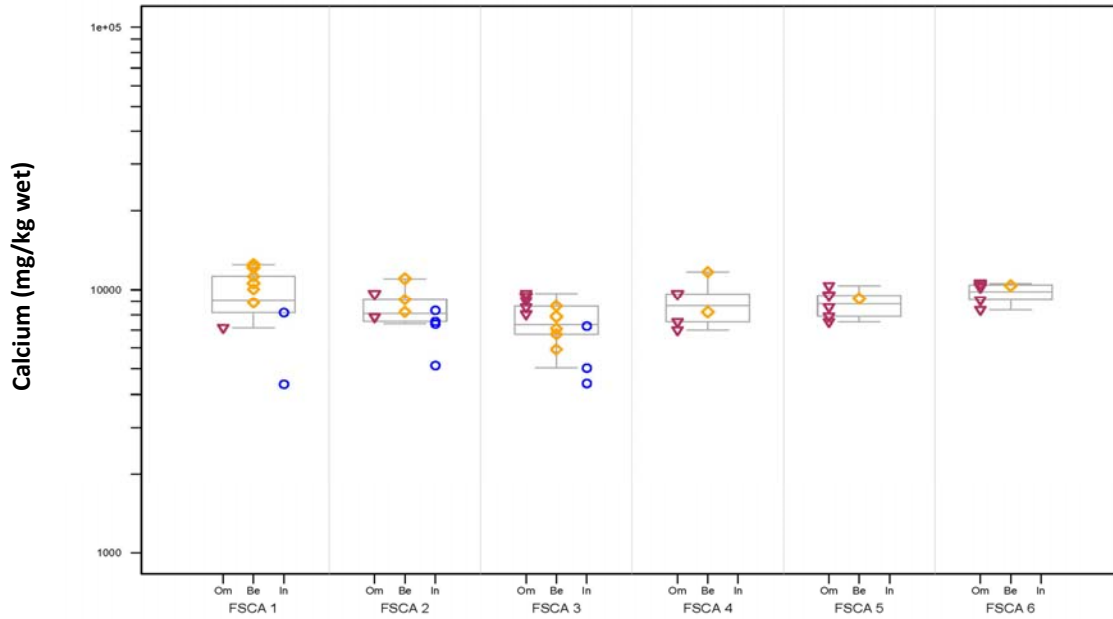
Figures 5-1c and 5-1d. Arsenic and Barium Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

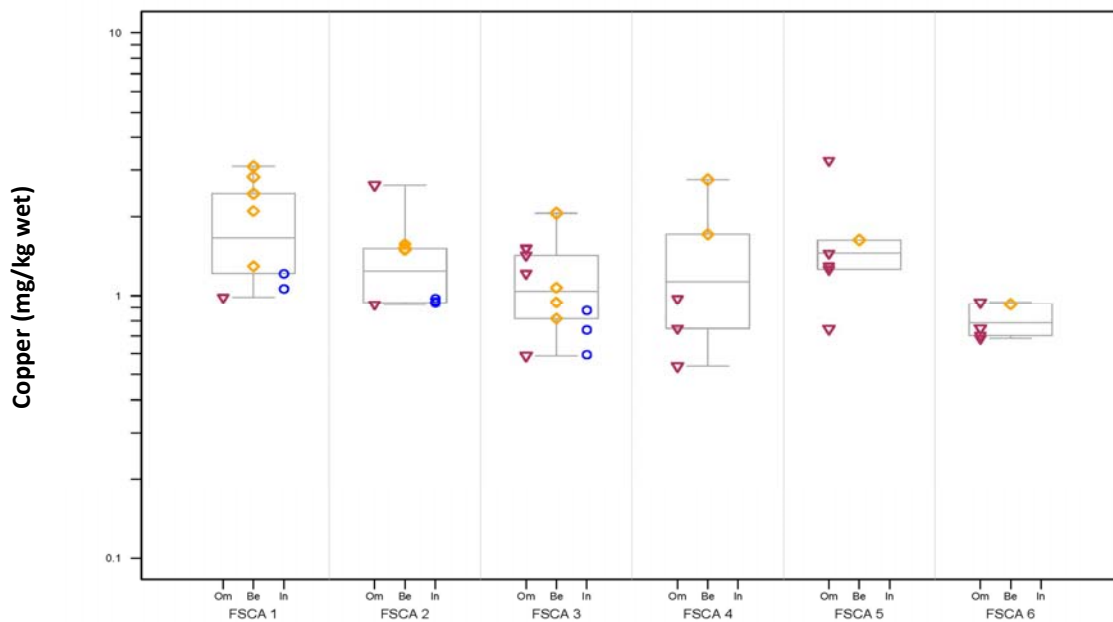
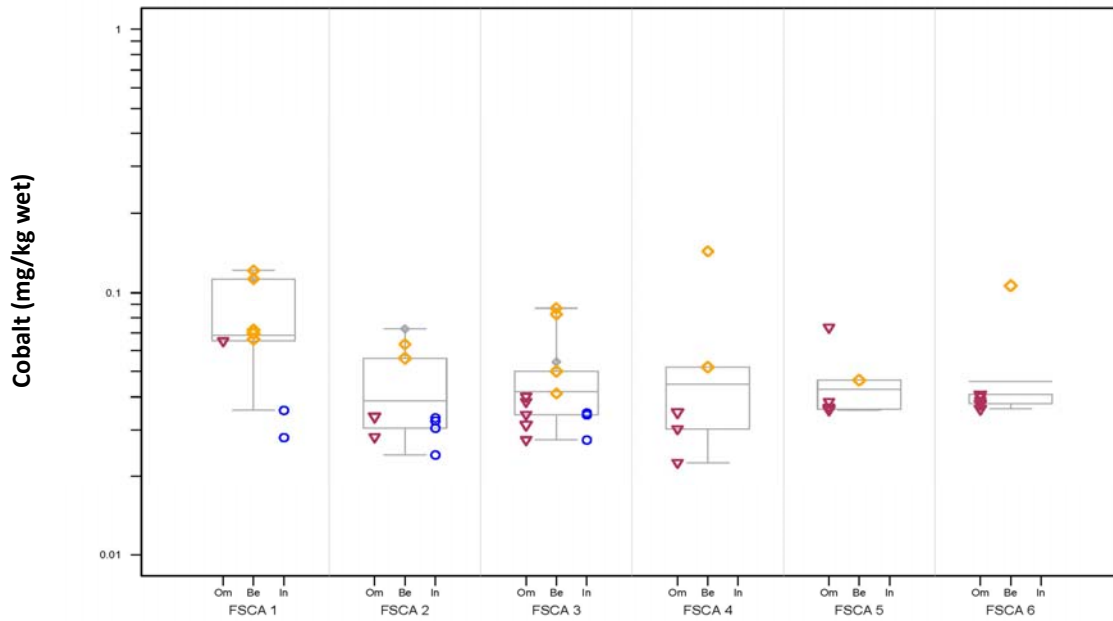
Figures 5-1e and 5-1f. Beryllium and Cadmium Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected,
 shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

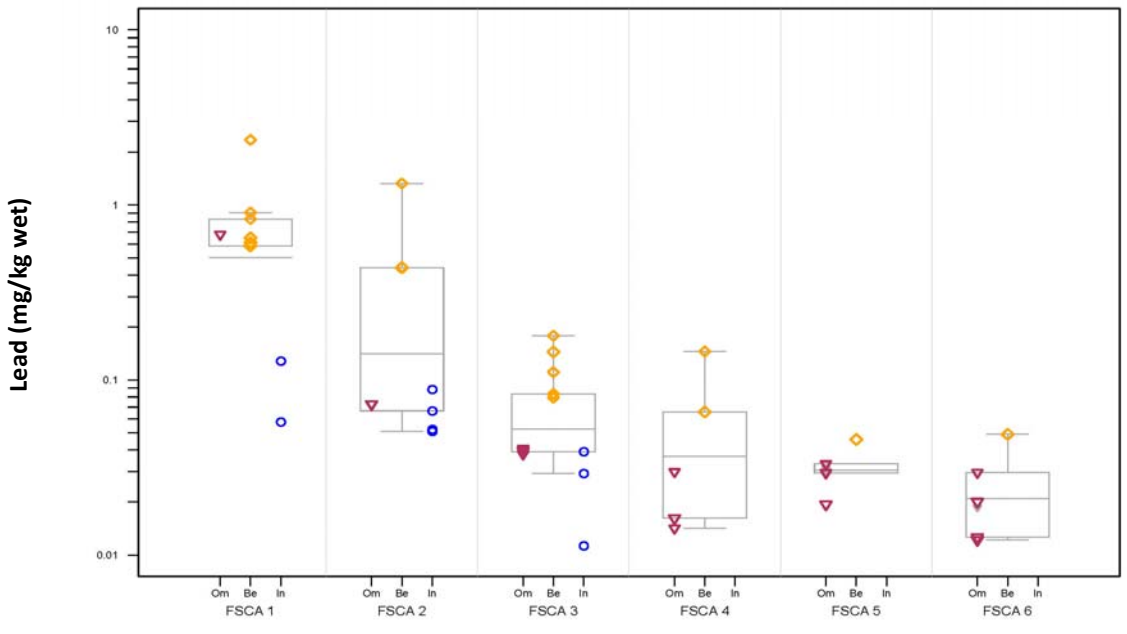
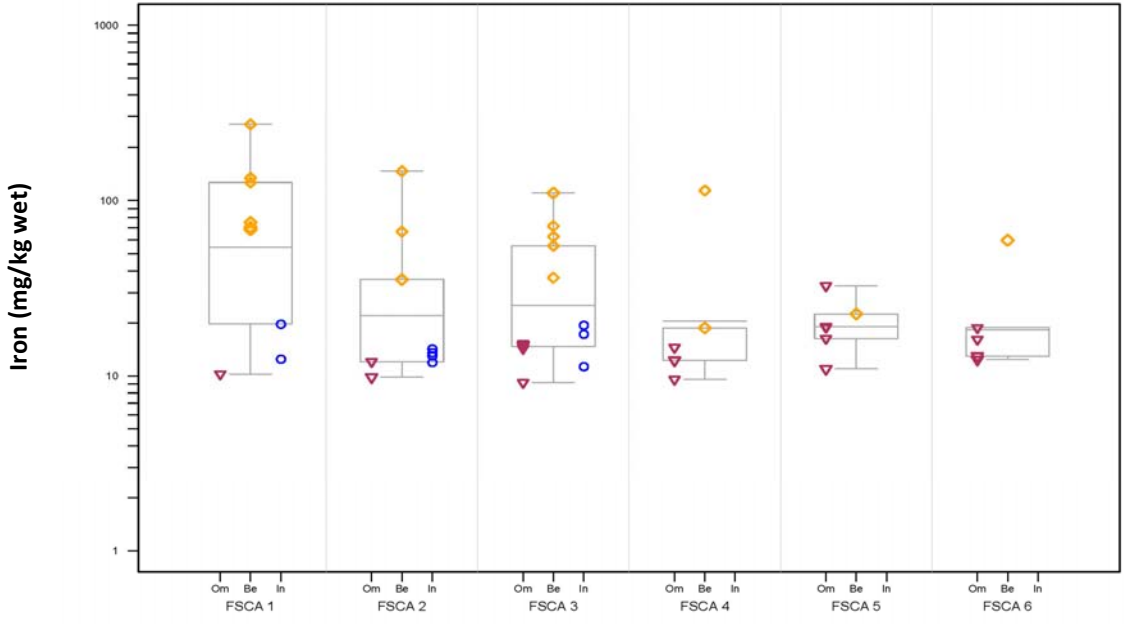
Figures 5-1g and 5-1h. Calcium and Chromium Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

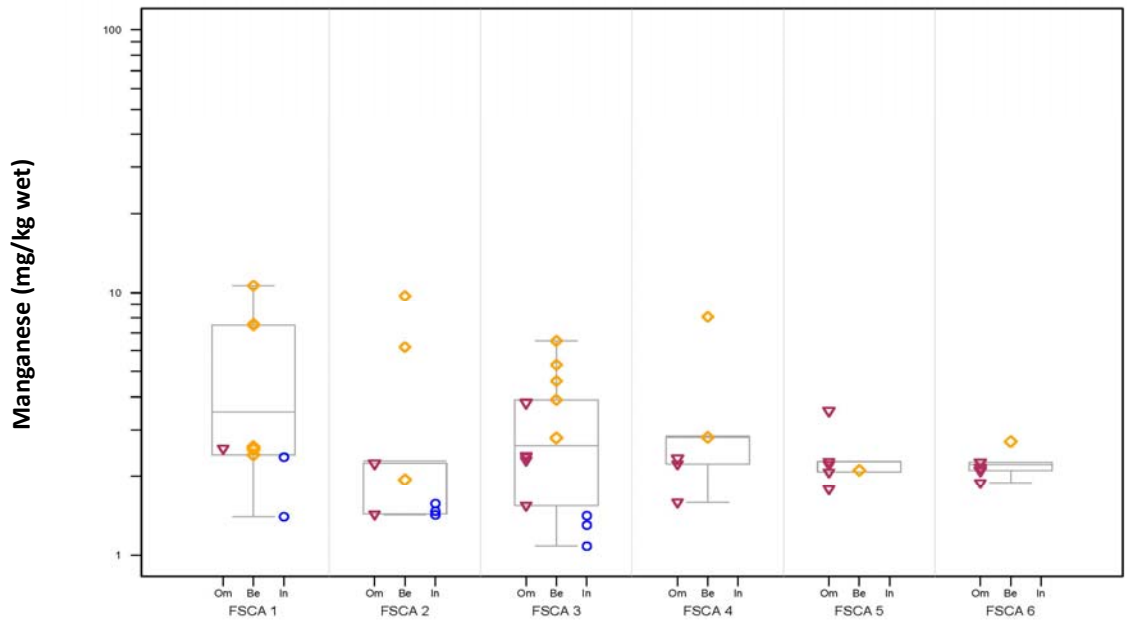
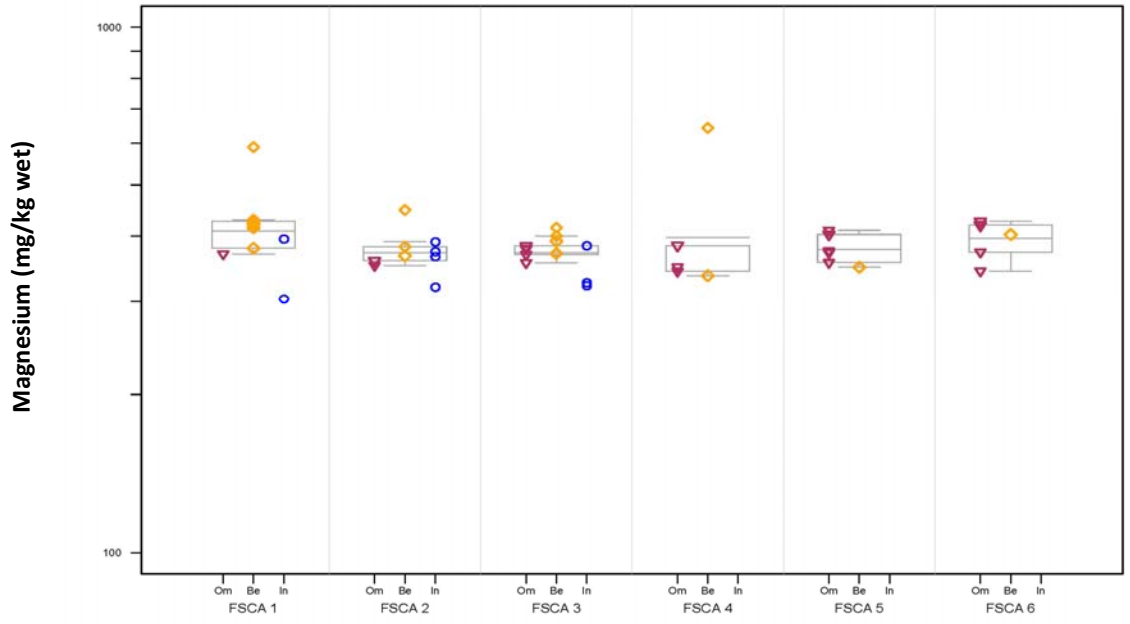
Figures 5-1i and 5-1j. Cobalt and Copper Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

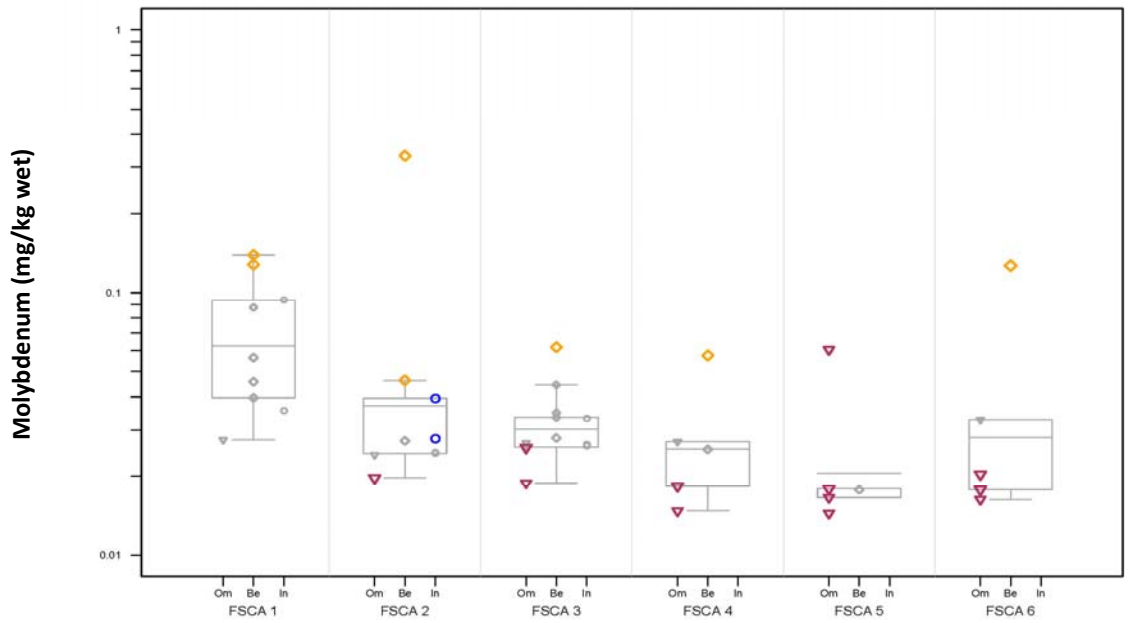
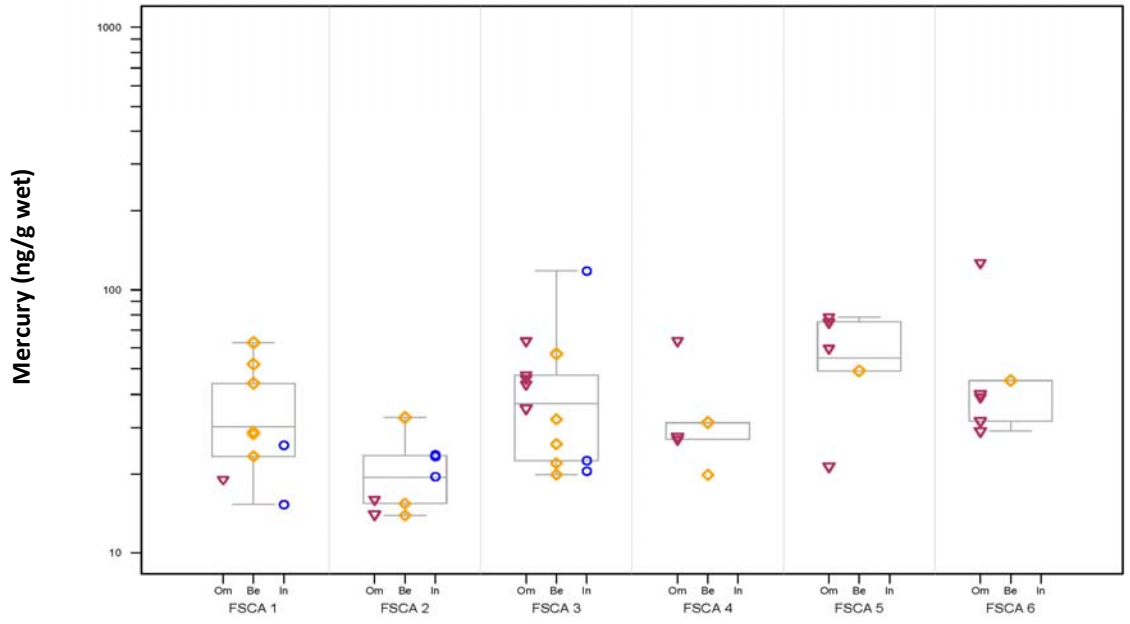
Figures 5-1k and 5-1l. Iron and Lead Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected,
 shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

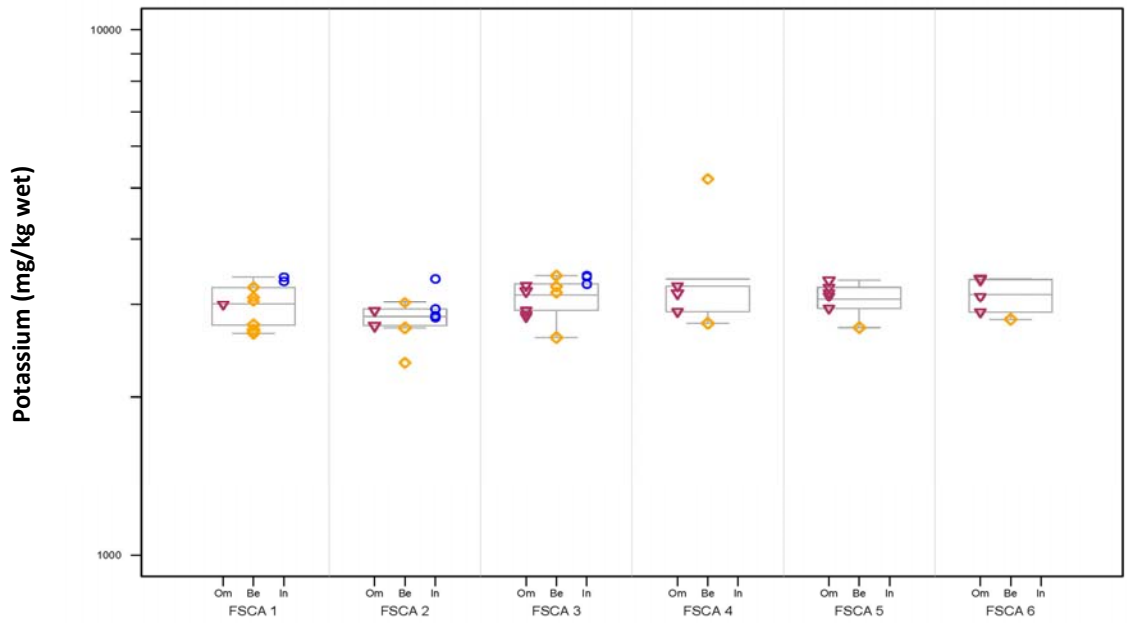
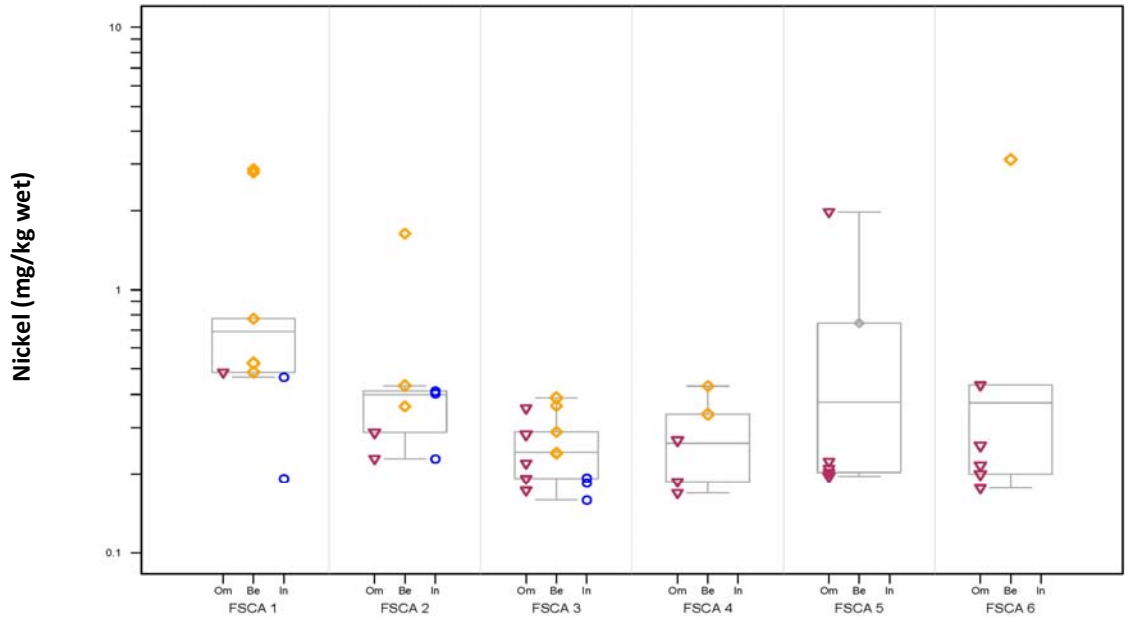
Figures 5-1m and 5-1n. Magnesium and Manganese Concentrations in Small Fish by FSCA and Feeding Guild



▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-1o and 5-1p. Mercury and Molybdenum Concentrations in Small Fish by FSCA and Feeding Guild

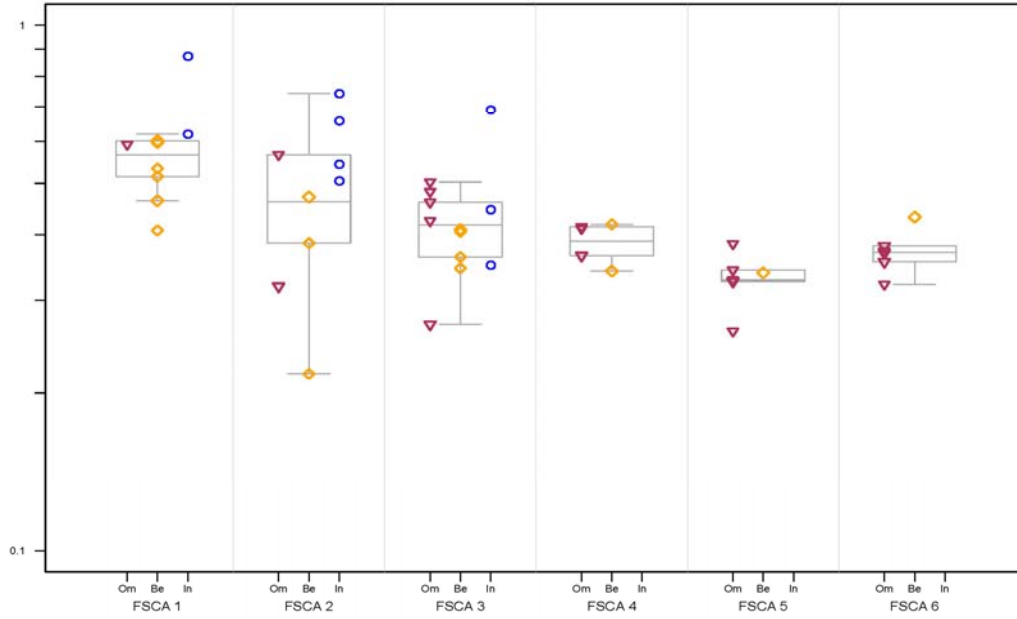


▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

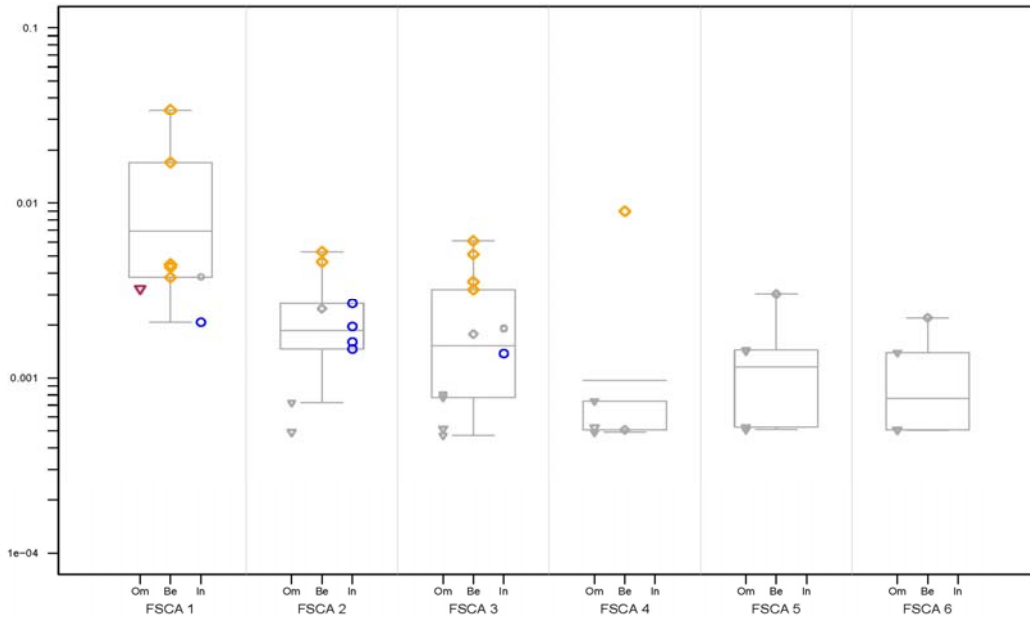
Note: Y-axes are on log₁₀ scale.

Figures 5-1q and 5-1r. Nickel and Potassium Concentrations in Small Fish by FSCA and Feeding Guild

Selenium (mg/kg wet)



Silver (mg/kg wet)



▽ (Purple) Omnivore species (Om)

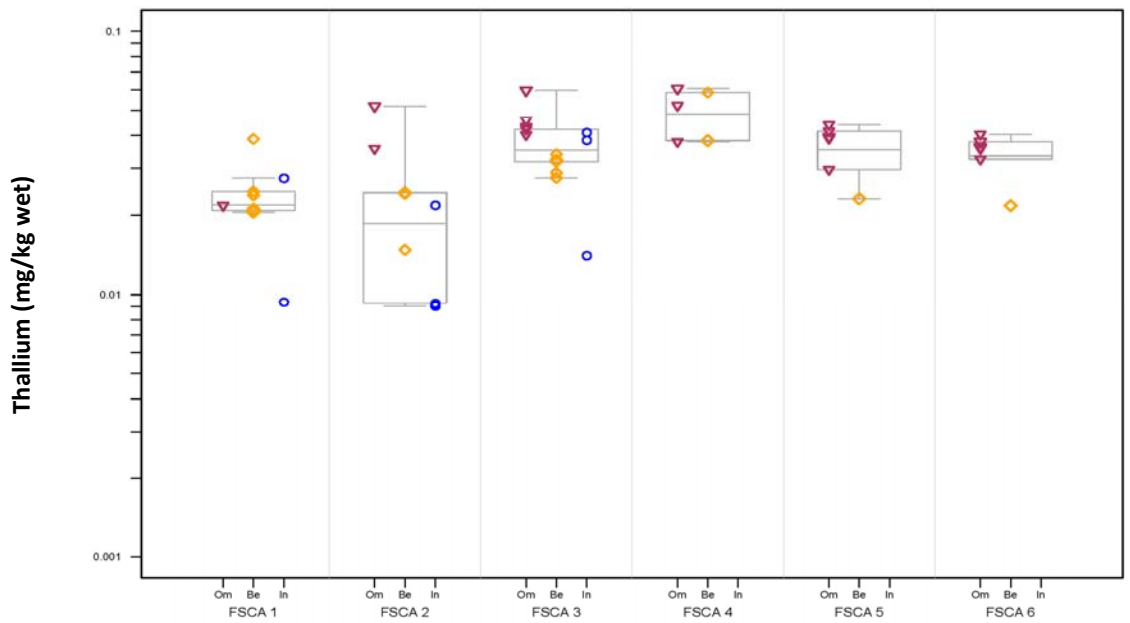
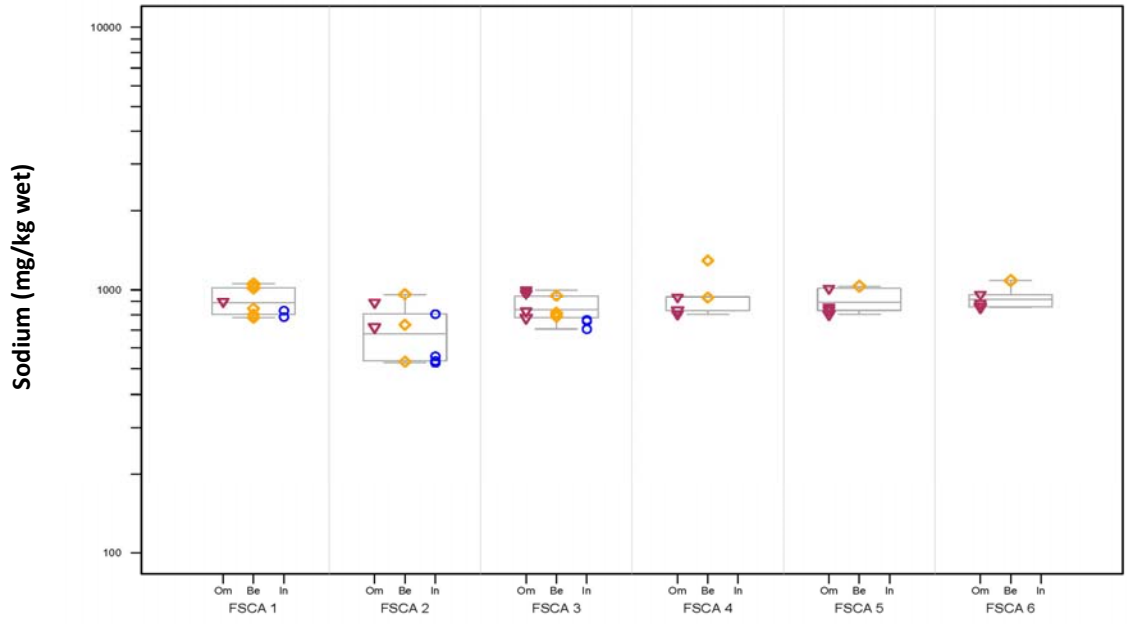
◇ (Orange) Benthivore species (Be)

○ (Blue) Insectivore species (In)

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-1s and 5-1t. Selenium and Silver Concentrations in Small Fish by FSCA and Feeding Guild

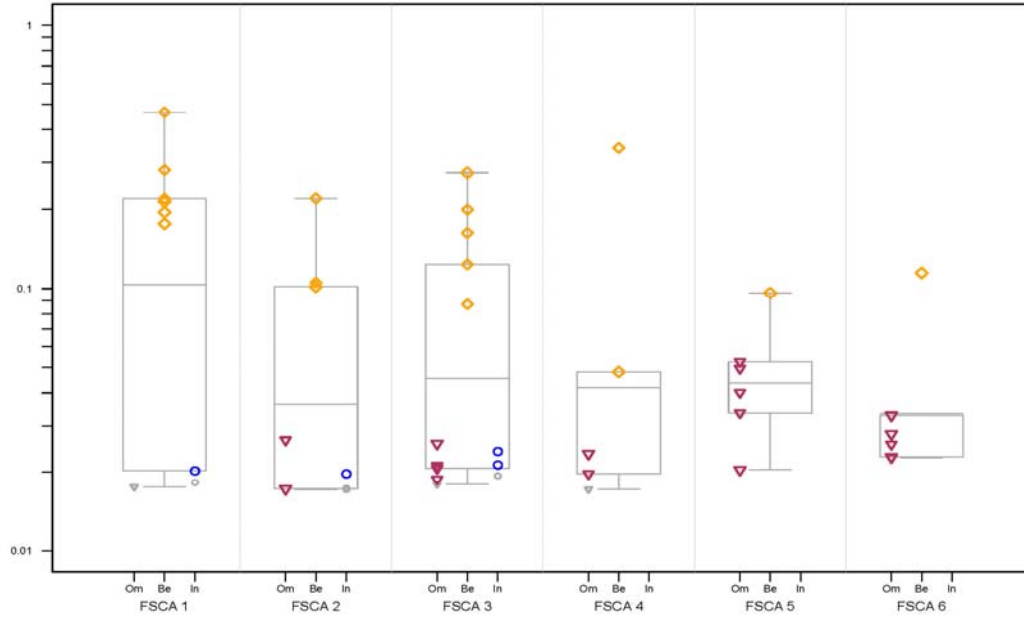


▼ (Purple) Omnivore species (Om)
 ◆ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

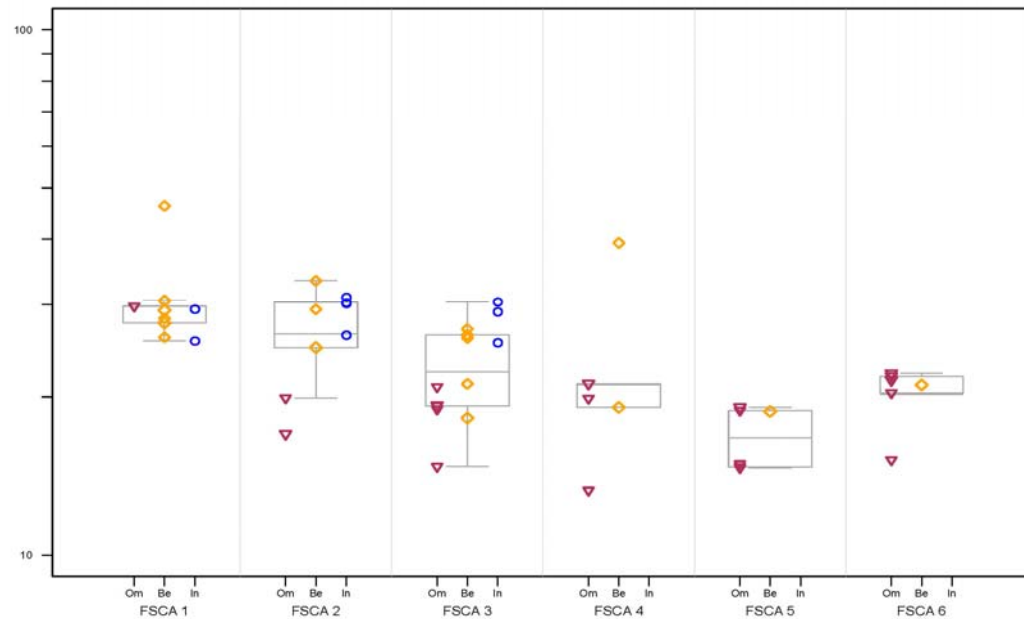
Note: Y-axes are on log₁₀ scale.

Figures 5-1u and 5-1v. Sodium and Thallium Concentrations in Small Fish by FSCA and Feeding Guild

Vanadium (mg/kg wet)



Zinc (mg/kg wet)



▽ (Purple) Omnivore species (Om)

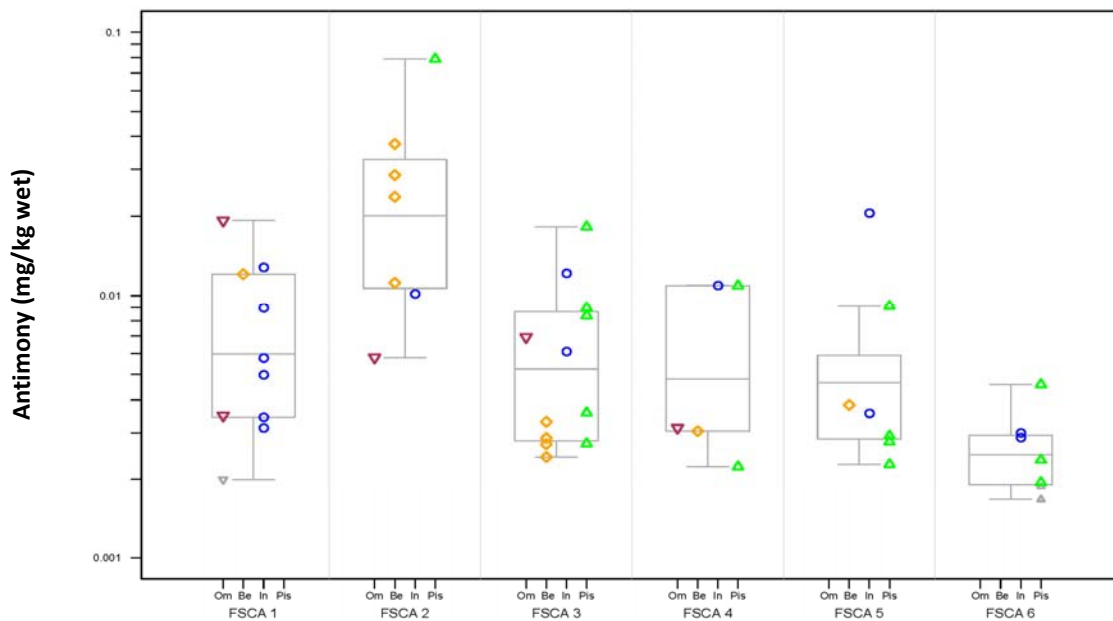
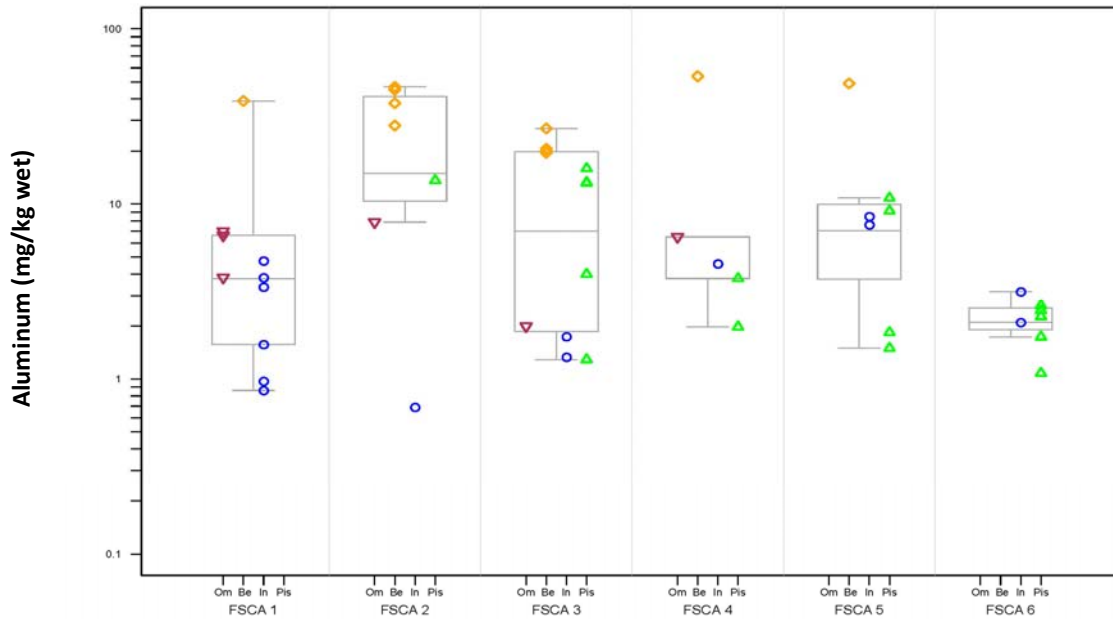
◇ (Orange) Benthivore species (Be)

○ (Blue) Insectivore species (In)

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

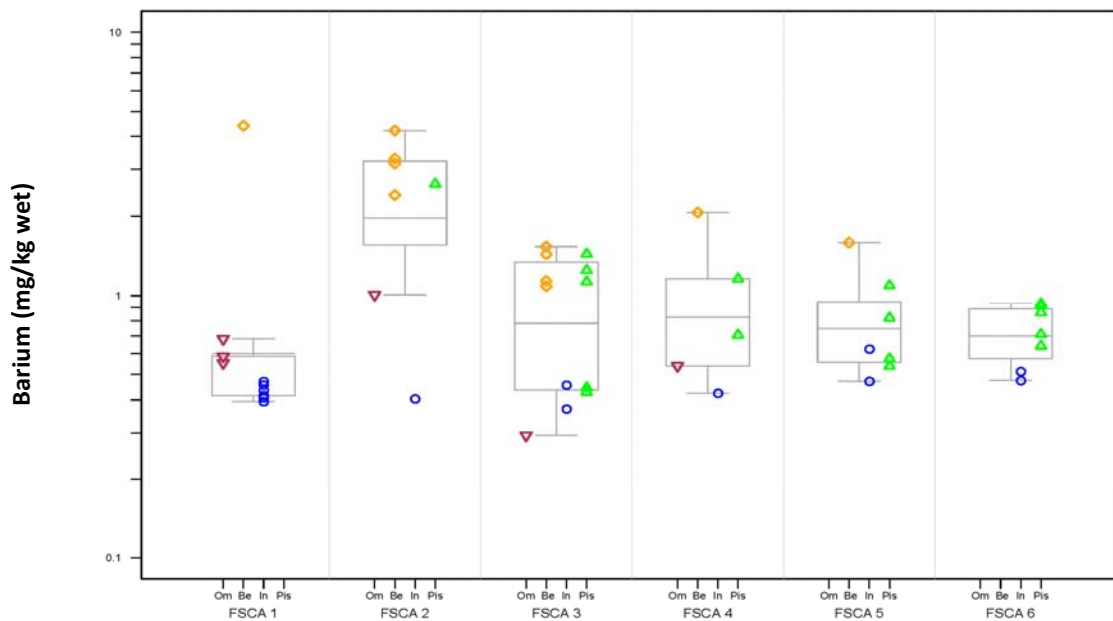
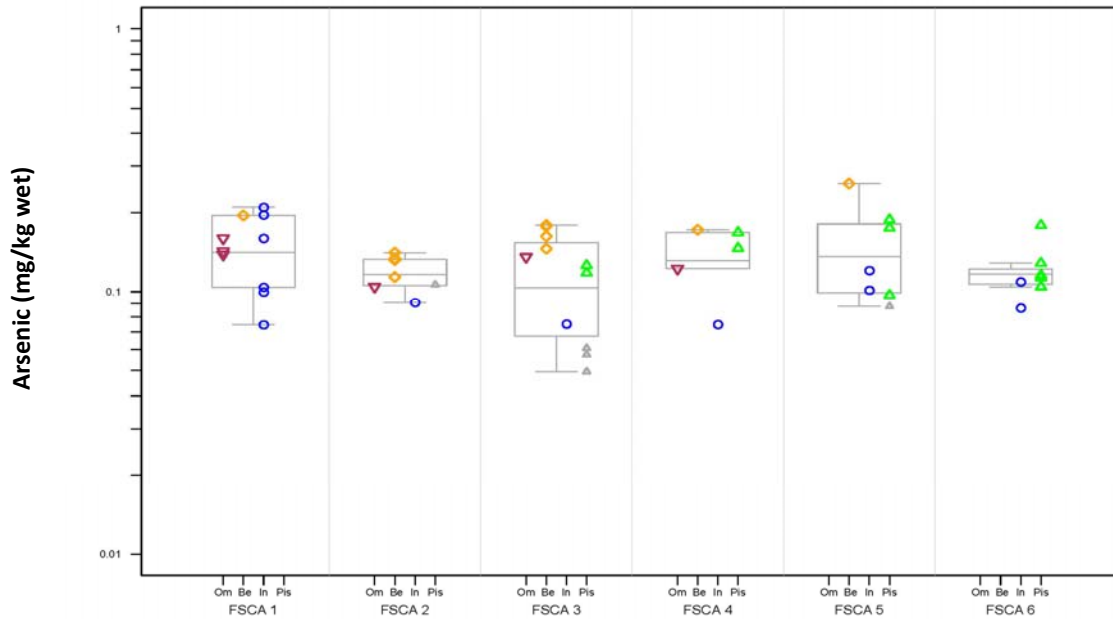
Figures 5-1w and 5-1x. Vanadium and Zinc Concentrations in Small Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected,
 shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

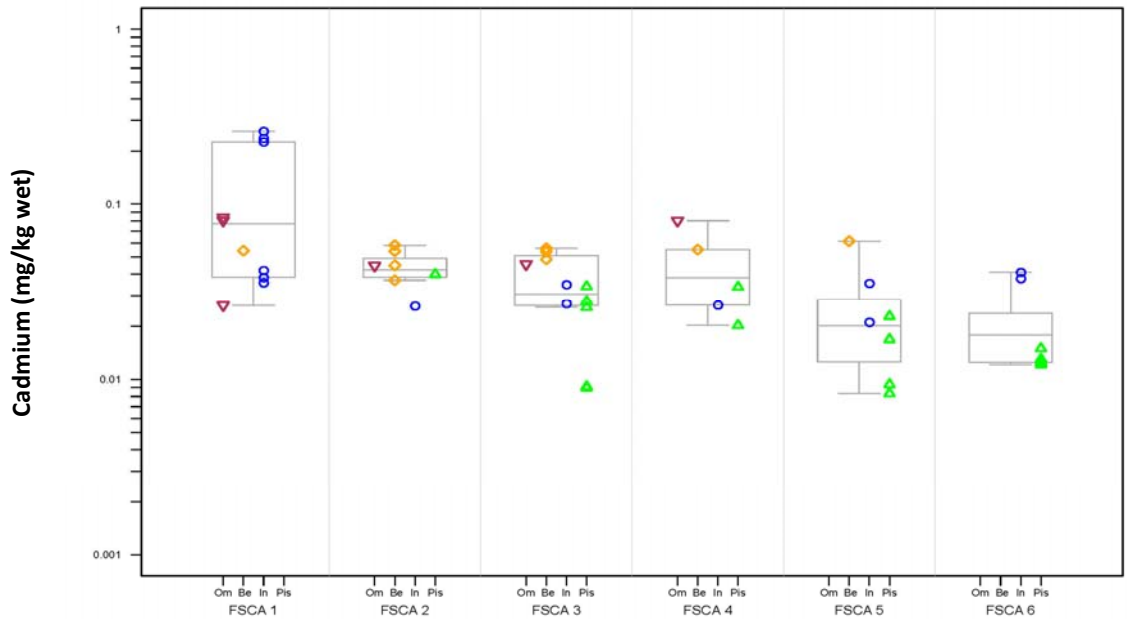
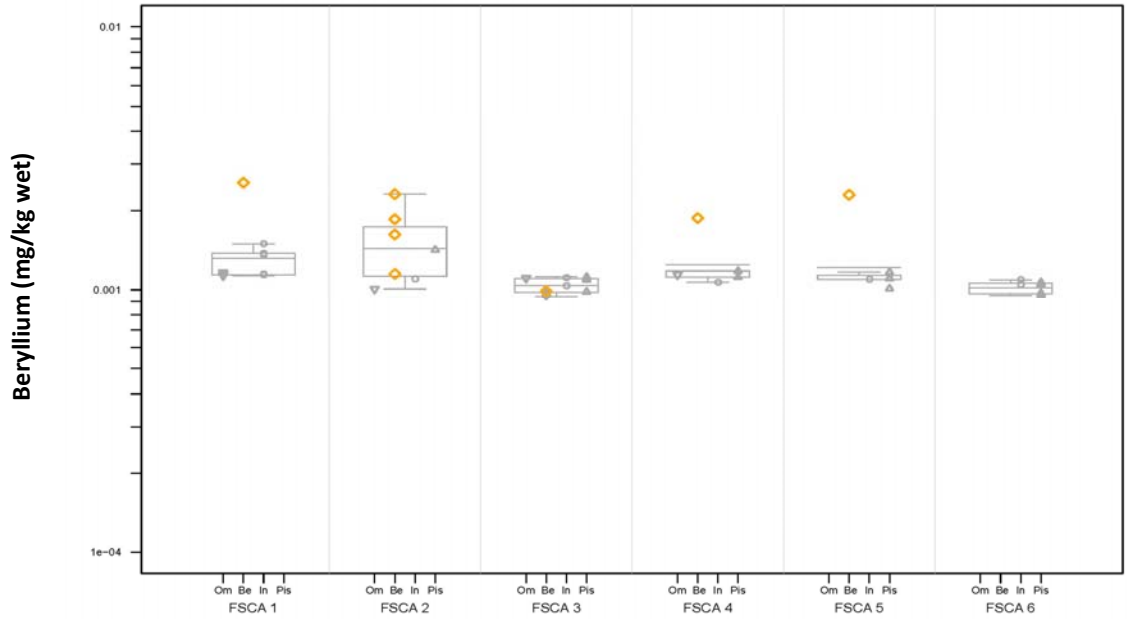
Figures 5-2a and 5-2b. Aluminum and Antimony Concentrations in Medium Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 △ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

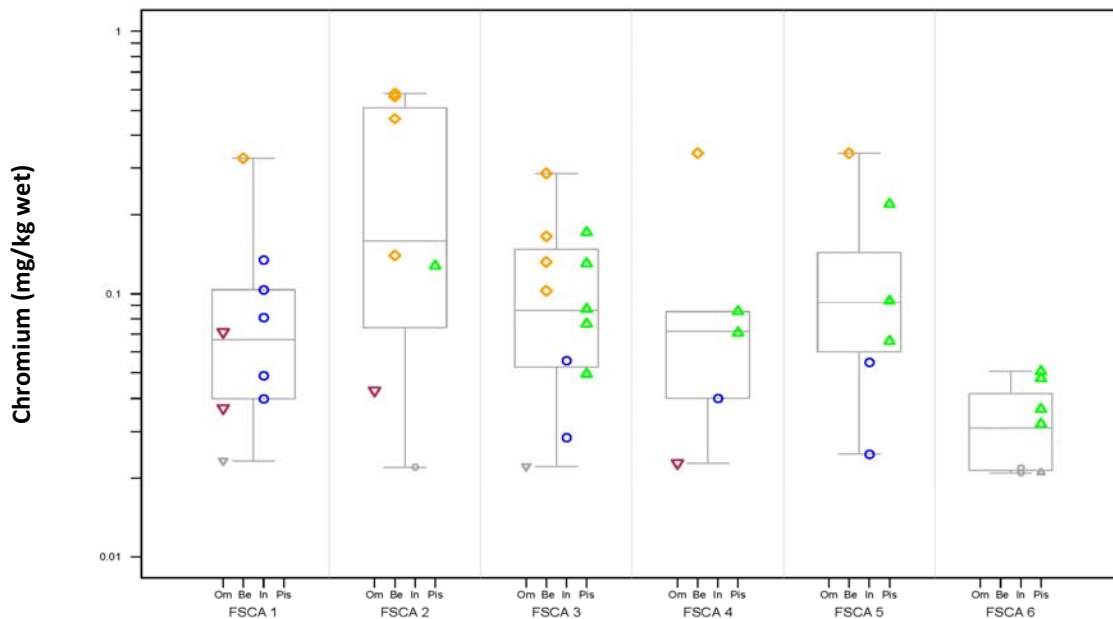
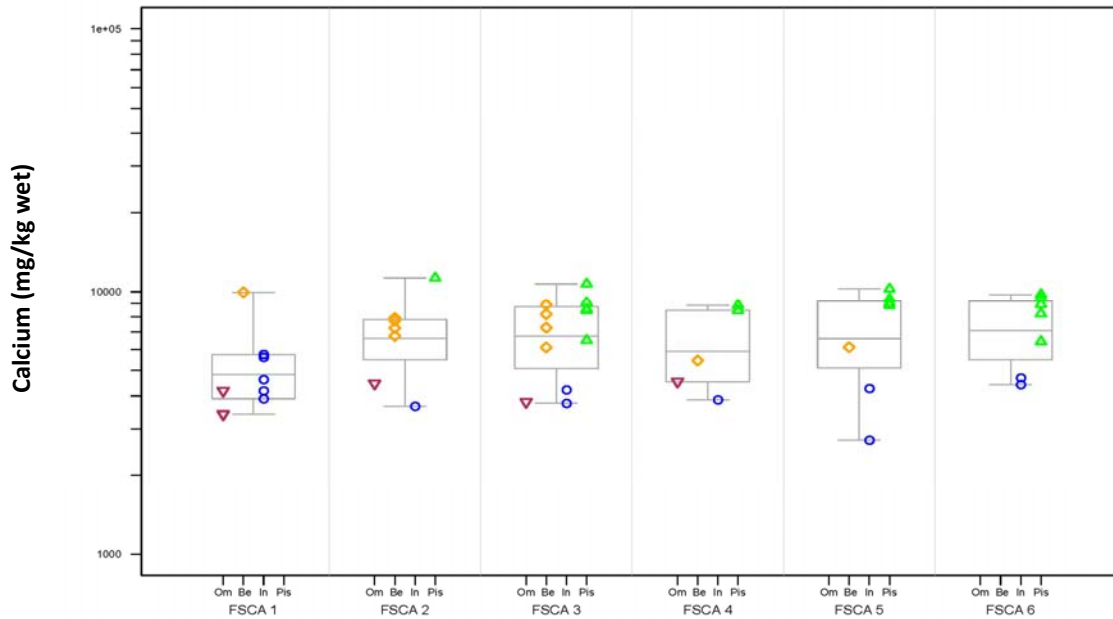
Figures 5-2c and 5-2d. Arsenic and Barium Concentrations in Medium Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-2e and 5-2f. Beryllium and Cadmium Concentrations in Medium Fish by FSCA and Feeding Guild

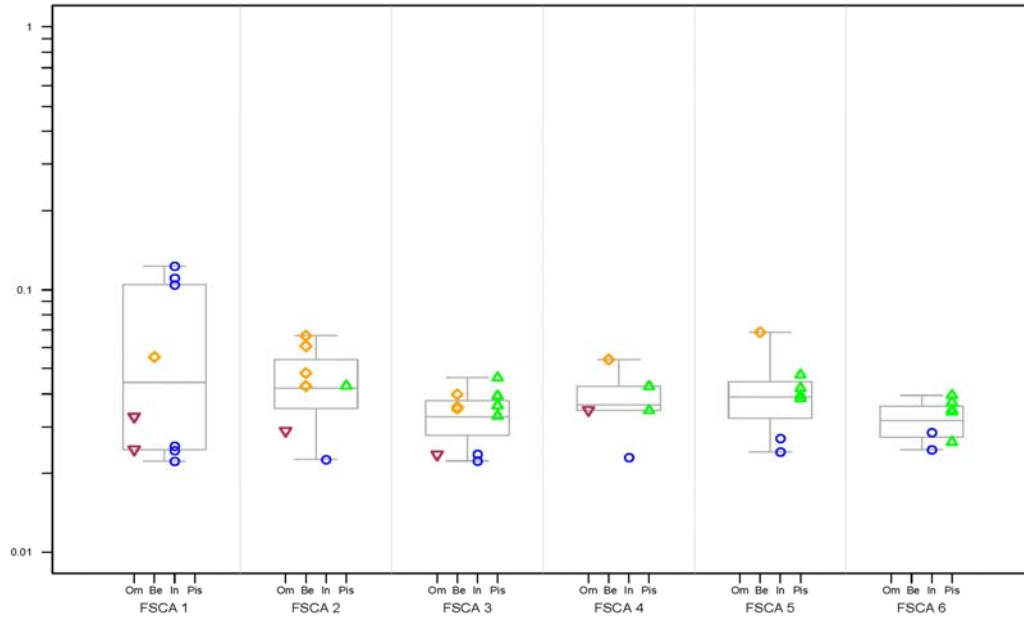


▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

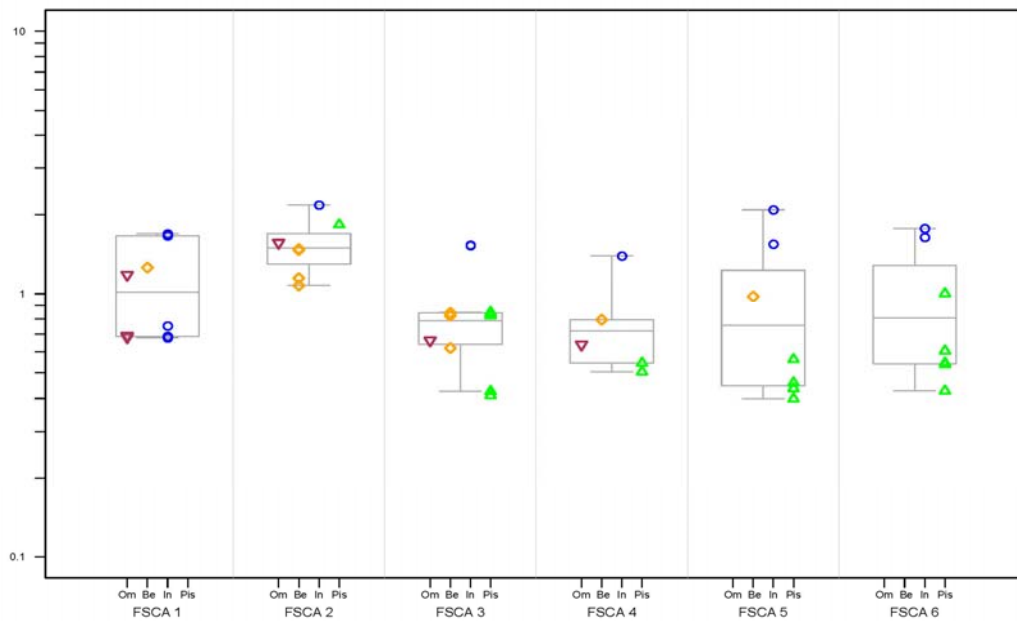
Note: Y-axes are on log₁₀ scale.

Figures 5-2g and 5-2h. Calcium and Chromium Concentrations in Medium Fish by FSCA and Feeding Guild

Cobalt (mg/kg wet)



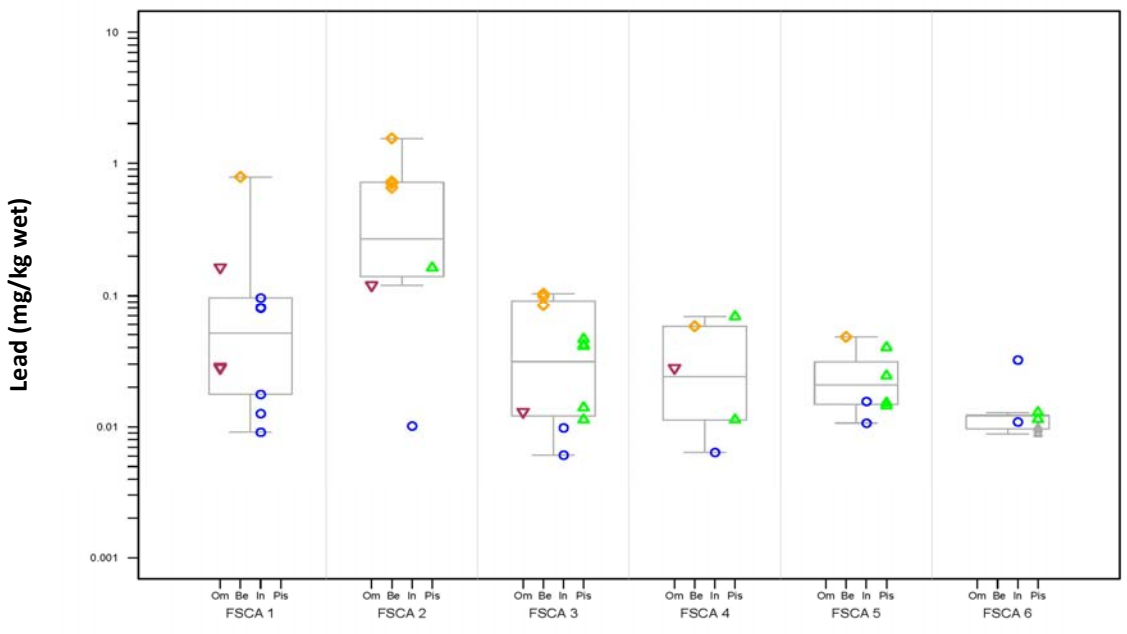
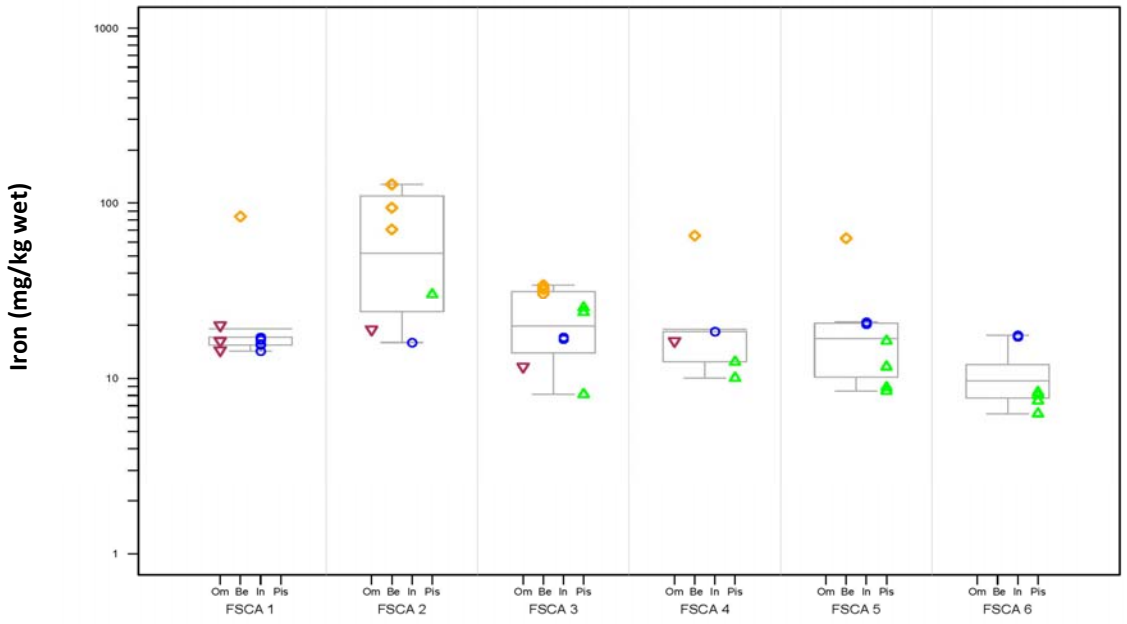
Copper (mg/kg wet)



- ▽ (Purple) Omnivore species (Om)
 - ◇ (Orange) Benthivore species (Be)
 - (Blue) Insectivore species (In)
 - △ (Green) Piscivore species (Pi)
- Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

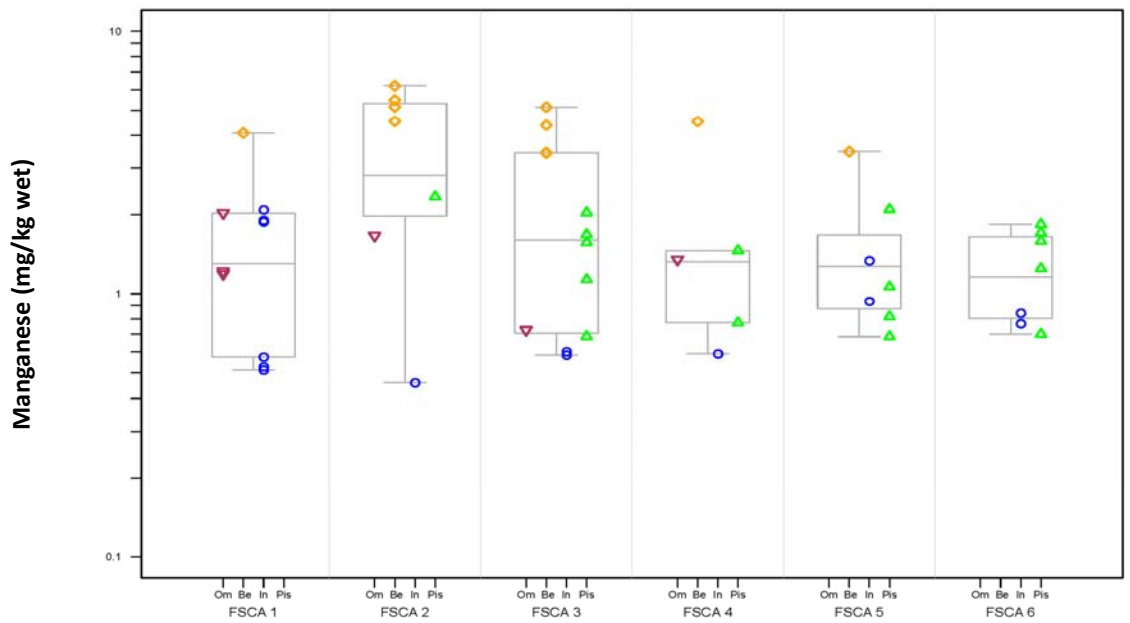
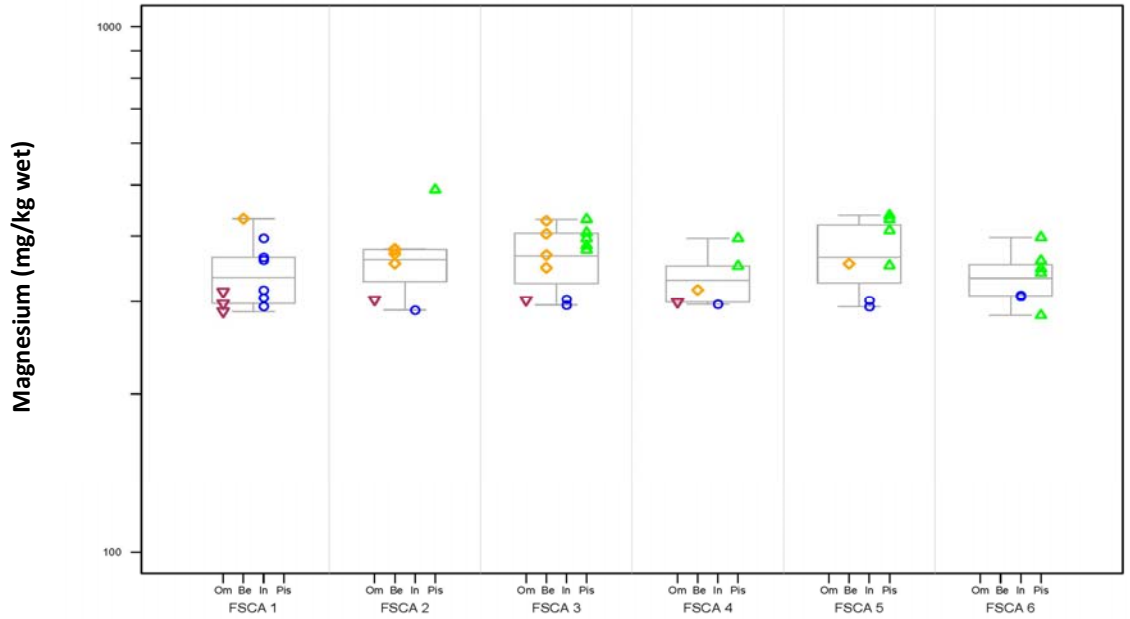
Figures 5-2i and 5-2j. Cobalt and Copper Concentrations in Medium Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

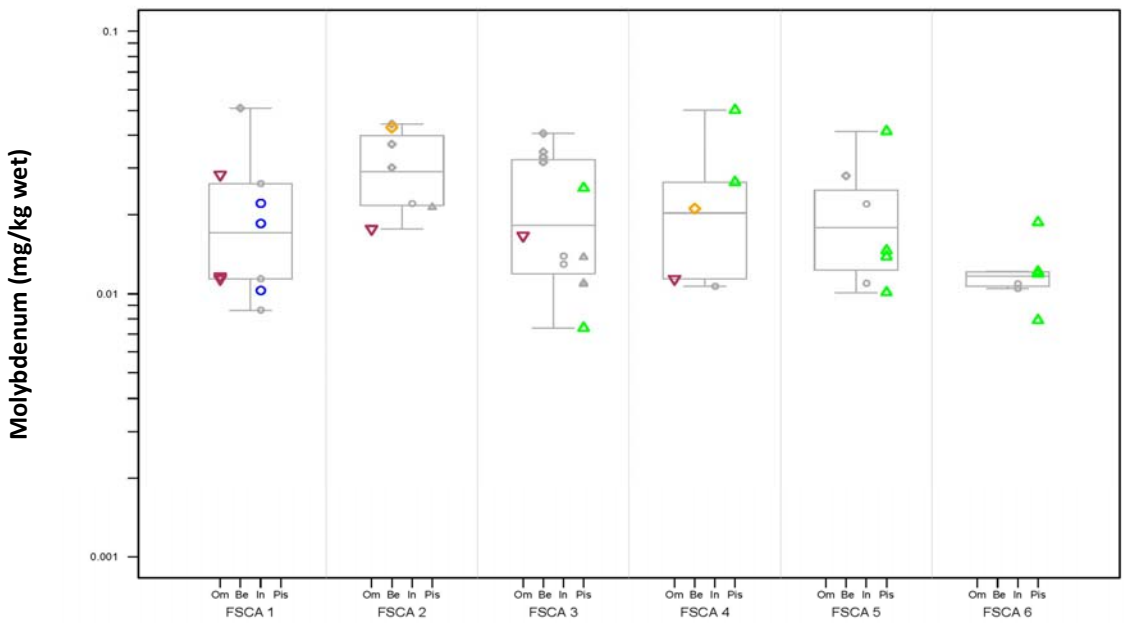
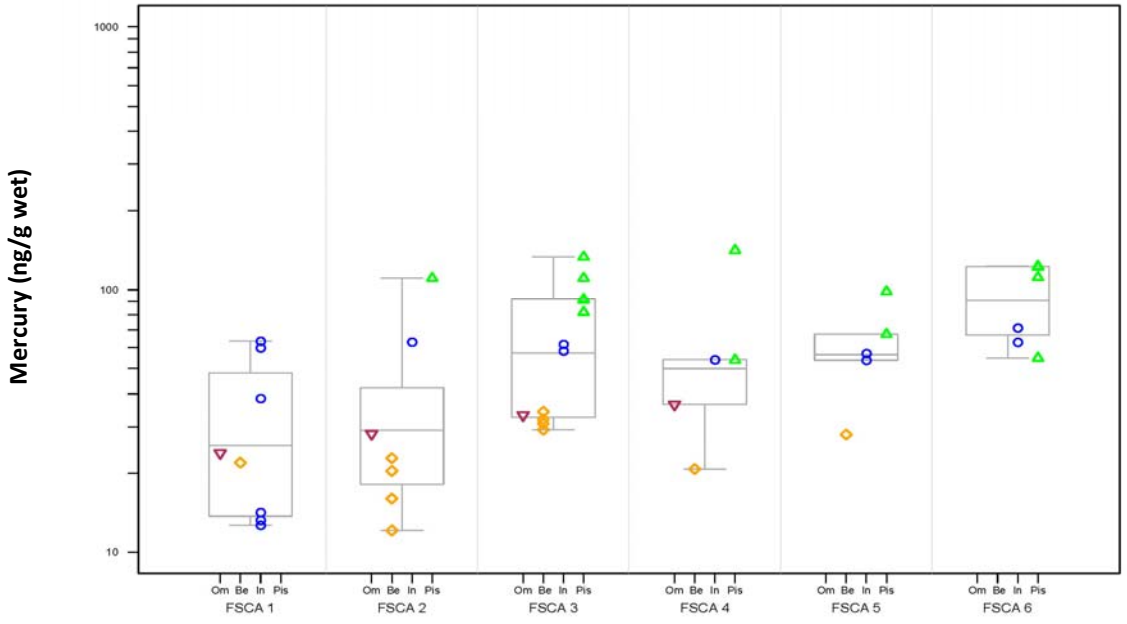
Figures 5-2k and 5-2l. Iron and Lead Concentrations in Medium Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

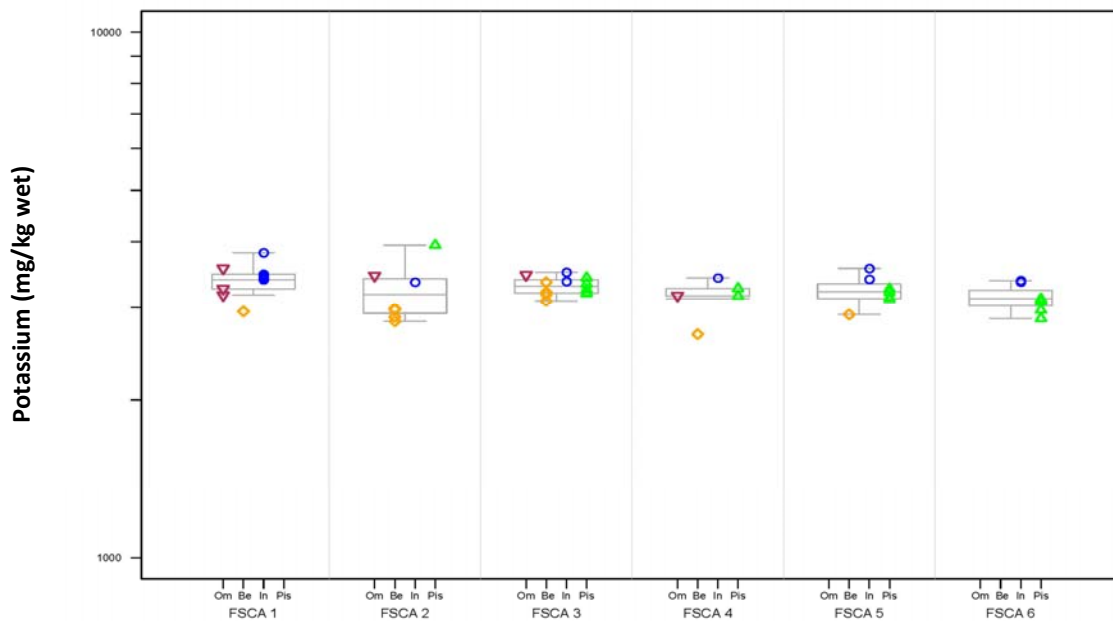
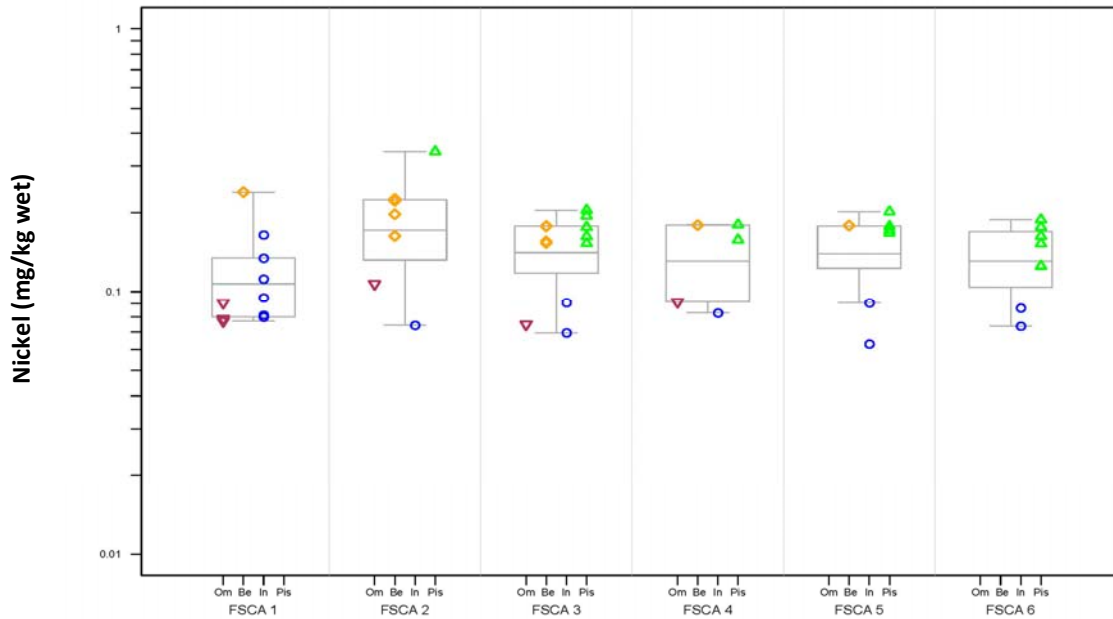
Figures 5-2m and 5-2n. Magnesium and Manganese Concentrations in Medium Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected,
 shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

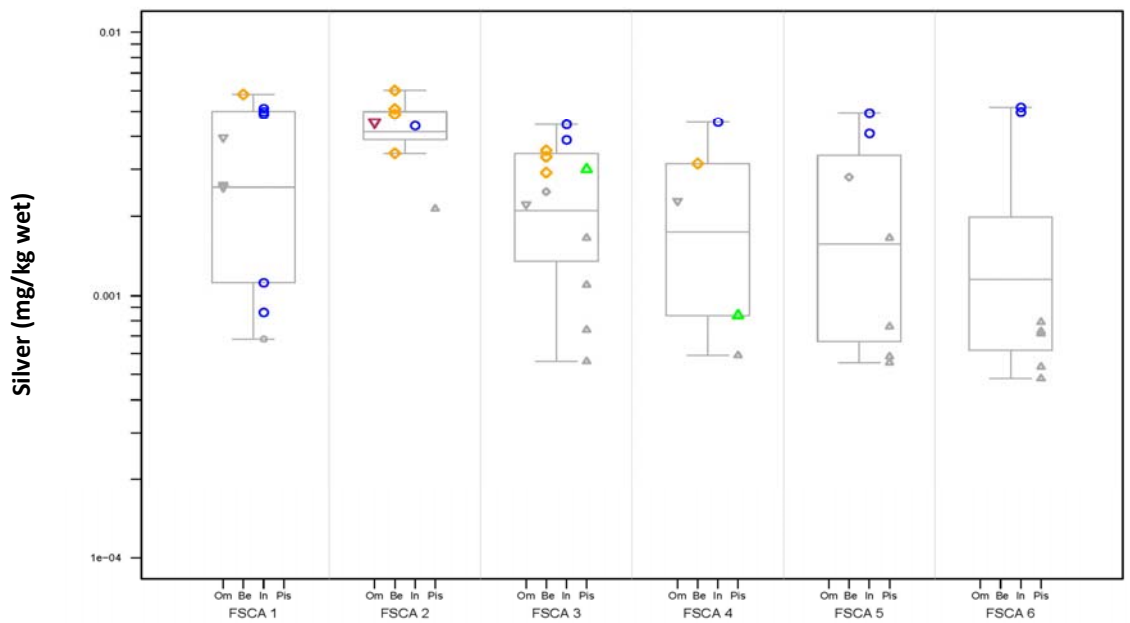
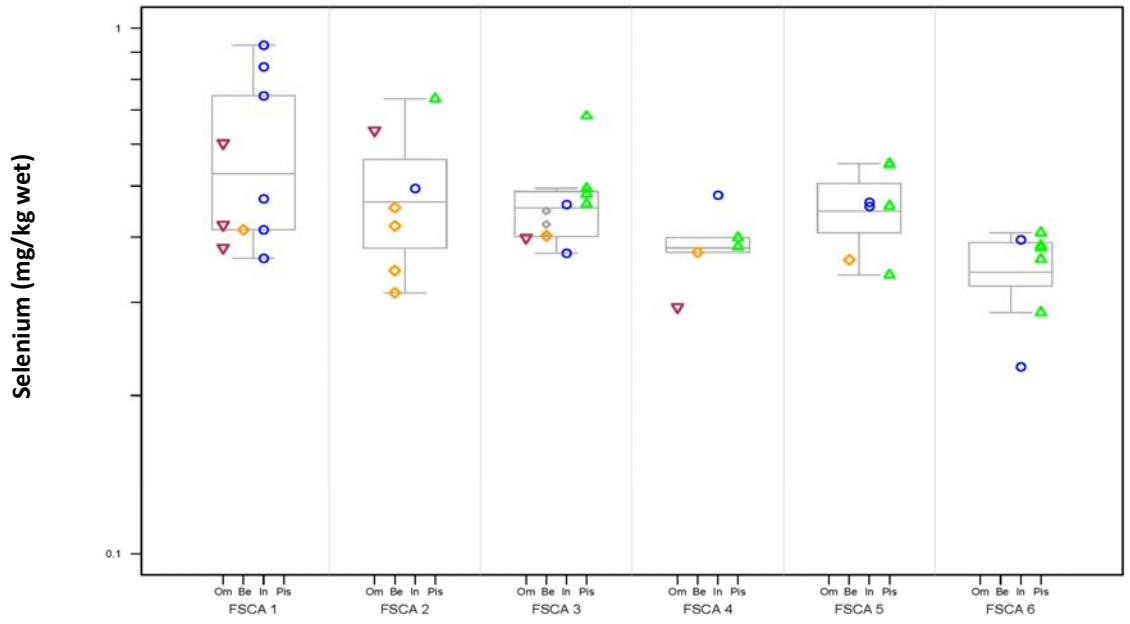
Figures 5-2o and 5-2p. Mercury and Molybdenum Concentrations in Medium Fish by FSCA and Feeding Guild



▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-2q and 5-2r. Nickel and Potassium Concentrations in Medium Fish by FSCA and Feeding Guild

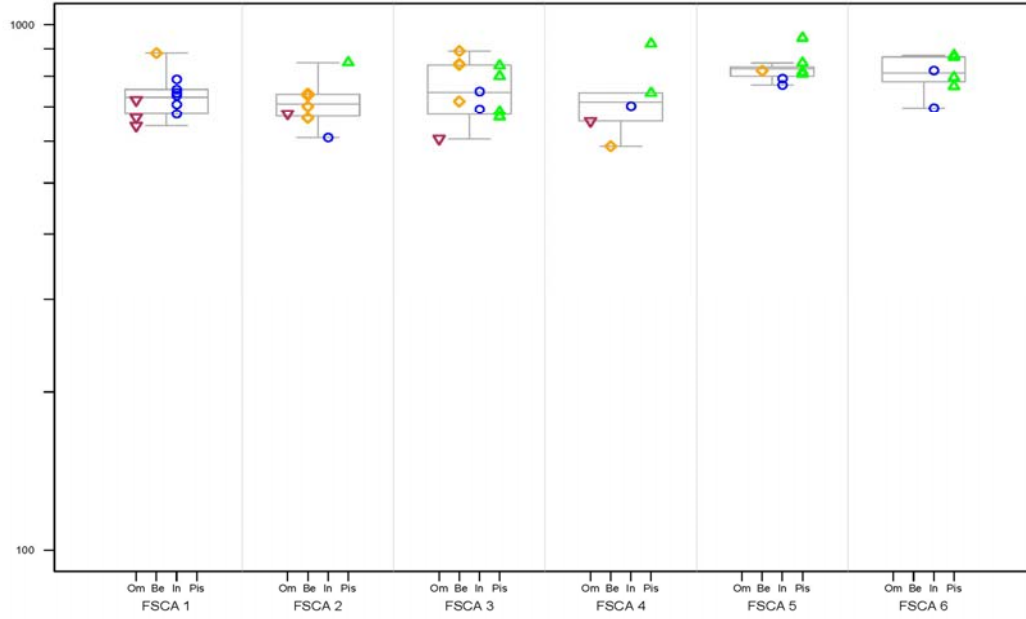


▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

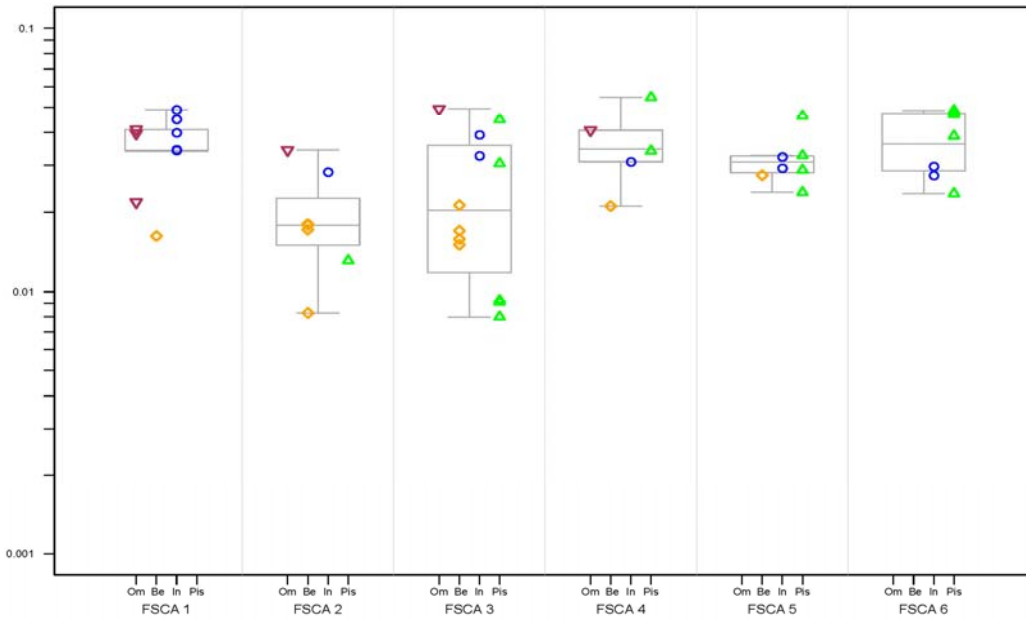
Note: Y-axes are on log₁₀ scale.

Figures 5-2s and 5-2t. Selenium and Silver Concentrations in Medium Fish by FSCA and Feeding Guild

Sodium (mg/kg wet)



Thallium (mg/kg wet)

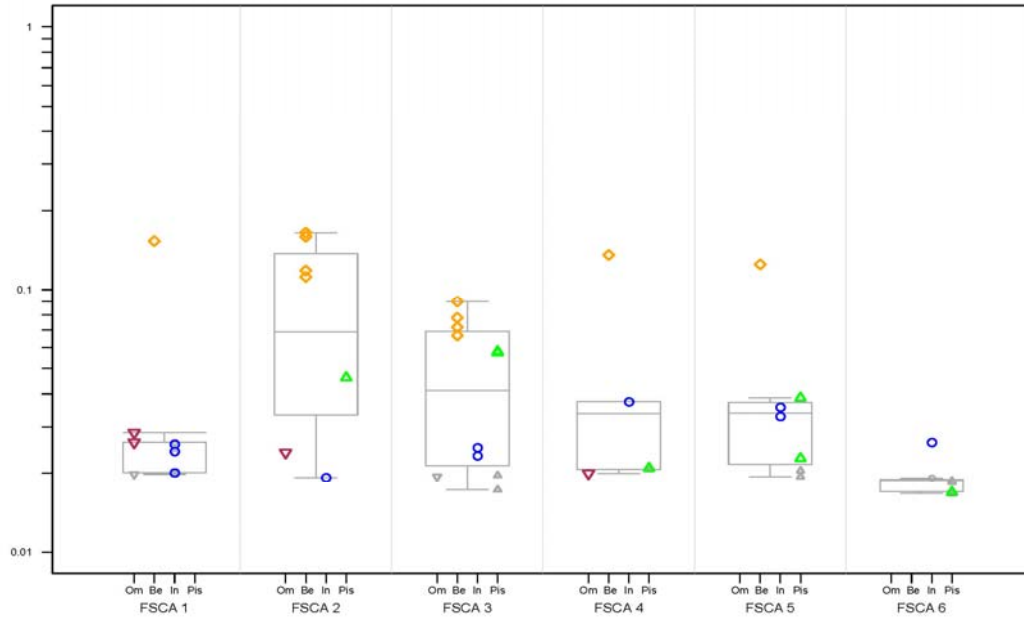


▽ (Purple) Omnivore species (Om)
◇ (Orange) Benthivore species (Be)
○ (Blue) Insectivore species (In)
△ (Green) Piscivore species (Pi)
Grey symbol indicates result is not detected, shown at the full detection limit

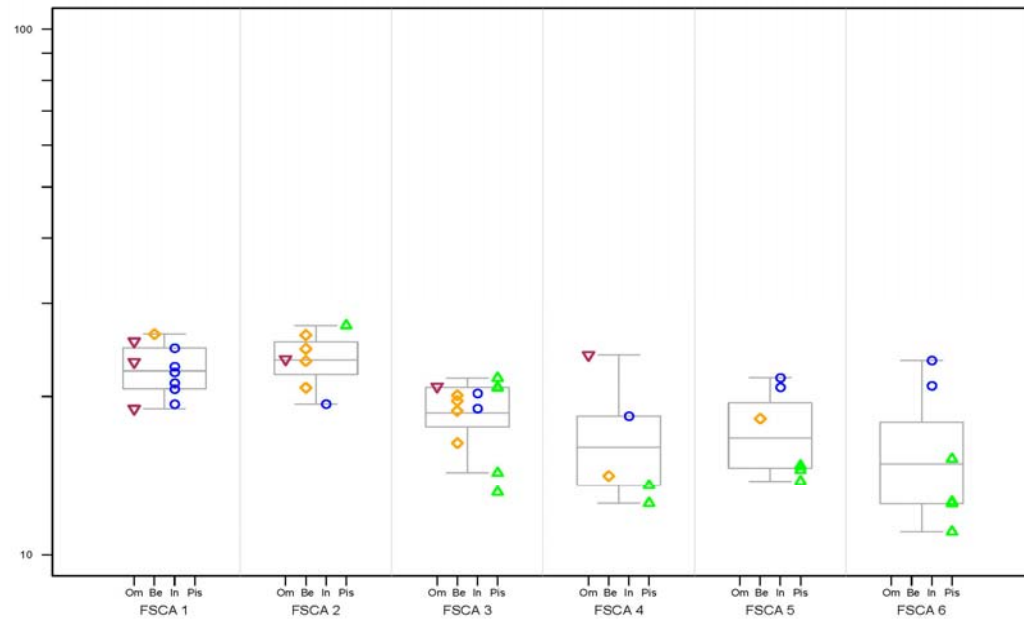
Note: Y-axes are on log₁₀ scale.

Figures 5-2u and 5-2v. Sodium and Thallium Concentrations in Medium Fish by FSCA and Feeding Guild

Vanadium (mg/kg wet)



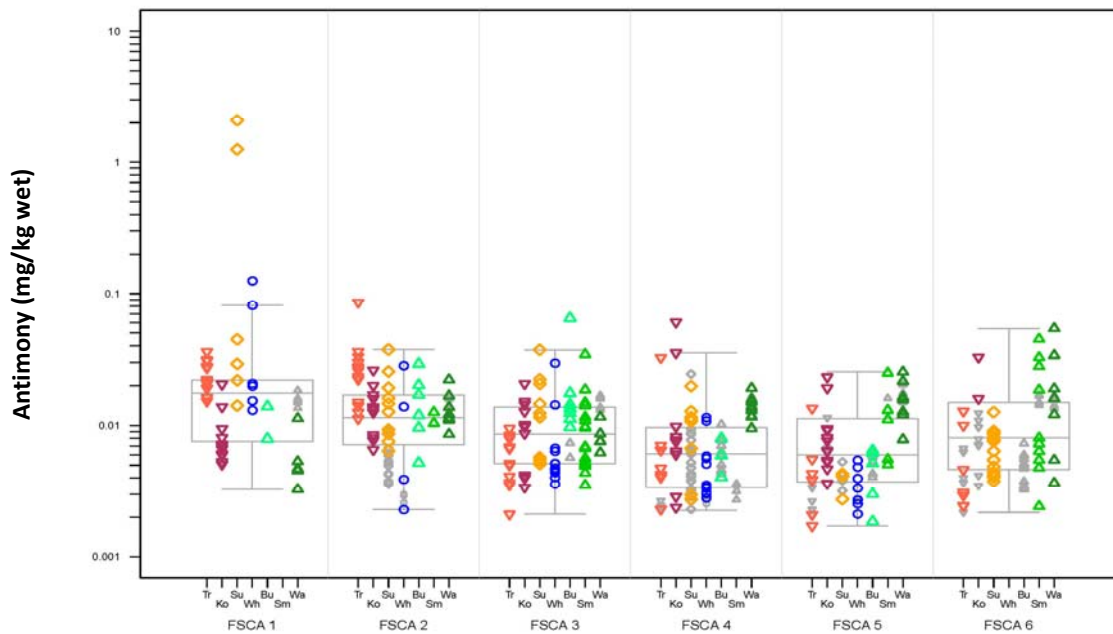
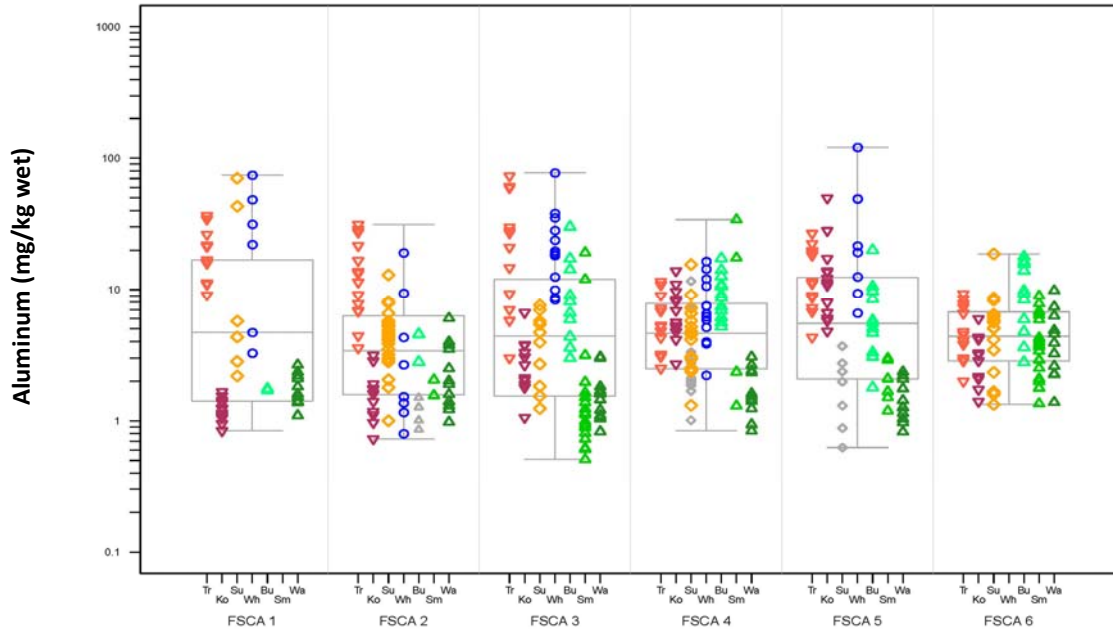
Zinc (mg/kg wet)



▽ (Purple) Omnivore species (Om)
◇ (Orange) Benthivore species (Be)
○ (Blue) Insectivore species (In)
△ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-2w and 5-2x. Vanadium and Zinc Concentrations in Medium Fish by FSCA and Feeding Guild

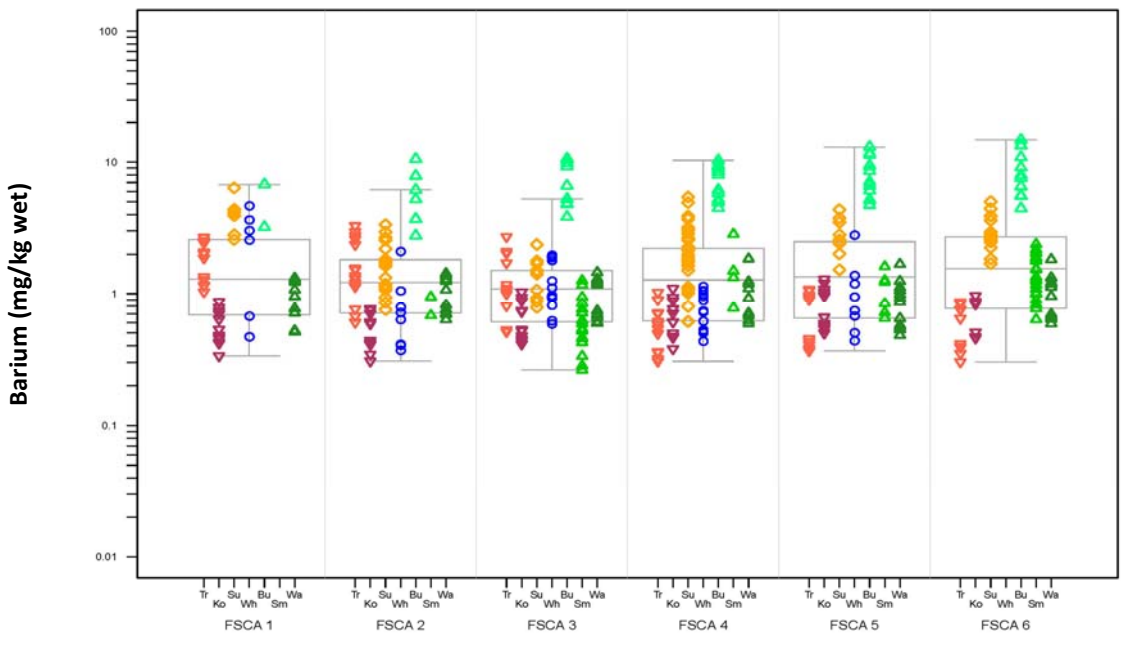
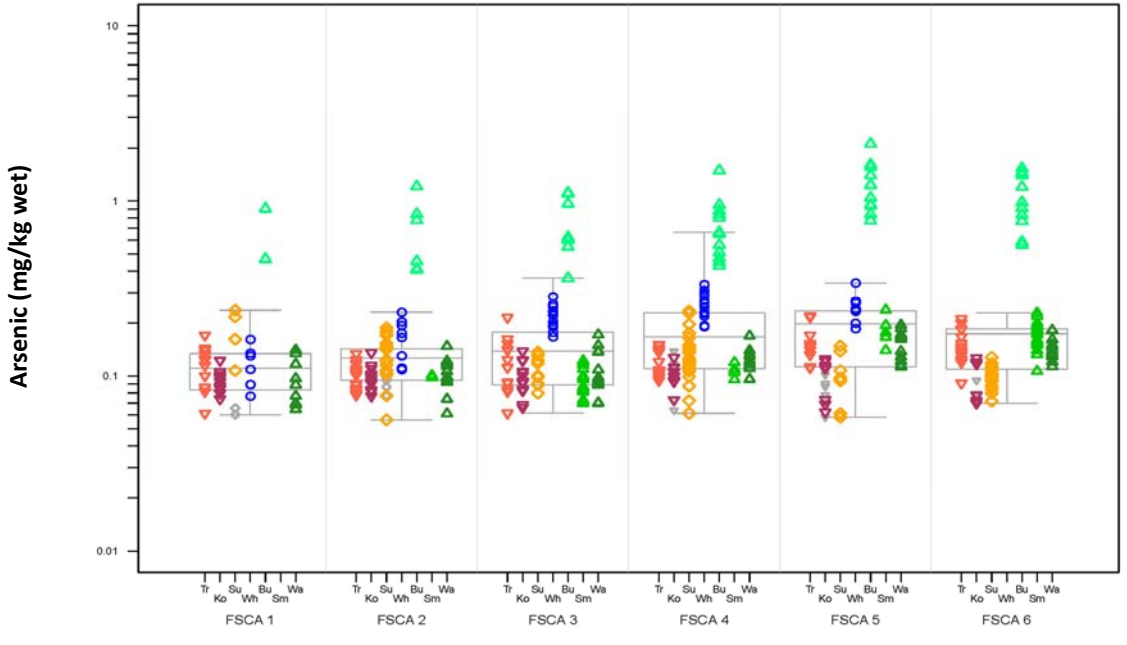


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)	Piscivores	{	△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3a and 5-3b. Aluminum and Antimony Concentrations in Large Whole Fish by FSCA and Feeding Guild

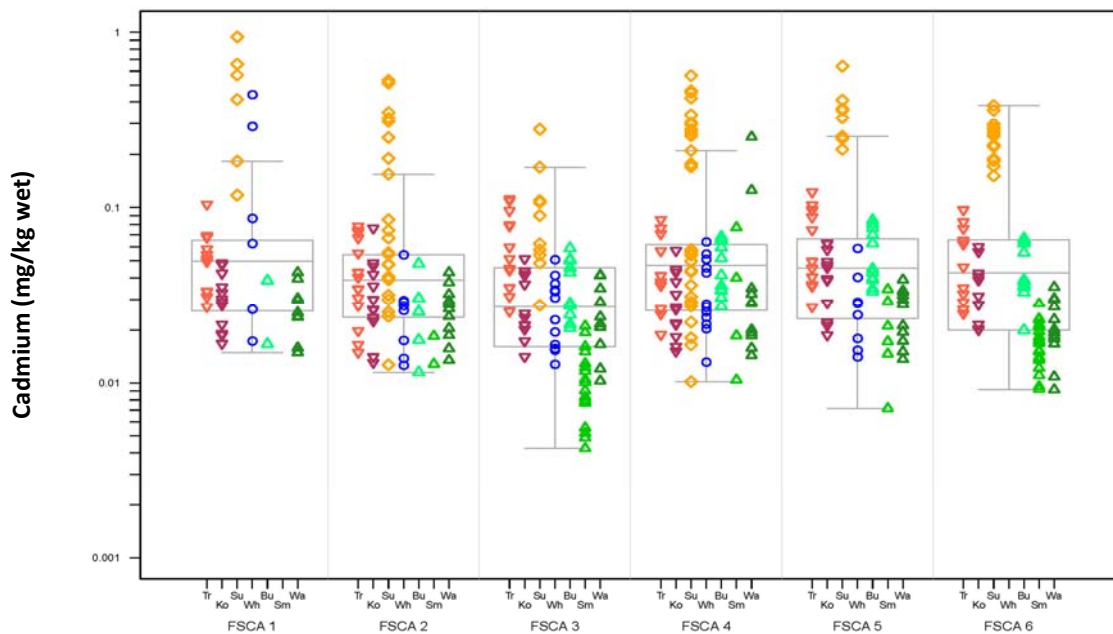
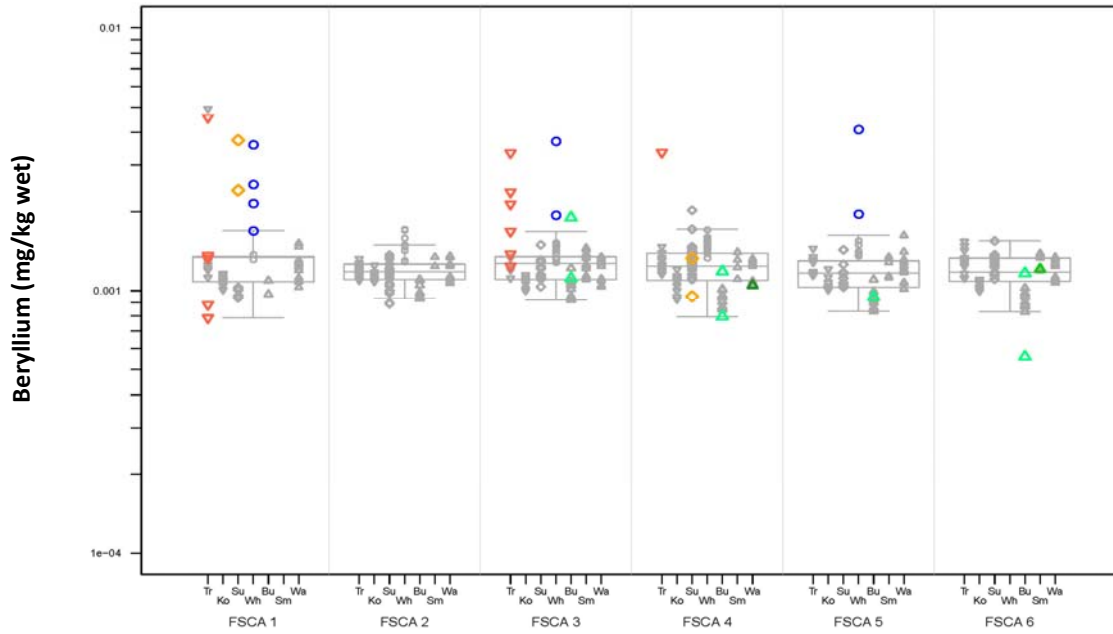


Omnivores	<ul style="list-style-type: none"> ▽ Rainbow Trout (Tr) ▽ Kokanee (Ko) 	Piscivores	△ Burbot (Bu)
			△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)		△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3c and 5-3d. Arsenic and Barium Concentrations in Large Whole Fish by FSCA and Feeding Guild

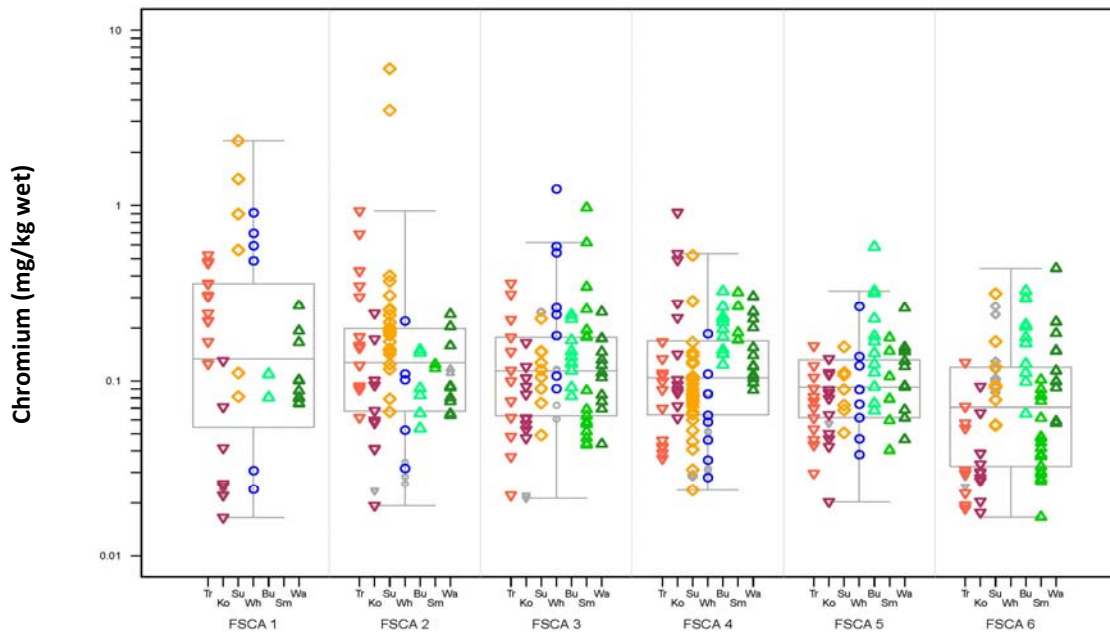
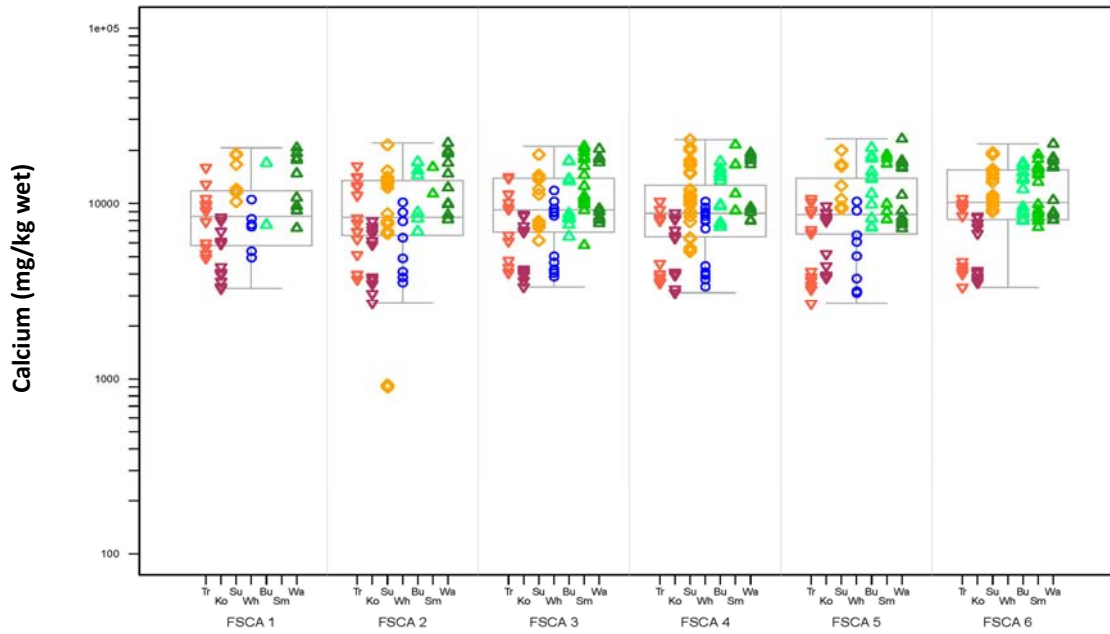


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3e and 5-3f. Beryllium and Cadmium Concentrations in Large Whole Fish by FSCA and Feeding Guild

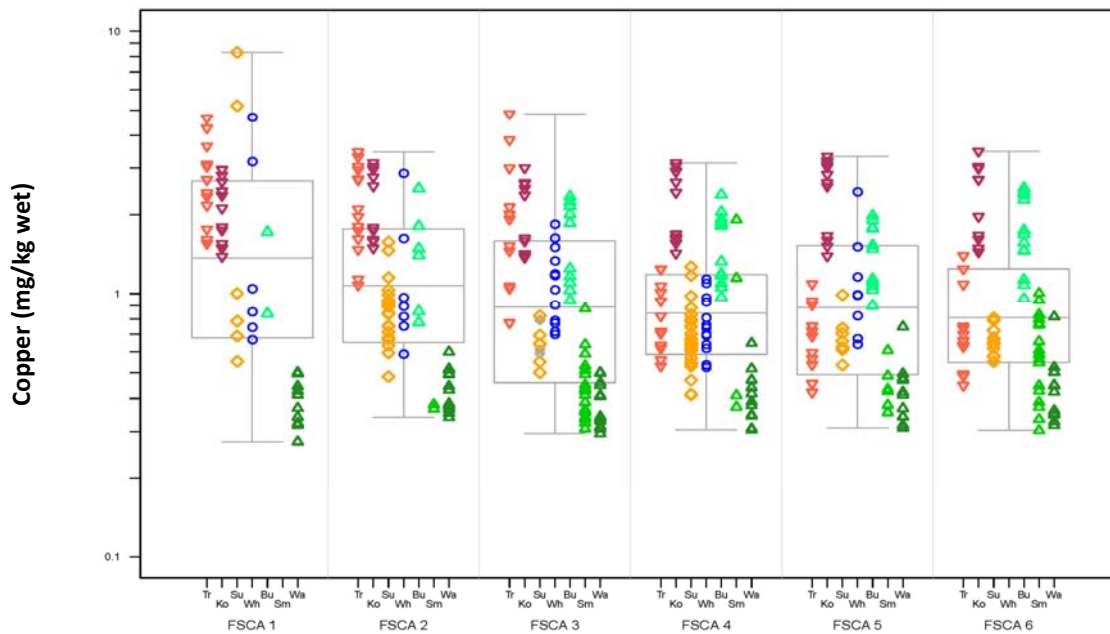
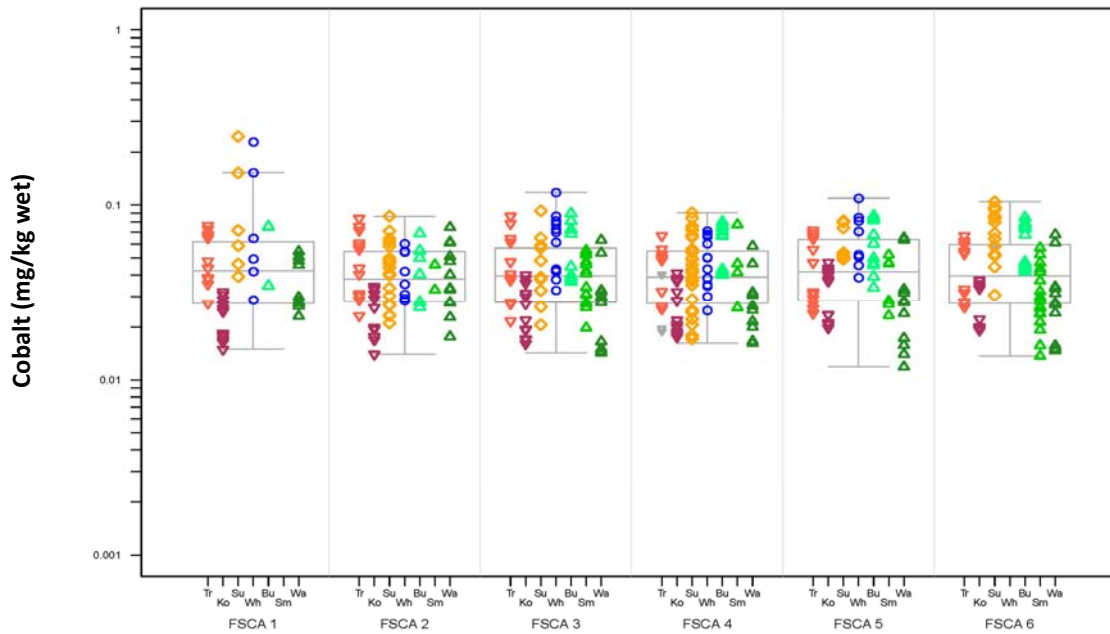


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)		△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3g and 5-3h. Calcium and Chromium Concentrations in Large Whole Fish by FSCA and Feeding Guild

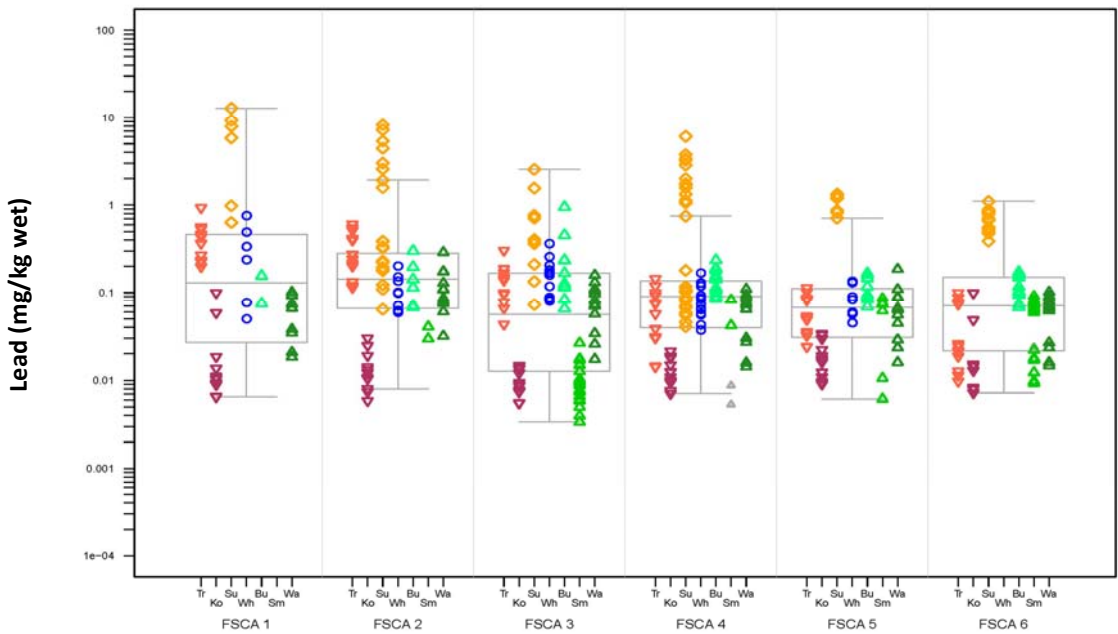
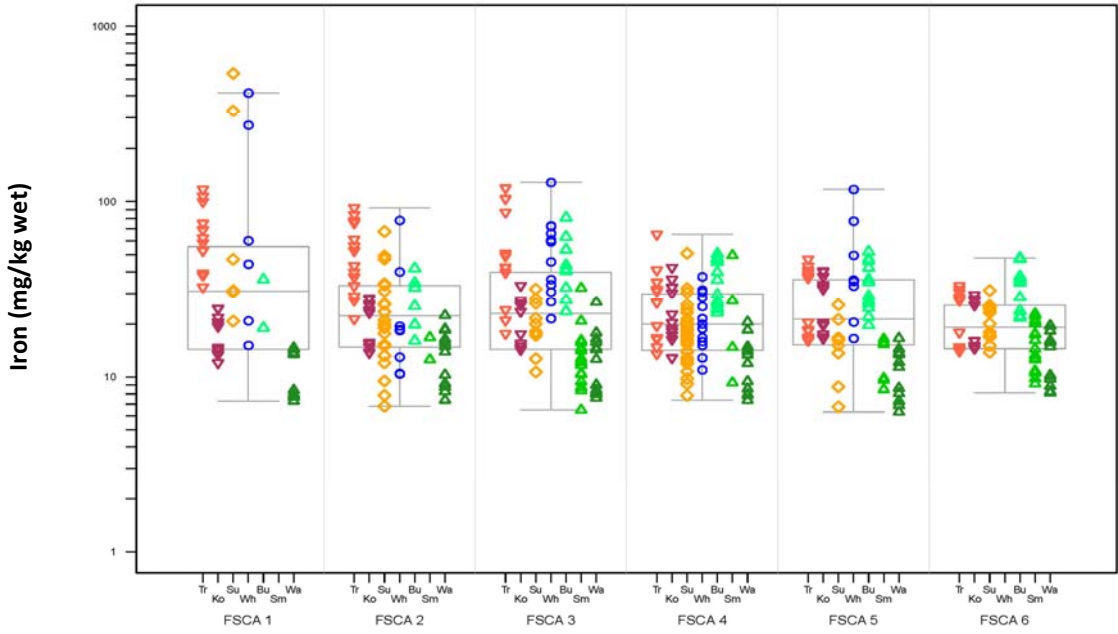


Omnivores	{	▽	Rainbow Trout (Tr)	Piscivores	{	△	Burbot (Bu)
		▽	Kokanee (Ko)			△	Smallmouth Bass (Sm)
Benthivore		◇	Largescale and Longnose Suckers (Su)			△	Walleye (Wa)
Insectivore		○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3i and 5-3j. Cobalt and Copper Concentrations in Large Whole Fish by FSCA and Feeding Guild

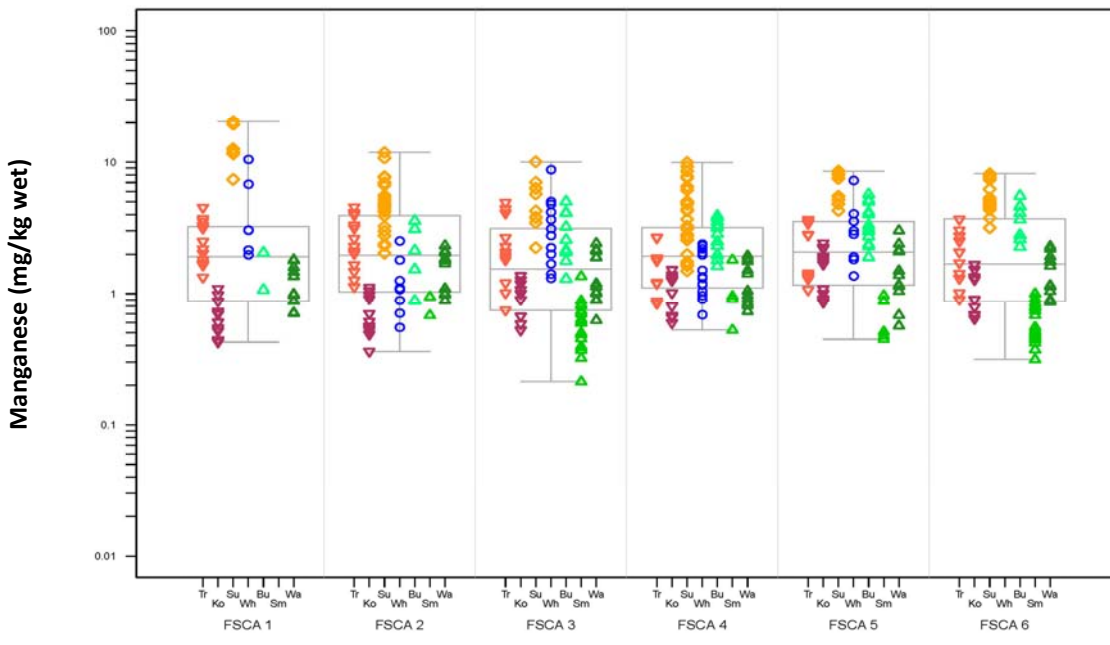
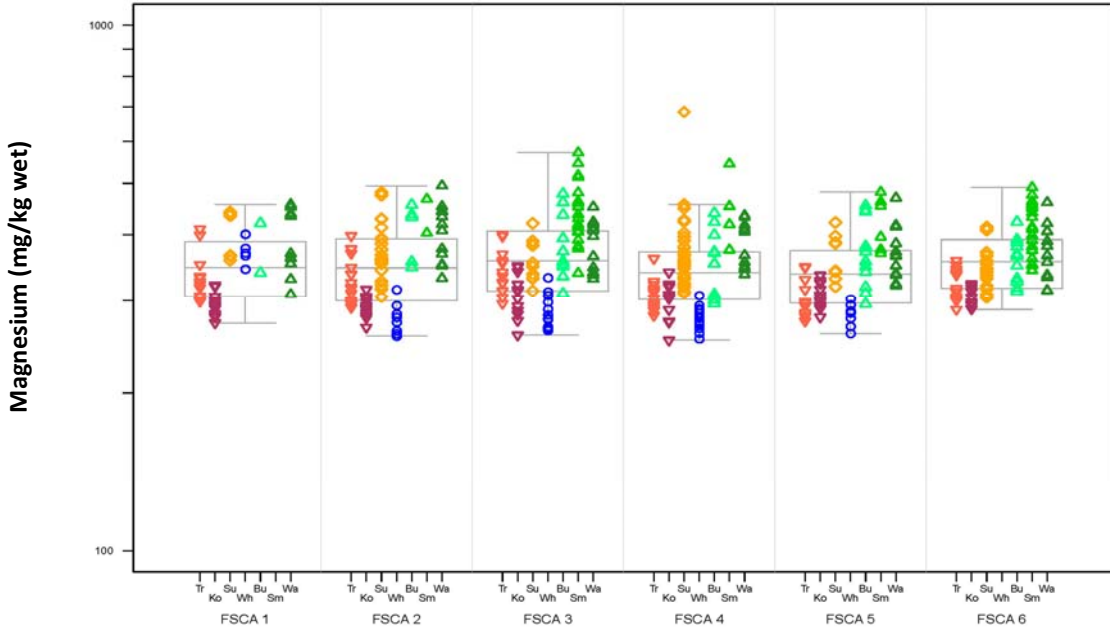


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)	Piscivores	{	△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3k and 5-3l. Iron and Lead Concentrations in Large Whole Fish by FSCA and Feeding Guild

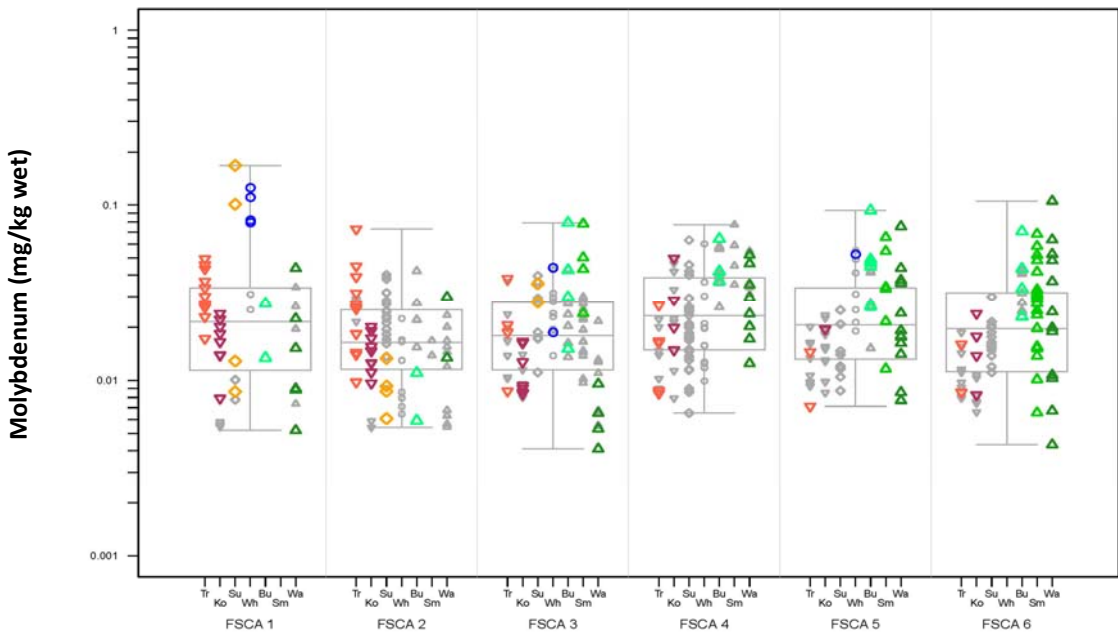
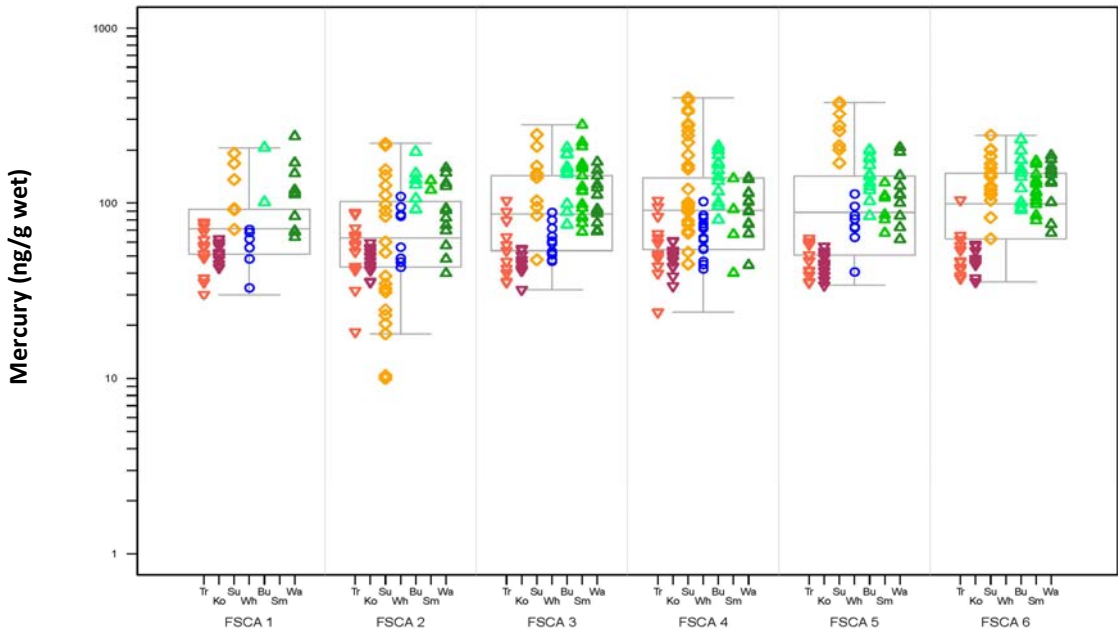


Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)				△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3m and 5-3n. Magnesium and Manganese Concentrations in Large Whole Fish by FSCA and Feeding Guild

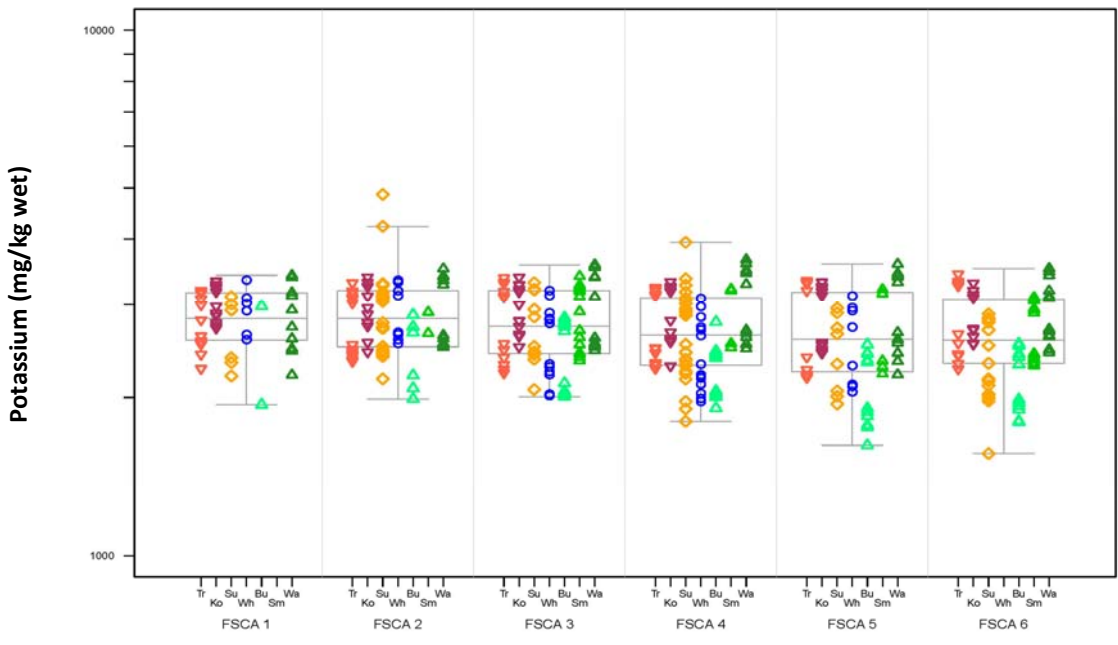
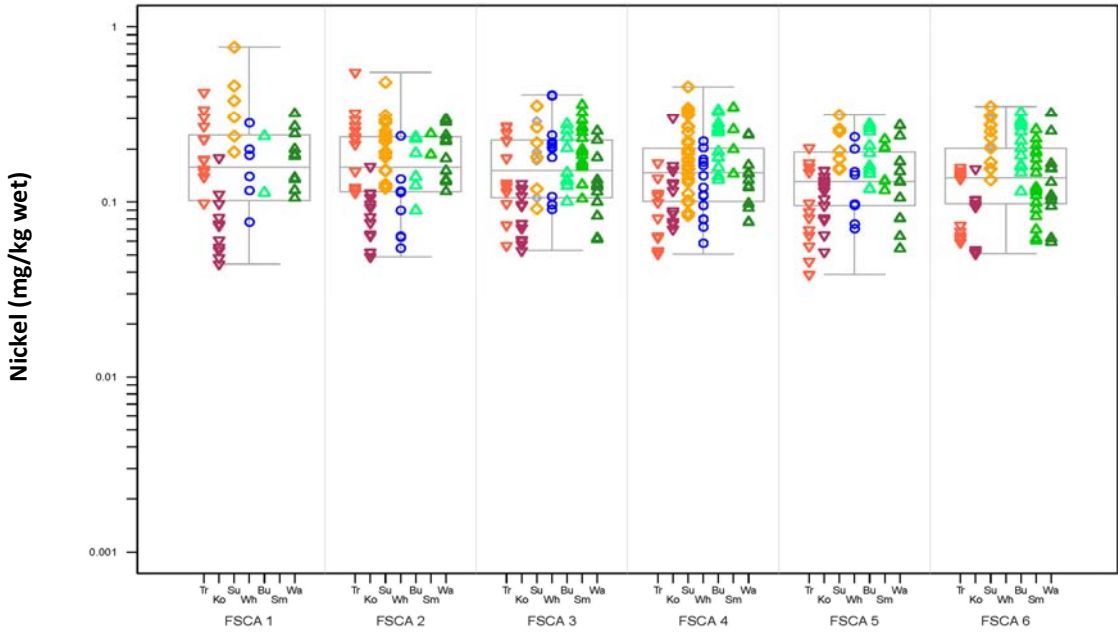


Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)			△ Walleye (Wa)	
Insectivore	○ Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3o and 5-3p. Mercury and Molybdenum Concentrations in Large Whole Fish by FSCA and Feeding Guild



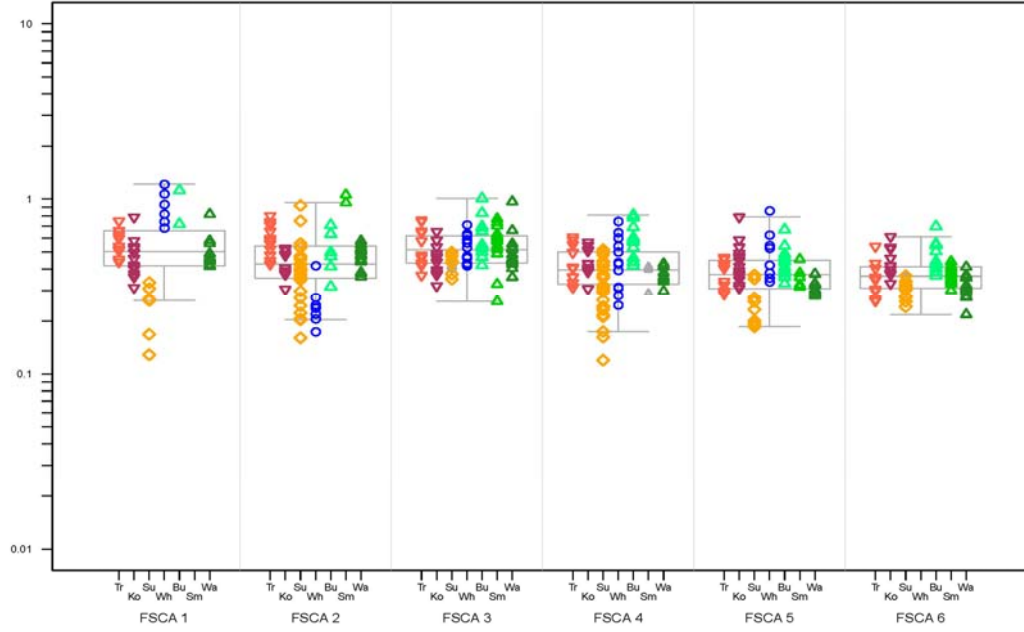
Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

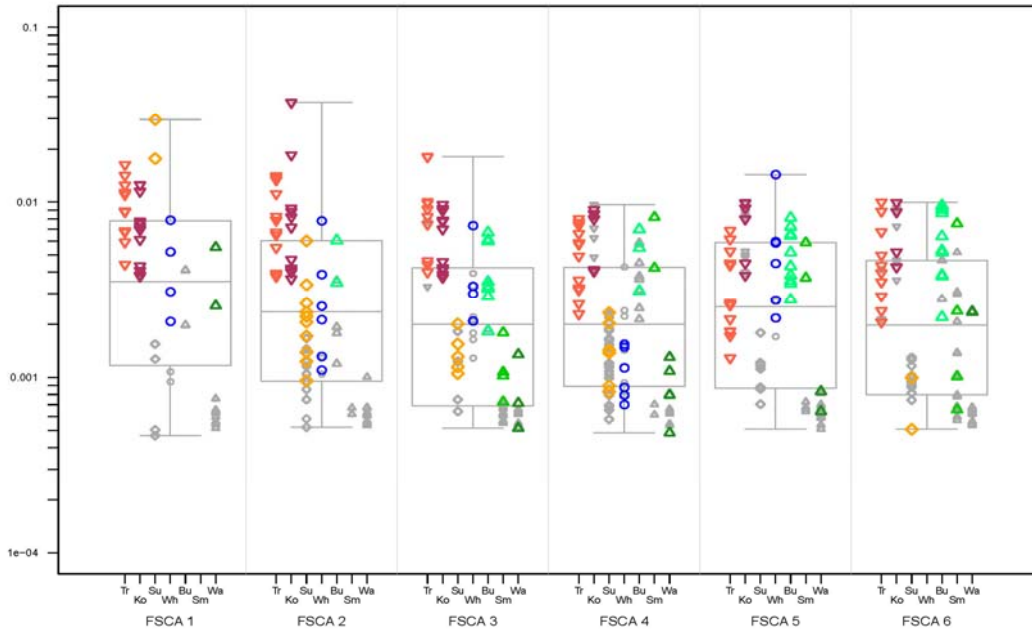
Note: Y-axes are on log₁₀ scale.

Figures 5-3q and 5-3r. Nickel and Potassium Concentrations in Large Whole Fish by FSCA and Feeding Guild

Selenium (mg/kg wet)



Silver (mg/kg wet)

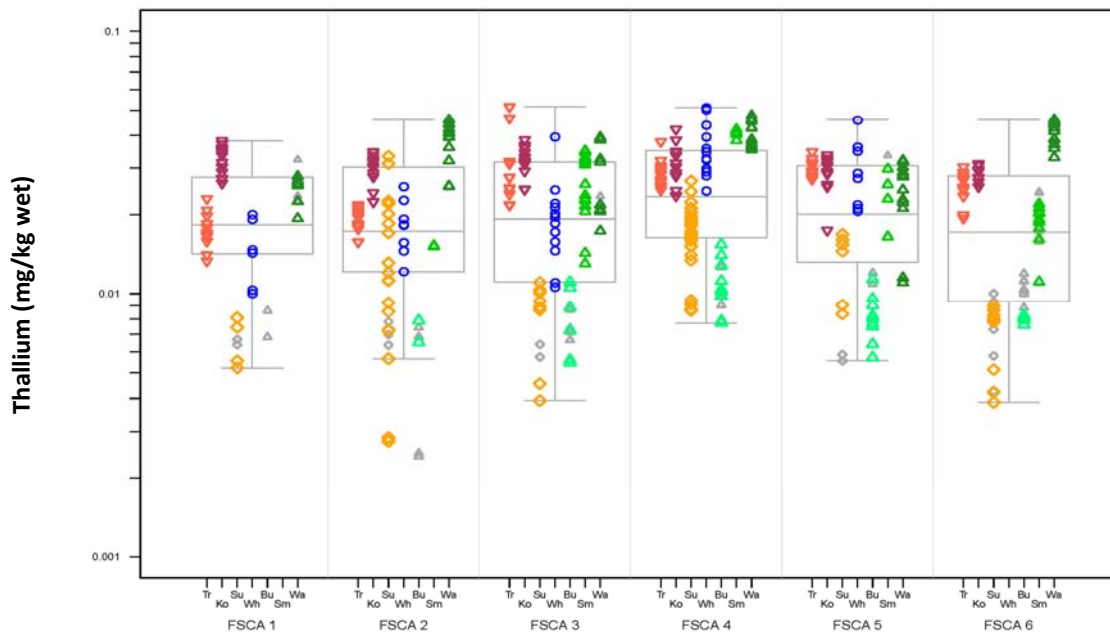
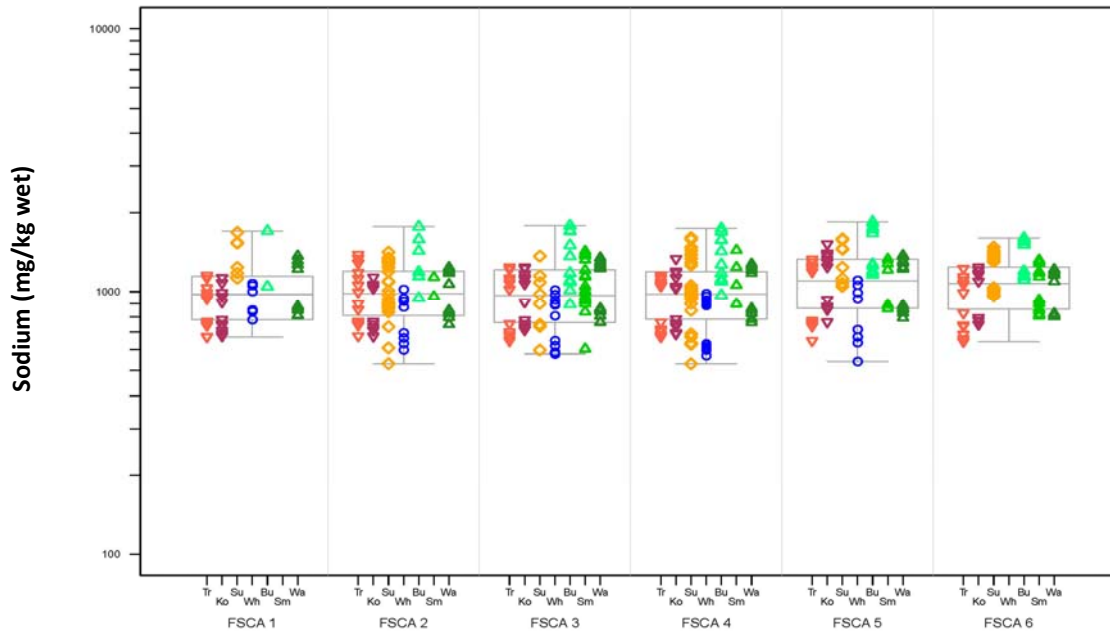


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-3s and 5-3t. Selenium and Silver Concentrations in Large Whole Fish by FSCA and Feeding Guild



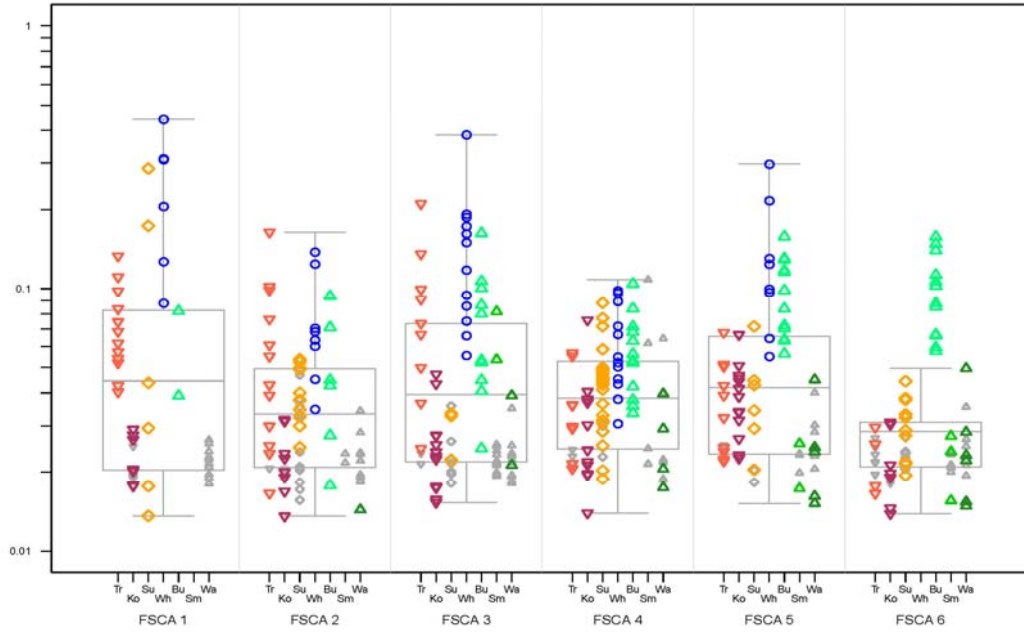
Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)				△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

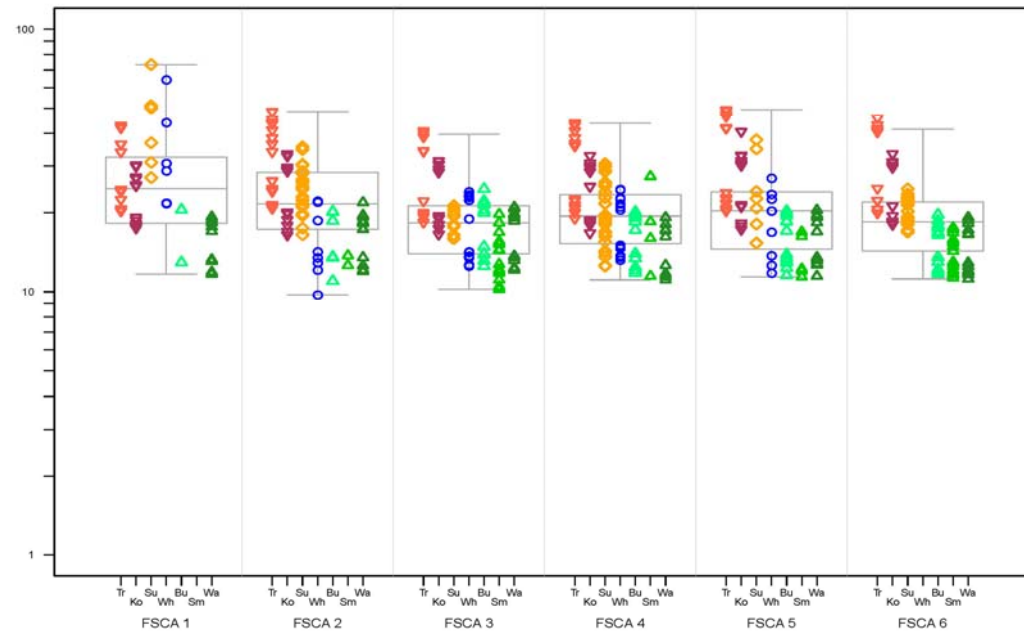
Note: Y-axes are on log₁₀ scale.

Figures 5-3u and 5-3v. Sodium and Thallium Concentrations in Large Whole Fish by FSCA and Feeding Guild

Vanadium (mg/kg wet)



Zinc (mg/kg wet)



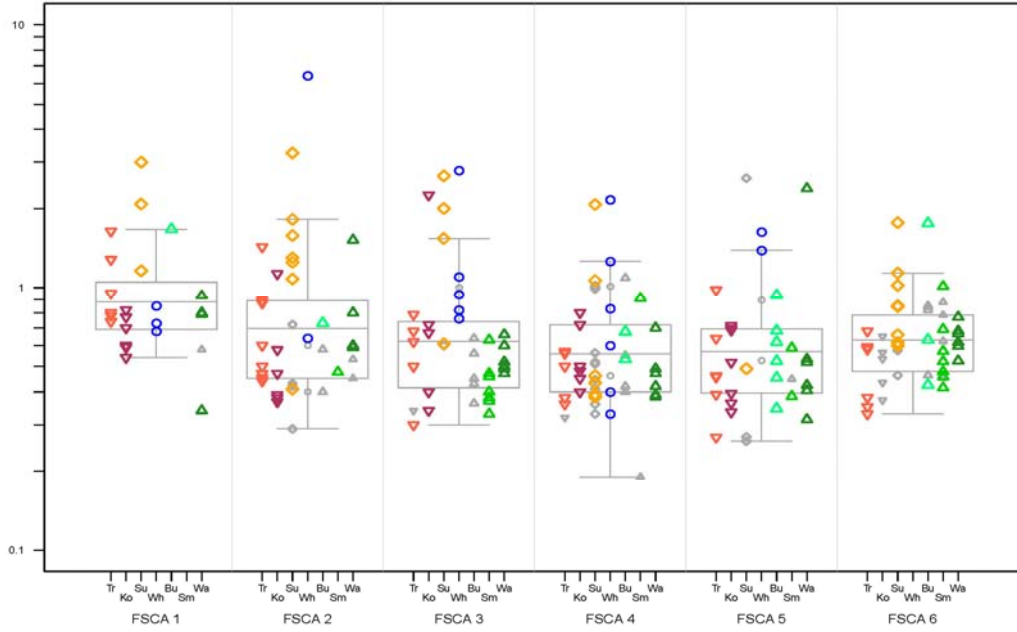
Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	{	◇ Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)	
Insectivore		○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

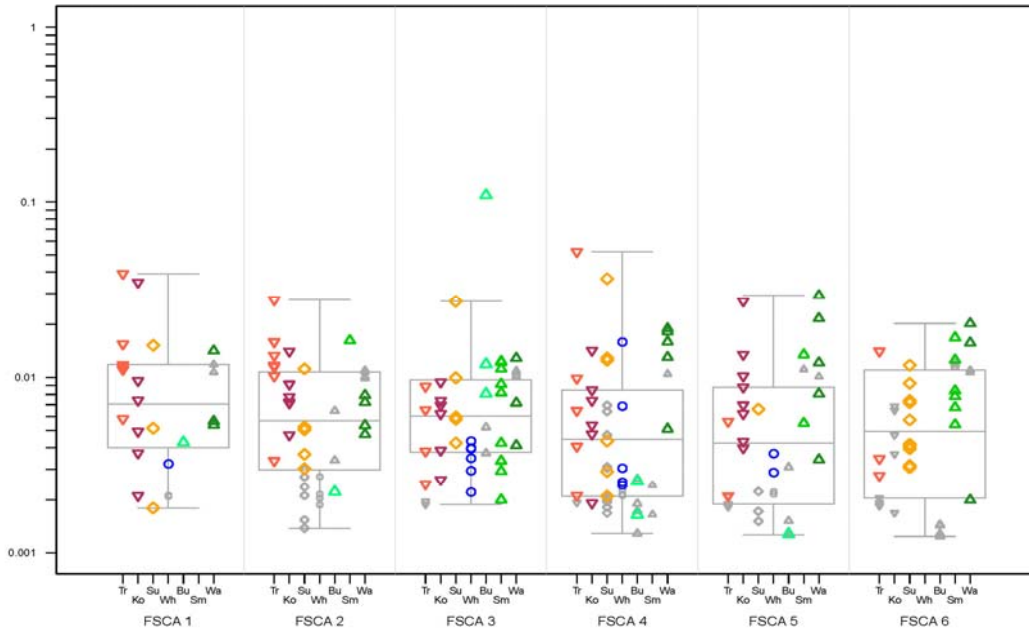
Note: Y-axes are on log₁₀ scale.

Figures 5-3w and 5-3x. Vanadium and Zinc Concentrations in Large Whole Fish by FSCA and Feeding Guild

Aluminum (mg/kg wet)



Antimony (mg/kg wet)

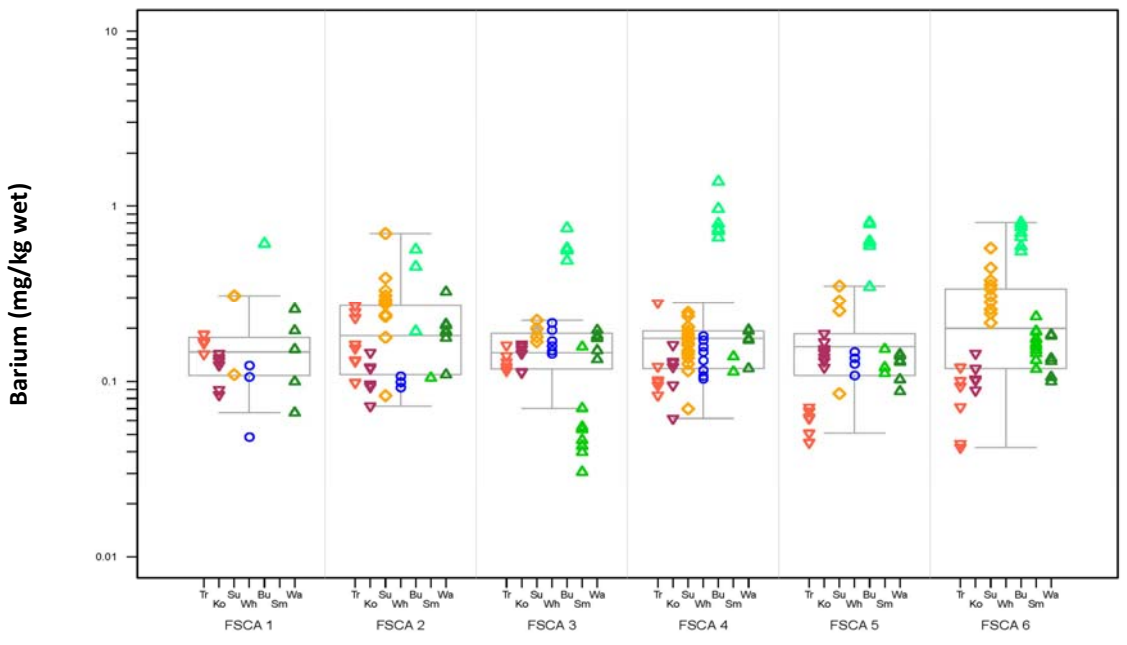
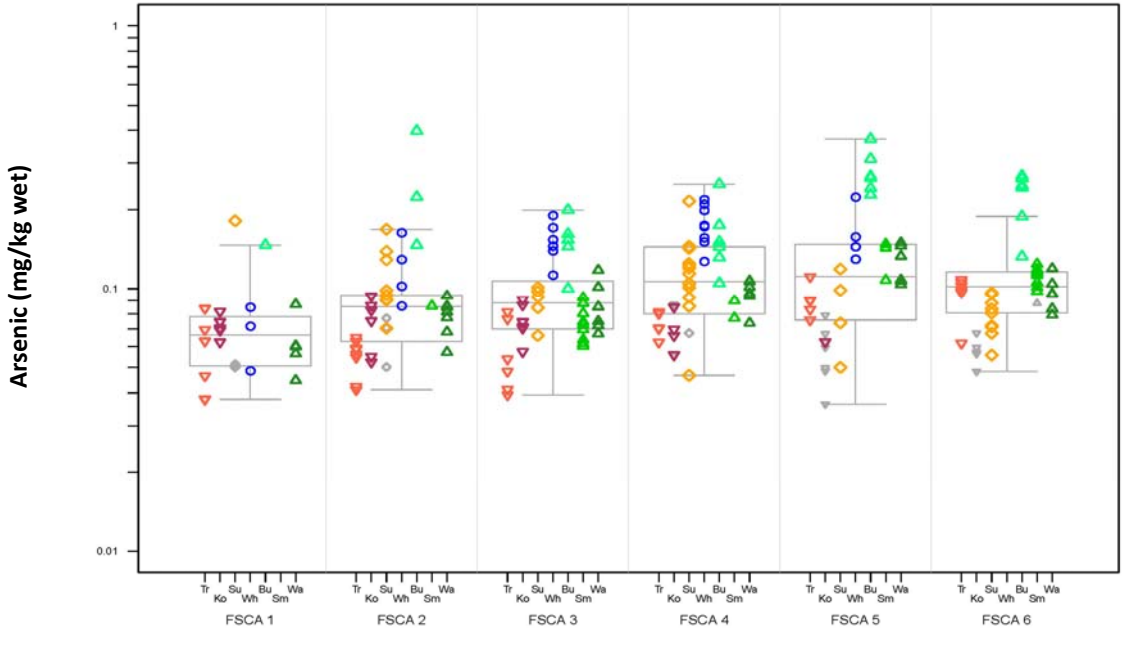


Omnivores	{	▽	Rainbow Trout (Tr)	Piscivores	{	△	Burbot (Bu)
		▽	Kokanee (Ko)			△	Smallmouth Bass (Sm)
Benthivore		◇	Largescale and Longnose Suckers (Su)			△	Walleye (Wa)
Insectivore		○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4a and 5-4b. Aluminum and Antimony Concentrations in Large Fish Fillets by FSCA and Feeding Guild

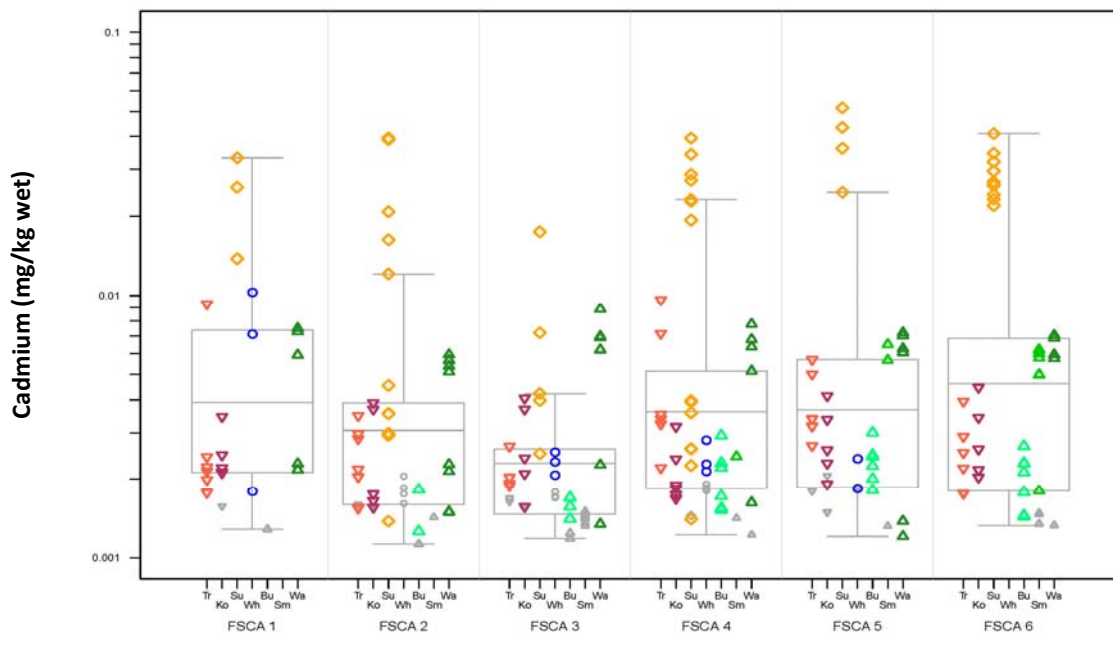
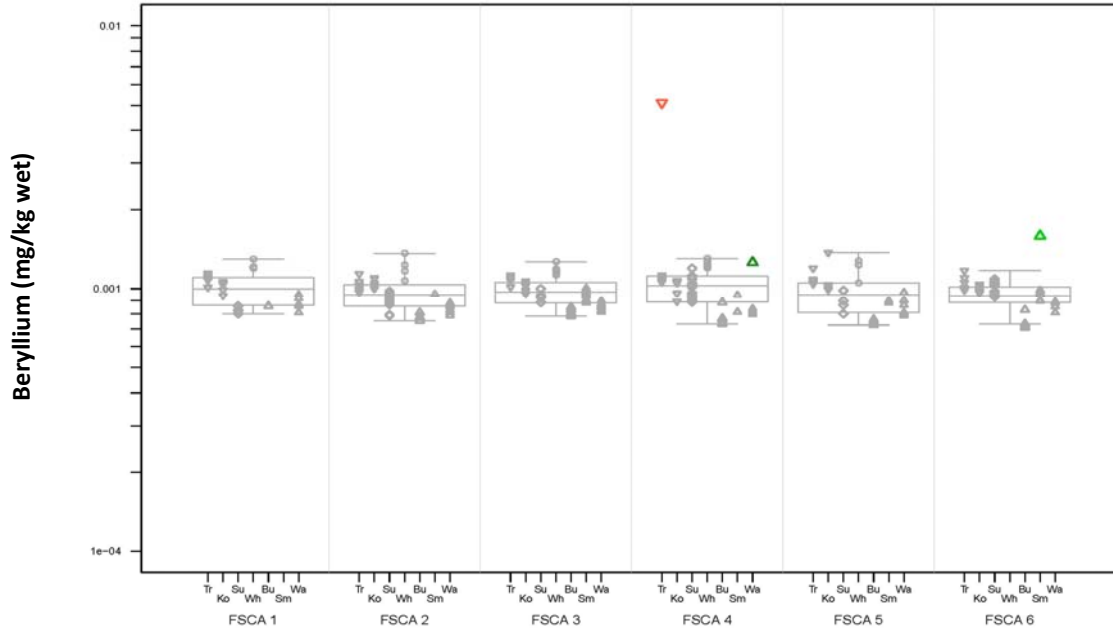


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4c and 5-4d. Arsenic and Barium Concentrations in Large Fish Fillets by FSCA and Feeding Guild

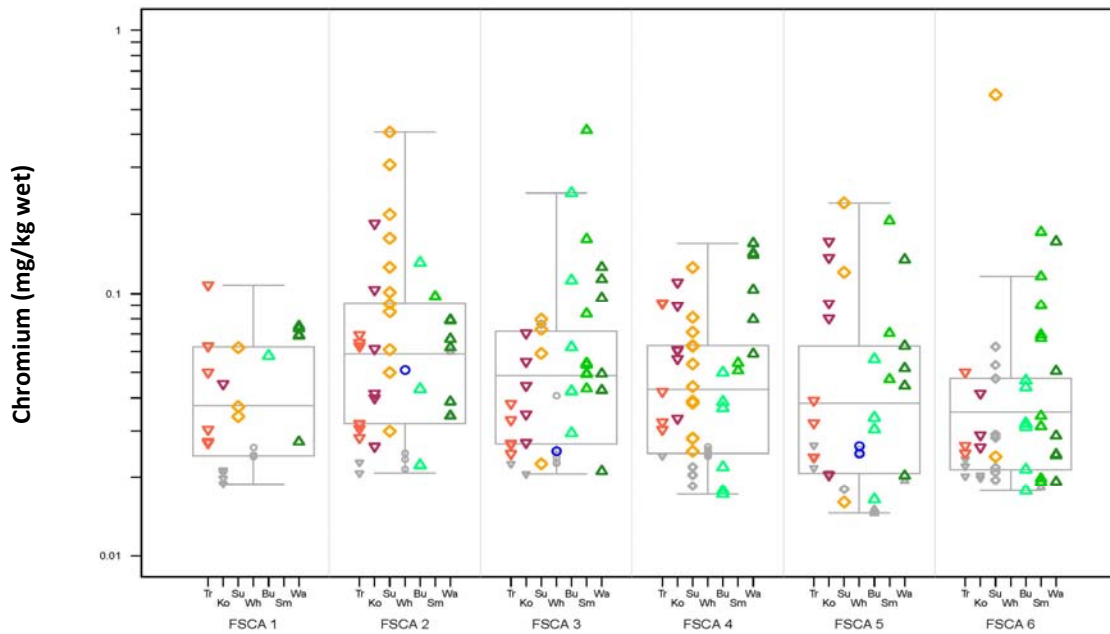
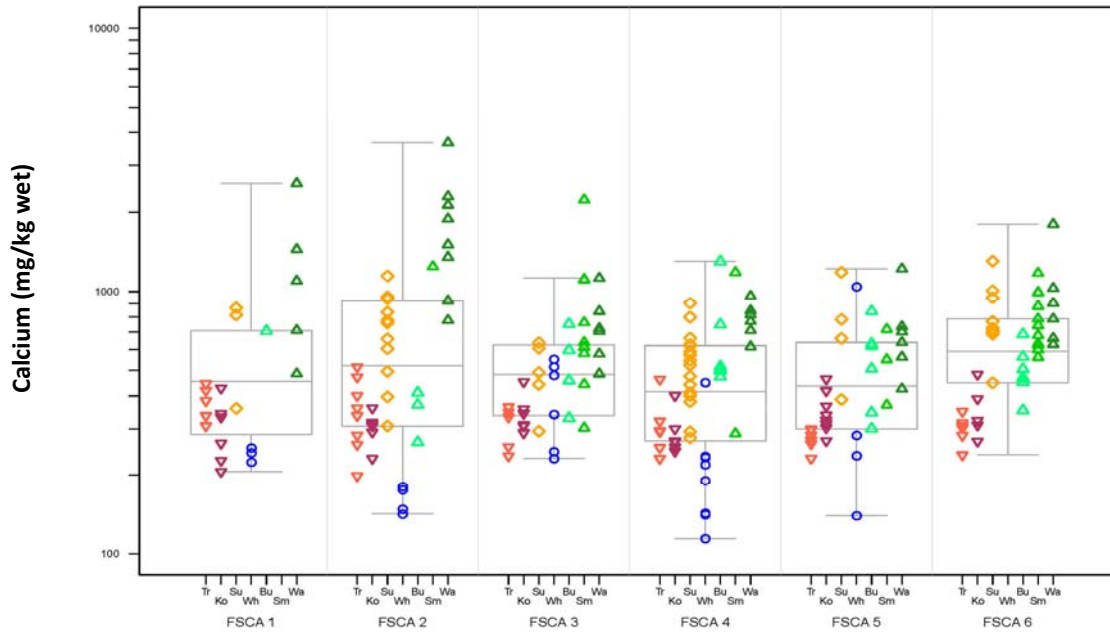


Omnivores	{	▽	Rainbow Trout (Tr)	Piscivores	{	△	Burbot (Bu)
		▽	Kokanee (Ko)			△	Smallmouth Bass (Sm)
Benthivore		◇	Largescale and Longnose Suckers (Su)			△	Walleye (Wa)
Insectivore		○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

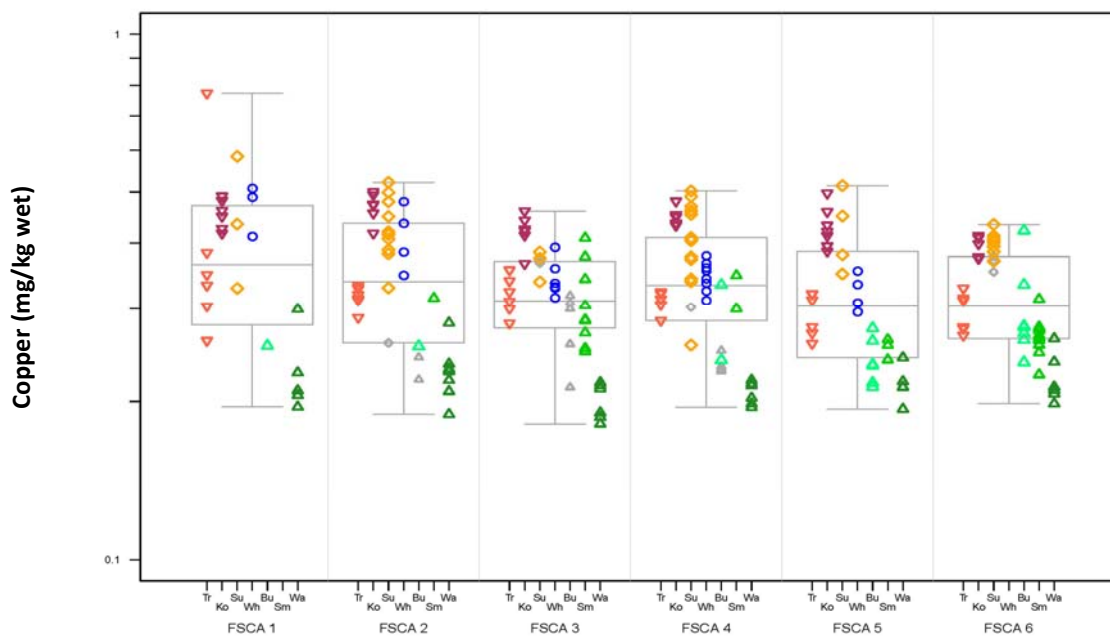
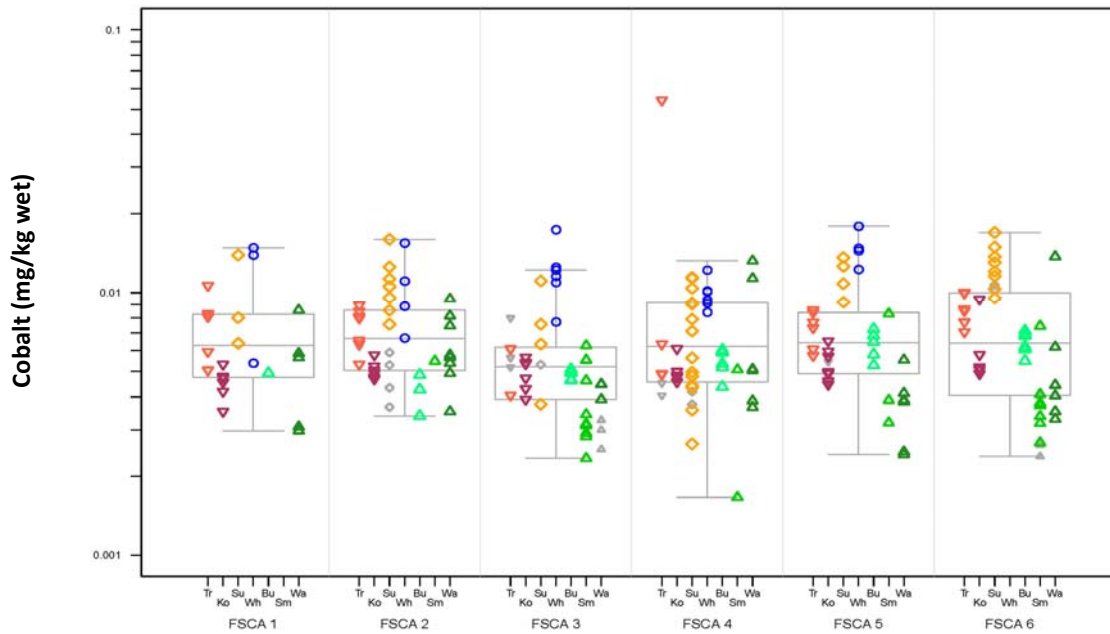
Figures 5-4e and 5-4f. Beryllium and Cadmium Concentrations in Large Fish Fillets by FSCA and Feeding Guild



Omnivores	<ul style="list-style-type: none"> ▽ Rainbow Trout (Tr) ▽ Kokanee (Ko) 	Piscivores	<ul style="list-style-type: none"> △ Burbot (Bu) △ Smallmouth Bass (Sm) △ Walleye (Wa)
Insectivore	○ Whitefish (Wh)	Grey symbol indicates result is not detected, shown at the full detection limit	

Note: Y-axes are on log₁₀ scale.

Figures 5-4g and 5-4h. Calcium and Chromium Concentrations in Large Fish Fillets by FSCA and Feeding Guild

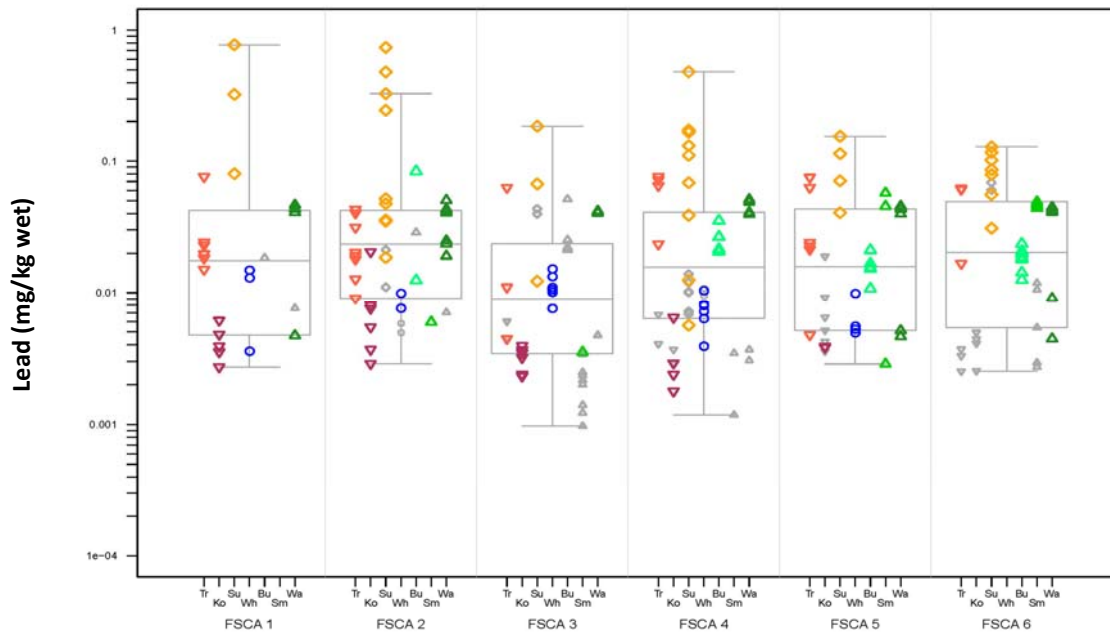
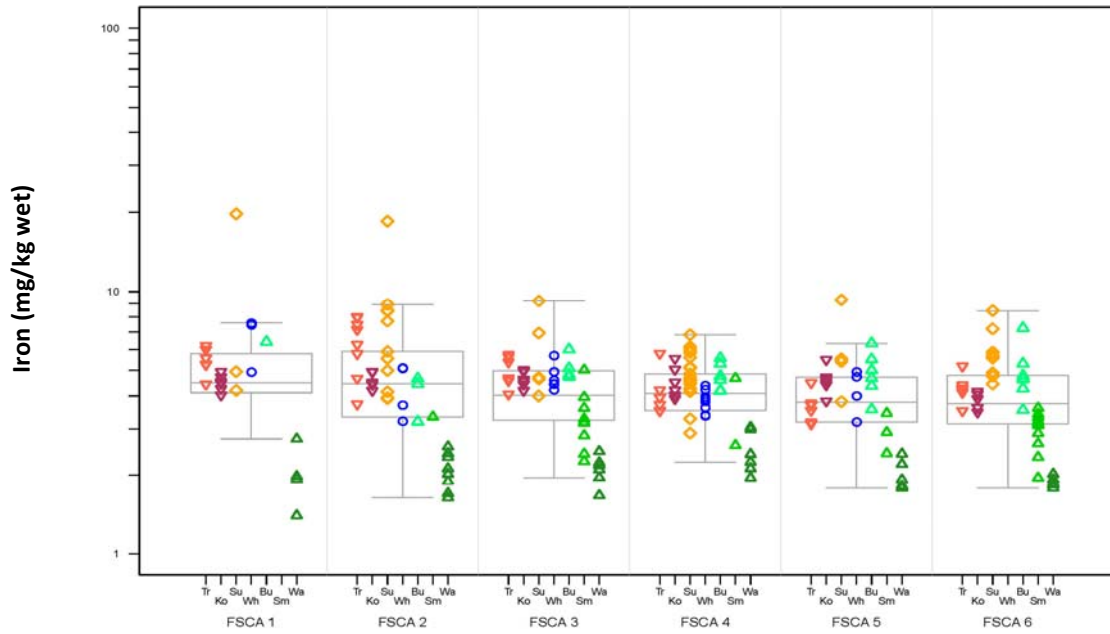


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4i and 5-4j. Cobalt and Copper Concentrations in Large Fish Fillets by FSCA and Feeding Guild

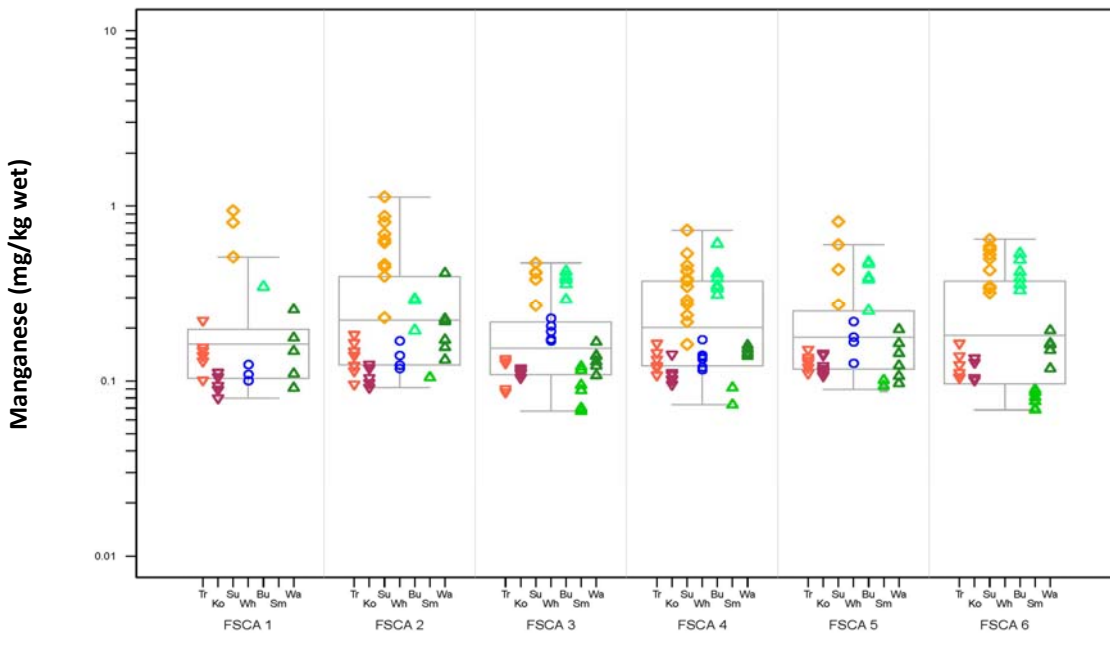
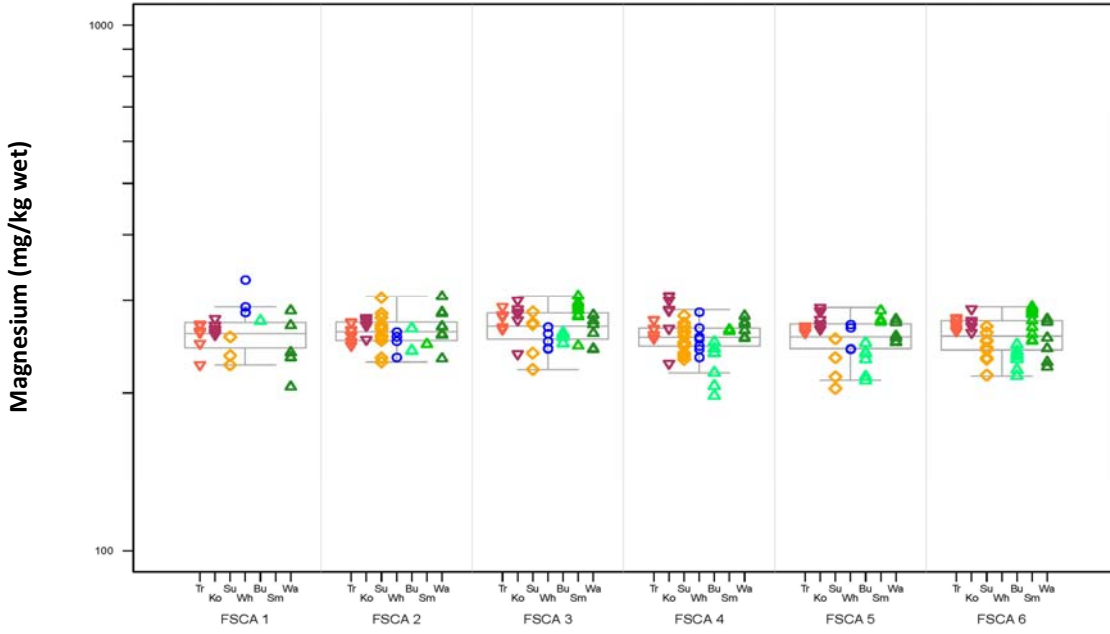


Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore		◇ Largescale and Longnose Suckers (Su)			△ Walleye (Wa)
Insectivore		○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4k and 5-4l. Iron and Lead Concentrations in Large Fish Fillets by FSCA and Feeding Guild

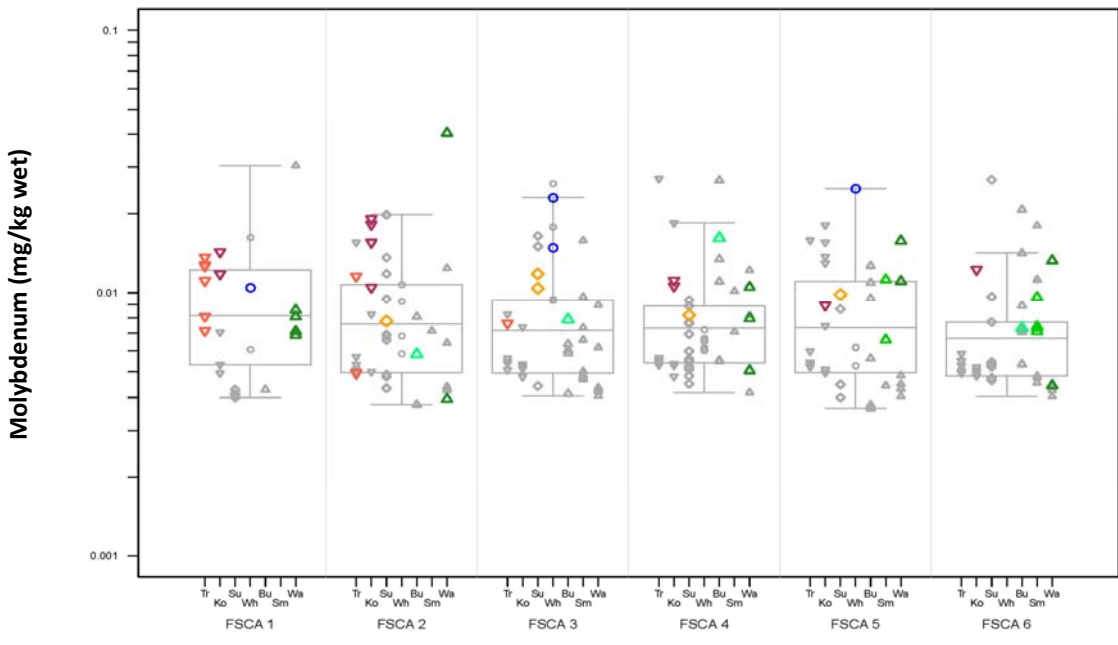
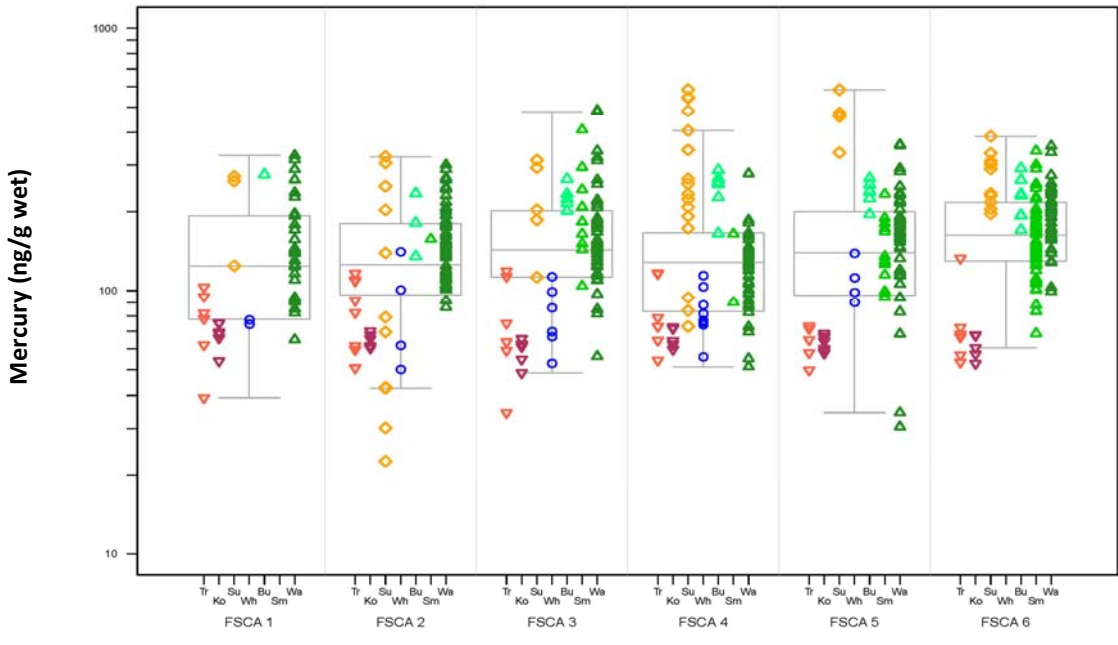


Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)				△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4m and 5-4n. Magnesium and Manganese Concentrations in Large Fish Fillets by FSCA and Feeding Guild

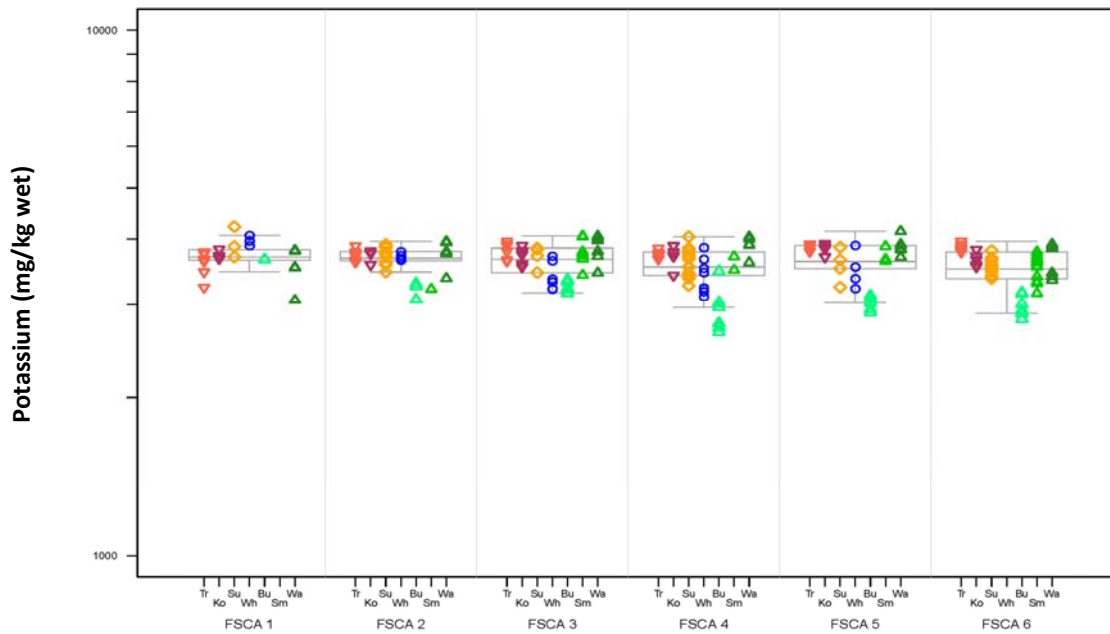
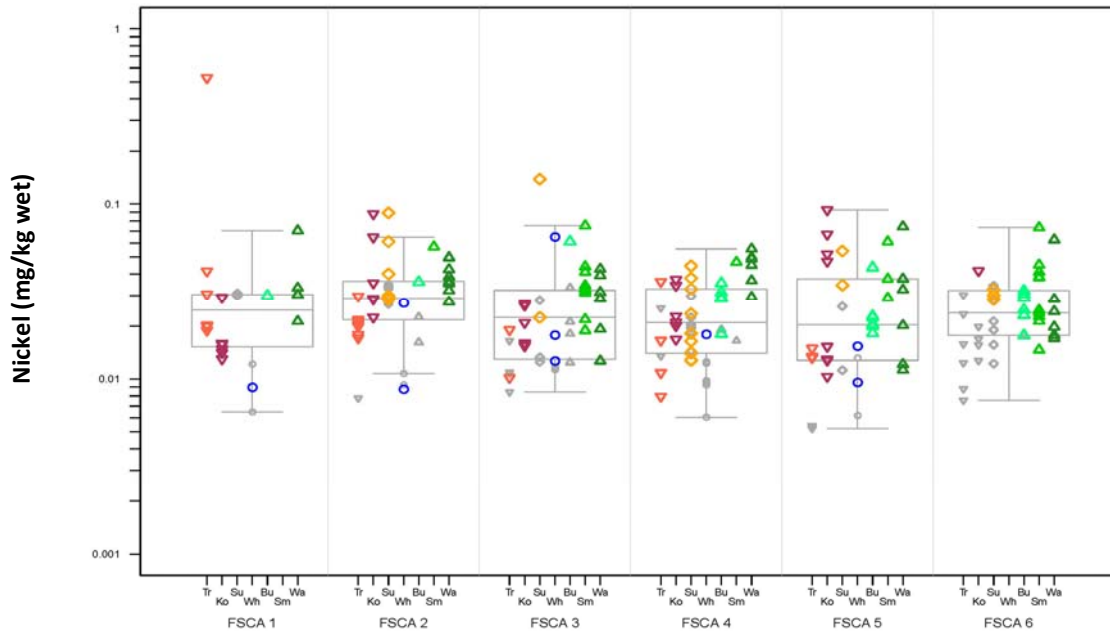


Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)			△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4o and 5-4p. Mercury and Molybdenum Concentrations in Large Fish Fillets by FSCA and Feeding Guild

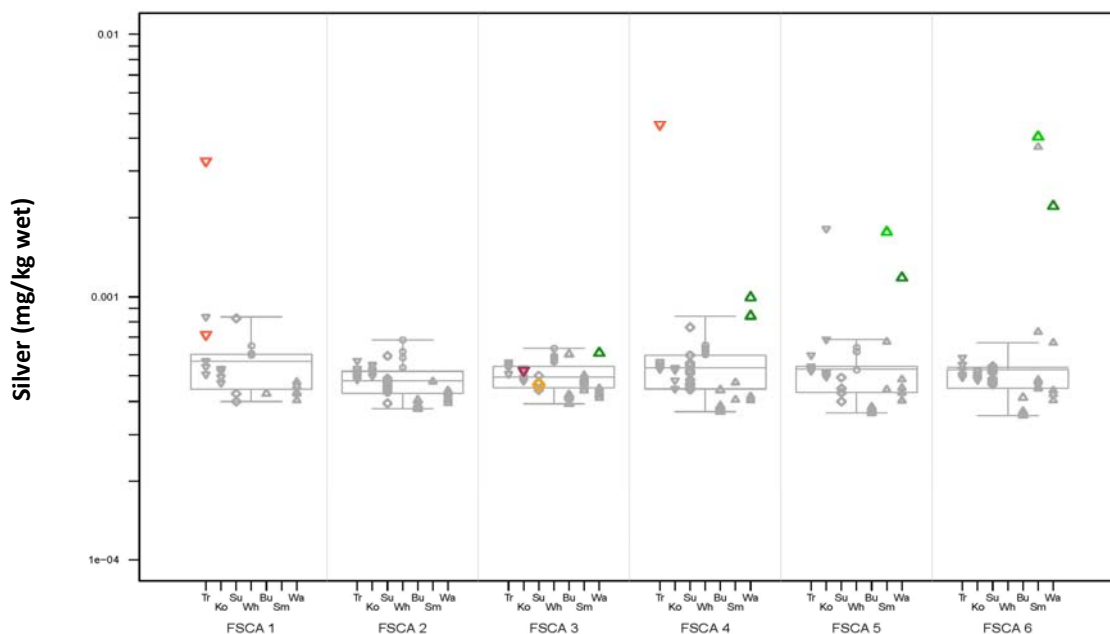
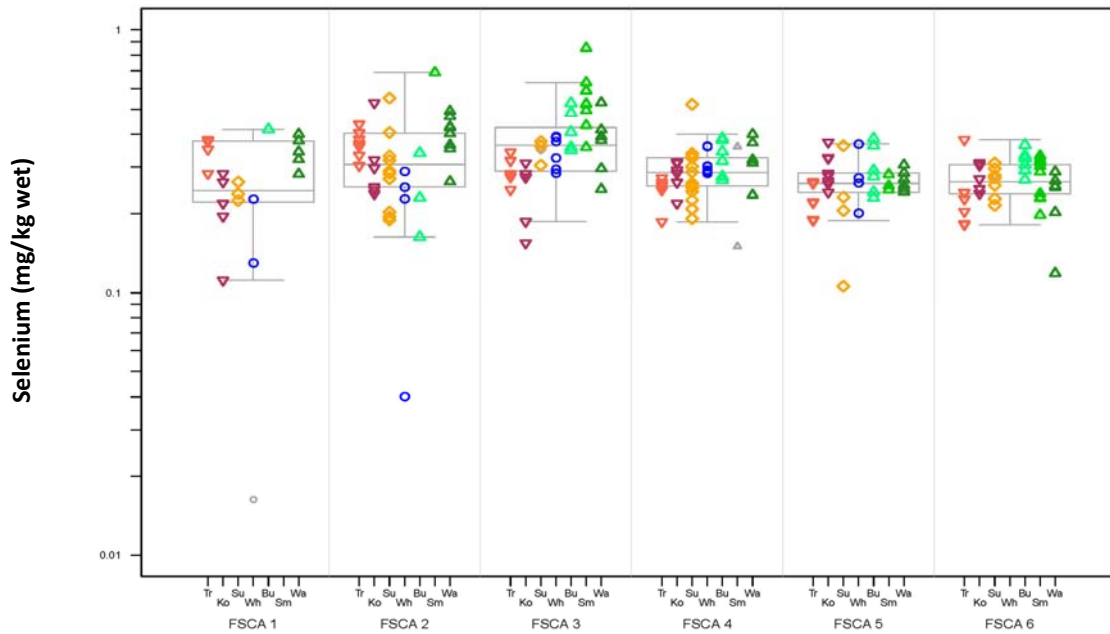


Omnivores	{	▽ Rainbow Trout (Tr)	Piscivores	{	△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)				△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4q and 5-4r. Nickel and Potassium Concentrations in Large Fish Fillets by FSCA and Feeding Guild

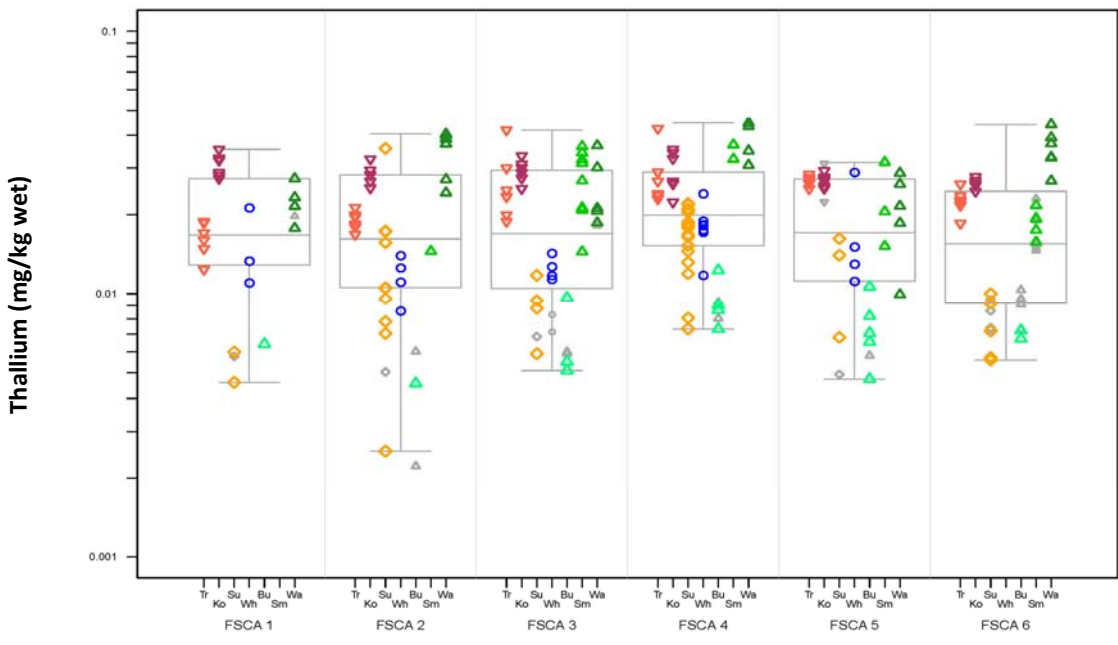
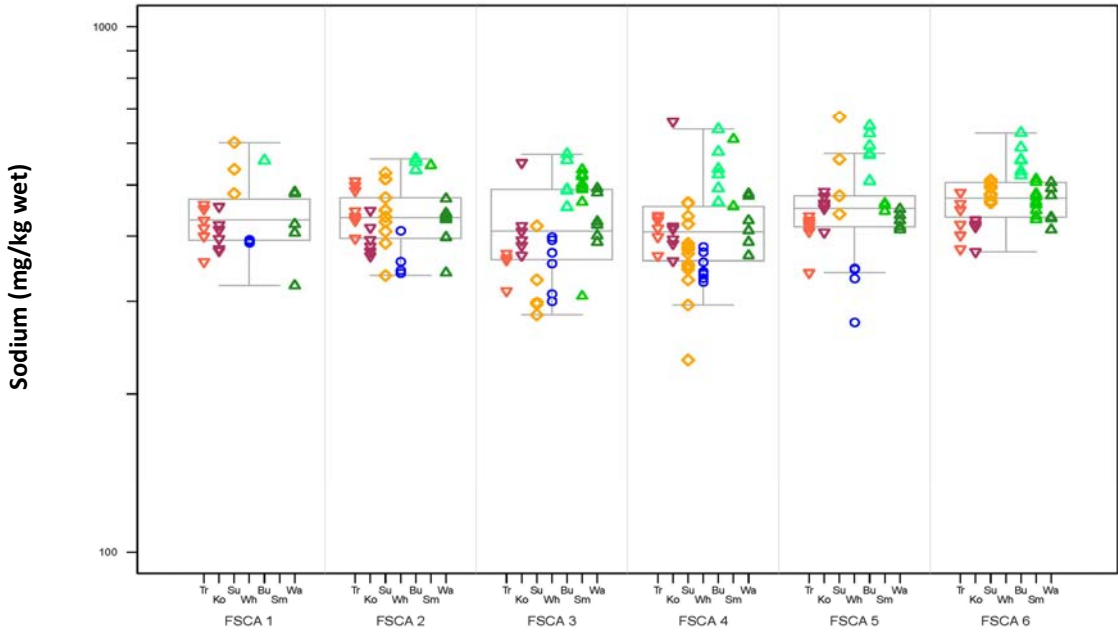


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4s and 5-4t. Selenium and Silver Concentrations in Large Fish Fillets by FSCA and Feeding Guild

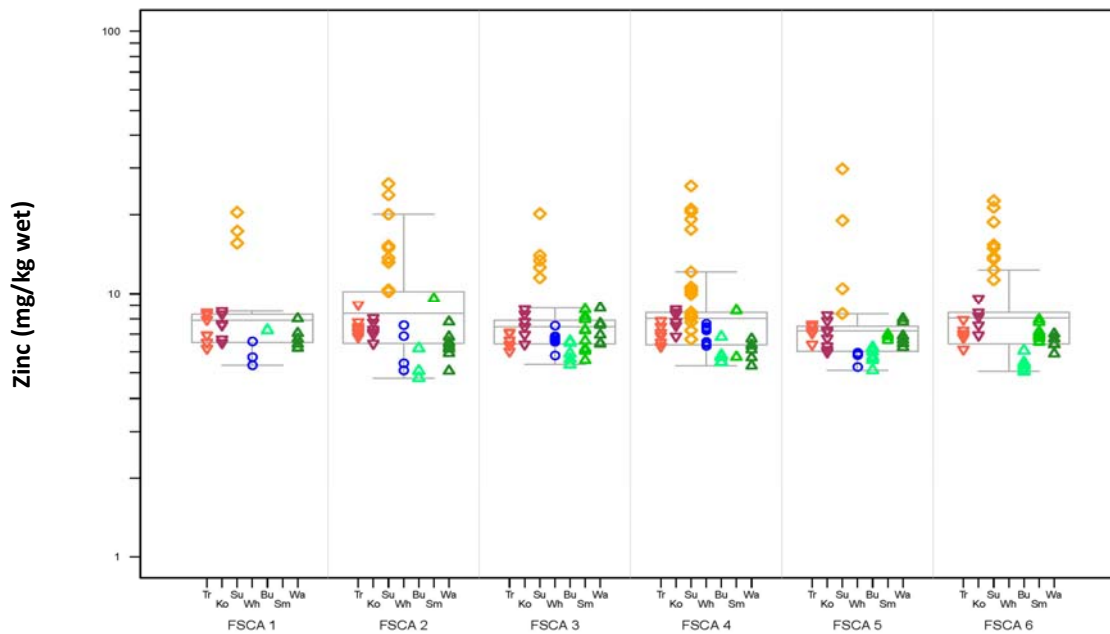
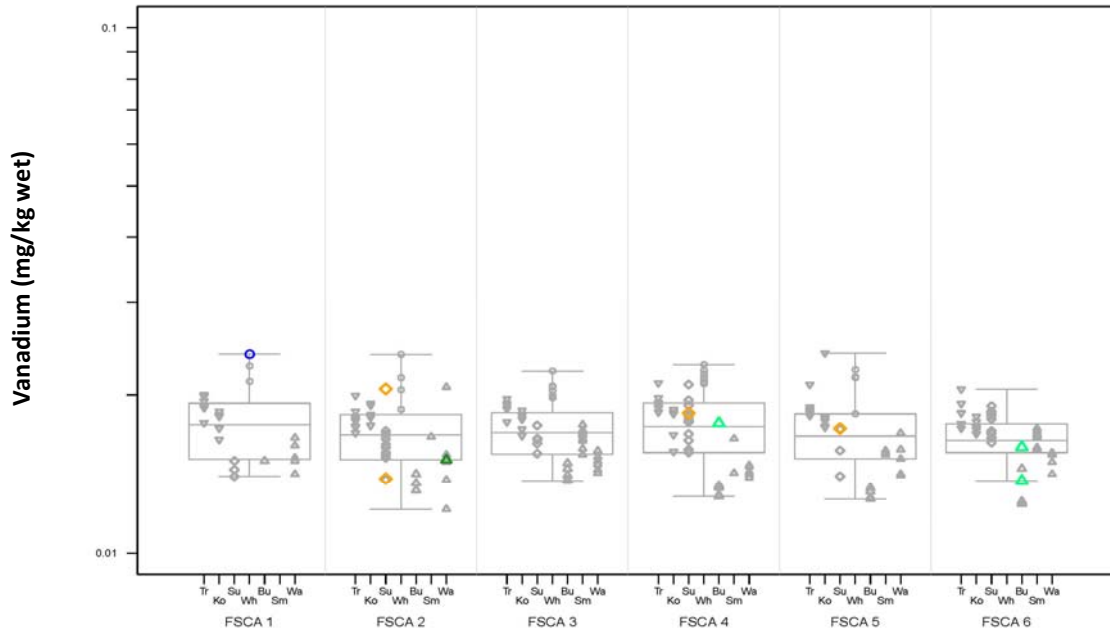


Omnivores	{	▽	Rainbow Trout (Tr)	{	△	Burbot (Bu)
		▽	Kokanee (Ko)		△	Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△	Walleye (Wa)	
Insectivore	○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4u and 5-4v. Sodium and Thallium Concentrations in Large Fish Fillets by FSCA and Feeding Guild

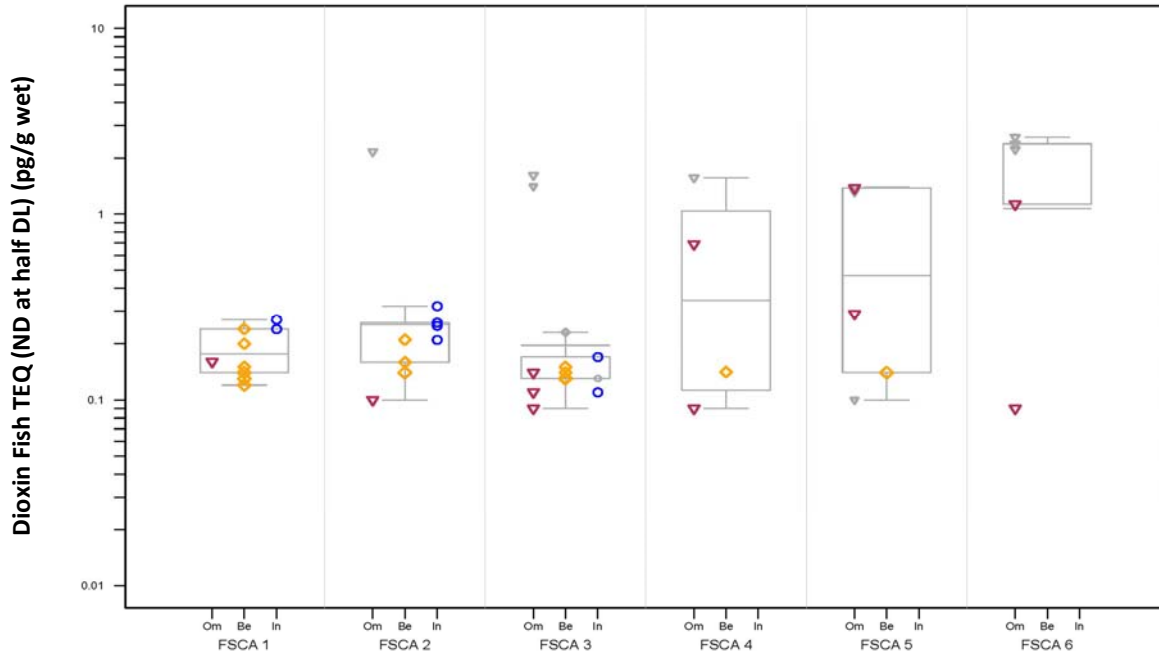


Omnivores	{	▽ Rainbow Trout (Tr)	{	△ Burbot (Bu)
		▽ Kokanee (Ko)		△ Smallmouth Bass (Sm)
Benthivore	◇	Largescale and Longnose Suckers (Su)	{	△ Walleye (Wa)
Insectivore	○	Whitefish (Wh)		

Grey symbol indicates result is not detected, shown at the full detection limit

Note: Y-axes are on log₁₀ scale.

Figures 5-4w and 5-4x. Vanadium and Zinc Concentrations in Large Fish Fillets by FSCA and Feeding Guild



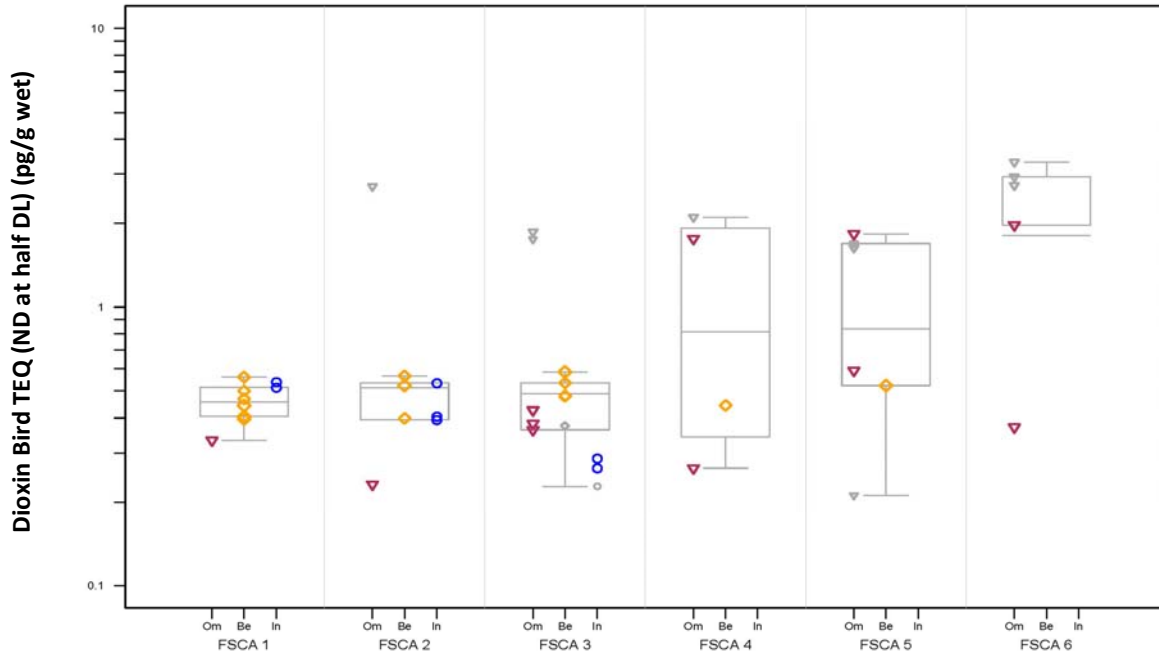
TEF	Parameter concentration
1	* 2,3,7,8-Tetrachlorodibenzodioxin +
1	* 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
0.5	* 1,2,3,4,7,8-Hexachlorodibenzodioxin +
0.01	* 1,2,3,6,7,8-Hexachlorodibenzodioxin +
0.01	* 1,2,3,7,8,9-Hexachlorodibenzodioxin +
0.001	* 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
0.0001	* Octachlorodibenzodioxin +
0.05	* 2,3,7,8-Tetrachlorodibenzofuran +
0.05	* 1,2,3,7,8-Pentachlorodibenzofuran +
0.5	* 2,3,4,7,8-Pentachlorodibenzofuran +
0.1	* 1,2,3,4,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,6,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzofuran +
0.1	* 2,3,4,6,7,8-Hexachlorodibenzofuran +
0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
0.01	* 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
0.0001	* Octachlorodibenzofuran

Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

▼ (Purple) Omnivore species (Om)
◇ (Orange) Benthivore species (Be)
○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected,
 shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-5a. Dioxin Fish TEQ Concentrations in Small Fish by FSCA and Feeding Guild



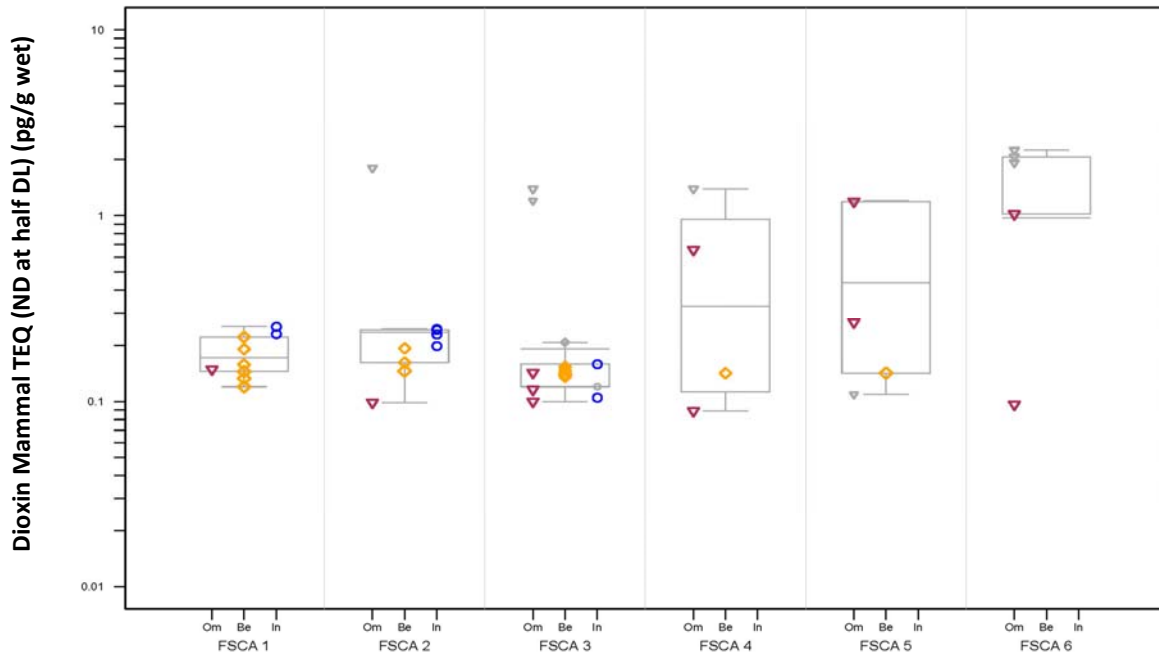
$$\text{Dioxin Bird TEQ} = \frac{\text{TEF} \cdot \text{Parameter concentration}}{1 \cdot * 2,3,7,8\text{-Tetrachlorodibenzodioxin} + 1 \cdot * 1,2,3,7,8\text{-Pentachlorodibenzo-p-dioxin} + 0.05 \cdot * 1,2,3,4,7,8\text{-Hexachlorodibenzodioxin} + 0.01 \cdot * 1,2,3,6,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \cdot * 1,2,3,7,8,9\text{-Hexachlorodibenzodioxin} + 0.001 \cdot * 1,2,3,4,6,7,8\text{-Heptachlorodibenzodioxin} + 0.0001 \cdot * \text{Octachlorodibenzodioxin} + 1 \cdot * 2,3,7,8\text{-Tetrachlorodibenzofuran} + 0.1 \cdot * 1,2,3,7,8\text{-Pentachlorodibenzofuran} + 1 \cdot * 2,3,4,7,8\text{-Pentachlorodibenzofuran} + 0.1 \cdot * 1,2,3,4,7,8\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 1,2,3,6,7,8\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 1,2,3,7,8,9\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 2,3,4,6,7,8\text{-Hexachlorodibenzofuran} + 0.01 \cdot * 1,2,3,4,6,7,8\text{-Heptachlorodibenzofuran} + 0.01 \cdot * 1,2,3,4,7,8,9\text{-Heptachlorodibenzofuran} + 0.0001 \cdot * \text{Octachlorodibenzofuran}}$$

Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

▼ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-5b. Dioxin Bird TEQ Concentrations in Small Fish by FSCA and Feeding Guild



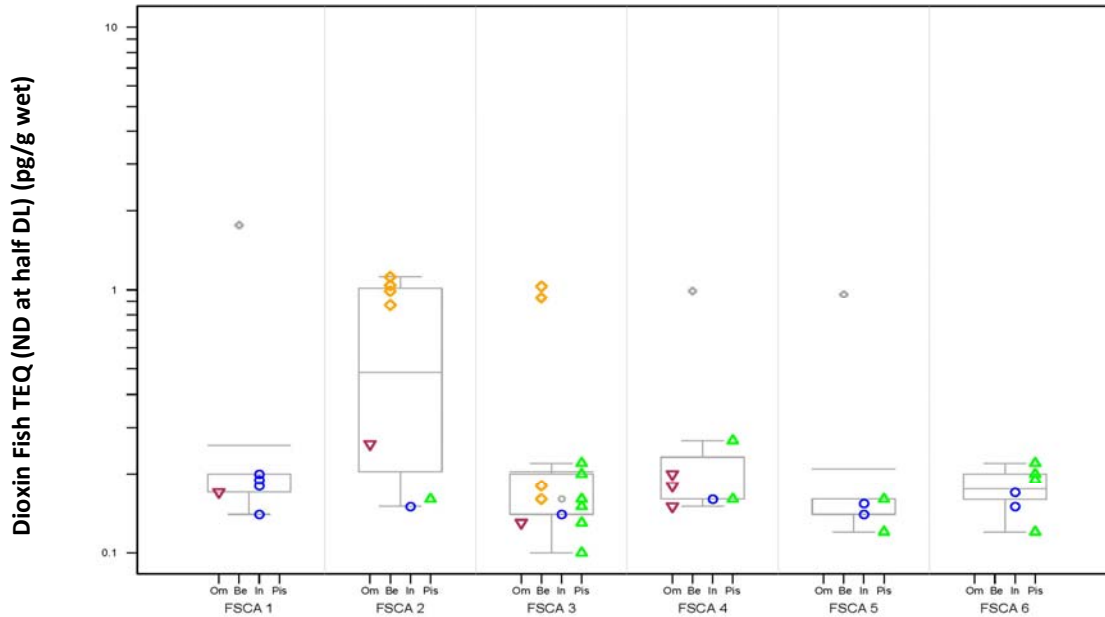
$$\text{Dioxin Mammal TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{1 \times * 2,3,7,8\text{-Tetrachlorodibenzodioxin} + 1 \times * 1,2,3,7,8\text{-Pentachlorodibenzo-p-dioxin} + 0.1 \times * 1,2,3,4,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \times * 1,2,3,6,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \times * 1,2,3,7,8,9\text{-Hexachlorodibenzodioxin} + 0.01 \times * 1,2,3,4,6,7,8\text{-Heptachlorodibenzodioxin} + 0.0003 \times * \text{Octachlorodibenzodioxin} + 0.1 \times * 2,3,7,8\text{-Tetrachlorodibenzofuran} + 0.03 \times * 1,2,3,7,8\text{-Pentachlorodibenzofuran} + 0.3 \times * 2,3,4,7,8\text{-Pentachlorodibenzofuran} + 0.1 \times * 1,2,3,4,7,8\text{-Hexachlorodibenzofuran} + 0.1 \times * 1,2,3,6,7,8\text{-Hexachlorodibenzofuran} + 0.1 \times * 1,2,3,7,8,9\text{-Hexachlorodibenzofuran} + 0.1 \times * 2,3,4,6,7,8\text{-Hexachlorodibenzofuran} + 0.01 \times * 1,2,3,4,6,7,8\text{-Heptachlorodibenzofuran} + 0.01 \times * 1,2,3,4,7,8,9\text{-Heptachlorodibenzofuran} + 0.0003 \times * \text{Octachlorodibenzofuran}}$$

Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalence values

▽ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-5c. Dioxin Mammal TEQ Concentrations in Small Fish by FSCA and Feeding Guild



Dioxin Fish TEQ =	TEF	Parameter concentration
	1	* 2,3,7,8-Tetrachlorodibenzodioxin +
	1	* 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
	0.5	* 1,2,3,4,7,8-Hexachlorodibenzodioxin +
	0.01	* 1,2,3,6,7,8-Hexachlorodibenzodioxin +
	0.01	* 1,2,3,7,8,9-Hexachlorodibenzodioxin +
	0.001	* 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
	0.0001	* Octachlorodibenzodioxin +
	0.05	* 2,3,7,8-Tetrachlorodibenzofuran +
	0.05	* 1,2,3,7,8-Pentachlorodibenzofuran +
	0.5	* 2,3,4,7,8-Pentachlorodibenzofuran +
	0.1	* 1,2,3,4,7,8-Hexachlorodibenzofuran +
	0.1	* 1,2,3,6,7,8-Hexachlorodibenzofuran +
	0.1	* 1,2,3,7,8,9-Hexachlorodibenzofuran +
	0.1	* 2,3,4,6,7,8-Hexachlorodibenzofuran +
	0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
	0.01	* 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
	0.0001	* Octachlorodibenzofuran

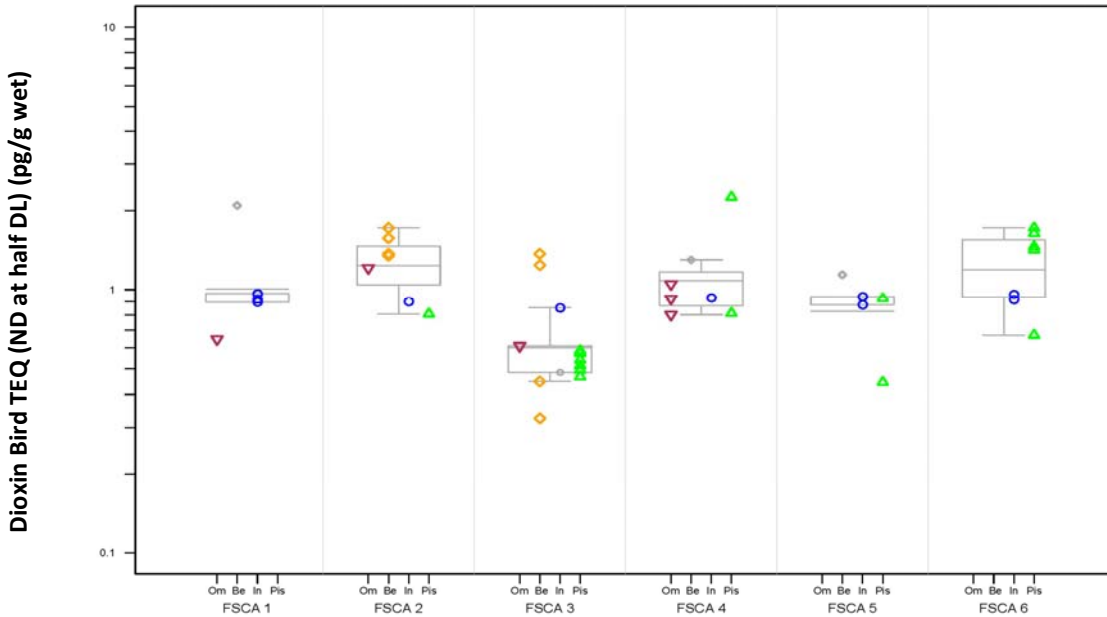
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalance values

- ▼ (Purple) Omnivore species (Om)
- ◇ (Orange) Benthivore species (Be)
- (Blue) Insectivore species (In)
- ▲ (Green) Piscivore species (Pi)

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-6a. Dioxin Fish TEQ Concentrations in Medium Fish by FSCA and Feeding Guild



$$\text{Dioxin Bird TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{1}$$

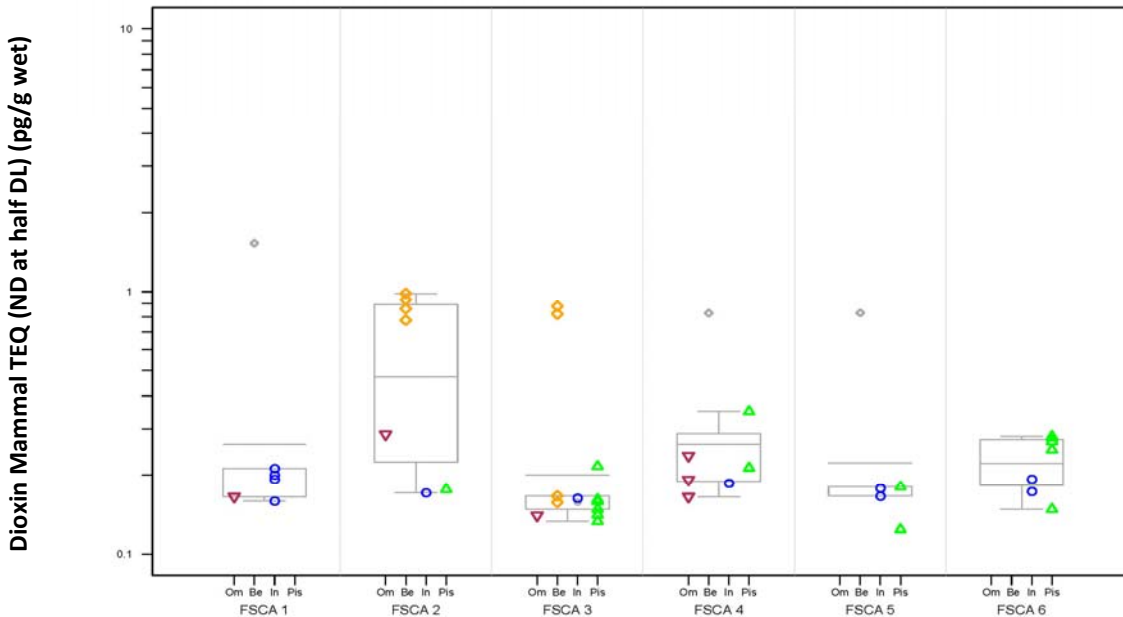
1 * 2,3,7,8-Tetrachlorodibenzodioxin +
 1 * 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
 0.05 * 1,2,3,4,7,8-Hexachlorodibenzodioxin +
 0.01 * 1,2,3,6,7,8-Hexachlorodibenzodioxin +
 0.1 * 1,2,3,7,8,9-Hexachlorodibenzodioxin +
 0.001 * 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
 0.0001 * Octachlorodibenzodioxin +
 1 * 2,3,7,8-Tetrachlorodibenzofuran +
 0.1 * 1,2,3,7,8-Pentachlorodibenzofuran +
 1 * 2,3,4,7,8-Pentachlorodibenzofuran +
 0.1 * 1,2,3,4,7,8-Hexachlorodibenzofuran +
 0.1 * 1,2,3,6,7,8-Hexachlorodibenzofuran +
 0.1 * 1,2,3,7,8,9-Hexachlorodibenzofuran +
 0.1 * 2,3,4,6,7,8-Hexachlorodibenzofuran +
 0.01 * 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
 0.01 * 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
 0.0001 * Octachlorodibenzofuran

Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
 TEF - World Health Organization 1998 toxicity equivalence values

- ▽ (Purple) Omnivore species (Om)
 - ◇ (Orange) Benthivore species (Be)
 - (Blue) Insectivore species (In)
 - △ (Green) Piscivore species (Pi)
- Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
 See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-6b. Dioxin Bird TEQ Concentrations in Medium Fish by FSCA and Feeding Guild



Dioxin Mammal TEQ =

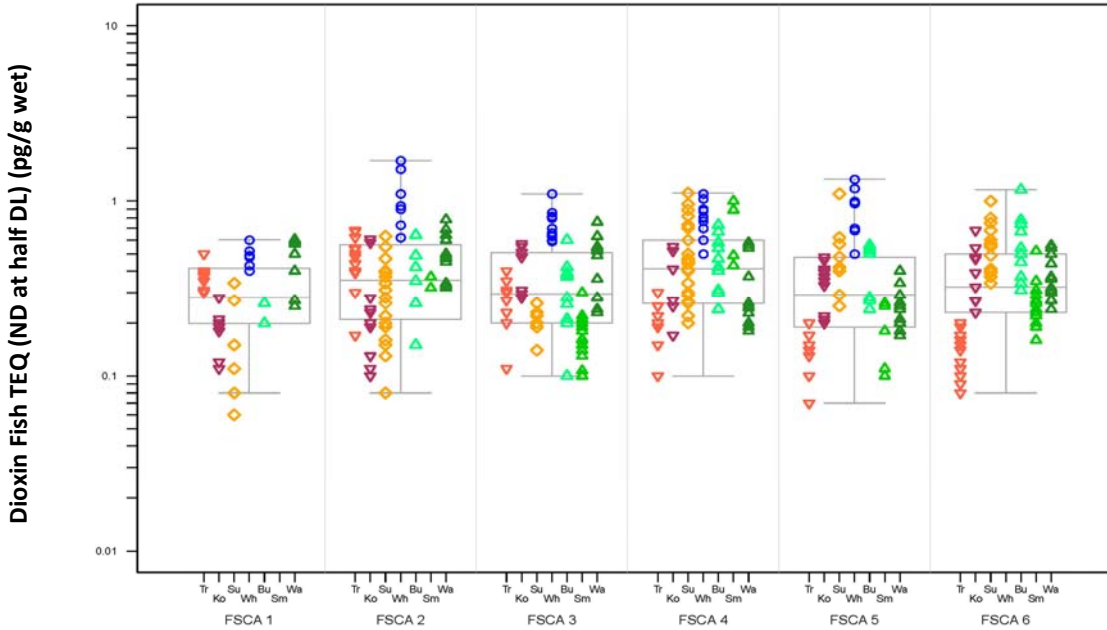
TEF	Parameter concentration
1	* 2,3,7,8-Tetrachlorodibenzodioxin +
1	* 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
0.1	* 1,2,3,4,7,8-Hexachlorodibenzodioxin +
0.1	* 1,2,3,6,7,8-Hexachlorodibenzodioxin +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzodioxin +
0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
0.0003	* Octachlorodibenzodioxin +
0.1	* 2,3,7,8-Tetrachlorodibenzofuran +
0.03	* 1,2,3,7,8-Pentachlorodibenzofuran +
0.3	* 2,3,4,7,8-Pentachlorodibenzofuran +
0.1	* 1,2,3,4,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,6,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzofuran +
0.1	* 2,3,4,6,7,8-Hexachlorodibenzofuran +
0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
0.01	* 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
0.0003	* Octachlorodibenzofuran

Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalance values

▼ (Purple) Omnivore species (Om)
 ◇ (Orange) Benthivore species (Be)
 ○ (Blue) Insectivore species (In)
 ▲ (Green) Piscivore species (Pi)
 Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-6c. Dioxin Mammal TEQ Concentrations in Medium Fish by FSCA and Feeding Guild



TEF	Parameter concentration
1	* 2,3,7,8-Tetrachlorodibenzodioxin +
1	* 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
0.5	* 1,2,3,4,7,8-Hexachlorodibenzodioxin +
0.01	* 1,2,3,6,7,8-Hexachlorodibenzodioxin +
0.01	* 1,2,3,7,8,9-Hexachlorodibenzodioxin +
0.001	* 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
0.0001	* Octachlorodibenzodioxin +
0.05	* 2,3,7,8-Tetrachlorodibenzofuran +
0.05	* 1,2,3,7,8-Pentachlorodibenzofuran +
0.5	* 2,3,4,7,8-Pentachlorodibenzofuran +
0.1	* 1,2,3,4,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,6,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzofuran +
0.1	* 2,3,4,6,7,8-Hexachlorodibenzofuran +
0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
0.01	* 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
0.0001	* Octachlorodibenzofuran

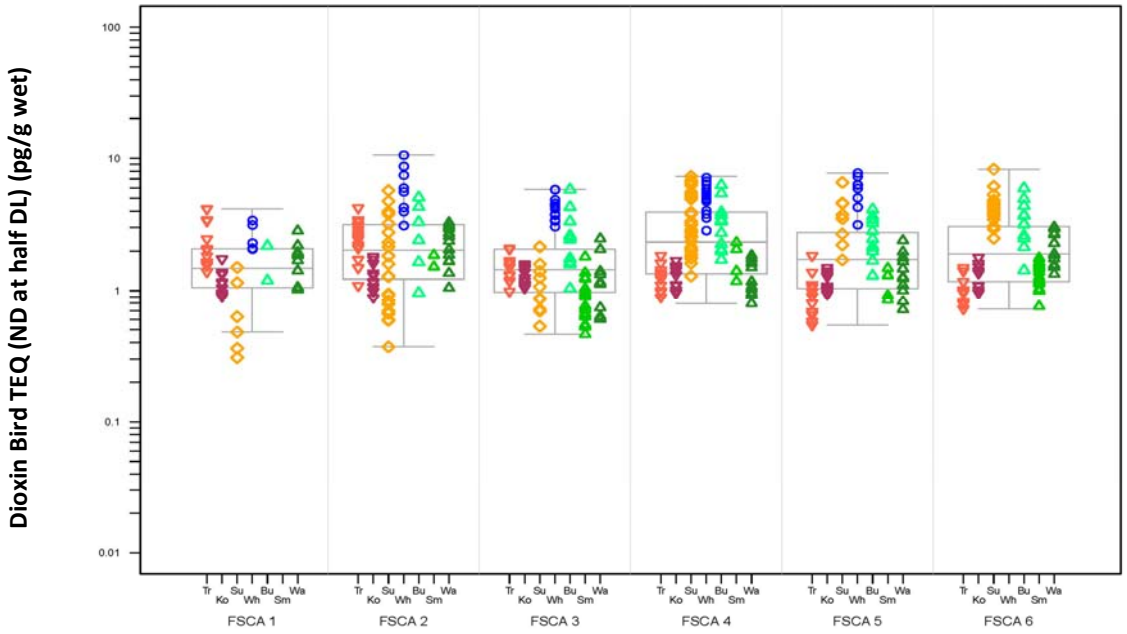
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	[▽	Rainbow Trout (Tr)	Piscivores	[△	Burbot (Bu)
		▽	Kokanee (Ko)			△	Smallmouth Bass (Sm)
Benthivore]	◇	Largescale and Longnose Suckers (Su)]]	△	Walleye (Wa)
Insectivore		○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-7a. Dioxin Fish TEQ Concentrations in Large Whole Fish by FSCA and Feeding Guild



TEF	Parameter concentration
1	* 2,3,7,8-Tetrachlorodibenzodioxin +
1	* 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
0.05	* 1,2,3,4,7,8-Hexachlorodibenzodioxin +
0.01	* 1,2,3,6,7,8-Hexachlorodibenzodioxin +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzodioxin +
0.001	* 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
0.0001	* Octachlorodibenzodioxin +
1	* 2,3,7,8-Tetrachlorodibenzofuran +
0.1	* 1,2,3,7,8-Pentachlorodibenzofuran +
1	* 2,3,4,7,8-Pentachlorodibenzofuran +
0.1	* 1,2,3,4,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,6,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzofuran +
0.1	* 2,3,4,6,7,8-Hexachlorodibenzofuran +
0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
0.01	* 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
0.0001	* Octachlorodibenzofuran

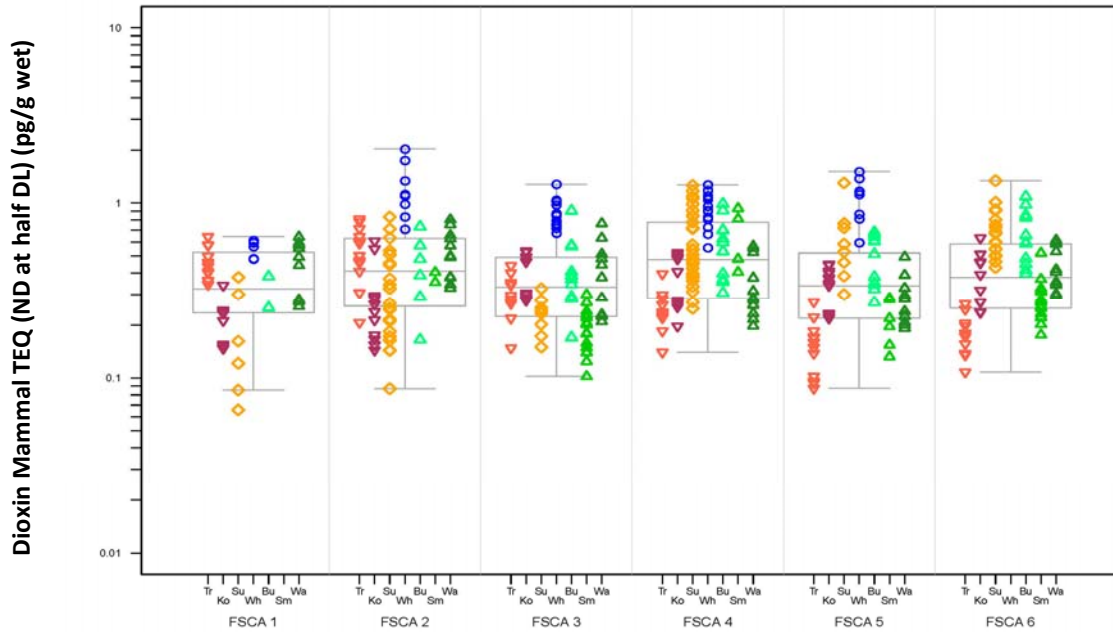
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
 TEF - World Health Organization 1998 toxicity equivalance values

Omnivores	<ul style="list-style-type: none"> ▽ Rainbow Trout (Tr) ▽ Kokanee (Ko) 	Piscivores	<ul style="list-style-type: none"> △ Burbot (Bu) △ Smallmouth Bass (Sm) △ Walleye (Wa)

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
 See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-7b. Dioxin Bird TEQ Concentrations in Large Whole Fish by FSCA and Feeding Guild



$$\text{Dioxin Mammal TEQ} = \frac{\text{TEF} \cdot \text{Parameter concentration}}{1 \cdot * 2,3,7,8\text{-Tetrachlorodibenzodioxin} + 1 \cdot * 1,2,3,7,8\text{-Pentachlorodibenzo-p-dioxin} + 0.1 \cdot * 1,2,3,4,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \cdot * 1,2,3,6,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \cdot * 1,2,3,7,8,9\text{-Hexachlorodibenzodioxin} + 0.01 \cdot * 1,2,3,4,6,7,8\text{-Heptachlorodibenzodioxin} + 0.0003 \cdot * \text{Octachlorodibenzodioxin} + 0.1 \cdot * 2,3,7,8\text{-Tetrachlorodibenzofuran} + 0.03 \cdot * 1,2,3,7,8\text{-Pentachlorodibenzofuran} + 0.3 \cdot * 2,3,4,7,8\text{-Pentachlorodibenzofuran} + 0.1 \cdot * 1,2,3,4,7,8\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 1,2,3,6,7,8\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 1,2,3,7,8,9\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 2,3,4,6,7,8\text{-Hexachlorodibenzofuran} + 0.01 \cdot * 1,2,3,4,6,7,8\text{-Heptachlorodibenzofuran} + 0.01 \cdot * 1,2,3,4,7,8,9\text{-Heptachlorodibenzofuran} + 0.0003 \cdot * \text{Octachlorodibenzofuran}}$$

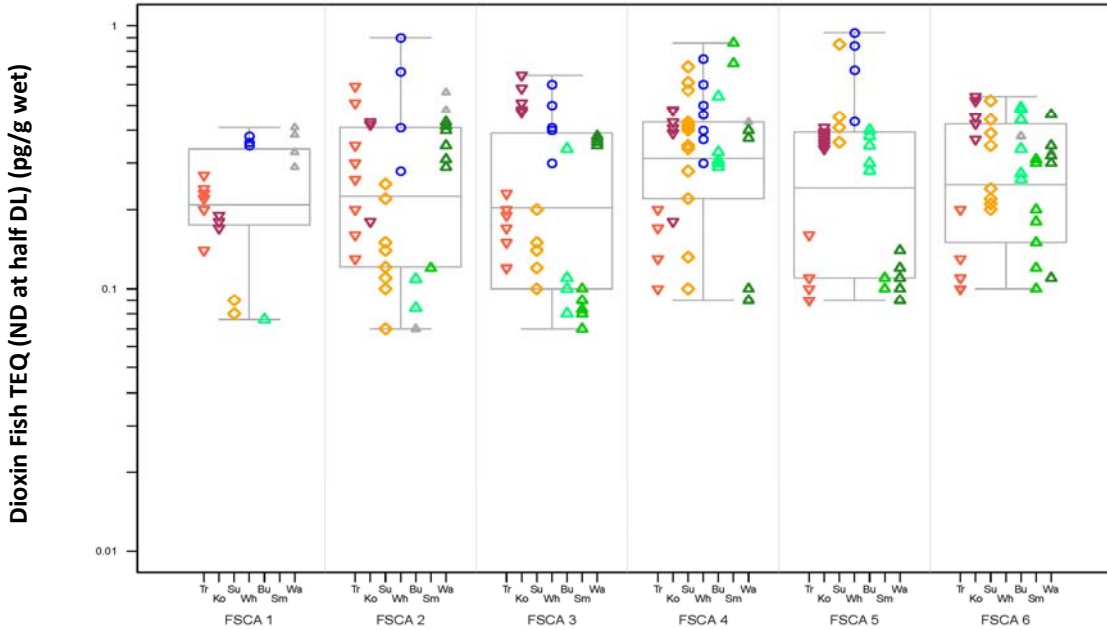
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalance values

Omnivores	[▽ Rainbow Trout (Tr)	Piscivores	[△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore]	◇ Largescale and Longnose Suckers (Su)]]	△ Walleye (Wa)
Insectivore		○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-7c. Dioxin Mammal TEQ Concentrations in Large Whole Fish by FSCA and Feeding Guild



$$\text{Dioxin Fish TEQ} = \frac{\text{TEF} \cdot \text{Parameter concentration}}{1}$$

- 1 * 2,3,7,8-Tetrachlorodibenzodioxin +
- 1 * 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
- 0.5 * 1,2,3,4,7,8-Hexachlorodibenzodioxin +
- 0.01 * 1,2,3,6,7,8-Hexachlorodibenzodioxin +
- 0.01 * 1,2,3,7,8,9-Hexachlorodibenzodioxin +
- 0.001 * 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
- 0.0001 * Octachlorodibenzodioxin +
- 0.05 * 2,3,7,8-Tetrachlorodibenzofuran +
- 0.05 * 1,2,3,7,8-Pentachlorodibenzofuran +
- 0.5 * 2,3,4,7,8-Pentachlorodibenzofuran +
- 0.1 * 1,2,3,4,7,8-Hexachlorodibenzofuran +
- 0.1 * 1,2,3,6,7,8-Hexachlorodibenzofuran +
- 0.1 * 1,2,3,7,8,9-Hexachlorodibenzofuran +
- 0.1 * 2,3,4,6,7,8-Hexachlorodibenzofuran +
- 0.01 * 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
- 0.01 * 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
- 0.0001 * Octachlorodibenzofuran

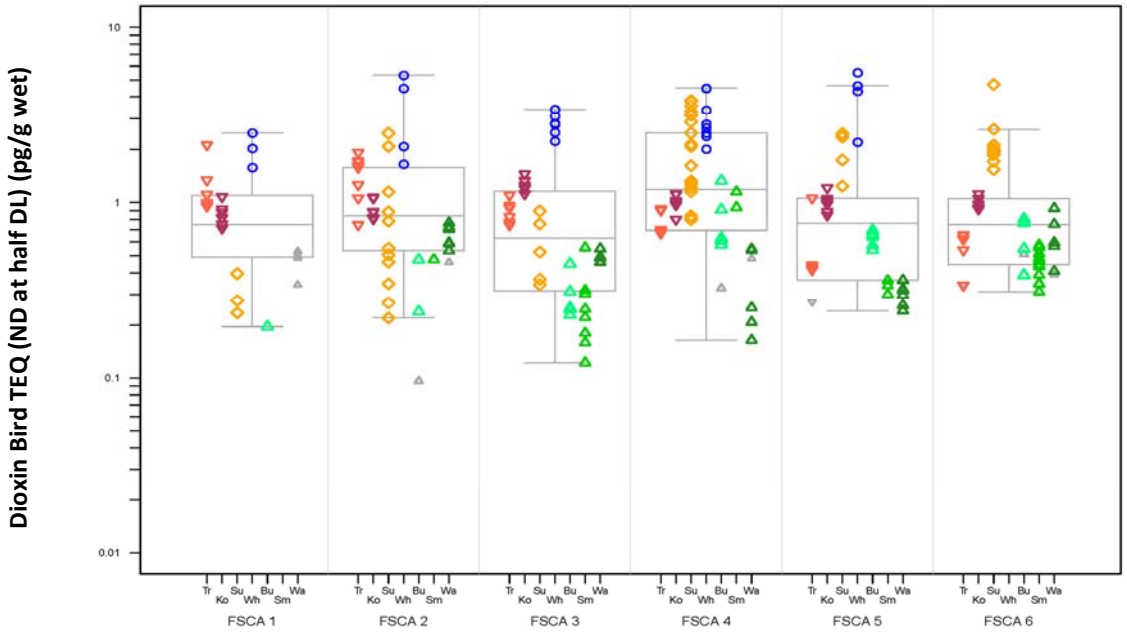
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
 TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	[▽ Rainbow Trout (Tr)	Piscivores	[△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore]	◇ Largescale and Longnose Suckers (Su)]]	△ Walleye (Wa)
Insectivore		○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
 See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-8a. Dioxin Fish TEQ Concentrations in Large Fish Fillets by FSCA and Feeding Guild



TEF	Parameter concentration
1	* 2,3,7,8-Tetrachlorodibenzodioxin +
1	* 1,2,3,7,8-Pentachlorodibenzo-p-dioxin +
0.05	* 1,2,3,4,7,8-Hexachlorodibenzodioxin +
0.01	* 1,2,3,6,7,8-Hexachlorodibenzodioxin +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzodioxin +
0.001	* 1,2,3,4,6,7,8-Heptachlorodibenzodioxin +
0.0001	* Octachlorodibenzodioxin +
1	* 2,3,7,8-Tetrachlorodibenzofuran +
0.1	* 1,2,3,7,8-Pentachlorodibenzofuran +
1	* 2,3,4,7,8-Pentachlorodibenzofuran +
0.1	* 1,2,3,4,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,6,7,8-Hexachlorodibenzofuran +
0.1	* 1,2,3,7,8,9-Hexachlorodibenzofuran +
0.1	* 2,3,4,6,7,8-Hexachlorodibenzofuran +
0.01	* 1,2,3,4,6,7,8-Heptachlorodibenzofuran +
0.01	* 1,2,3,4,7,8,9-Heptachlorodibenzofuran +
0.0001	* Octachlorodibenzofuran

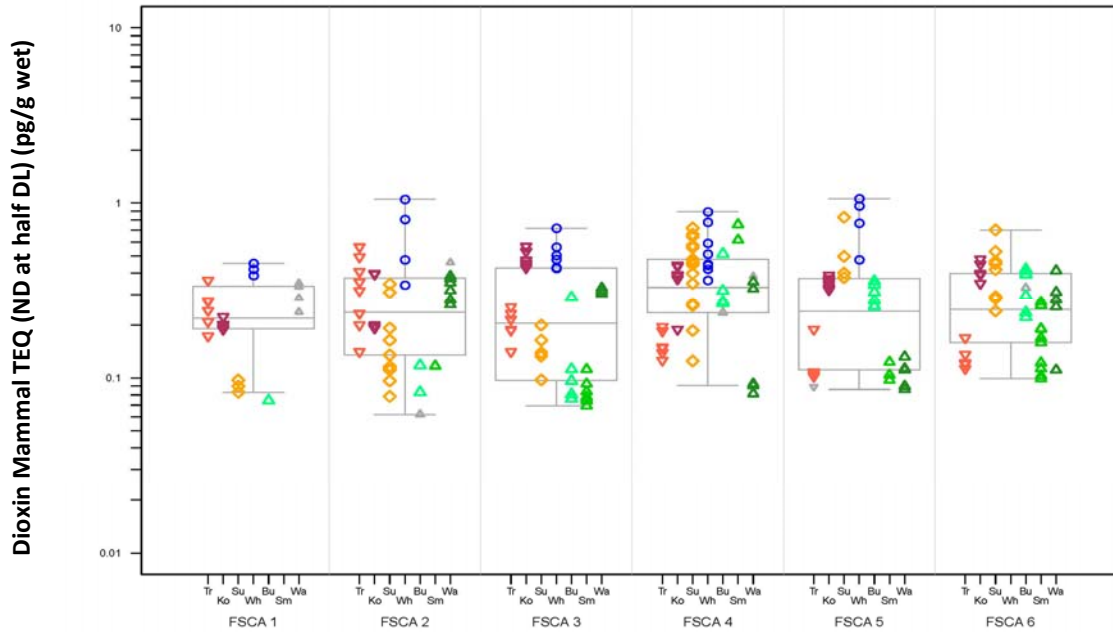
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
 TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	▽	Rainbow Trout (Tr)	Piscivores	△	Burbot (Bu)
	▽	Kokanee (Ko)		△	Smallmouth Bass (Sm)
Benthivore	◇	Largemouth and Longnose Suckers (Su)		△	Walleye (Wa)
Insectivore	○	Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
 See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-8b. Dioxin Bird TEQ Concentrations in Large Fish Fillets by FSCA and Feeding Guild



$$\text{Dioxin Mammal TEQ} = \frac{\text{TEF} \cdot \text{Parameter concentration}}{1 \cdot * 2,3,7,8\text{-Tetrachlorodibenzodioxin} + 1 \cdot * 1,2,3,7,8\text{-Pentachlorodibenzo-p-dioxin} + 0.1 \cdot * 1,2,3,4,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \cdot * 1,2,3,6,7,8\text{-Hexachlorodibenzodioxin} + 0.1 \cdot * 1,2,3,7,8,9\text{-Hexachlorodibenzodioxin} + 0.01 \cdot * 1,2,3,4,6,7,8\text{-Heptachlorodibenzodioxin} + 0.0003 \cdot * \text{Octachlorodibenzodioxin} + 0.1 \cdot * 2,3,7,8\text{-Tetrachlorodibenzofuran} + 0.03 \cdot * 1,2,3,7,8\text{-Pentachlorodibenzofuran} + 0.3 \cdot * 2,3,4,7,8\text{-Pentachlorodibenzofuran} + 0.1 \cdot * 1,2,3,4,7,8\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 1,2,3,6,7,8\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 1,2,3,7,8,9\text{-Hexachlorodibenzofuran} + 0.1 \cdot * 2,3,4,6,7,8\text{-Hexachlorodibenzofuran} + 0.01 \cdot * 1,2,3,4,6,7,8\text{-Heptachlorodibenzofuran} + 0.01 \cdot * 1,2,3,4,7,8,9\text{-Heptachlorodibenzofuran} + 0.0003 \cdot * \text{Octachlorodibenzofuran}}$$

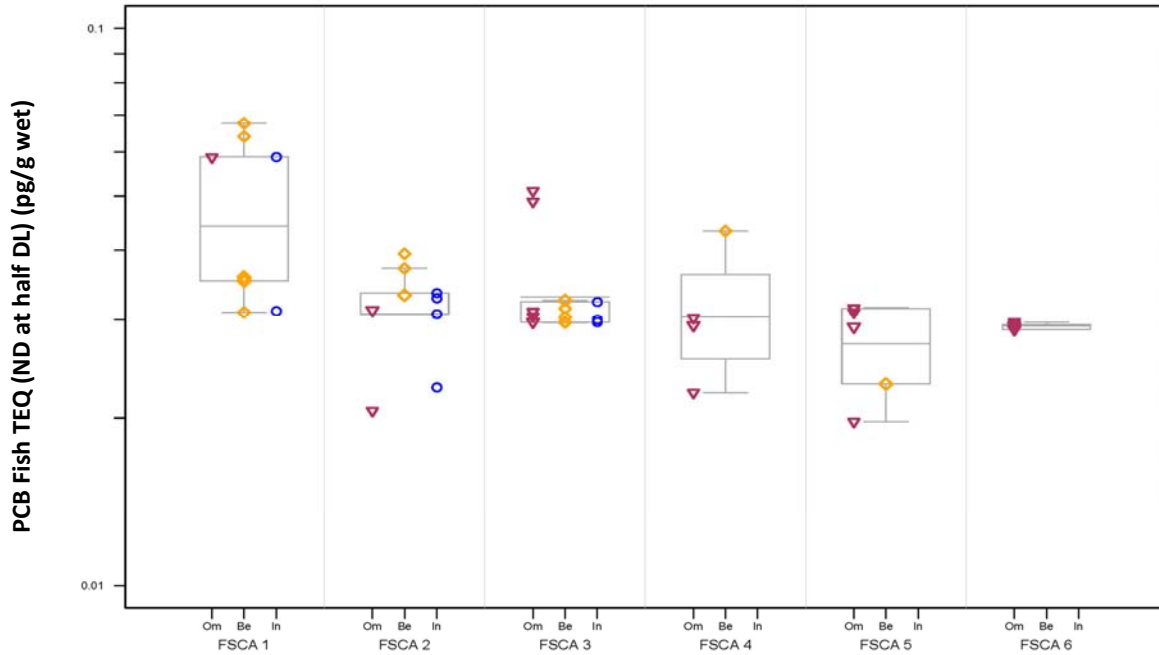
Dioxin and furan congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalence values

Omnivores	[▽ Rainbow Trout (Tr)	Piscivores	[△ Burbot (Bu)
		▽ Kokanee (Ko)			△ Smallmouth Bass (Sm)
Benthivore]	◇ Largemouth and Longnose Suckers (Su)]]	△ Walleye (Wa)
Insectivore		○ Whitefish (Wh)			

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of dioxins/furans

Figure 5-8c. Dioxin Mammal TEQ Concentrations in Large Fish Fillets by FSCA and Feeding Guild



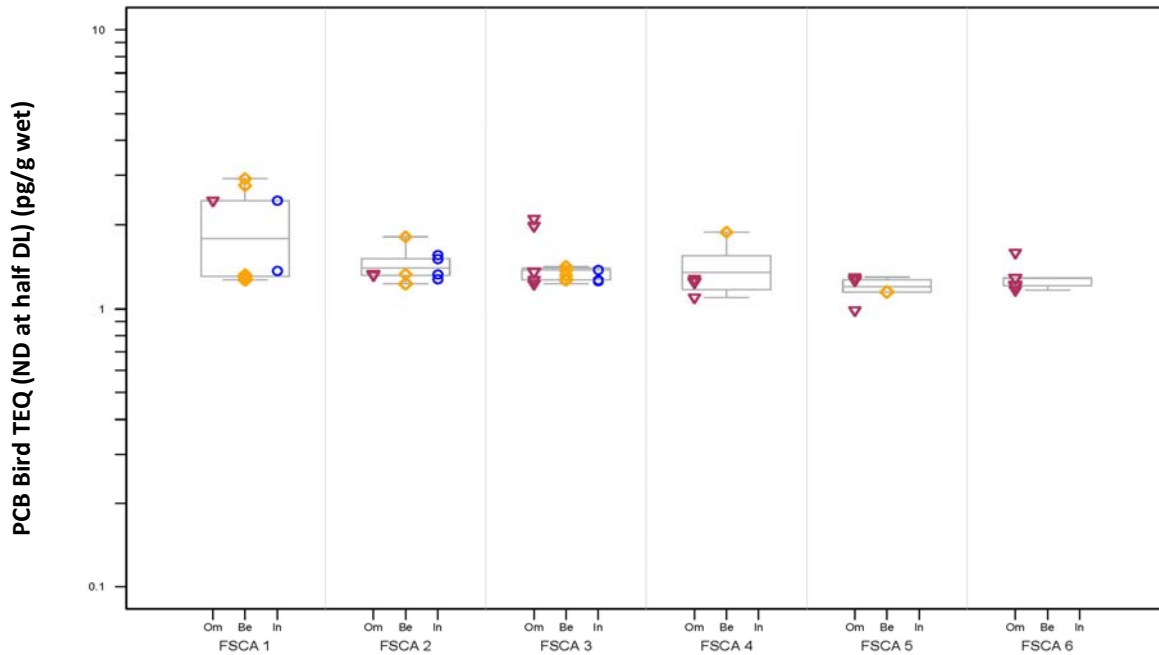
$$\text{PCB Fish TEQ} = \frac{\text{TEF} \cdot \text{Parameter concentration}}{0.0001 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.0005 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 5\text{E-}06 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 5\text{E-}06 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 5\text{E-}06 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 5\text{E-}06 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.005 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 5\text{E-}06 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 5\text{E-}06 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 5\text{E-}06 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.00005 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 5\text{E-}06 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

- ▽ (Purple) Omnivore species (Om)
 - ◇ (Orange) Benthivore species (Be)
 - (Blue) Insectivore species (In)
- Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-9a. PCB Fish TEQ Concentrations in Small Fish by FSCA and Feeding Guild



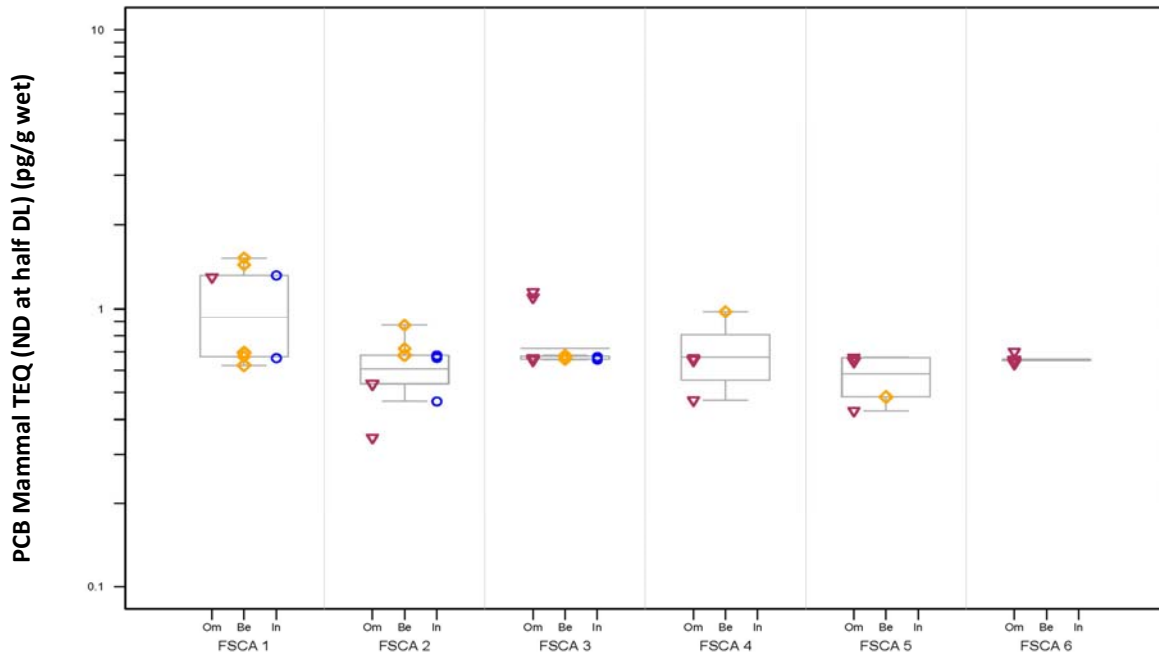
$$\text{PCB Bird TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{0.05 \times * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.1 \times * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 0.0001 \times * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 0.0001 \times * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 0.00001 \times * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 0.00001 \times * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.1 \times * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 0.0001 \times * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 0.0001 \times * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 0.00001 \times * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.001 \times * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 0.00001 \times * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

- ▽ (Purple) Omnivore species (Om)
 - ◇ (Orange) Benthivore species (Be)
 - (Blue) Insectivore species (In)
- Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-9b. PCB Bird TEQ Concentrations in Small Fish by FSCA and Feeding Guild



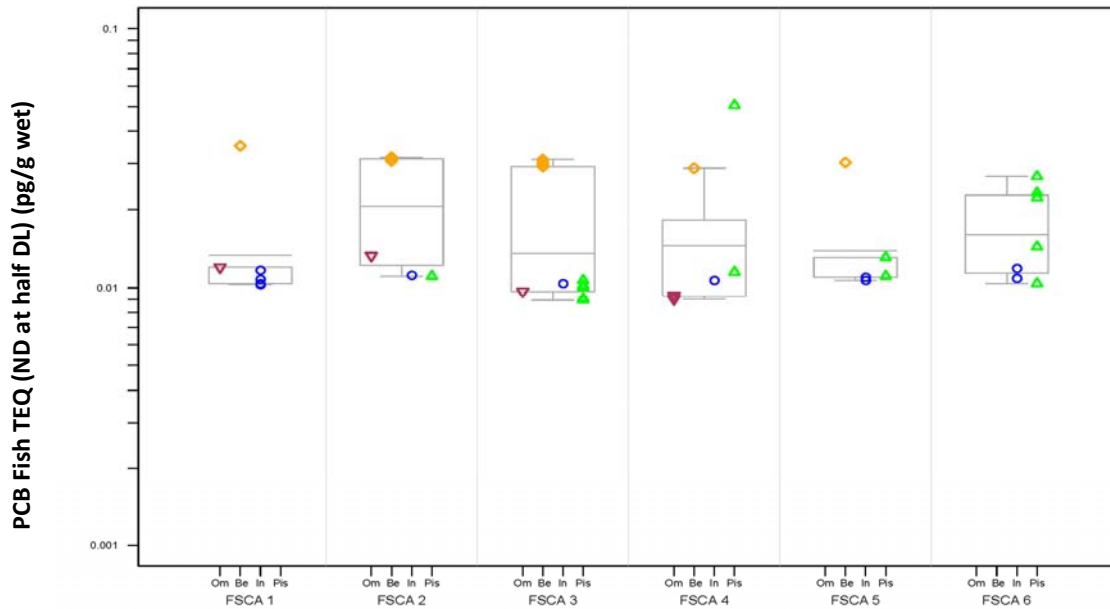
$$\text{PCB Mammal TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{0.0001 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.0003 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 0.00003 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 0.00003 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 0.00003 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 0.00003 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.1 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 0.00003 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 0.00003 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 0.00003 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.03 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 0.00003 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalence values

▽ (Purple) Omnivore species (Om)
◇ (Orange) Benthivore species (Be)
○ (Blue) Insectivore species (In)
 Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-9c. PCB Mammal TEQ Concentrations in Small Fish by FSCA and Feeding Guild



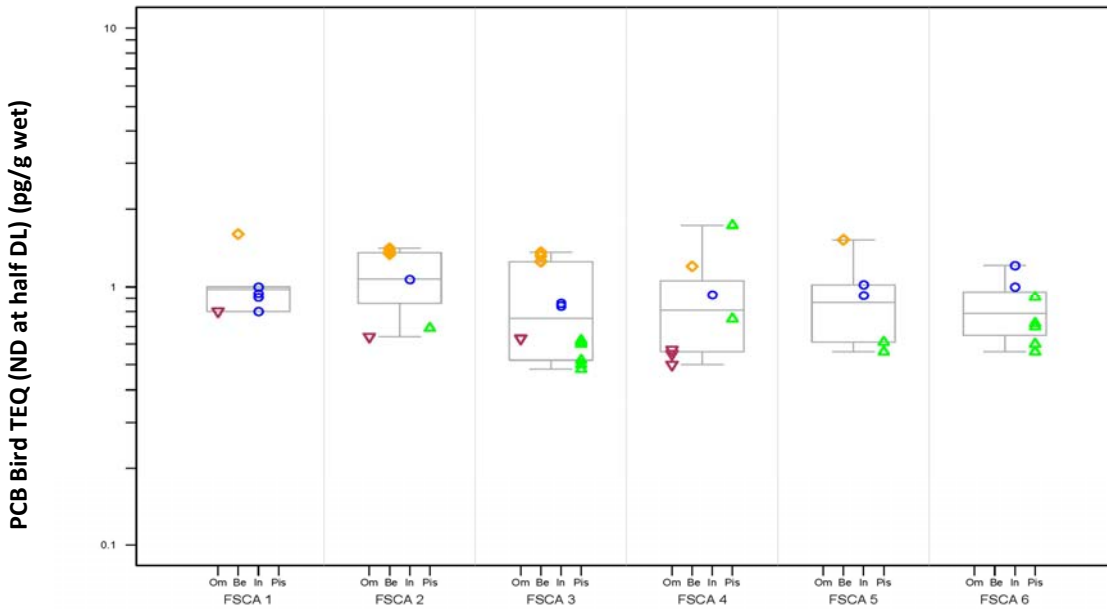
$$\text{PCB Fish TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{0.0001 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.0005 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 0.000005 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 0.000005 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 0.000005 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 0.000005 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.005 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 0.000005 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 0.000005 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 0.000005 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.000005 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 0.000005 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

- ▽ (Purple) Omnivore species (Om)
 - ◇ (Orange) Benthivore species (Be)
 - (Blue) Insectivore species (In)
 - △ (Green) Piscivore species (Pi)
- Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-10a. PCB Fish TEQ Concentrations in Medium Fish by FSCA and Feeding Guild



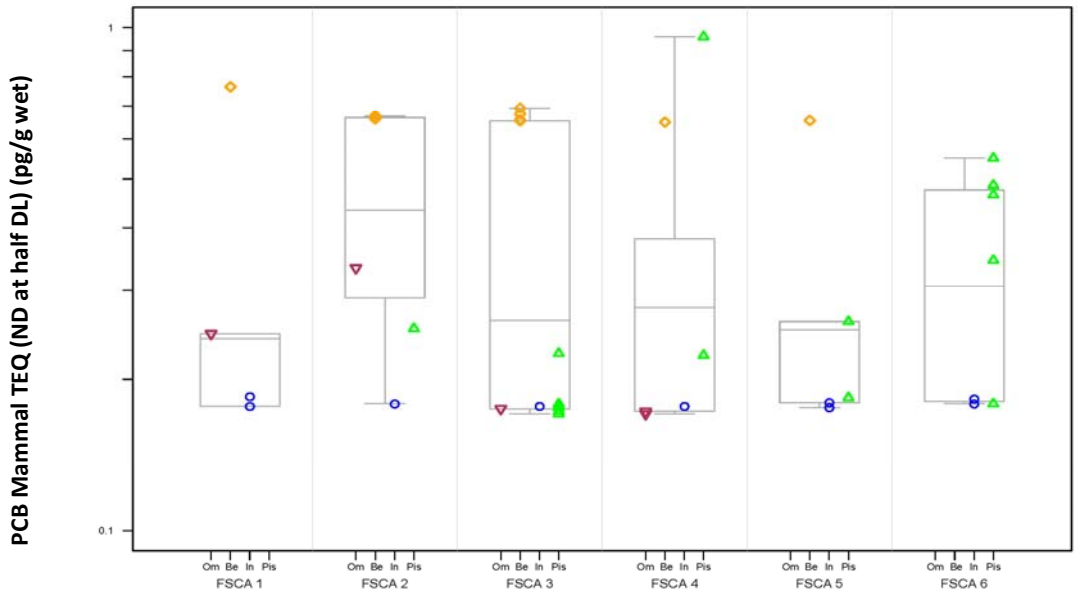
$$\text{PCB Bird TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{0.05 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.1 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 0.0001 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 0.0001 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 0.00001 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 0.00001 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.1 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 0.0001 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 0.0001 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 0.00001 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.001 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 0.00001 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

- ▽ (Purple) Omnivore species (Om)
 - ◇ (Orange) Benthivore species (Be)
 - (Blue) Insectivore species (In)
 - △ (Green) Piscivore species (Pi)
- Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-10b. PCB Bird TEQ Concentrations in Medium Fish by FSCA and Feeding Guild



$$\text{PCB Mammal TEQ} = \begin{matrix} \text{TEF} & \text{Parameter concentration} \\ \hline 0.0001 & * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + \\ 0.0003 & * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + \\ 0.00003 & * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + \\ 0.00003 & * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + \\ 0.00003 & * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + \\ 0.00003 & * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + \\ 0.1 & * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + \\ 0.00003 & * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + \\ 0.00003 & * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + \\ 0.00003 & * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + \\ 0.03 & * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + \\ 0.00003 & * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)} \end{matrix}$$

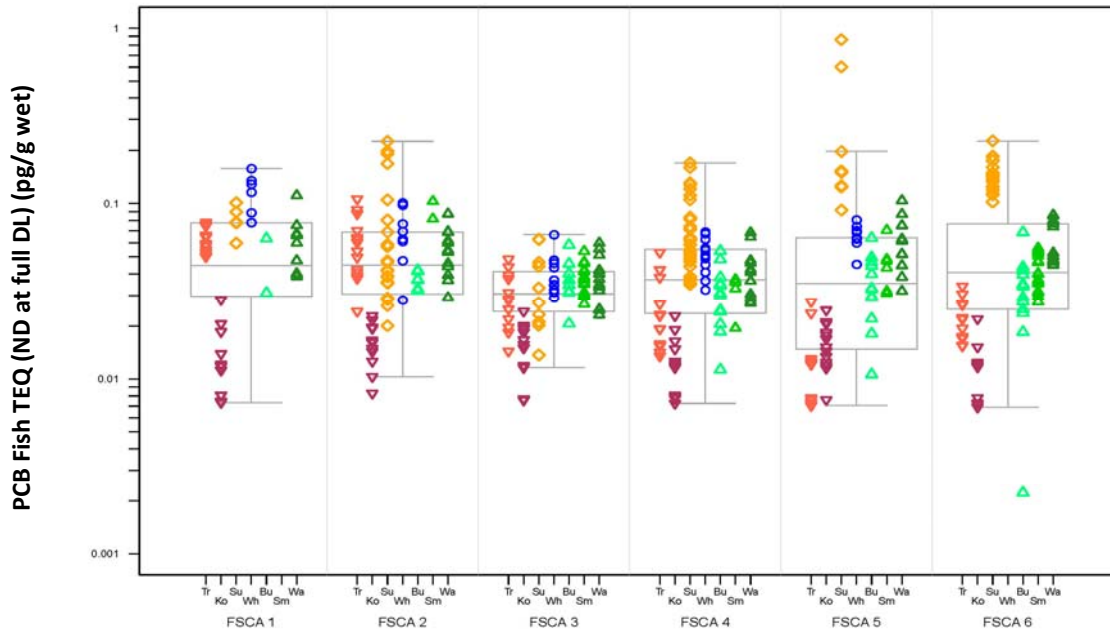
PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalance values

- ▽ (Purple) Omnivore species (Om)
- ◇ (Orange) Benthivore species (Be)
- (Blue) Insectivore species (In)
- △ (Green) Piscivore species (Pi)

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-10c. PCB Mammal TEQ Concentrations in Medium Fish by FSCA and Feeding Guild



$$\text{PCB Fish TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{0.0001 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.0005 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 5\text{E-}06 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 5\text{E-}06 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 5\text{E-}06 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 5\text{E-}06 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.005 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 5\text{E-}06 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 5\text{E-}06 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 5\text{E-}06 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.00005 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 5\text{E-}06 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

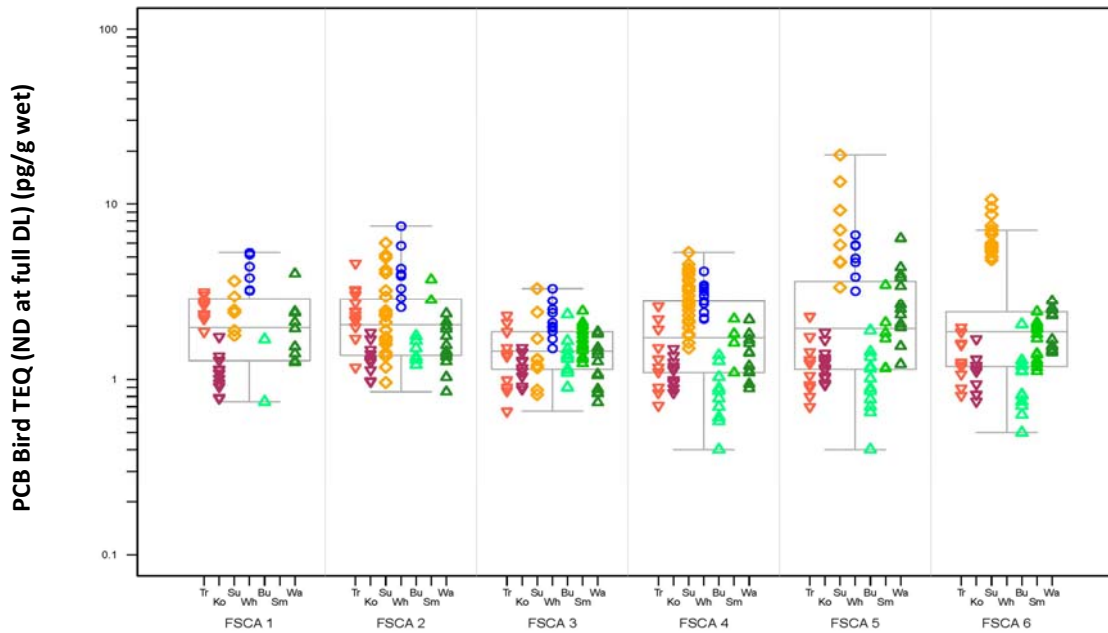
PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	<ul style="list-style-type: none"> ▽ Rainbow Trout (Tr) ▽ Kokanee (Ko) 	Piscivores	<ul style="list-style-type: none"> △ Burbot (Bu) △ Smallmouth Bass (Sm) △ Walleye (Wa)
Benthivore	<ul style="list-style-type: none"> ◇ Largemouth and Longnose Suckers (Su) 		
Insectivore	<ul style="list-style-type: none"> ○ Whitefish (Wh) 		

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-11a. PCB Fish TEQ Concentrations in Large Whole Fish by FSCA and Feeding Guild



$$\begin{aligned}
 \text{PCB Bird TEQ} = & \frac{\text{TEF}}{\text{Parameter concentration}} \\
 & 0.05 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + \\
 & 0.1 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + \\
 & 0.0001 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + \\
 & 0.0001 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + \\
 & 0.00001 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + \\
 & 0.00001 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + \\
 & 0.1 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + \\
 & 0.0001 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + \\
 & 0.0001 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + \\
 & 0.00001 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + \\
 & 0.001 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + \\
 & 0.00001 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}
 \end{aligned}$$

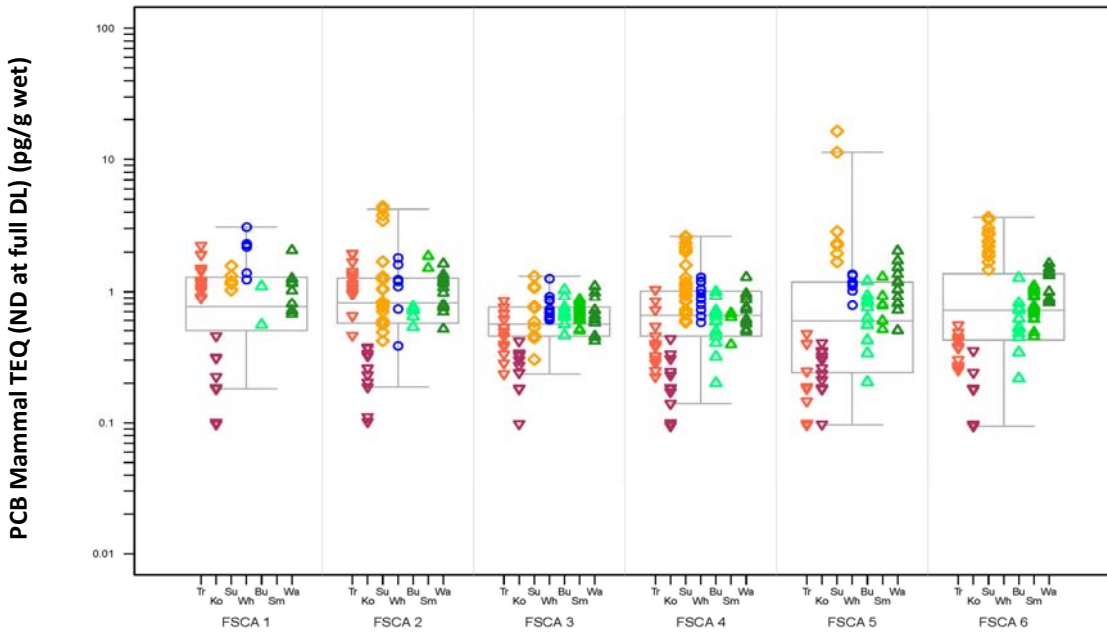
PCB congeners not detected were included in the TEQ calculation at half the detection limit.
 TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	▽ Rainbow Trout (Tr)	△ Burbot (Bu)
	▽ Kokanee (Ko)	△ Smallmouth Bass (Sm)
Benthivore	◇ Largescale and Longnose Suckers (Su)	△ Walleye (Wa)
Insectivore	○ Whitefish (Wh)	

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
 See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-11b. PCB Bird TEQ Concentrations in Large Whole Fish by FSCA and Feeding Guild



$$\text{PCB Mammal TEQ} = \frac{\text{TEF} \times \text{Parameter concentration}}{0.0001 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.0003 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 0.00003 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 0.00003 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 0.00003 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 0.00003 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.1 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 0.00003 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 0.00003 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 0.00003 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.03 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 0.00003 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

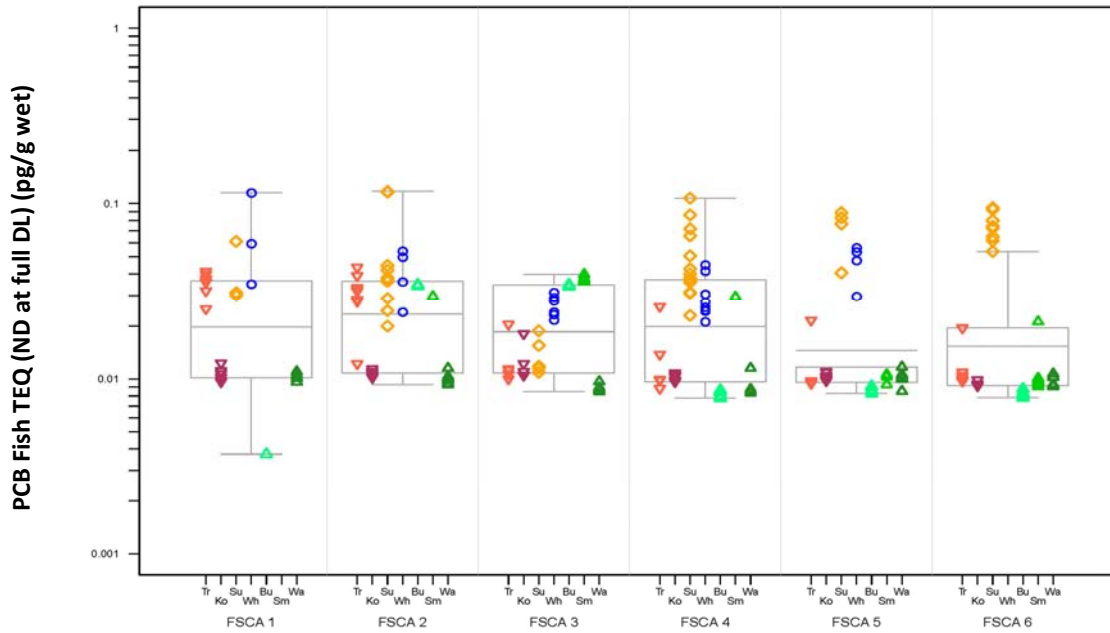
PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 2005 toxicity equivalence values

Omnivores	<ul style="list-style-type: none"> ▽ Rainbow Trout (Tr) ▽ Kokanee (Ko) 	Piscivores	<ul style="list-style-type: none"> △ Burbot (Bu) △ Smallmouth Bass (Sm) △ Walleye (Wa)
Benthivore	<ul style="list-style-type: none"> ◇ Largescale and Longnose Suckers (Su) 		
Insectivore	<ul style="list-style-type: none"> ○ Whitefish (Wh) 		

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-11c. PCB Mammal TEQ Concentrations in Large Whole Fish by FSCA and Feeding Guild



$$\text{PCB Fish TEQ} = \frac{\text{TEF Parameter concentration}}{0.0001 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.0005 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 5\text{E-}06 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 5\text{E-}06 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 5\text{E-}06 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 5\text{E-}06 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.005 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 5\text{E-}06 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 5\text{E-}06 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 5\text{E-}06 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.00005 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 5\text{E-}06 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

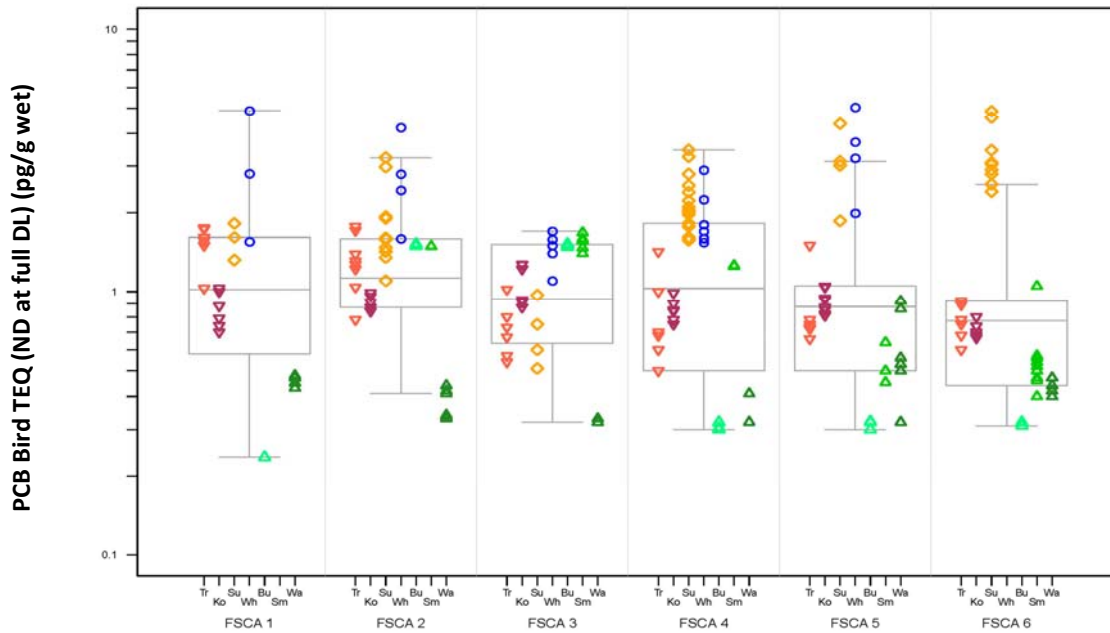
PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	<ul style="list-style-type: none"> ▽ Rainbow Trout (Tr) ▽ Kokanee (Ko) 	Piscivores	<ul style="list-style-type: none"> △ Burbot (Bu) △ Smallmouth Bass (Sm) △ Walleye (Wa)
Benthivore	<ul style="list-style-type: none"> ◇ Largemouth and Longnose Suckers (Su) 		
Insectivore	<ul style="list-style-type: none"> ○ Whitefish (Wh) 		

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-12a. PCB Fish TEQ Concentrations in Large Fish Fillets by FSCA and Feeding Guild



$$\text{PCB Bird TEQ} = \frac{\text{TEF Parameter concentration}}{0.05 * 3,3',4,4'\text{-Tetrachlorobiphenyl (PCB-77)} + 0.1 * 3,4,4',5\text{-Tetrachlorobiphenyl (PCB-81)} + 0.0001 * 2,3,3',4,4'\text{-Pentachlorobiphenyl (PCB-105)} + 0.0001 * 2,3,4,4',5\text{-Pentachlorobiphenyl (PCB-114)} + 0.00001 * 2,3',4,4',5\text{-Pentachlorobiphenyl (PCB-118)} + 0.00001 * 2,3',4,4',5'\text{-Pentachlorobiphenyl (PCB-123)} + 0.1 * 3,3',4,4',5\text{-Pentachlorobiphenyl (PCB-126)} + 0.0001 * 2,3,3',4,4',5\text{-Hexachlorobiphenyl (PCB-156)} + 0.0001 * 2,3,3',4,4',5'\text{-Hexachlorobiphenyl (PCB-157)} + 0.00001 * 2,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-167)} + 0.001 * 3,3',4,4',5,5'\text{-Hexachlorobiphenyl (PCB-169)} + 0.00001 * 2,3,3',4,4',5,5'\text{-Heptachlorobiphenyl (PCB-189)}$$

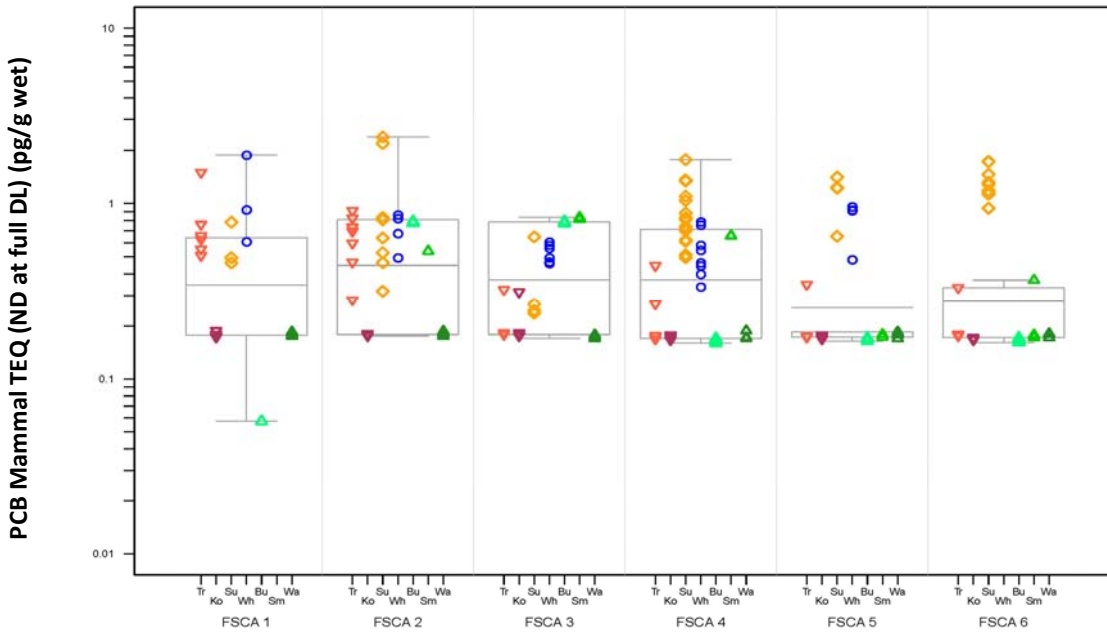
PCB congeners not detected were included in the TEQ calculation at half the detection limit.
TEF - World Health Organization 1998 toxicity equivalence values

Omnivores	[▽	Rainbow Trout (Tr)	Piscivores	[△	Burbot (Bu)
		▽	Kokanee (Ko)			△	Smallmouth Bass (Sm)
Benthivore		◇	Largescale and Longnose Suckers (Su)			△	Walleye (Wa)
Insectivore		○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-12b. PCB Bird TEQ Concentrations in Large Fish Fillets by FSCA and Feeding Guild



$$\text{PCB Mammal TEQ} = \frac{\text{TEF}}{\text{Parameter concentration}}$$

0.0001 * 3,3',4,4'-Tetrachlorobiphenyl (PCB-77) +
 0.0003 * 3,4,4',5-Tetrachlorobiphenyl (PCB-81) +
 0.00003 * 2,3,3',4,4'-Pentachlorobiphenyl (PCB-105) +
 0.00003 * 2,3,4,4',5-Pentachlorobiphenyl (PCB-114) +
 0.00003 * 2,3',4,4',5-Pentachlorobiphenyl (PCB-118) +
 0.00003 * 2,3',4,4',5'-Pentachlorobiphenyl (PCB-123) +
 0.1 * 3,3',4,4',5-Pentachlorobiphenyl (PCB-126) +
 0.00003 * 2,3,3',4,4',5-Hexachlorobiphenyl (PCB-156) +
 0.00003 * 2,3,3',4,4',5'-Hexachlorobiphenyl (PCB-157) +
 0.00003 * 2,3',4,4',5,5'-Hexachlorobiphenyl (PCB-167) +
 0.03 * 3,3',4,4',5,5'-Hexachlorobiphenyl (PCB-169) +
 0.00003 * 2,3,3',4,4',5,5'-Heptachlorobiphenyl (PCB-189)

PCB congeners not detected were included in the TEQ calculation at half the detection limit.
 TEF - World Health Organization 2005 toxicity equivalence values

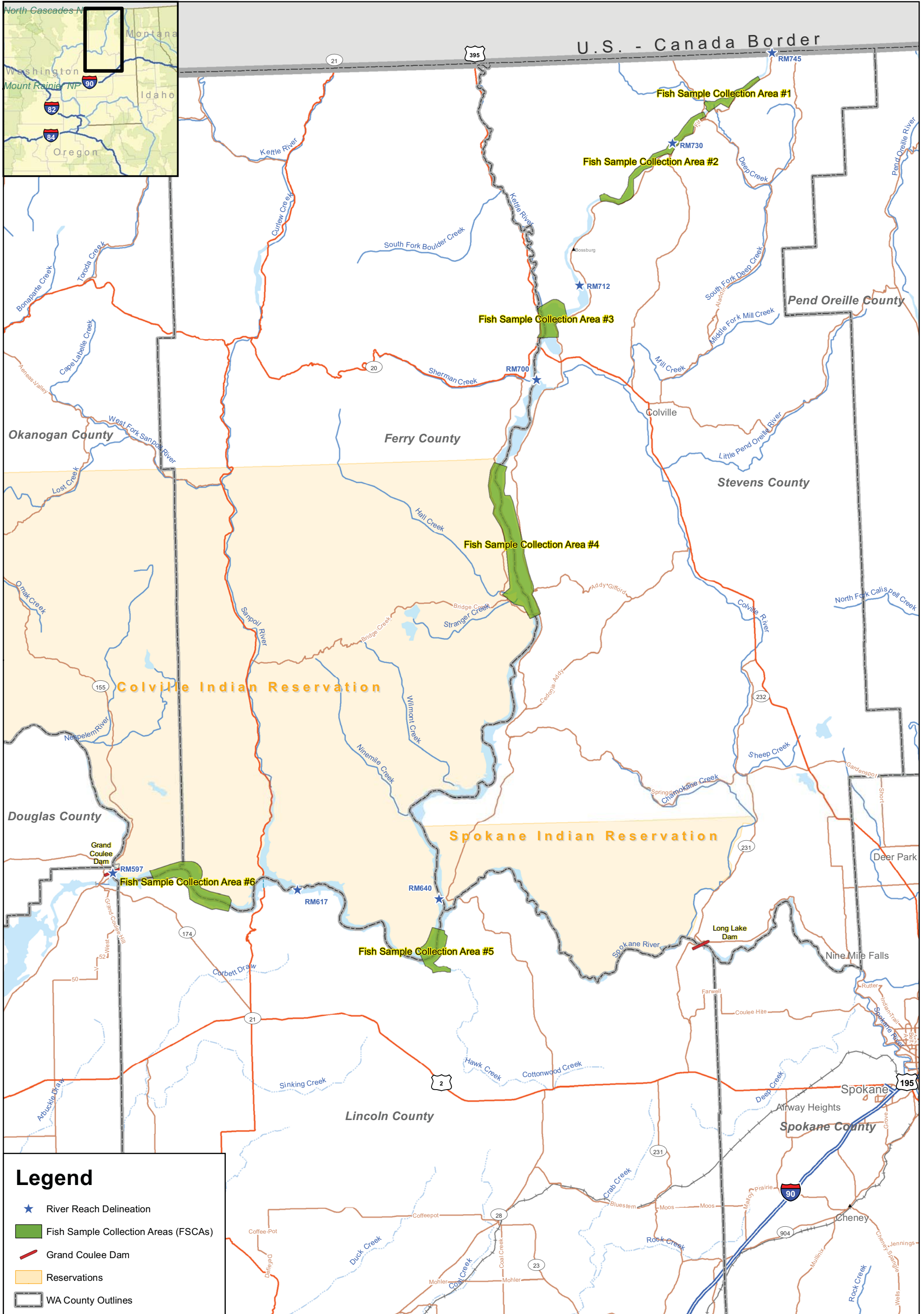
Omnivores	[▽	Rainbow Trout (Tr)	Piscivores	[△	Burbot (Bu)
		▽	Kokanee (Ko)			△	Smallmouth Bass (Sm)
Benthivore		◇	Largescale and Longnose Suckers (Su)			△	Walleye (Wa)
Insectivore		○	Whitefish (Wh)				

Grey symbol indicates result is not detected, shown at the full detection limit

Notes: Y-axes are on log₁₀ scale.
 See Appendix M for specifics of the approach for calculating total concentrations of PCBs

Figure 5-12c. PCB Mammal TEQ Concentrations in Large Fish Fillets by FSCA and Feeding Guild

MAPS



Legend

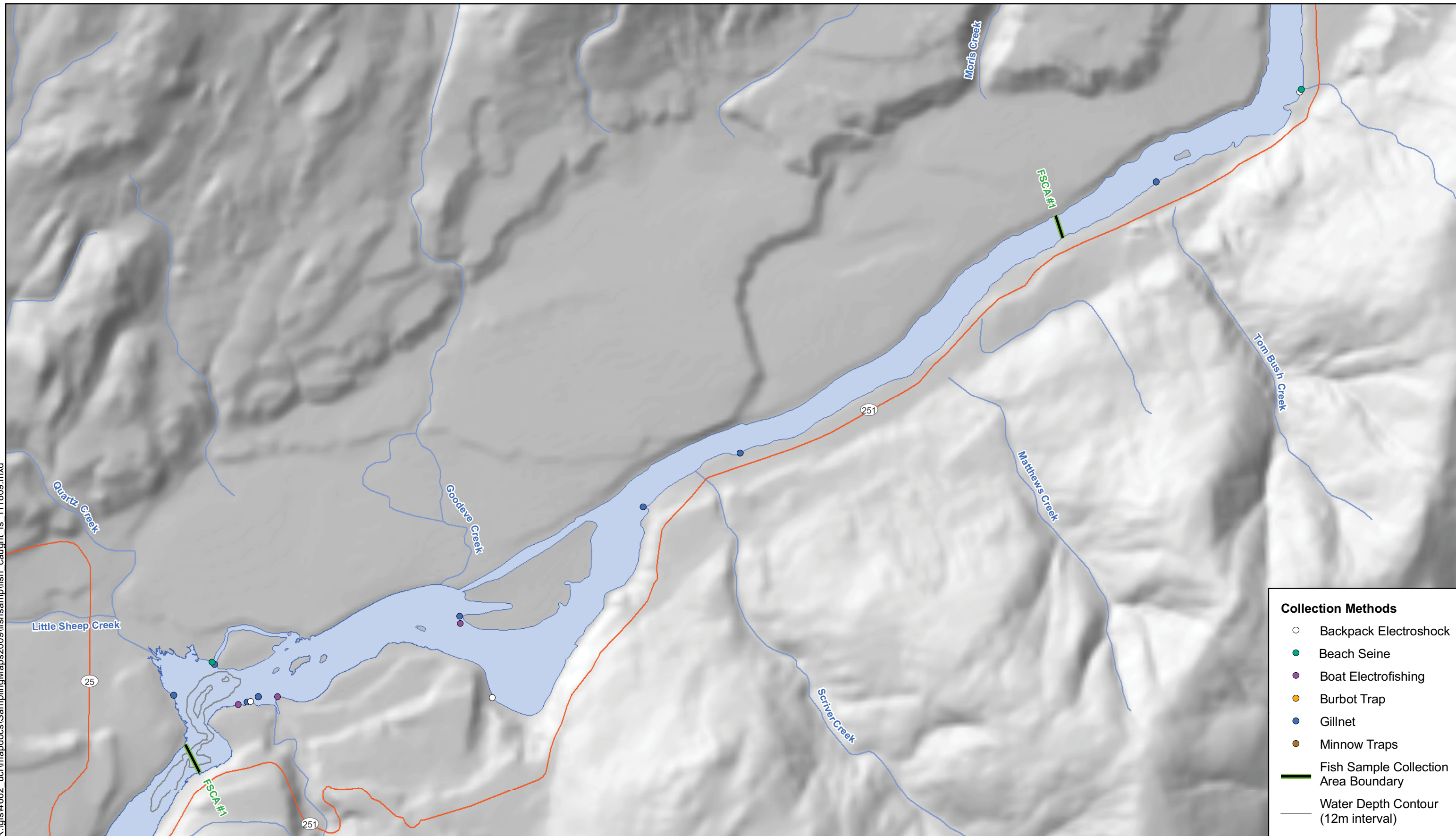
- ★ River Reach Delineation
- Fish Sample Collection Areas (FSCAs)
- ▬ Grand Coulee Dam
- Reservations
- ▭ WA County Outlines

Parametrix Exponent



Map 2-1. 2009 Fish Sample Collection Areas
Note: Proposed 2009 FSCAs are equivalent to the EPA 2005 FSCAs

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Collection Methods

- Backpack Electroshock
- Beach Seine
- Boat Electrofishing
- Burbot Trap
- Gillnet
- Minnow Traps
- Fish Sample Collection Area Boundary
- Water Depth Contour (12m interval)

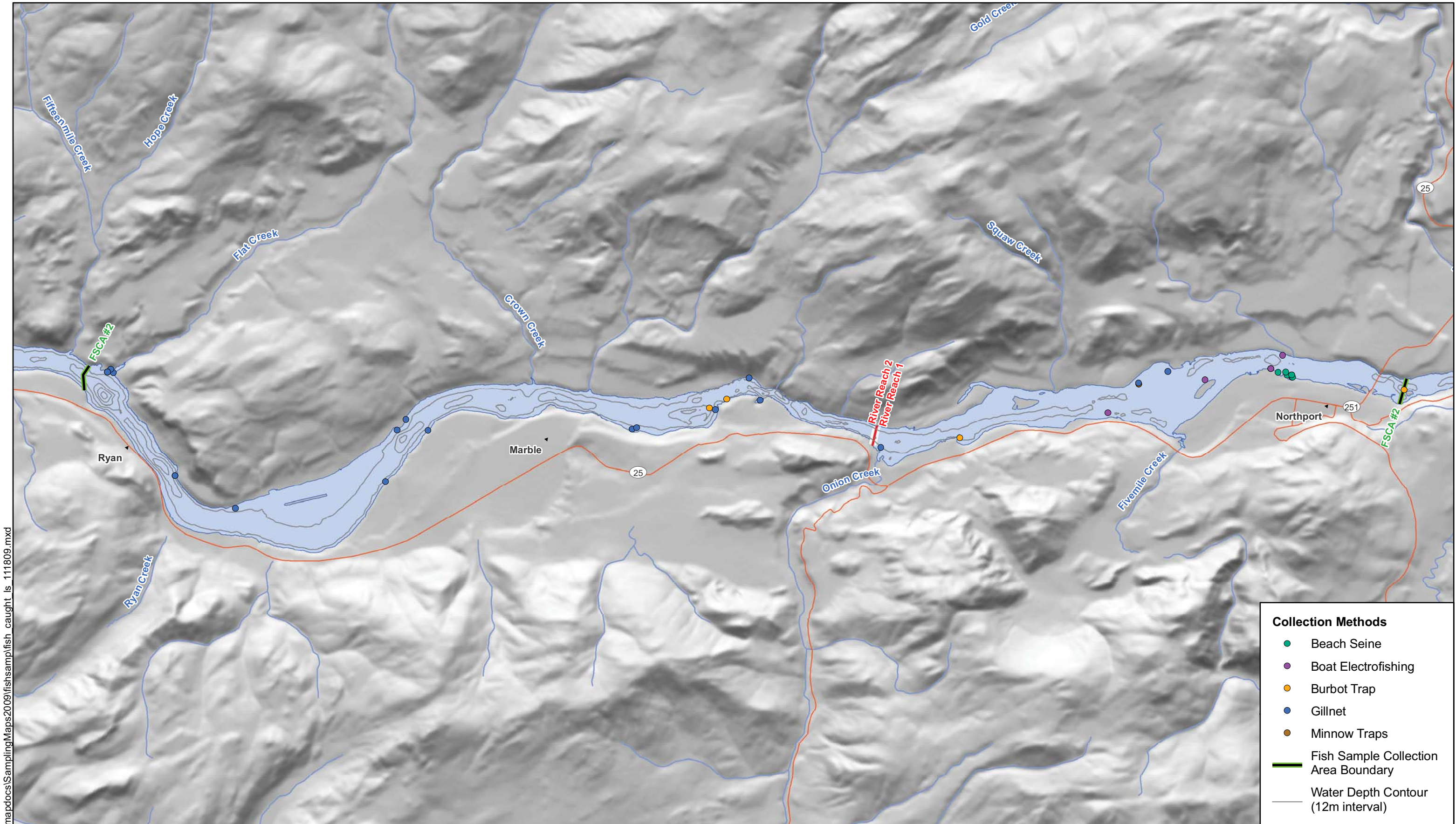
Parametrix **Exponent**

0 250 500 Meters

0 1,250 2,500 Feet

N

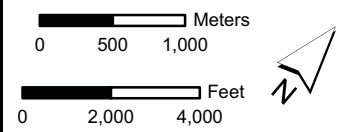
Map 2-2. Sampling Locations in FSCA 1 Where Fish Were Caught
Upper Columbia River, WA



K:\gis\4662_ucr\mapdocs\SamplingMaps2009\fishsamplefish_caught_ls_111809.mxd

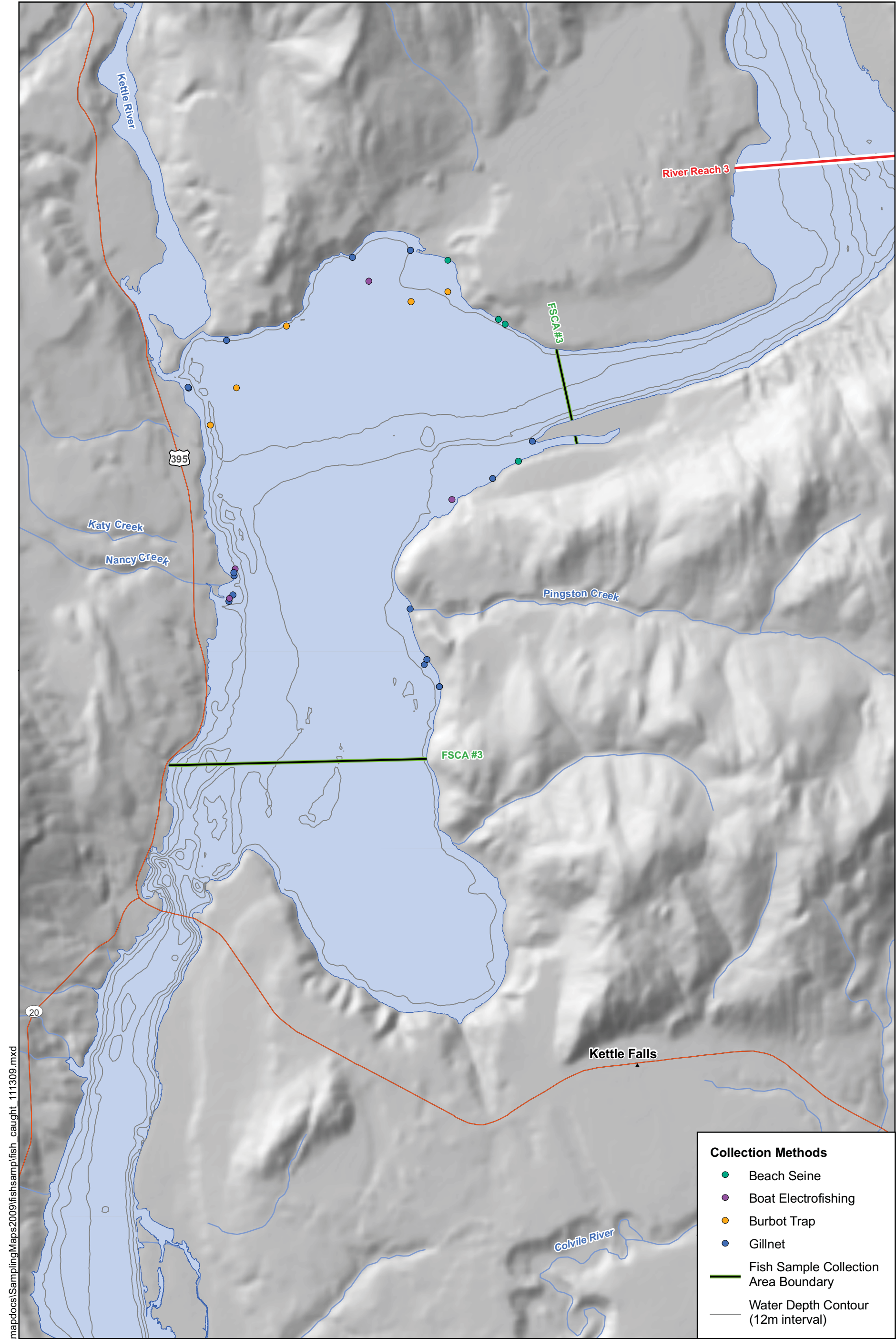
Parametrix

Exponent



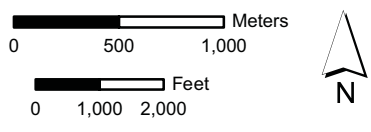
Map 2-3. Sampling Locations in FSCA 2 Where Fish Were Caught

Upper Columbia River, WA



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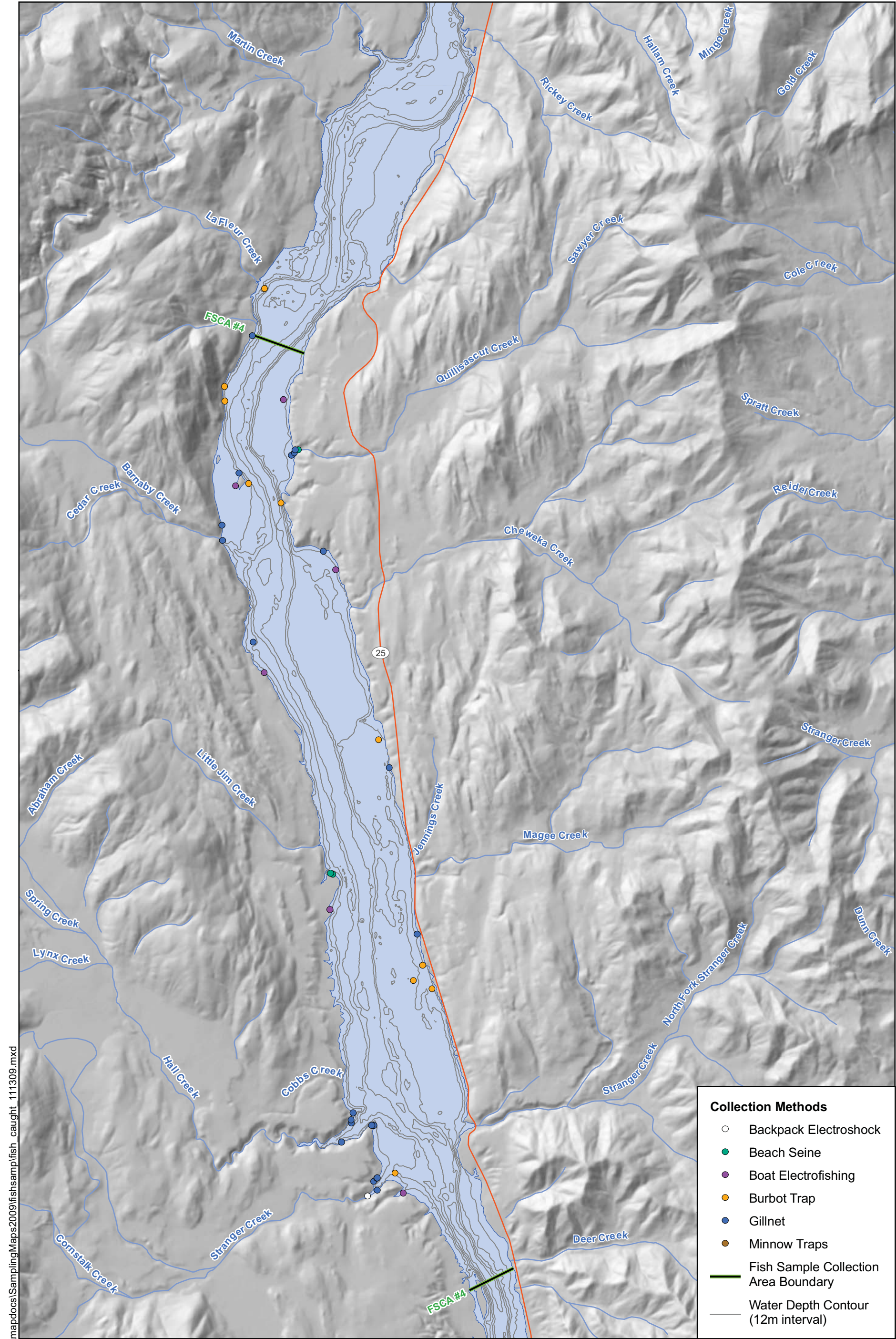
Parametrix Exponent



Map 2-4. Sampling Locations in FSCA 3 Where Fish Were Caught

- Collection Methods**
- Beach Seine
 - Boat Electrofishing
 - Burbot Trap
 - Gillnet
 - Fish Sample Collection Area Boundary
 - Water Depth Contour (12m interval)

Upper Columbia River, WA

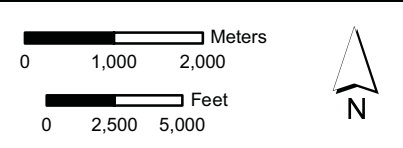


Collection Methods

- Backpack Electroshock
- Beach Seine
- Boat Electrofishing
- Burbot Trap
- Gillnet
- Minnow Traps
- Fish Sample Collection Area Boundary
- Water Depth Contour (12m interval)

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Parametrix Exponent



Map 2-5. Sampling Locations in FSCA 4 Where Fish Were Caught
Upper Columbia River, WA

River Reach 4
River Reach 5

25

Spokane River

FSCA #5

George Creek

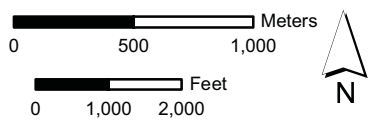
FSCA #5

Hawk Creek

FSCA #5

- Collection Methods**
- Backpack Electroshock
 - Beach Seine
 - Boat Electrofishing
 - Burbot Trap
 - Gillnet
 - Fish Sample Collection Area Boundary
 - Water Depth Contour (12m interval)

Parametrix Exponent

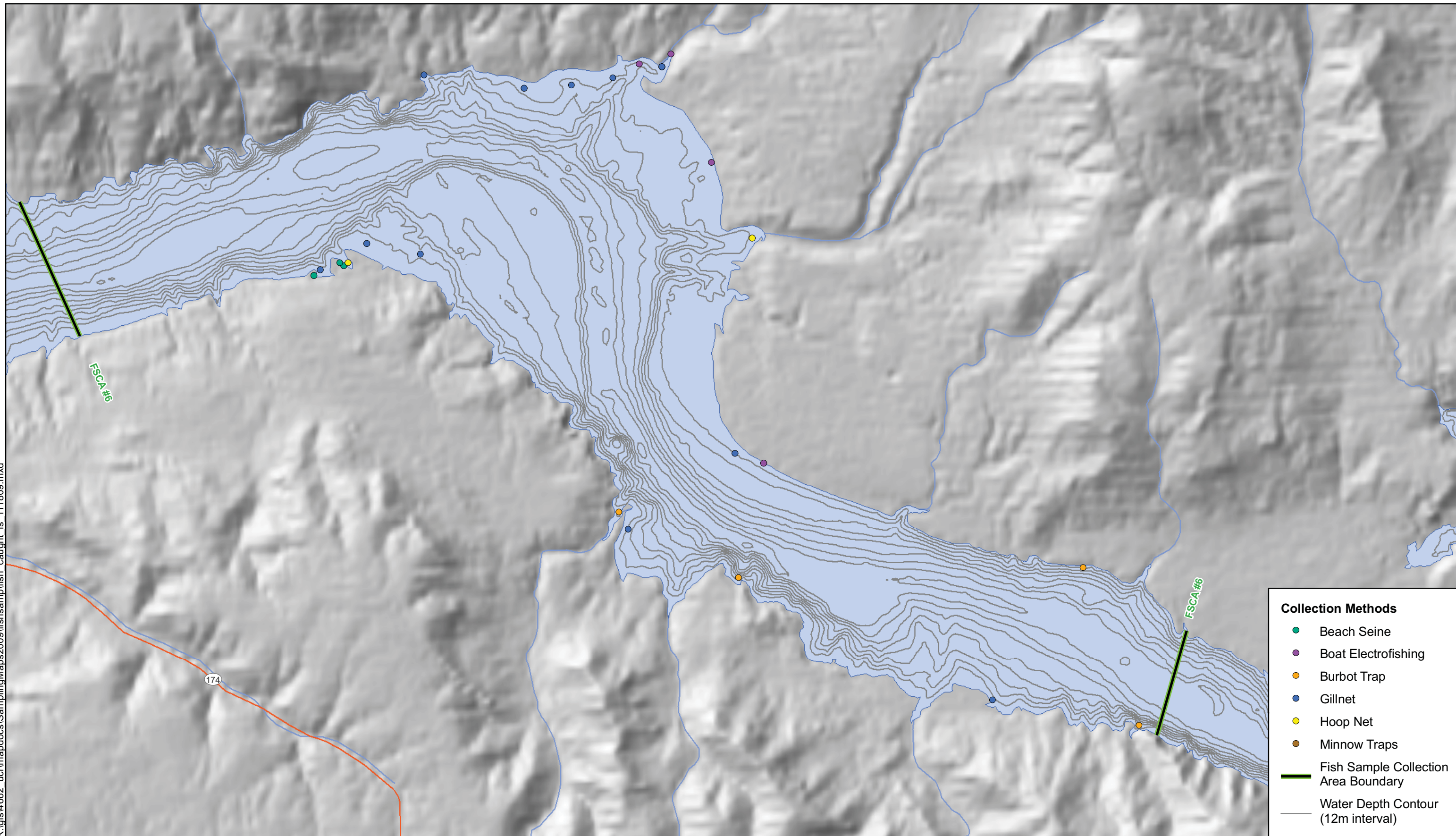


Map 2-6. Sampling Locations in FSCA 5 Where Fish Were Caught

Upper Columbia River, WA

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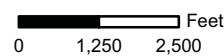
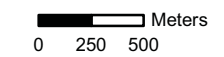


Collection Methods

- Beach Seine
- Boat Electrofishing
- Burbot Trap
- Gillnet
- Hoop Net
- Minnow Traps
- Fish Sample Collection Area Boundary
- Water Depth Contour (12m interval)

Parametrix

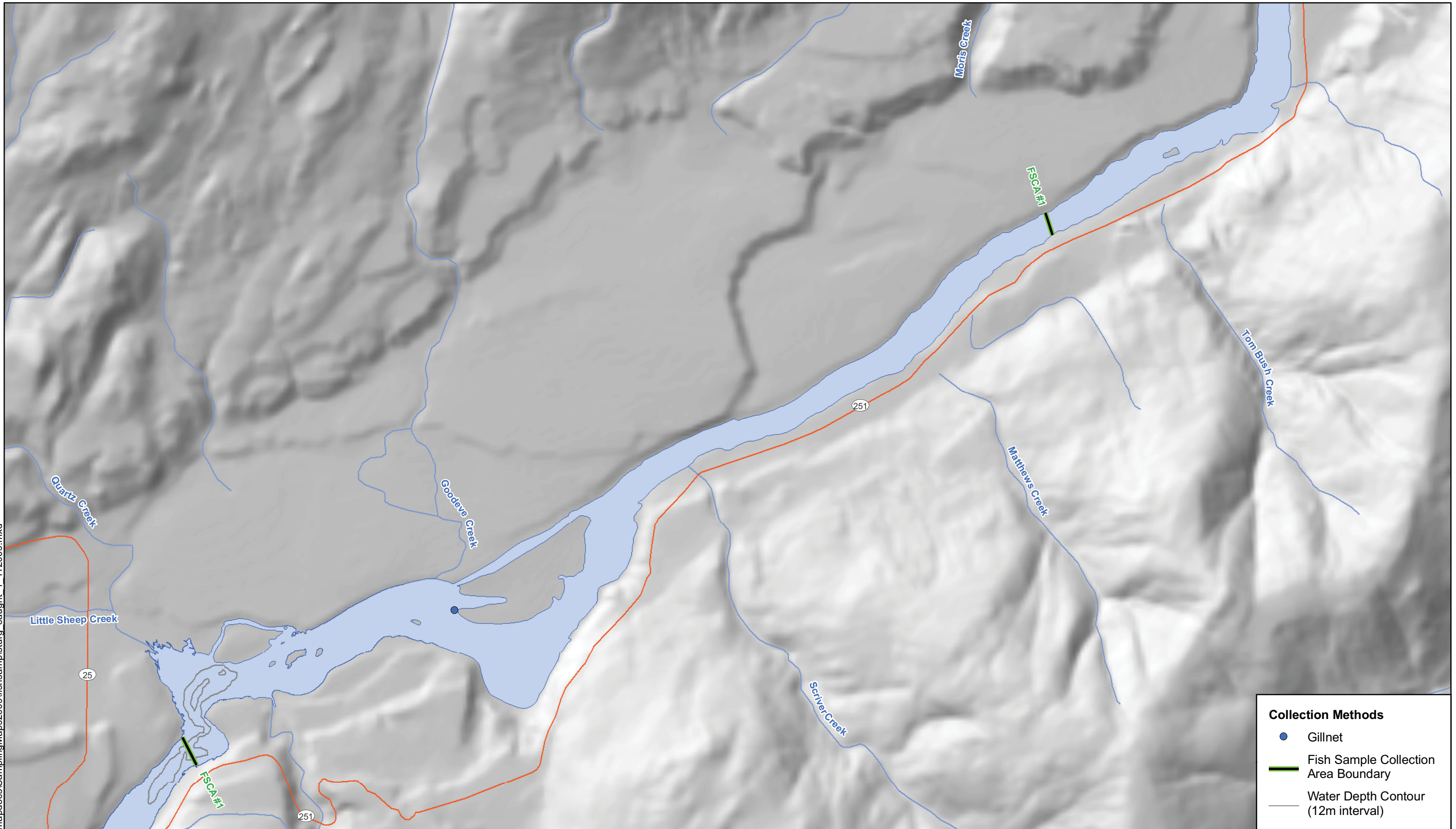
Exponent



Map 2-7. Sampling Locations in FSCA 6 Where Fish Were Caught

Upper Columbia River, WA

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Collection Methods

- Gillnet
- Fish Sample Collection Area Boundary
- Water Depth Contour (12m interval)

Parametrix **Exponent**

0 250 500 Meters

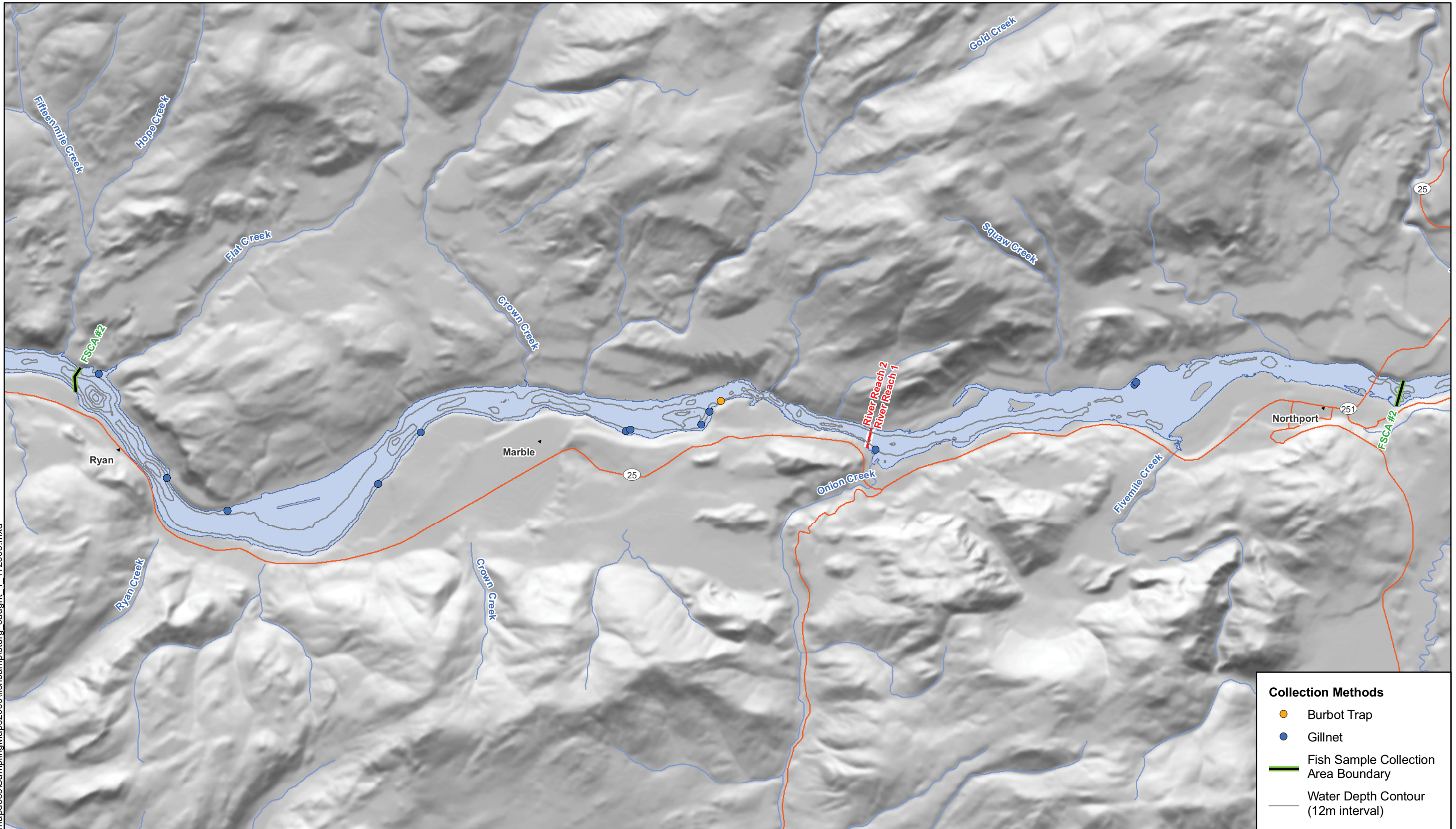
0 1,000 2,000 Feet

N

Map 2-8. Sampling Locations in FSCA 1 Where Sturgeon Were Incidentally Caught

Upper Columbia River, WA

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Collection Methods

- Burbot Trap
- Gillnet
- Fish Sample Collection Area Boundary
- Water Depth Contour (12m interval)

Parametrix **Exponent**

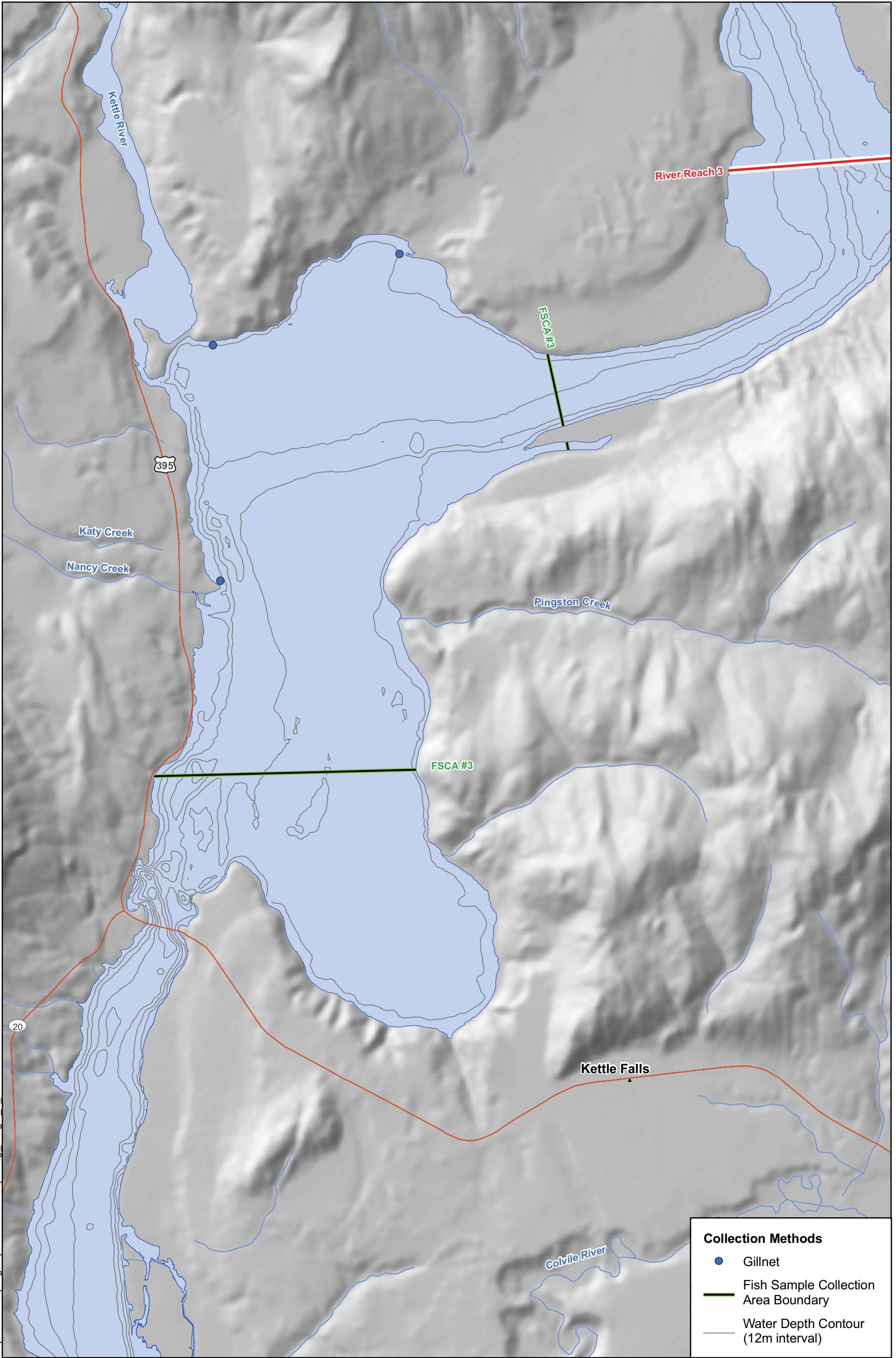
0 500 1,000 Meters

0 2,000 4,000 Feet

Map 2-9. Sampling Locations in FSCA 2 Where Sturgeon Were Incidentally Caught

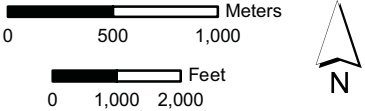
Upper Columbia River, WA

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- Collection Methods**
- Gillnet
 - Fish Sample Collection Area Boundary
 - Water Depth Contour (12m interval)

Parametrix Exponent



Map 2-10. Sampling Locations in FSCA 3 Where Sturgeon Were Incidentally Caught

Upper Columbia River, WA

TABLES

Table 2-1. Methods for Analysis of COIs in Fish Tissue Samples

Analytes	Analytical Method	Description
Metals/Metalloids	EPA Method 6010	ICP-AES
	EPA Method 6020	ICP-MS
	EPA Method 1631E (Hg)	CV-AAS
	EPA Method 7000 Series Methods (various metals)	
Fluoride	EPA340.2_3	
Inorganic Arsenic	EPA Method 1632A	HG-QFAAS
PCBs (Congeners)	EPA Method 1668A	HRGC/HRMS
Dioxins/Furans	EPA Method 1613B	HRGC/HRMS
PBDEs	EPA Method 1614	HRGC/HRMS
PAHs	EPA Method 8270C SIM	GC-MS/SIM
Pentachlorophenol	EPA Method 8151A	GC-ECD
Chlorinated Pesticides	EPA Method 8081A	GC-ECD
SVOCs	EPA Method 8270C SIM	GC-MS/SIM
% Lipids		Freeze dry/Gravimetric
% Moisture		Freeze dry/Gravimetric

Notes:

CV-AAS	Cold vapor-atomic adsorption spectrometry
GC-ECD	Gas chromatography-electron capture detection
GC-MS/SIM	Gas chromatography-mass spectrometry-selected ion monitoring
HG-QFAAS	Hydride generation-quartz furnace atomic adsorption spectrometry
HRGC/HRMS	High resolution gas chromatography/high resolution mass spectrometry
ICP-AES	Inductively coupled plasma-atomic emission spectrometry
ICP-MS	Inductively coupled plasma-mass spectrometry

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Piscivorous			MRL ^d	MDL ^d	
			Fish RBC/5	Wildlife ^c	Wildlife RBC/5			
Conventional Parameters								
Total Length	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Mass	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Percent Moisture	n/a	n/a	n/a	n/a	n/a	0.1	n/a	0.1
Percent Lipids	n/a	n/a	n/a	n/a	n/a	0.1	n/a	0.1
Metals/Metalloids (mg/kg-dry weight)								
Aluminum	3.2	n/a	n/a	11.5	2.3	2	0.4	0.40
Antimony	0.0013	n/a	n/a	n/a	n/a	0.05	0.02	0.020
Arsenic-Total	0.00048	20	4	5.1	1	0.025	0.005	0.005
Arsenic-Inorganic (As ⁺³)	0.00048	n/a	n/a	n/a	n/a	0.025	0.005	0.005
Arsenic-Inorganic (As ⁺⁵)	0.00048	n/a	n/a	n/a	n/a	0.025	0.005	0.005
Arsenic-Inorganic (MMA)	0.00048	n/a	n/a	n/a	n/a	0.125	n/a	0.125
Arsenic-Inorganic (DMA)	0.00048	n/a	n/a	n/a	n/a	0.125	n/a	0.125
Barium	0.65	n/a	n/a	308	61.6	0.05	0.01	0.010
Beryllium	0.0065	n/a	n/a	n/a	n/a	0.020	0.004	0.0040
Bismuth	n/a	n/a	n/a	n/a	n/a	0.1	0.003	0.0030
Boron	0.65	n/a	n/a	66	13.2	1	0.2	0.20
Cadmium	0.0032	55	11	3.4	0.7	0.020	0.005	0.005
Calcium	n/a	n/a	n/a	n/a	n/a	10	TBD ^f	10
Cerium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Cesium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Chromium	4.9	9.4	1.9	6.1	1.2	0.2	0.07	0.07
Cobalt	0.065	n/a	n/a	17.4	3.5	0.020	0.002	0.0020
Copper	0.13	50	10	9.3	1.9	0.1	0.03	0.03
Dysprosium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Erbium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Europium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Fluoride	0.19	n/a	n/a	n/a	n/a	5	TBD ^f	5
Gadolinium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Gallium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Germanium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Gold	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Holmium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Indium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Iron	2.30	n/a	n/a	n/a	n/a	2	0.7	0.070
Lanthanum	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Lead	n/a	7040	1408	3.7	0.75	0.020	0.005	0.005
Lithium	0.065	n/a	n/a	n/a	n/a	0.5	0.3	0.300
Lutetium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Magnesium	n/a	n/a	n/a	n/a	n/a	5	TBD ^f	5

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
Metals/Metalloids (mg/kg-dry weight) (continued)								
Manganese	0.45	n/a	n/a	306	61	0.05	0.02	0.02
Mercury	0.00024	n/a	n/a	0.01	0.002	0.001	0.0002	0.00020
Molybdenum	0.016	n/a	n/a	1.5	0.3	0.05	0.02	0.020
Neodymium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Nickel	0.065	n/a	n/a	10	2.0	0.2	0.025	0.0
Niobium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Potassium	n/a	n/a	n/a	n/a	n/a	100	TBD ^f	100
Praseodymium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Rubidium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Samarium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Scandium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Selenium	0.016	n/a	n/a	0.7	0.1	0.1	0.02	0.0
Silver	0.016	3000	600	4.6	0.9	0.02	0.006	0.01
Sodium	n/a	n/a	n/a	n/a	n/a	20	TBD ^f	20
Strontium	1.90	n/a	n/a	n/a	n/a	0.1	0.02	0.020
Tantalum	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Tellurium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Terbium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Thallium	0.00023	n/a	n/a	n/a	n/a	0.02	0.002	0.00
Thorium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Thulium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Tin	n/a	n/a	n/a	n/a	n/a	0.1	0.3	0.30
Titanium	n/a	n/a	n/a	n/a	n/a	0.2	0.1	0.10
Tungsten	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Uranium	0.0097	n/a	n/a	18	3.7	0.02	0.002	0.0020
Vanadium	0.0032	2.04	0.4	0.8	0.2	0.2	0.07	0.070
Ytterbium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Yttrium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Zinc	0.97	1900	380	151	30	0.5	0.08	0.08
Zirconium	n/a	n/a	n/a	n/a	n/a	0.05	TBD ^f	0.05
Dioxins/Furans (ng/kg-wet weight)^g								
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	0.00048	n/a	n/a	n/a	n/a	5	0.429	5.0
1,2,3,4,6,7,8-Heptachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.573	5.0
1,2,3,4,7,8,9-Heptachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.593	5.0
1,2,3,4,7,8-Hexachlorodibenzodioxin	0.00048	n/a	n/a	n/a	n/a	5	0.407	5.0
1,2,3,4,7,8-Hexachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.573	5.0
1,2,3,6,7,8-Hexachlorodibenzodioxin	0.00048	n/a	n/a	n/a	n/a	5	0.429	5.0
1,2,3,6,7,8-Hexachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.138	5.0
1,2,3,7,8,9-Hexachlorodibenzodioxin	0.00048	n/a	n/a	n/a	n/a	5	0.235	5.0

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
Dioxins/Furans (ng/kg-wet weight)^g (continued)								
1,2,3,7,8,9-Hexachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.265	5.0
1,2,3,7,8-Pentachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.277	5.0
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	0.00048	n/a	n/a	n/a	n/a	5	0.319	5.0
2,3,4,6,7,8-Hexachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.313	5.0
2,3,4,7,8-Pentachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	5	0.261	5.0
2,3,7,8-Tetrachlorodibenzodioxin	0.00048	16.7 ^h	n/a	5.9	1.2	1	0.119	1
2,3,7,8-Tetrachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	1	0.113	1
Octachlorodibenzodioxin	0.00048	n/a	n/a	n/a	n/a	10	0.831	10
Octachlorodibenzofuran	0.00048	n/a	n/a	n/a	n/a	10	0.738	10
PCBs Congeners (ng/kg-wet weight)^{h,i}								
2-MoCB						80	8	80
3-MoCB						4	0.4	4
4-MoCB						80	9	80
2,2'-DiCB						200	17	200
2,3-DiCB						20	1	20
2,3'-DiCB						20	1	20
2,4-DiCB						20	2	20
2,4'-DiCB						200	12	200
2,5-DiCB						20	2	20
2,6-DiCB						20	2	20
3,3'-DiCB						400	10	400
3,4-DiCB+3,4'-DiCB						40	3	40
3,5-DiCB						40	3	40
4,4'-DiCB						200	18	200
2,2',3-TrCB						40	4	40
2,2',4-TrCB						80	9	80
2,2',5-TrCB+2,4,6-TrCB						200	20	200
2,2',6-TrCB						40	4	40
2,3,3'-TrCB+ 2,4,4'-TrCB						200	19	200
2,3,4-TrCB+2',3,4-TrCB						80	5	80
2,3,4'-TrCB						80	9	80
2,3,5-TrCB						80	5	80
2,3,6-TrCB						80	5	80
2,3',4-TrCB						80	5	80
2,3',5-TrCB+2,4,5-TrCB						80	8	80
2,3',6-TrCB						80	6	80
2,4',5-TrCB						200	15	200
2,4',6-TrCB						80	8	80
2',3,5-TrCB						80	7	80

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
PCBs Congeners (ng/kg-wet weight)^{h,i} (continued)								
3,3',5'-TrCB						80	8	80
3,4,4'-TrCB						200	13	200
3,4,5'-TrCB						80	8	80
3,4',5'-TrCB						80	9	80
2,2',3,4'-TeCB+2,3',4',6'-TeCB+2,2',3,3'-TeCB						200	12	200
2,2',3,4'-TeCB						80	6	80
2,2',3,5'-TeCB+2,3',5',6'-TeCB						200	9	200
2,2',3,5'-TeCB+2,2',3,4'-TeCB+2,3,5,6'-TeCB						200	19	200
2,2',3,6'-TeCB+2,2',4,6'-TeCB						80	5	80
2,2',3,6'-TeCB						80	10	80
2,2',4,5'-TeCB						80	8	80
2,2',4,5'-TeCB+2,3',4,6'-TeCB						200	11	200
2,2',4,6'-TeCB+2,2',5,6'-TeCB						80	6	80
2,2',5,5'-TeCB						200	19	200
2,2',6,6'-TeCB						200	12	200
2,3,3',4'-TeCB						200	12	200
2,3,3',4'-TeCB						80	10	80
2,3,3',5'-TeCB						200	12	200
2,3,3',5'-TeCB						200	13	200
2,3,3',6'-TeCB+2,3,4,6'-TeCB+2,4,4',6'-TeCB						80	6	80
2,3,4,4'-TeCB						200	13	200
2,3,4',5'-TeCB						200	14	200
2,3,4',6'-TeCB						80	7	80
2,3',4,4'-TeCB						200	16	200
2,3',4,5'-TeCB						200	15	200
2,3',4,5'-TeCB						200	15	200
2,3',4',5'-TeCB+2,3,4,5'-TeCB+2,4,4',5'-TeCB +2',3,4',5'-TeCB						200	17	200
2,3',5,5'-TeCB						200	16	200
3,3',4,4'-TeCB						200	17	200
3,3',4,5'-TeCB						200	17	200
3,3',4,5'-TeCB						200	17	200
3,3',5,5'-TeCB						200	18	200
3,4,4',5'-TeCB						200	18	200
2,2',3,3',4'-PeCB						200	13	200
2,2',3,3',5'-PeCB+2,2',4,4',5'-PeCB						200	22	200
2,2',3,3',6'-PeCB						200	12	200
2,2',3,4,4'-PeCB+2,3,4,5,6'-PeCB						80	10	80

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
PCBs Congeners (ng/kg-wet weight)^{h,i} (continued)								
2,2',3,4,5-PeCB+2,2',3,4,5'-PeCB +2,2',3',4,5-PeCB+2,3,3',4,5'-PeCB +2,3',4,4',6-PeCB+2',3,4,5,6'-PeCB						200	15	200
2,2',3,4,6-PeCB+2,2',3,4,6-PeCB						200	12	200
2,2',3,4,6'-PeCB						200	19	200
2,2',3,4',5-PeCB+2,2',4,5,5'-PeCB +2,3,3',5',6-PeCB						400	24	400
2,2',3,5,5'-PeCB						200	12	200
2,2',3,5,6-PeCB+2,2',4,4',6-PeCB						200	22	200
2,2',3,5,6'-PeCB						200	12	200
2,2',3,5',6-PeCB						200	22	200
2,2',3,6,6'-PeCB						200	21	200
2,2',3',4,6-PeCB+2,2',4,5,6'-PeCB						200	22	200
2,2',4,5',6-PeCB						200	23	200
2,2',4,6,6'-PeCB						200	23	200
2,3,3',4,4'-PeCB						80	11	80
2,3,3',4,5-PeCB						200	14	200
2,3,3',4',5-PeCB+2',3,4,5,5'-PeCB						400	27	400
2,3,3',4,6-PeCB						80	10	80
2,3,3',4',6-PeCB+2,3,4,4',6-PeCB						400	24	400
2,3,3',5,5'-PeCB						400	24	400
2,3,3',5,6-PeCB						400	25	400
2,3,4,4',5-PeCB						200	12	200
2,3,4',5,6-PeCB						80	10	80
2,3',4,4',5-PeCB						200	19	200
2,3',4,5,5'-PeCB						200	15	200
2,3',4,5,6-PeCB						200	21	200
2',3,3',4,5-PeCB						200	12	200
2',3,4,4',5-PeCB						200	15	200
3,3',4,4',5-PeCB						200	14	200
3,3',4,5,5'-PeCB						400	28	400
2,2',3,3',4,4'-HxCB+2,3,4,4',5,6-HxCB						200	12	200
2,2',3,3',4,5-HxCB+2,2',3,4,4',5'-HxCB +2,3,3',4',5,6-HxCB						200	21	200
2,2',3,3',4,5'-HxCB						200	14	200
2,2',3,3',4,6-HxCB						200	12	200
2,2',3,3',4,6'-HxCB						200	12	200
2,2',3,3',5,5'-HxCB						200	17	200
2,2',3,3',5,6-HxCB						200	13	200

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)				Laboratory		2009 ACGs ^e	
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d		MDL ^d
PCBs Congeners (ng/kg-wet weight)^{h,i} (continued)								
2,2',3,3',5,6'-HxCB+2,2',3,5,5',6-HxCB						200	11	200
2,2',3,3',6,6'-HxCB						80	9	80
2,2',3,4,4',5-HxCB						400	30	400
2,2',3,4,4',6-HxCB+2,2',3,4,4',6-HxCB						200	20	200
2,2',3,4,5,5'-HxCB						80	9	80
2,2',3,4,5,6-HxCB						400	31	400
2,2',3,4,5,6'-HxCB						200	13	200
2,2',3,4,5',6-HxCB						200	17	200
2,2',3,4,6,6'-HxCB						400	32	400
2,2',3,4',5,5'-HxCB						200	18	200
2,2',3,4',5,6-HxCB+2,2',3,4',5,6-HxCB						200	18	200
2,2',3,4',5,6'-HxCB						400	32	400
2,2',3,4',6,6'-HxCB						400	33	400
2,2',3,5,6,6'-HxCB						400	24	400
2,2',4,4',5,5'-HxCB+2,3',4,4',5,6-HxCB						200	13	200
2,2',4,4',5,6-HxCB						200	11	200
2,2',4,4',6,6'-HxCB						400	34	400
2,3,3',4,4',5-HxCB+2,3,3',4,4',5-HxCB						200	13	200
2,3,3',4,4',6-HxCB						80	10	80
2,3,3',4,5,5'-HxCB						400	35	400
2,3,3',4,5,6-HxCB						200	21	200
2,3,3',4,5',6-HxCB						400	35	400
2,3,3',4',5,5'-HxCB						400	35	400
2,3,3',4',5',6-HxCB						400	14	400
2,3,3',5,5',6-HxCB						400	36	400
2,3',4,4',5,5'-HxCB						200	11	200
3,3',4,4',5,5'-HxCB						200	16	200
2,2',3,3',4,4',5-HpCB						200	16	200
2,2',3,3',4,4',6-HpCB+2,2',3,3',4,4',6-HpCB						400	37	400
2,2',3,3',4,5,5'-HpCB						400	38	400
2,2',3,3',4,5,6'-HpCB						200	19	200
2,2',3,3',4,5',6-HpCB						400	38	400
2,2',3,3',4,6,6'-HpCB						400	39	400
2,2',3,3',4',5,6-HpCB						200	14	200
2,2',3,3',5,5',6-HpCB						200	22	200
2,2',3,3',5,6,6'-HpCB						200	23	200
2,2',3,4,4',5,5'-HpCB+2,3,3',4',5,5',6-HpCB						200	14	200
2,2',3,4,4',5,6-HpCB						400	40	400

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
PCBs Congeners (ng/kg-wet weight)^{h,i} (continued)								
2,2',3,4,4',5,6'-HpCB						400	40	400
2,2',3,4,4',5',6'-HpCB						400	40	400
2,2',3,4,4',6,6'-HpCB						400	40	400
2,2',3,4,5,5',6'-HpCB						400	40	400
2,2',3,4,5,6,6'-HpCB						400	41	400
2,2',3,4,5,5',6'-HpCB						200	19	200
2,2',3,4',5,6,6'-HpCB						200	23	200
2,3,3',4,4',5,5'-HpCB						200	18	200
2,3,3',4,4',5,6'-HpCB						200	23	200
2,3,3',4,4',5',6'-HpCB						400	42	400
2,3,3',4,5,5',6'-HpCB						400	42	400
2,2',3,3',4,4',5,5'-OxCB						200	17	200
2,2',3,3',4,4',5,6'-OxCB						400	43	400
2,2',3,3',4,4',5,6'-OxCB						400	43	400
2,2',3,3',4,4',6,6'-OxCB						400	25	400
2,2',3,3',4,5,5',6'-OxCB+2,2',3,3',4,5,5',6'-OxCB						200	20	200
2,2',3,3',4,5,6,6'-OxCB						400	25	400
2,2',3,3',4,5',6,6'-OxCB						400	44	400
2,2',3,3',5,5',6,6'-OxCB						400	44	400
2,2',3,4,4',5,5',6'-OxCB						400	44	400
2,2',3,4,4',5,6,6'-OxCB						400	45	400
2,3,3',4,4',5,5',6'-OxCB						400	45	400
2,2',3,3',4,4',5,5',6'-NoCB						400	45	400
2,2',3,3',4,4',5,6,6'-NoCB						400	45	400
2,2',3,3',4,5,5',6,6'-NoCB						400	46	400
DeCB						200	15	200
PAHs (µg/kg-wet weight)								
2-Methylnaphthalene	13	n/a	n/a	17641	3,528	1	0.44	0.44
Acenaphthene	190	n/a	n/a	n/a	n/a	0.5	0.11	0.11
Acenaphthylene	n/a	n/a	n/a	n/a	n/a	0.5	0.069	0.069
Anthracene	970	n/a	n/a	n/a	n/a	0.5	0.065	0.065
Benzo(a)anthracene	0.05	n/a	n/a	n/a	n/a	0.5	0.066	0.066
Benzo(a)pyrene	0.005	n/a	n/a	321	64	0.5	0.081	0.081
Benzo(b)fluoranthene	0.05	n/a	n/a	n/a	n/a	0.5	0.07	0.07
Benzo(ghi)perylene	n/a	n/a	n/a	n/a	n/a	0.5	0.073	0.073
Benzo(k)fluoranthene	0.5	n/a	n/a	n/a	n/a	0.5	0.056	0.056
Chrysene	5	n/a	n/a	n/a	n/a	0.5	0.076	0.076

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Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
PAHs (µg/kg-wet weight) (continued)								
Dibenzo(a,h)anthracene	0.005	n/a	n/a	n/a	n/a	0.5	0.059	0.059
Fluoranthene	130	n/a	n/a	n/a	n/a	0.5	0.09	0.09
Fluorene	130	n/a	n/a	n/a	n/a	0.5	0.15	0.15
Indeno[1,2,3-cd]pyrene	0.05	n/a	n/a	n/a	n/a	0.5	0.064	0.064
Naphthalene	65	n/a	n/a	n/a	n/a	1	0.4	0.4
Phenanthrene	n/a	n/a	n/a	n/a	n/a	0.5	0.36	0.36
Pyrene	97	n/a	n/a	n/a	n/a	0.5	0.098	0.098
Polybrominated Diphenylethers (PBDEs) (ng/kg-wet weight)^{g,j}								
2,2',4-TriBDE (BDE-17)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,4,4'-TriBDE (BDE-28)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',4,4'-TetraBDE (BDE-47)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',4,5'-TetraBDE (BDE-49)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,3',4,4'-TetraBDE (BDE-66)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,3',4',6-TetraBDE (BDE-71)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,4,4'-PentaBDE (BDE-85)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',4,4',5-PentaBDE (BDE-99)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',4,4',6-PentaBDE (BDE-100)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,3',4,4'-HexaBDE (BDE-128)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,4,4',5'-HexaBDE (BDE-138)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',4,4',5,5'-HexaBDE (BDE-153)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',4,4',5,6'-HexaBDE (BDE-154)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,4,4',5',6-HeptaBDE (BDE-183)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,4,4',6,6'-HeptaBDE (BDE-184)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,3,3',4,4',5,6-HeptaBDE (BDE-190)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,3,3',4,4',5',6-HeptaBDE (BDE-191)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,4,4',5,5',6-OctaBDE (BDE-203)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
2,2',3,3',4,4',5,5',6-NonaBDE (BDE-206)	n/a	n/a	n/a	n/a	n/a	2	TBD ^f	2
Decabromodiphenyl ether (BDE-209)	n/a	n/a	n/a	n/a	n/a	20	TBD ^f	20
Pesticides (µg/kg-wet weight)								
2,4'-DDD	0.3	n/a	n/a	n/a	n/a	1	0.38	0.38
4,4'-DDD	0.3	n/a	n/a	n/a	n/a	1	0.11	0.11
2,4'-DDE	0.21	n/a	n/a	n/a	n/a	1	0.21	0.21
4,4'-DDE	0.21	n/a	n/a	n/a	n/a	1	0.16	0.16
2,4'-DDT	0.21	n/a	n/a	n/a	n/a	1	0.21	0.21
4,4'-DDT	0.21	n/a	n/a	n/a	n/a	1	0.43	0.43
Total DDT	n/a	608 ^k	n/a	520	104	1	n/a	1
Aldrin	0.0042	n/a	n/a	n/a	n/a	1	0.23	0.23

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)					Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	MDL ^d	
Pesticides (µg/kg-wet weight) (continued)								
delta-BHC	n/a	n/a	n/a	n/a	n/a	1	0.16	0.16
alpha-Chlordane (cis-)	0.21	n/a	n/a	n/a	n/a	1	0.15	0.15
gamma-Chlordane (trans-)	0.21	n/a	n/a	n/a	n/a	1	0.26	0.26
cis-Nonachlor	n/a	n/a	n/a	n/a	n/a	1	0.19	0.19
trans-Nonachlor	n/a	n/a	n/a	n/a	n/a	1	0.14	0.14
Oxychlordane	n/a	n/a	n/a	n/a	n/a	1	0.19	0.19
Total Chlordane	n/a	n/a	n/a	4903	981	1	n/a	1
Dieldrin	0.0045	120	24	n/a	n/a	1	0.25	0.25
Endrin	0.97	1.2	0.24	n/a	n/a	1	0.22	0.22
Endrin aldehyde	n/a	n/a	n/a	n/a	n/a	1	0.25	0.25
Endrin ketone	n/a	n/a	n/a	n/a	n/a	1	0.28	0.28
Heptachlor	0.016	n/a	n/a	n/a	n/a	1	0.66	0.66
Heptachlor epoxide	0.0079	80	16	n/a	n/a	1	0.38	0.38
Methoxychlor	16	n/a	n/a	n/a	n/a	1	1	1
Toxaphene	0.066	n/a	n/a	n/a	n/a	50	21	21
SVOCs (µg/kg-wet weight)								
1,1'-Biphenyl	160	n/a	n/a	n/a	n/a	0.5	0.17	0.17
1,2,4-Trichlorobenzene	32	n/a	n/a	n/a	n/a	40	4.2	4.2
4-Bromophenyl-phenylether	n/a	n/a	n/a	n/a	n/a	40	4.1	4.1
4-Chlorophenyl-phenyl ether	n/a	n/a	n/a	n/a	n/a	40	3.0	3.0
bis(2-Ethylhexyl)phthalate	5.2	n/a	n/a	2520	504	200	66	66
Butyl benzyl phthalate	650	n/a	n/a	n/a	n/a	40	7.3	7.3
Dibenzofuran	3.2	n/a	n/a	n/a	n/a	40	2.6	2.6
Di-n-butyl phthalate	320	n/a	n/a	252	50	100	100	100
Di-n-octylphthalate	n/a	n/a	n/a	n/a	n/a	40	11	11
Hexachlorobenzene	0.045	468000	93600	n/a	n/a	1	0.31	0.31
Hexachlorobutadiene	0.93	n/a	n/a	n/a	n/a	1	0.13	0.13
Hexachlorocyclopentadiene	19	n/a	n/a	n/a	n/a	1000	330	330
Hexachloroethane	3.2	n/a	n/a	n/a	n/a	40	12	12
Pentachlorophenol	0.6	n/a	n/a	15419	3,084	5	0.4	0.4

Notes:

- RBC - Risk-based concentration
- ACG - Analytical concentration goals
- MDL - Method detection limit
- n/a - Not available
- MRL - Method reporting limit
- TBD - To be determined

Table 2-2. Target Analyte List, Risk Based Concentrations, Laboratory Reporting Limits and Analytical Concentration Goals

Analyte	Risk Based Concentrations (RBCs)				Laboratory		2009 ACGs ^e
	Human Health ^a	Fish ^b	Fish RBC/5	Piscivorous Wildlife ^c	Wildlife RBC/5	MRL ^d	

^a Lowest Fish RBCs for Human Health provided by EPA, Region 10 (see Appendix E of the QAPP [TAI 2009]).

^b Fish RBCs for metals are listed as dry weight no-observed-adverse-effects-concentrations in food of fish. For organics, concentrations are provided as wet weight concentrations in whole fish. Source: Windward (2004), except where noted

^c Wildlife RBCs derived from the exposure factors and TRVs provided in the draft SLERA (TAI 2010a). Additional TRVs identified from Sample et al. (1996). Wildlife RBCs represent the lowest concentration for piscivorous wildlife (great blue heron, osprey, belted kingfisher, mink, and otter) using the following equation:

$$\text{Wildlife RBC (mg/kg-ww)} = (\text{TRV} \times \text{BW}) / (\text{FIR})$$

Where: TRV - Toxicity reference value (mg/kg-day)

BW - Body weight (kg)

FIR - Food ingestion rate (kg/d-wet)

^d MRLs and MDLs obtained from Columbia Analytical Services (CAS). Metals MDLs/MRLs are on a dry weight basis, the rest are wet weight.

^e ACGs represent the lowest RBC value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the MRL, than the MRL will be used as the ACG.

^f The MDL for these analytes have not been completed at this time. The MRL may be adjusted based on the calculated MDL.

^g These analytes will be reported to an estimated detection limit (EDL). The EDL is sample and analyte specific and is based on the signal and noise on the instrument.

^h Concentration is for whole fish, and is considered protective of 95 percent of fish species (Steevens et al 2005). Converted from lipid to wet weight assuming 5 percent lipid.

ⁱ The values listed in the MDL column for the PCB Congener analytes represent the average of the EDLs for four method blanks and are not MDLs.

^j Capability to analyze tissues for all of these BDE congeners is uncertain, and will depend on the selected laboratory.

^k Jarvinen et al. (1977).

Table 2-3. Targeted Fish Sampling Locations and Number of Composites

Species	Number of Composite Samples ^a					
	FSCA 1	FSCA 2	FSCA 3	FSCA 4	FSCA 5	FSCA 6
≤15 cm Size Class						
Species-specific Composites ^b	6 WB	6 WB	6 WB	6 WB	6 WB	6 WB
>15 – ≤ 30 cm Size Class						
Species-specific Composites ^c	6 WB	6 WB	6 WB	6 WB	6 WB	6 WB
>30 cm Size Class						
Walleye	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Smallmouth bass	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Burbot	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Largescale sucker	6F & 6R*	6F & 6R*	6F & 6R*	6F & 6R*	6F & 6R*	6F & 6R*
Lake Whitefish	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Rainbow trout	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Kokanee	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Total	96	96	96	96	96	96

Notes:

FSCA – Fish Sampling Collection Area

WB – Whole body

F – Fillet

R – Remaining tissue after filleting

* - Gut contents of largescale suckers to be removed prior to analysis of the remainder

^a One well-homogenized composite sample for each tissue type from each species will be used to produce triplicate samples for quality assurance of the

^b At least one composite will be formed for each of the three general feeding guilds - omnivorous, benthic, and insectivorous fish.

^c At least one composite will be formed for each of the three general feeding guilds - omnivorous, benthic, and piscivorous fish.

Table 2-4. Summary of Fish Collected During the 2009 Fish Tissue Sampling Program

Size Class	Species	Collection Area						Total
		FSCA 1	FSCA 2	FSCA 3	FSCA 4	FSCA 5	FSCA 6	
≤15 cm	Black crappie	1	0	29	0	1	1	32
	Bluegill	0	15	0	0	0	7	22
	Largescale sucker	13	26	7	1	0	0	47
	Longnose sucker	4	17	39	15	0	0	75
	Pikeminnow	5	19	44	1	0	0	69
	Rainbow trout	8	6	11	0	0	0	25
	Redside shiner	1	1	0	0	0	0	2
	Sculpin	20	9	12	5	23	6	75
	Smallmouth bass	14	31	70	54	65	82	316
	Walleye	0	0	7	31	33	9	80
>15 to ≤30 cm	Yellow perch	0	17	33	44	40	39	173
	Kokanee	15	10	16	11	13	15	80
	Lake whitefish	0	0	0	2	0	0	2
	Largescale sucker	1	5	17	4	1	0	28
	Longnose sucker	3	10	19	1	2	0	35
	Mountain whitefish	4	1	0	0	0	0	5
	Peamouth	0	0	0	4	0	0	4
	Pikeminnow	0	14	38	1	1	0	54
	Rainbow trout	3	9	3	4	0	0	19
	Smallmouth bass	2	1	24	7	16	22	72
>30 cm	Walleye	1	0	12	26	18	19	76
	Yellow perch	2	0	0	2	2	0	6
	Burbot	1	3	14	35	34	27	114
	Kokanee	50	29	49	32	30	27	217
	Lake whitefish	0	0	31	33	21	0	85
	Largescale sucker	3	12	25	9	4	30	83
	Longnose sucker	1	6	0	11	0	0	18
	Mountain whitefish	3	4	0	0	0	0	7
	Rainbow trout	36	33	33	38	34	40	214
	Smallmouth bass	0	1	9	2	13	50	75
	Walleye	24	43	47	37	32	34	217
	Total	215	322	589	410	383	408	2327

Scientific Names of Species Collected:

Black crappie	<i>Pomoxis nigromaculatus</i>
Bluegill	<i>Lepomis macrochirus</i>
Burbot	<i>Lota lota</i>
Kokanee	<i>Oncorhynchus nerka</i>
Lake whitefish	<i>Coregonus clupeaformis</i>
Largescale sucker	<i>Catostomus macrocheilus</i>
Longnose sucker	<i>Catostomus catostomus</i>
Mountain whitefish	<i>Prospium williamsoni</i>
Peamouth	<i>Mylocheilus caurinus</i>
Pikeminnow	<i>Ptycocheilus oregonensis</i>
Rainbow trout	<i>Oncorhynchus mykiss</i>
Redside shiner	<i>Richardsonius balteatus</i>
Sculpin	<i>Cottus</i> sp.
Smallmouth bass	<i>Micropterus dolomieu</i>
Walleye	<i>Sander vitreum</i>
Yellow perch	<i>Perca flavescens</i>

Table 2-5. Preferred Aging Structures by Species

Size Class ^a	Species Group	Common Name	Preferred Aging Structure	Secondary Aging Structure
15> to ≤30 cm	Primary species	Largescale sucker	opercles	scales
15> to ≤30 cm	Primary species	Kokanee	scales	otoliths
15> to ≤30 cm	Primary species	Walleye	otoliths	scales
15> to ≤30 cm	Secondary species	Longnose or bridgelip sucker	opercles	scales
15> to ≤30 cm	Secondary species	Lake whitefish	otoliths	scales
15> to ≤30 cm	Secondary species	Smallmouth bass	otoliths	scales
15> to ≤30 cm	Tertiary Species	Sculpin	otoliths	--
15> to ≤30 cm	Tertiary Species	Mountain whitefish	otoliths	scales
15> to ≤30 cm	Tertiary Species	Pikeminnow	opercles	scales
>30 cm	Primary species	Walleye	otoliths	--
>30 cm	Primary species	Burbot	otoliths	--
>30 cm	Primary species	Smallmouth bass	otoliths	scales
>30 cm	Primary species	Largescale/Longnose sucker	opercles	scales
>30 cm	Primary species	Rainbow trout	scales	otoliths
>30 cm	Primary species	Kokanee	scales	otoliths
>30 cm	Primary species	Mountain or Lake whitefish	otoliths	scales

Notes:

Preferred and secondary aging structures recommended by the Washington Department of Fish and Wildlife laboratory.

^a <15 cm fish were not aged (see text).

Table 2-6. Summary of Fish Sampling Effort in 2009 by Collection Area

Gear	Primary Target Effort	Sampling Effort by Collection Area						Total
		FSCA 1	FSCA 2	FSCA 3	FSCA 4	FSCA 5	FSCA 6	
Boat electrofishing	12 hrs ^{a, b}	12 hrs	10 hrs	12 hrs	14.5 hrs	15 hrs	13 hrs	76.5 hrs
Backpack electrofishing		2 hrs	0 hrs	0 hrs	1.5 hrs	0.5 hrs	0 hrs	4 hrs
Gill nets	96 hrs ^c	20 net-nights (220 hrs)	35 net-nights (668 hrs)	21 net-nights (457 hrs)	26 net-nights (539 hrs)	19 net-nights (412 hrs)	12 net-nights (258 hrs)	133 net-nights (2554 hrs)
Beach seines	5 hauls or	3 hauls	9 hauls	4 hauls	5 hauls	4 hauls	4 hauls	29 hauls
Minnow traps	8 hrs ^d	15 trap-nights (205 total hrs)	8 trap-nights (180 total hrs)	0	12 trap-nights (234 total hrs)	0	8 trap-nights (168 hrs)	43 trap-nights (787 hrs)
Burbot traps	288 hrs ^e	19 trap-nights (404 hrs)	25 trap-nights (536 hrs)	48 trap-nights (1070 hrs)	65 trap-nights (1379 hrs)	103 trap-nights (2228 hrs)	97 trap-nights (2085 hrs)	357 trap-nights (7702 hrs)
Hoop nets	0 ^f	na	na	na	na	na	4 net-nights (90 total hrs)	90 hrs

Notes:

^a This includes the minimum primary effort for all size classes, additional effort conducted if collection goals not achieved, time permitting.

^b Backpack fishing was an alternative electrofishing method and part of the overall 12 hr minimum sampling effort.

^c Target was 2 12-hr sets with 4 nets per set, equivalent to 96 total netting hours.

^d Target was 8 hrs or 5 seine hauls for beach seines, however, minnow traps were used as an alternative sampling gear for beach seines, targeting small fish.

^e Target was 2 12-hr sets with 12 pots per set, equivalent to 288 total trap hours per FSCA.

^f Hoop nets were not included in the QAPP, this gear was supplied by the Spokane Tribe at FSCA 6 only as a test method.

Table 2-7a. Catch per Unit Effort for Boat Electrofishing

		Catch per Unit Effort (CPUE) by Boat Electrofishing													
		12		10		12		14.5		15		13		76.5	
Size Class	Species	FSCA 1		FSCA 2		FSCA 3		FSCA 4		FSCA 5		FSCA 6		Total	
		# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE
≤15 cm	Black crappie	1	0.1	0	0.0	29	2.4	0	0.0	1	0.1	1	0.1	32	0.4
	Bluegill	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Largescale sucker	13	1.1	10	1.0	7	0.6	1	0.1	0	0.0	0	0.0	31	0.4
	Longnose sucker	4	0.3	2	0.2	36	3.0	3	0.2	0	0.0	0	0.0	45	0.6
	Pikeminnow	5	0.4	1	0.1	43	3.7	1	0.1	0	0.0	0	0.0	50	0.7
	Rainbow trout	4	0.3	6	0.6	10	0.8	0	0.0	0	0.0	0	0.0	20	0.3
	Redside shiner	1	0.1	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	2	0.0
	Sculpin	14	1.2	9	0.9	10	0.8	5	0.3	23	1.5	4	0.3	65	0.8
	Smallmouth bass	5	0.4	21	2.1	70	5.8	53	3.7	64	4.3	81	6.2	294	3.8
	Walleye	0	0.0	0	0.0	7	0.6	31	2.1	33	2.2	9	0.7	80	1.0
Yellow perch	0	0.0	0	0.0	27	2.3	35	2.4	38	2.5	35	2.7	135	1.8	
>15 to ≤30 cm	Kokanee	3	0.3	1	0.1	1	0.1	3	0.2	7	0.5	5	0.4	20	0.3
	Lake whitefish	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0
	Largescale sucker	1	0.1	2	0.2	17	1.4	1	0.1	0	0.0	0	0.0	21	0.3
	Longnose sucker	3	0.3	2	0.2	18	1.5	1	0.1	2	0.1	0	0.0	26	0.3
	Mountain whitefish	4	0.3	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	5	0.1
	Peamouth	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	Pikeminnow	0	0.0	1	0.1	22	1.8	0	0.0	0	0.0	0	0.0	23	0.3
	Rainbow trout	2	0.2	9	0.9	3	0.3	4	0.3	0	0.0	0	0.0	18	0.2
	Smallmouth bass	0	0.0	0	0.0	5	0.4	6	0.4	14	0.9	19	1.5	44	0.6
	Walleye	1	0.1	0	0.0	9	0.8	18	1.2	18	1.2	19	1.5	65	0.8
Yellow perch	2	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.0	
>30 cm	Burbot	0	0.0	0	0.0	1	0.1	21	1.4	5	0.3	14	1.1	41	0.5
	Kokanee	4	0.3	2	0.2	4	0.3	2	0.1	15	1.0	5	0.4	32	0.4
	Lake whitefish	0	0.0	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	1	0.0
	Largescale sucker	3	0.3	9	0.9	6	0.5	7	0.5	4	0.3	30	2.3	59	0.8
	Longnose sucker	0	0.0	6	0.6	0	0.0	0	0.0	0	0.0	0	0.0	6	0.1
	Mountain whitefish	3	0.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	0.0
	Rainbow trout	12	1.0	13	1.3	9	0.8	25	1.7	29	1.9	27	2.1	115	1.5
	Smallmouth bass	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	1	0.1	2	0.0
	Walleye	13	1.1	0	0.0	11	0.9	9	0.6	1	0.1	2	0.2	36	0.5
		Total	98	8.2	96	9.6	346	28.9	228	15.7	254	16.9	252	19.4	1274

Table 2-7b. Catch per Unit Effort for Backpack Electrofishing

		Catch per Unit Effort (CPUE, Fish per Hour) by Backpack Electrofishing													
		2		0		0		1.5		0.5		0		4	
Size Class	Species	FSCA 1		FSCA 2		FSCA 3		FSCA 4		FSCA 5		FSCA 6		Total	
		# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE
≤15 cm	Longnose sucker	0	--	--	--	--	--	4	2.7	0	0	--	--	4	1.0
	Rainbow trout	2	1.0	--	--	--	--	--	--	0	0	--	--	2	0.5
	Sculpin	6	3.0	--	--	--	--	--	--	0	0	--	--	6	1.5
	Smallmouth bass	9	4.5	--	--	--	--	--	--	0	0	--	--	9	2.3
	Yellow perch	0	--	--	--	--	--	6	4.0	0	0	--	--	6	1.5
	Total	17	8.5	--	--	--	--	10	6.7	0	0	--	--	27	6.8

Table 2-7c. Catch per Unit Effort for Gill Nets

		Catch per Unit Effort (CPUE, Fish per Net-night) for Gill Nets													
		20		35		21		26		19		12		133	
Size Class	Species	FSCA 1		FSCA 2		FSCA 3		FSCA 4		FSCA 5		FSCA 6		Total	
		# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE
≤15 cm	Longnose sucker	0	0.0	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	1	0.0
	Kokanee	12	0.6	9	0.3	15	0.7	8	0.3	6	0.3	10	0.8	60	0.5
	Lake whitefish	0	0.0	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	1	0.0
	Largescale sucker	0	0.0	1	0.0	0	0.0	3	0.1	1	0.1	0	0.0	5	0.0
	Longnose sucker	0	0.0	1	0.0	1	0.0	0	0.0	0	0.0	0	0.0	2	0.0
	Mountain whitefish	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
>15 to ≤30 cm	Peamouth	0	0.0	0	0.0	0	0.0	4	0.2	0	0.0	0	0.0	4	0.0
	Pikeminnow	0	0.0	11	0.3	16	0.8	1	0.0	1	0.1	0	0.0	29	0.2
	Rainbow trout	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
	Smallmouth bass	2	0.1	1	0.0	19	0.9	1	0.0	2	0.1	2	0.2	27	0.2
	Walleye	0	0.0	0	0.0	3	0.1	8	0.3	0	0.0	0	0.0	11	0.1
	Yellow perch	0	0.0	0	0.0	0	0.0	2	0.1	1	0.1	0	0.0	3	0.0
	Burbot	0	0.0	1	0.0	7	0.3	4	0.2	4	0.2	9	0.8	25	0.2
>30 cm	Kokanee	46	2.3	27	0.8	45	2.1	30	1.2	15	0.8	22	1.8	185	1.4
	Lake whitefish	0	0.0	0	0.0	31	1.5	32	1.2	21	1.1	0	0.0	84	0.6
	Largescale sucker	0	0.0	3	0.1	19	0.9	2	0.1	0	0.0	0	0.0	24	0.2
	Longnose sucker	1	0.1	0	0.0	0	0.0	11	0.4	0	0.0	0	0.0	12	0.1
	Mountain whitefish	0	0.0	4	0.1	0	0.0	0	0.0	0	0.0	0	0.0	4	0.0
	Rainbow trout	24	1.2	20	0.6	24	1.1	13	0.5	5	0.3	13	1.1	99	0.7
	Smallmouth bass	0	0.0	1	0.0	8	0.4	2	0.1	13	0.7	49	4.1	73	0.5
	Walleye	11	0.6	43	1.2	36	1.7	28	1.1	31	1.6	32	2.7	181	1.4
	Total	97	4.9	122	3.5	224	10.7	151	5.8	100	5.3	137	11.4	831	6.2

Table 2-7d. Catch per Unit Effort for Beach Seines

		Catch per Unit Effort (CPUE, Fish per Haul) by Beach Seining													
		3		9		4		5		4		4		29	
Size Class	Species	FSCA 1		FSCA 2		FSCA 3		FSCA 4		FSCA 5		FSCA 6		Total	
		# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE
≤15 cm	Bluegill	0	0	7	0.8	0	0	0	0	0	0	7	1.8	14	0.5
	Largescale sucker	0	0	10	1.1	0	0	0	0	0	0	0	0	10	0.3
	Longnose sucker	0	0	7	0.8	3	0.8	7	1.4	0	0	0	0	17	0.6
	Pikeminnow	0	0	18	2	1	0.3	0	0	0	0	0	0	19	0.7
	Rainbow trout	2	0.7	0	0	1	0.3	0	0	0	0	0	0	3	0.1
	Sculpin	0	0	0	0	2	0.5	0	0	0	0	2	0.5	4	0.1
	Smallmouth bass	0	0	10	1.1	0	0	0	0	0	0	0	0	10	0.3
	Yellow perch	0	0	17	1.9	6	1.5	2	0.4	0	0	4	1	29	1.0
>15 to ≤30 cm	Largescale sucker	0	0	2	0.2	0	0	0	0	0	0	0	0	2	0.1
	Longnose sucker	0	0	7	0.8	0	0	0	0	0	0	0	0	7	0.2
	Pikeminnow	0	0	2	0.2	0	0	0	0	0	0	0	0	2	0.1
Total		2	0.7	80	8.9	13	3.3	9	1.8	0	0	13	3.3	117	4.0

Table 2-7e. Catch per Unit Effort for Minnow Traps

		Catch per Unit Effort (CPUE, Fish per Trap-night) by Minnow Traps													
		15		8		0		12		0		8		43	
Size Class	Species	FSCA 1		FSCA 2		FSCA 3		FSCA 4		FSCA 5		FSCA 6		Total	
		# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE
≤15 cm	Bluegill	0	0.0	8	1.0	--	--	0	0.0	--	--	0	0.0	8	0.2
	Largescale sucker	0	0.0	6	0.8	--	--	0	0.0	--	--	0	0.0	6	0.1
	Longnose sucker	0	0.0	8	1.0	--	--	0	0.0	--	--	0	0.0	8	0.2
Total		0	0.0	22	2.8	--	--	0	0.0	--	--	0	0.0	22	0.5

Table 2-7f. Catch per Unit Effort for Burbot Traps

		Catch per Unit Effort (CPUE, Fish per Trap-night) by Burbot Traps													
		19		25		48		65		103		97		357	
Size Class	Species	FSCA 1		FSCA 2		FSCA 3		FSCA 4		FSCA 5		FSCA 6		Total	
		# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE	# Caught	CPUE
≤15 cm	Smallmouth bass	0	0	0	0	0	0	1	0.02	1	0.0097	1	0.01	3	0.01
	Yellow perch	0	0	0	0	0	0	1	0.02	2	0.02	0	0	3	0.01
>15 to ≤30 cm	Smallmouth bass	0	0	0	0	0	0	0	0	0	0	1	0.01	1	0.0028
	Yellow perch	0	0	0	0	0	0	0	0	1	0.0097	0	0	1	0.003
>30 cm	Burbot	1	0.1	2	0.1	6	0.1	10	0.2	25	0.2	4	0.04	48	0.1
Total		1	0.1	2	0.1	6	0.1	12	0.2	29	0.3	6	0.06	56	0.2

Note:

Two of the four burbot caught at FSCA 6 were caught with a hoop net.

Table 2-8. Summary of Fish Collected from FSCA 1

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Individual Large Fish											
Burbot	>30cm	Burbot trap	1BTC0001	1BU3IND001	3-Oct-09	5	555	645	5414764.051	438702.609	
Largescale sucker	>30cm	Boat electrofishing	1E10050	1LS3IND001	29-Sep-09	9	493	394.3	5420439.466	444564.752	
Largescale sucker	>30cm	Boat electrofishing	1E10048	1LS3IND002	29-Sep-09	24	508	1359.8	5420439.466	444564.752	
Largescale sucker	>30cm	Boat electrofishing	1E10056	1LS3IND003	29-Sep-09	29	577	1717.2	5420439.466	444564.752	
Mountain whitefish	>30cm	Boat electrofishing	1E0016	1MW3IND001	28-Sep-09	6	424	926.8	5420486.421	444874.066	
Mountain whitefish	>30cm	Boat electrofishing	1E10033	1MW3IND002	29-Sep-09	--	439	754	5420439.466	444564.752	**
Mountain whitefish	>30cm	Boat electrofishing	1E10031	1MW3IND003	29-Sep-09	8	477	1398.9	5420439.466	444564.752	
Composite Fish											
Longnose sucker	<=15cm	Boat electrofishing	1E0003	1LN1001	28-Sep-09	2	111	15	5420486.421	444874.066	
Longnose sucker	<=15cm	Boat electrofishing	1E0004	1LN1001	28-Sep-09	1	73	5	5420486.421	444874.066	
Longnose sucker	<=15cm	Boat electrofishing	1E0012	1LN1001	28-Sep-09	2	118	16	5420486.421	444874.066	
Longnose sucker	<=15cm	Boat electrofishing	1E0013	1LN1001	28-Sep-09	1	74	4	5420486.421	444874.066	
Largescale sucker	<=15cm	Boat electrofishing	1E0021	1LS1001	28-Sep-09	1	63	2	5420486.421	444874.066	
Largescale sucker	<=15cm	Boat electrofishing	1E10072	1LS1001	1-Oct-09	<1	122	14.8	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10073	1LS1001	1-Oct-09	<1	117	13.7	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10078	1LS1001	1-Oct-09	<1	97	7.3	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10080	1LS1001	1-Oct-09	<1	144	25	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10082	1LS1001	1-Oct-09	<1	120	16.3	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10083	1LS1001	1-Oct-09	<1	109	10.8	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10088	1LS1001	1-Oct-09	<1	102	7	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10089	1LS1001	1-Oct-09	2	109	12	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10090	1LS1001	1-Oct-09	<1	113	12	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10096	1LS1001	1-Oct-09	<1	115	12.4	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10098	1LS1001	1-Oct-09	<1	112	12.1	5420987.23	446336.451	
Largescale sucker	<=15cm	Boat electrofishing	1E10100	1LS1001	1-Oct-09	<1	98	7	5420987.23	446336.451	
Pikeminnow	<=15cm	Boat electrofishing	1E10075	1PM1001	1-Oct-09	<1	105	8.3	5420987.23	446336.451	
Pikeminnow	<=15cm	Boat electrofishing	1E10076	1PM1001	1-Oct-09	<1	67	2.3	5420987.23	446336.451	
Pikeminnow	<=15cm	Boat electrofishing	1E10084	1PM1001	1-Oct-09	<1	85	5.7	5420987.23	446336.451	
Pikeminnow	<=15cm	Boat electrofishing	1E10087	1PM1001	1-Oct-09	<1	140	28	5420987.23	446336.451	
Pikeminnow	<=15cm	Boat electrofishing	1E10102	1PM1001	1-Oct-09	<1	109	9	5420987.23	446336.451	
Rainbow trout	<=15cm	Boat electrofishing	1E0011W	1RBW1001	28-Sep-09	<1	115	15	5420486.421	444874.066	
Rainbow trout	<=15cm	Boat electrofishing	1E10058W	1RBW1001	29-Sep-09	<1	121	20	5420439.466	444564.752	
Rainbow trout	<=15cm	Boat electrofishing	1E10071W	1RBW1001	1-Oct-09	<1	145	36.6	5420987.23	446336.451	
Rainbow trout	<=15cm	Boat electrofishing	1E10101W	1RBW1001	1-Oct-09	<1	96	7	5420987.23	446336.451	
Rainbow trout	<=15cm	Backpack electroshock	1N0027W	1RBW1001	29-Sep-09	<1	77	4	5420394.03	446557.789	
Rainbow trout	<=15cm	Backpack electroshock	1N0028W	1RBW1001	29-Sep-09	<1	72	3	5420394.03	446557.789	
Rainbow trout	<=15cm	Beach seine	N1-BS-0001W	1RBW1001	1-Oct-09	<1	108	14.2	5420780.448	444374.061	
Rainbow trout	<=15cm	Beach seine	N1-BS-0010W	1RBW1001	1-Oct-09	<1	66	2.5	5424840.925	453132.282	
Sculpin	<=15cm	Boat electrofishing	1E0009	1SC1001	28-Sep-09	3	95	12	5420486.421	444874.066	
Sculpin	<=15cm	Boat electrofishing	1E0010	1SC1001	28-Sep-09	6	139	32	5420486.421	444874.066	
Sculpin	<=15cm	Boat electrofishing	1E0014	1SC1001	28-Sep-09	1	64	3	5420486.421	444874.066	
Sculpin	<=15cm	Boat electrofishing	1E0015	1SC1001	28-Sep-09	1	60	2	5420486.421	444874.066	
Sculpin	<=15cm	Boat electrofishing	1E0027	1SC1001	28-Sep-09	2	92	8	5420486.421	444874.066	
Sculpin	<=15cm	Boat electrofishing	1E10055	1SC1001	29-Sep-09	<1	110	20	5420439.466	444564.752	
Sculpin	<=15cm	Boat electrofishing	1E10081	1SC1001	1-Oct-09	<1	102	15.2	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10085	1SC1001	1-Oct-09	<1	112	16	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10091	1SC1001	1-Oct-09	<1	106	13	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10092	1SC1001	1-Oct-09	<1	99	15	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10094	1SC1001	1-Oct-09	<1	120	22.2	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10095	1SC1001	1-Oct-09	<1	100	10.8	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10097	1SC1001	1-Oct-09	<1	116	18.8	5420987.23	446336.451	
Sculpin	<=15cm	Boat electrofishing	1E10099	1SC1001	1-Oct-09	<1	109	15.6	5420987.23	446336.451	
Sculpin	<=15cm	Backpack electroshock	1N10024	1SC1001	29-Sep-09	<1	92	11	5420457.033	444661.366	

Table 2-8. Summary of Fish Collected from FSCA 1

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Sculpin	<=15cm	Backpack electroshock	1N10029	1SC1001	29-Sep-09	<1	92	9	5420394.03	446557.789	
Sculpin	<=15cm	Backpack electroshock	1N10030	1SC1001	29-Sep-09	<1	88	8	5420394.03	446557.789	
Sculpin	<=15cm	Backpack electroshock	N1BS0002	1SC1001	1-Oct-09	<1	80	4.9	5424820.638	453121.133	
Sculpin	<=15cm	Backpack electroshock	N1BS0003	1SC1001	1-Oct-09	<1	72	3.8	5424820.638	453121.133	
Sculpin	<=15cm	Backpack electroshock	N1BS0004	1SC1001	1-Oct-09	<1	80	4.8	5424820.638	453121.133	
Smallmouth bass	<=15cm	Boat electrofishing	1E10069	1SMB1001	1-Oct-09	<1	97	13	5420987.23	446336.451	
Smallmouth bass	<=15cm	Boat electrofishing	1E10070	1SMB1001	1-Oct-09	<1	85	8.8	5420987.23	446336.451	
Smallmouth bass	<=15cm	Boat electrofishing	1E10077	1SMB1001	1-Oct-09	<1	62	2.9	5420987.23	446336.451	
Smallmouth bass	<=15cm	Boat electrofishing	1E10086	1SMB1001	1-Oct-09	<1	89	9	5420987.23	446336.451	
Smallmouth bass	<=15cm	Boat electrofishing	1E10093	1SMB1001	1-Oct-09	<1	91	10	5420987.23	446336.451	
Smallmouth bass	<=15cm	Backpack electroshock	1N10022	1SMB1001	29-Sep-09	<1	74	5	5420457.033	444661.366	
Smallmouth bass	<=15cm	Backpack electroshock	1N10023	1SMB1001	29-Sep-09	<1	68	6	5420457.033	444661.366	
Smallmouth bass	<=15cm	Backpack electroshock	1N10025	1SMB1001	29-Sep-09	<1	73	6	5420394.03	446557.789	
Smallmouth bass	<=15cm	Backpack electroshock	1N10026	1SMB1001	29-Sep-09	<1	83	9	5420394.03	446557.789	
Smallmouth bass	<=15cm	Backpack electroshock	N1-BS-0005	1SMB1001	1-Oct-09	<1	73	6.1	5424820.638	453121.133	
Smallmouth bass	<=15cm	Backpack electroshock	N1-BS-0006	1SMB1001	1-Oct-09	<1	80	7.8	5424820.638	453121.133	
Smallmouth bass	<=15cm	Backpack electroshock	N1-BS-0007	1SMB1001	1-Oct-09	<1	62	3.6	5424820.638	453121.133	
Smallmouth bass	<=15cm	Backpack electroshock	N1-BS-0008	1SMB1001	1-Oct-09	<1	47	1.6	5424820.638	453121.133	
Smallmouth bass	<=15cm	Backpack electroshock	N1-BS-0009	1SMB1001	1-Oct-09	<1	69	5.6	5424820.638	453121.133	
Kokanee	>15 to <=30cm	Boat electrofishing	1E0002H	1KOH2001	28-Sep-09	--	273	200	5420486.421	444874.066	
Kokanee	>15 to <=30cm	Boat electrofishing	1E10054H	1KOH2001	29-Sep-09	--	278	222	5420439.466	444564.752	
Kokanee	>15 to <=30cm	Gill net	1GN10031H	1KOH2001	29-Sep-09	--	287	299	5420455.447	444634.494	
Kokanee	>15 to <=30cm	Gill net	1GN10041H	1KOH2001	30-Sep-09	1	282	263	5421042.835	446334.546	
Kokanee	>15 to <=30cm	Gill net	1GN10058H	1KOH2001	30-Sep-09	1	272	268	5420493.481	444722.765	
Longnose sucker	>15 to <=30cm	Boat electrofishing	1E0008	1LN2001	28-Sep-09	2	164	40	5420486.421	444874.066	
Longnose sucker	>15 to <=30cm	Boat electrofishing	1E10061	1LN2001	29-Sep-09	2	167	37	5420439.466	444564.752	
Longnose sucker	>15 to <=30cm	Boat electrofishing	1E10063	1LN2001	29-Sep-09	2	154	39	5420439.466	444564.752	
Mountain whitefish	>15 to <=30cm	Boat electrofishing	1E10064	1MW2001	1-Oct-09	1	285	250.8	5420987.23	446336.451	
Mountain whitefish	>15 to <=30cm	Boat electrofishing	1E10066	1MW2001	1-Oct-09	<1	151	32.3	5420987.23	446336.451	
Mountain whitefish	>15 to <=30cm	Boat electrofishing	1E10067	1MW2001	1-Oct-09	<1	152	30	5420987.23	446336.451	
Mountain whitefish	>15 to <=30cm	Boat electrofishing	1E10068	1MW2001	1-Oct-09	<1	175	47.1	5420987.23	446336.451	
Rainbow trout	>15 to <=30cm	Boat electrofishing	1E0001W	1RBW2001	28-Sep-09	--	180	65	5420486.421	444874.066	
Rainbow trout	>15 to <=30cm	Boat electrofishing	1E0025W	1RBW2001	28-Sep-09	--	218	105	5420486.421	444874.066	
Rainbow trout	>15 to <=30cm	Gill net	1N0054W	1RBW2001	29-Sep-09	1	300	299	5420763.579	444393.424	**
Kokanee	>30cm	Boat electrofishing	1E10036H	1KOH3002	29-Sep-09	--	306	315	5420439.466	444564.752	
Kokanee	>30cm	Gill net	1GN10037H	1KOH3002	30-Sep-09	1	308	358.1	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1GN10054H	1KOH3002	30-Sep-09	--	306	161.9	5420493.481	444722.765	
Kokanee	>30cm	Gill net	1N0002H	1KOH3002	28-Sep-09	--	313	138.7	5424174.624	451961.673	
Kokanee	>30cm	Gill net	1N0010H	1KOH3002	29-Sep-09	--	485	1213.9	5424174.624	451961.673	
Kokanee	>30cm	Gill net	1GN10007H	1KOH3003	29-Sep-09	--	321	440.1	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10028H	1KOH3003	29-Sep-09	--	311	328	5420455.447	444634.494	
Kokanee	>30cm	Gill net	1GN10040H	1KOH3003	30-Sep-09	1	303	193.3	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1N0008H	1KOH3003	29-Sep-09	--	315	190.8	5424174.624	451961.673	
Kokanee	>30cm	Gill net	1N0035H	1KOH3003	29-Sep-09	--	315	139.9	5421827.354	447813.951	
Kokanee	>30cm	Boat electrofishing	1E10030H	1KOH3004	29-Sep-09	--	325	404.4	5420439.466	444564.752	
Kokanee	>30cm	Gill net	1GN10009H	1KOH3004	29-Sep-09	--	310	102.9	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10021H	1KOH3004	29-Sep-09	--	304	282.6	5420455.447	444634.494	
Kokanee	>30cm	Gill net	1GN10043H	1KOH3004	30-Sep-09	1	335	174.7	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1GN10055H	1KOH3004	30-Sep-09	--	323	363	5420493.481	444722.765	
Kokanee	>30cm	Gill net	1GN10019H	1KOH3005	29-Sep-09	--	323	220	5420455.447	444634.494	
Kokanee	>30cm	Gill net	1GN10036H	1KOH3005	30-Sep-09	1	303	308.7	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1GN10042H	1KOH3005	30-Sep-09	1	312	143.9	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1N0001H	1KOH3005	28-Sep-09	--	336	368.8	5424174.624	451961.673	

Table 2-8. Summary of Fish Collected from FSCA 1

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Kokanee	>30cm	Gill net	1N0005H	1KOH3005	28-Sep-09	--	311	382.5	5422212.904	448593.703	
Kokanee	>30cm	Gill net	1GN10001H	1KOH3006	29-Sep-09	--	339	227	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10003H	1KOH3006	29-Sep-09	--	302	342.6	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10015H	1KOH3006	29-Sep-09	--	308	344.5	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10034H	1KOH3006	29-Sep-09	--	315	199.7	5420455.447	444634.494	
Kokanee	>30cm	Gill net	1N0046H	1KOH3006	29-Sep-09	--	309	121.2	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10051BW	1KOW3001	30-Sep-09	--	315	167	5420493.481	444722.765	
Kokanee	>30cm	Gill net	1GN10052W	1KOW3001	30-Sep-09	--	334	336.7	5420493.481	444722.765	
Kokanee	>30cm	Gill net	1N0009W	1KOW3001	29-Sep-09	--	310	140.8	5424174.624	451961.673	
Kokanee	>30cm	Gill net	1N0019W	1KOW3001	29-Sep-09	--	302	168.6	5422212.904	448593.703	
Rainbow trout	>30cm	Gill net	1GN10045W	1RBW3001	30-Sep-09	--	456	563.5	5421042.835	446334.546	
Rainbow trout	>30cm	Gill net	1GN10048W	1RBW3001	30-Sep-09	3	364	304	5420493.481	444722.765	
Rainbow trout	>30cm	Gill net	1GN10059W	1RBW3001	30-Sep-09	--	408	821	5420493.481	444722.765	
Rainbow trout	>30cm	Gill net	1N0011W	1RBW3001	29-Sep-09	--	492	721.2	5424174.624	451961.673	
Rainbow trout	>30cm	Gill net	1N0015W	1RBW3001	29-Sep-09	2	366	303.1	5424174.624	451961.673	
Rainbow trout	>30cm	Boat electrofishing	1E0023W	1RBW3002	28-Sep-09	--	398	693	5420486.421	444874.066	
Rainbow trout	>30cm	Gill net	1GN10049W	1RBW3002	30-Sep-09	4	494	1228.8	5420493.481	444722.765	
Rainbow trout	>30cm	Gill net	1GN10058W	1RBW3002	30-Sep-09	--	497	1255.5	5420493.481	444722.765	
Rainbow trout	>30cm	Gill net	1N0012W	1RBW3002	29-Sep-09	--	525	1301.9	5424174.624	451961.673	
Rainbow trout	>30cm	Boat electrofishing	1E0022W	1RBW3003	28-Sep-09	--	465	1206	5420486.421	444874.066	
Rainbow trout	>30cm	Boat electrofishing	1E0024W	1RBW3003	28-Sep-09	--	463	1085	5420486.421	444874.066	
Rainbow trout	>30cm	Boat electrofishing	1E10047W	1RBW3003	29-Sep-09	3	452	1027.7	5420439.466	444564.752	
Rainbow trout	>30cm	Gill net	1GN10056W	1RBW3003	30-Sep-09	--	489	695.1	5420493.481	444722.765	
Rainbow trout	>30cm	Gill net	1GN10057W	1RBW3003	30-Sep-09	--	449	571.4	5420493.481	444722.765	
Rainbow trout	>30cm	Boat electrofishing	1E0026W	1RBW3004	28-Sep-09	--	425	834	5420486.421	444874.066	
Rainbow trout	>30cm	Boat electrofishing	1E10032W	1RBW3004	29-Sep-09	5	561	1537.7	5420439.466	444564.752	
Rainbow trout	>30cm	Gill net	1GN10004W	1RBW3004	29-Sep-09	--	444	877.3	5420537.158	444060.343	
Rainbow trout	>30cm	Gill net	1GN10012W	1RBW3004	29-Sep-09	--	565	1389	5420537.158	444060.343	
Rainbow trout	>30cm	Gill net	1N0014W	1RBW3004	29-Sep-09	--	422	547.4	5424174.624	451961.673	
Rainbow trout	>30cm	Boat electrofishing	1E0049W	1RBW3005	29-Sep-09	--	453	585.8	5420439.466	444564.752	**
Rainbow trout	>30cm	Boat electrofishing	1E10046W	1RBW3005	29-Sep-09	1	308	180.3	5420439.466	444564.752	**
Rainbow trout	>30cm	Boat electrofishing	1E10051AW	1RBW3005	29-Sep-09	2	360	484.2	5420439.466	444564.752	**
Rainbow trout	>30cm	Gill net	1N0049W	1RBW3005	29-Sep-09	5	505	700.1	5420763.579	444393.424	**
Rainbow trout	>30cm	Gill net	1N0051W	1RBW3005	29-Sep-09	3	422	870	5420763.579	444393.424	**
Rainbow trout	>30cm	Gill net	1GN10013W	1RBW3006	29-Sep-09	--	561	1850.7	5420537.158	444060.343	**
Rainbow trout	>30cm	Gill net	1GN10018W	1RBW3006	29-Sep-09	--	476	1266.8	5420455.447	444634.494	**
Rainbow trout	>30cm	Gill net	1N0042W	1RBW3006	29-Sep-09	2	467	927.4	5420455.447	444634.494	**
Rainbow trout	>30cm	Gill net	1N0043W	1RBW3006	29-Sep-09	2	401	769	5420493.481	444722.765	**
Rainbow trout	>30cm	Gill net	1N0050W	1RBW3006	29-Sep-09	4	479	1248.8	5420763.579	444393.424	**
Walleye	>30cm	Boat electrofishing	1E0018	1WE3001	28-Sep-09	2	340	307.9	5420486.421	444874.066	
Walleye	>30cm	Gill net	1GN10023	1WE3001	29-Sep-09	3	407	552.2	5420455.447	444634.494	
Walleye	>30cm	Gill net	1GN10025	1WE3001	29-Sep-09	3	405	190.8	5420455.447	444634.494	
Walleye	>30cm	Gill net	1GN10035	1WE3001	29-Sep-09	3	400	325.5	5420455.447	444634.494	
Walleye	>30cm	Gill net	1N0020	1WE3001	29-Sep-09	5	460	448.1	5422212.904	448593.703	
Walleye	>30cm	Boat electrofishing	1E0017	1WE3002	28-Sep-09	3	415	590.3	5420486.421	444874.066	
Walleye	>30cm	Boat electrofishing	1E0051	1WE3002	29-Sep-09	12	674	1722	5420439.466	444564.752	
Walleye	>30cm	Boat electrofishing	1E10035	1WE3002	29-Sep-09	2	384	424.7	5420439.466	444564.752	
Walleye	>30cm	Gill net	1GN10014	1WE3002	29-Sep-09	7	498	1099.9	5420537.158	444060.343	
Walleye	>30cm	Gill net	1N0017	1WE3002	29-Sep-09	3	353	175.5	5422212.904	448593.703	
Walleye	>30cm	Boat electrofishing	1E0060	1WE3003	29-Sep-09	2	345	184.1	5420439.466	444564.752	**
Walleye	>30cm	Boat electrofishing	1E10037	1WE3003	29-Sep-09	3	391	488.5	5420439.466	444564.752	**
Walleye	>30cm	Gill net	1GN10016	1WE3003	29-Sep-09	3	381	446	5420537.158	444060.343	**
Walleye	>30cm	Gill net	1N0006	1WE3003	29-Sep-09	3	367	158.9	5424174.624	451961.673	

Table 2-8. Summary of Fish Collected from FSCA 1

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Walleye	>30cm	Gill net	1N0018	1WE3003	29-Sep-09	3	374	484.4	5422212.904	448593.703	
Walleye	>30cm	Boat electrofishing	1E10039	1WE3004	29-Sep-09	--	343	323	5420439.466	444564.752	**
Walleye	>30cm	Boat electrofishing	1E10041	1WE3004	29-Sep-09	3	400	580	5420439.466	444564.752	**
Walleye	>30cm	Boat electrofishing	1E10057	1WE3004	29-Sep-09	3	446	397.2	5420439.466	444564.752	**
Walleye	>30cm	Boat electrofishing	1E10062	1WE3004	29-Sep-09	2	330	289	5420439.466	444564.752	**
Walleye	>30cm	Gill net	1GN0044	1WE3004	30-Sep-09	--	405	507	5421042.835	446334.546	**
Walleye	>30cm	Boat electrofishing	1E10028	1WE3005	29-Sep-09	6	606	1153	5420439.466	444564.752	**
Walleye	>30cm	Boat electrofishing	1E10038	1WE3005	29-Sep-09	2	319	260.2	5420439.466	444564.752	**
Walleye	>30cm	Boat electrofishing	1E10059	1WE3005	29-Sep-09	3	368	425	5420439.466	444564.752	**
Walleye	>30cm	Gill net	1N0044	1WE3005	29-Sep-09	--	393	306.4	5420493.481	444722.765	**
Archived Fish											
Black crappie	<=15cm	Boat electrofishing	1E10034	archived	29-Sep-09	<1	56	1	5420439.466	444564.752	
Redside shiner	<=15cm	Boat electrofishing	1E10074	archived	1-Oct-09	<1	100	8.2	5420987.23	446336.451	
Yellow perch	>15 to <=30cm	Boat electrofishing	1E0005	archived	28-Sep-09	2	169	66	5420486.421	444874.066	
Yellow perch	>15 to <=30cm	Boat electrofishing	1E0006	archived	28-Sep-09	2	164	62	5420486.421	444874.066	
Kokanee	>15 to <=30cm	Boat electrofishing	1E0019H	archived	28-Sep-09	--	265	204	5420486.421	444874.066	
Walleye	>15 to <=30cm	Boat electrofishing	1E10065	archived	1-Oct-09	--	157	31.2	5420987.23	446336.451	
Largescale sucker	>15 to <=30cm	Boat electrofishing	1E10079	archived	1-Oct-09	3	197	82.4	5420987.23	446336.451	
Smallmouth bass	>15 to <=30cm	Gill net	1GN10011	archived	29-Sep-09	3	278	333	5420537.158	444060.343	
Kokanee	>15 to <=30cm	Gill net	1GN10020H	archived	29-Sep-09	--	292	144.7	5420455.447	444634.494	**
Kokanee	>15 to <=30cm	Gill net	1GN10027H	archived	29-Sep-09	--	300	292.8	5420455.447	444634.494	**
Kokanee	>15 to <=30cm	Gill net	1GN10038H	archived	30-Sep-09	1	292	152.2	5421042.835	446334.546	
Kokanee	>15 to <=30cm	Gill net	1GN10053H	archived	30-Sep-09	--	293	107.1	5420493.481	444722.765	
Smallmouth bass	>15 to <=30cm	Gill net	1N0004	archived	28-Sep-09	3	244	131.6	5422212.904	448593.703	
Kokanee	>15 to <=30cm	Gill net	1N0007H	archived	29-Sep-09	--	285	121.3	5424174.624	451961.673	
Kokanee	>15 to <=30cm	Gill net	1N0013H	archived	29-Sep-09	--	290	321.3	5424174.624	451961.673	
Kokanee	>15 to <=30cm	Gill net	1N0016H	archived	29-Sep-09	--	294	147.5	5424174.624	451961.673	
Kokanee	>15 to <=30cm	Gill net	1N0031H	archived	29-Sep-09	--	291	168.3	5421827.354	447813.951	
Kokanee	>15 to <=30cm	Gill net	1N0039H	archived	29-Sep-09	1	300	202.1	5420455.447	444634.494	**
Kokanee	>30cm	Boat electrofishing	1E0053H	archived	29-Sep-09	--	314	359	5420439.466	444564.752	**
Rainbow trout	>30cm	Boat electrofishing	1E10042W	archived	29-Sep-09	4	466	493.9	5420439.466	444564.752	**
Rainbow trout	>30cm	Boat electrofishing	1E10043W	archived	29-Sep-09	3	457	1122.3	5420439.466	444564.752	**
Rainbow trout	>30cm	Boat electrofishing	1E10044W	archived	29-Sep-09	4	465	1013.9	5420439.466	444564.752	**
Kokanee	>30cm	Boat electrofishing	1E10045H	archived	29-Sep-09	--	320	169	5420439.466	444564.752	**
Kokanee	>30cm	Gill net	1GN0039H	archived	30-Sep-09	--	331	351	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1GN10002H	archived	29-Sep-09	--	320	252.4	5420537.158	444060.343	
Kokanee	>30cm	Gill net	1GN10008H	archived	29-Sep-09	--	337	152.8	5420537.158	444060.343	
Rainbow trout	>30cm	Gill net	1GN10017W	archived	29-Sep-09	--	470	1230.5	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1GN10022H	archived	29-Sep-09	--	308	320.7	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1GN10024H	archived	29-Sep-09	--	315	164	5420455.447	444634.494	**
Rainbow trout	>30cm	Gill net	1GN10026W	archived	29-Sep-09	--	365	541.6	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1GN10029H	archived	29-Sep-09	--	319	439.8	5420455.447	444634.494	
Kokanee	>30cm	Gill net	1GN10030H	archived	29-Sep-09	--	319	369.7	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1GN10032H	archived	29-Sep-09	--	327	400.6	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1GN10046H	archived	30-Sep-09	--	329	207.2	5421042.835	446334.546	
Kokanee	>30cm	Gill net	1GN10051AH	archived	30-Sep-09	--	332	244	5420493.481	444722.765	
Longnose sucker	>30cm	Gill net	1GN10059	archived	30-Sep-09	--	360	651	5420493.481	444722.765	
Kokanee	>30cm	Gill net	1N0003H	archived	28-Sep-09	1	304	180.8	5422212.904	448593.703	
Kokanee	>30cm	Gill net	1N0032H	archived	29-Sep-09	1	321	176.8	5421827.354	447813.951	**
Kokanee	>30cm	Gill net	1N0033H	archived	29-Sep-09	1	327	405.2	5421827.354	447813.951	
Kokanee	>30cm	Gill net	1N0038H	archived	29-Sep-09	2	313	161.1	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1N0040H	archived	29-Sep-09	--	304	163.8	5420455.447	444634.494	**
Rainbow trout	>30cm	Gill net	1N0048W	archived	29-Sep-09	2	409	632.2	5420763.579	444393.424	**

Table 2-8. Summary of Fish Collected from FSCA 1

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Archived Fish (continued)											
Kokanee	>30cm	Gill net	1N0053H	archived	29-Sep-09	--	355	176.4	5420763.579	444393.424	
Kokanee	>30cm	Gill net	1N10034H	archived	29-Sep-09	1	313	185.7	5421827.354	447813.951	**
Kokanee	>30cm	Gill net	1N10037H	archived	29-Sep-09	1	302	139.8	5420455.447	444634.494	**
Kokanee	>30cm	Gill net	1N10041H	archived	29-Sep-09	1	305	309.9	5420455.447	444634.494	**

Notes:

^a UTM Zone 11

** Fish was held on ice and was processed after the 48 hrs period proposed in the 2009 Fish QAPP. No deterioration was noted upon processing, therefore the sample is considered acceptable. When available, only fish processed within the 48 hour period are proposed for analysis.

Table 2-9. Summary of Sturgeon Incidentally Encountered

FSCA	Sample Date	Collection Gear	Scute	PIT Tag#	Fork Length (mm)	Condition	UTM Northing ^a	UTM Easting ^a
1	30-Sep-09	Gill net	7L	NA	465	released in good condition, no marks or tags observed	5421042.835	446334.546
2	28-Sep-09	Gill net	5L	NA	647.7	released in good condition, no marks or tags observed	5407946.25	428089.1746
2	28-Sep-09	Gill net	9L	NA	265	released in good condition, no marks or tags observed	5407324.198	429809.626
2	28-Sep-09	Gill net	6L	NA	560	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	9L	NA	380	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	6L	NA	550	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	6L	NA	749.3	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	8L	NA	465	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	6L	NA	685.8	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	7L	NA	530	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	9L	NA	330	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	9L	NA	330	released in good condition, no marks or tags observed	5413944.867	437857.3909
2	29-Sep-09	Gill net	7L	985120030490523	590	mortality ^b	5412689.228	435595.7435
2	29-Sep-09	Gill net	8L	NA	460	released in good condition, no marks or tags observed	5412689.228	435595.7435
2	29-Sep-09	Gill net	4L	NA	787	released in good condition, no marks or tags observed	5412689.228	435595.7435
2	29-Sep-09	Gill net	9L	NA	390	released in good condition, no marks or tags observed	5412689.228	435595.7435
2	29-Sep-09	Gill net	7L	NA	525	released in good condition, no marks or tags observed	5412689.228	435595.7435
2	29-Sep-09	Gill net	9L	NA	310	released in good condition, no marks or tags observed	5407324.198	429809.626
2	29-Sep-09	Gill net	7L	985120029753155	500	mortality ^b	5407324.198	429809.626
2	29-Sep-09	Gill net	9L	NA	305	released in good condition, no marks or tags observed	5407324.198	429809.626
2	30-Sep-09	Gill net	7L	NA	530	released in good condition, no marks or tags observed	5412001.879	434806.904
2	30-Sep-09	Gill net	7L	NA	620	released in good condition, no marks or tags observed	5412001.879	434806.904
2	30-Sep-09	Gill net	8L	NA	415	released in good condition, no marks or tags observed	5412001.879	434806.904
2	30-Sep-09	Gill net	5L	NA	914	released in good condition, no marks or tags observed	5412001.879	434806.904
2	30-Sep-09	Gill net	7L	NA	470	released in good condition, no marks or tags observed	5407480.971	430806.923
2	30-Sep-09	Gill net	6L	NA	555	released in good condition, no marks or tags observed	5407480.971	430806.923
2	30-Sep-09	Gill net	7L	NA	480	released in good condition, no marks or tags observed	5407480.971	430806.923
2	1-Oct-09	Gill net	8L	985120032583596	565	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120032595900	550	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	5L	No ID found	889	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120029971354	450	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	5L	No ID found	876	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120030482582	550	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120029631932	475	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	9L	985121006631112	345	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	9L	985120032405924	470	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120030500755	724	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	8L	985120032624797	445	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120029803594	355	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	5L	No ID found	686	released in good condition, no marks or tags observed	5412917.766	435571.352
2	1-Oct-09	Gill net	7L	985120030486830	580	released in good condition, no marks or tags observed	5411945.353	434770.929
2	1-Oct-09	Gill net	8L	985120032524920	445	released in good condition, no marks or tags observed	5411945.353	434770.929
2	1-Oct-09	Gill net	6L	985120027015582	580	released in good condition, no marks or tags observed	5411945.353	434770.929
2	1-Oct-09	Gill net	NR	985120030510592	n/a	released in good condition, no marks or tags observed	5411945.353	434770.929
2	1-Oct-09	Gill net	6L	985120030041583	500	released in good condition, no marks or tags observed	5411945.353	434770.929
2	1-Oct-09	Gill net	9L	985121012215259	370	released in good condition, no marks or tags observed	5411945.353	434770.929
2	1-Oct-09	Gill net	4L	985120016017973	914	released in good condition, no marks or tags observed	5410111.901	432381.3286
2	1-Oct-09	Gill net	6L	985120026978405	635	released in good condition, no marks or tags observed	5410111.901	432381.3286
2	1-Oct-09	Gill net	7L	985120029790532	465	released in good condition, no marks or tags observed	5409126.704	432336.506
2	1-Oct-09	Gill net	5L	985120018438780	615	mortality ^b	5409126.704	432336.506
2	1-Oct-09	Gill net	6L	985120030478931	625	mortality ^b	5409126.704	432336.506
2	1-Oct-09	Gill net	7L	985120029798688	450	released in good condition, no marks or tags observed	5409126.704	432336.506
2	1-Oct-09	Gill net	8L	985120031166074	430	released in good condition, no marks or tags observed	5409126.704	432336.506
2	1-Oct-09	Gill net	8L	985120032545647	533	released in good condition, no marks or tags observed	5417046.295	440311.879

Table 2-9. Summary of Sturgeon Incidentally Encountered

FSCA	Sample Date	Collection Gear	Scute	PIT Tag#	Fork Length (mm)	Condition	UTM Northing ^a	UTM Easting ^a
2	2-Oct-09	Gill net	6L	985120030514027	686	released in good condition, no marks or tags observed	5416998.085	440315.027
2	2-Oct-09	Gill net	6L	985120029760994	533	released in good condition, no marks or tags observed	5416998.085	440315.027
2	2-Oct-09	Gill net	7L	985120029640384	635	released in good condition, no marks or tags observed	5416998.085	440315.027
2	2-Oct-09	Gill net	7L	985120032417382	635	released in good condition, no marks or tags observed	5416998.085	440315.027
2	2-Oct-09	Gill net	7L	985120032593513	483	released in good condition, no marks or tags observed	5416998.085	440315.027
2	5-Oct-09	Burbot trap	NR	NA	457	released in good condition, no marks or tags observed	5413139.339	435614.658
3	6-Oct-09	Gill net	9L	985121012717919	440	released in good condition, no marks or tags observed	5392955.582	420317.191
3	7-Oct-09	Gill net	10L	985120032652317	450	mortality ^b	5392148.428	418436.823
3	7-Oct-09	Gill net	9L	No ID found	405	released in good condition, no marks or tags observed	5392148.428	418436.823
3	7-Oct-09	Gill net	8L	985120032573321	565	released in good condition, no marks or tags observed	5392148.428	418436.823
3	7-Oct-09	Gill net	4L	985120023716691	740	released in good condition, no marks or tags observed	5389830.934	418393.1421

Notes:

^a UTM Zone 11

^b Incidental mortalities were kept on ice and delivered to the Washington Department of Fish and Wildlife Sherman Creek Hatchery as directed by Jason McLellan, WDFW.

NA - not applicable

Table 2-10. Characteristics Examined by the Smith et al. (2002) External Examination Protocol

Body	Head	Barbels	Eyes	Gill and Opercula	Fins
Normal	Normal head	Normal	Normal	Normal	Normal
Raised growth(s)	Deformed head	Missing	Exophthalmic	Slight shortening	Mild erosion
Reddened lesion(s)	Upper lip growth	Stubbed	Opaque	Severe shortening	Severe erosion
Spinal deformities	Lower lip growth	Deformed	Missing	Frayed	Frayed
Hemorrhagic body	Swollen nare		Hemorrhagic	Marginate	Hemorrhagic
Focal discoloration			Emboli	Pale	Emboli
Body fungus					
Parasites					

Table 2-11. Summary of Fish Examinations

Exam Characteristic	Number of Fish with Examination Characteristic Out of Number Sampled					
	FSCA 1	FSCA 2	FSCA 3	FSCA 4	FSCA 5	FSCA 6
Body						
Raised growth(s)	0/214 (0%)	1/321 (0.3%)	0/590 (0%)	1/408 (0.2%)	1/382 (0.3%)	0/407 (0%)
Reddened lesion(s)	2/214 (0.9%)	6/321 (1.9%)	13/590 (2.2%)	3/408 (0.7%)	4/382 (1.0%)	0/407 (0%)
Spinal deformities	0/214 (0%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Hemorrhagic body	4/214 (1.9%)	9/321 (2.8%)	22/590 (3.7%)	16/408 (3.9%)	4/382 (1.0%)	21/407 (5.2%)
Focal discoloration	0/214 (0%)	0/321 (0%)	3/590 (0.5%)	4/408 (1.0%)	11/382 (2.9%)	6/407 (1.5%)
Body fungus	0/214 (0%)	0/321 (0%)	3/590 (0.5%)	1/408 (0.2%)	0/382 (0%)	0/407 (0%)
Parasites	0/214 (0%)	1/321 (0.3%)	3/590 (0.5%)	1/408 (0.2%)	8/382 (2.1%)	2/407 (0.5%)
Other (e.g., marks or cuts from gill nets, healed wounds)	84/214 (39.3%)	96/321 (29.9%)	170/590 (28.8%)	73/408 (17.9%)	41/382 (10.7%)	86/407 (21.1%)
Head						
Deformed head	1/214 (0.5%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Upper lip growth	1/214 (0.5%)	0/321 (0%)	1/590 (0.2%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Lower lip growth	0/214 (0%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Swollen nare	0/214 (0%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Barbels (Burbot only)						
Missing	0/1 (0%)	0/3 (0%)	0/14 (0%)	0/35 (0%)	0/34 (0%)	0/27 (0%)
Stubbed	0/1 (0%)	0/3 (0%)	0/14 (0%)	0/35 (0%)	0/34 (0%)	0/27 (0%)
Deformed	0/1 (0%)	0/3 (0%)	0/14 (0%)	0/35 (0%)	0/34 (0%)	0/27 (0%)
Eyes						
Exophthalmic	1/214 (0.5%)	4/321 (1.2%)	0/590 (0%)	0/408 (0%)	1/382 (0.3%)	0/407 (0%)
Opaque	0/214 (0%)	1/321 (0.3%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Missing	0/214 (0%)	0/321 (0%)	1/590 (0.2%)	0/408 (0%)	0/382 (0%)	5/407 (1.2%)
Hemorrhagic	3/214 (1.4%)	5/321 (1.6%)	5/590 (0.8%)	2/408 (0.5%)	1/382 (0.3%)	2/407 (0.5%)
Emboli	0/214 (0%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Opercula						
Slight shortening	2/214 (0.9%)	1/321 (0.3%)	8/590 (1.4%)	4/408 (1.0%)	4/382 (1.0%)	2/407 (0.5%)
Severe shortening	0/214 (0%)	0/321 (0%)	1/590 (0.2%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Gills						
Frayed	0/214 (0%)	0/321 (0%)	1/590 (0.2%)	0/408 (0%)	1/382 (0.3%)	0/407 (0%)
Marginate	0/214 (0%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)
Pale	2/214 (0.9%)	2/321 (0.6%)	5/590 (0.8%)	10/408 (2.5%)	4/382 (1.0%)	31/407 (7.6%)
Fins						
Mild erosion	2/214 (0.9%)	3/321 (0.9%)	2/590 (0.3%)	2/408 (0.5%)	1/382 (0.3%)	4/407 (1.0%)
Severe erosion	0/214 (0%)	1/321 (0.3%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	2/407 (0.5%)
Frayed	2/214 (0.9%)	27/321 (8.4%)	68/590 (11.5%)	50/408 (12.3%)	46/382 (12.0%)	78/407 (19.2%)
Hemorrhagic	1/214 (0.5%)	1/321 (0.3%)	8/590 (1.4%)	1/408 (0.2%)	0/382 (0%)	0/407 (0%)
Emboli	0/214 (0%)	0/321 (0%)	0/590 (0%)	0/408 (0%)	0/382 (0%)	0/407 (0%)

Note:

External examinations were performed following the methods detailed by Smith et al. (2002).

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Individual Large Fish											
Burbot	>30cm	Burbot trap	2CBT2105	2BU3IND001	2-Oct-09	3	479	233.3	5419284.692	443500.744	
Burbot	>30cm	Gill net	2GN60028	2BU3IND002	30-Sep-09	--	561	1137	5412001.879	434806.904	
Burbot	>30cm	Burbot trap	2BTC0004	2BU3IND003	5-Oct-09	8	623	1366	5413139.339	435614.658	
Longnose sucker	>30cm	Boat electrofishing	2ED0077	2LN3IND001	3-Oct-09	2	306	321	5416374.669	440220.389	
Longnose sucker	>30cm	Boat electrofishing	2ED0041	2LN3IND002	3-Oct-09	2	310	304.3	5417631.162	441069.3	
Longnose sucker	>30cm	Boat electrofishing	2ED0071	2LN3IND003	3-Oct-09	5	400	311.6	5416374.669	440220.389	
Longnose sucker	>30cm	Boat electrofishing	2ED0083	2LN3IND004	3-Oct-09	7	378	391	5416374.669	440220.389	
Longnose sucker	>30cm	Boat electrofishing	2ED0076	2LN3IND005	3-Oct-09	4	401	418.8	5416374.669	440220.389	
Longnose sucker	>30cm	Boat electrofishing	2ED0084	2LN3IND006	3-Oct-09	5	408	429.8	5416374.669	440220.389	
Mountain whitefish	>30cm	Gill net	2GN110050	2MW3IND001	1-Oct-09	2	444	884	5412917.766	435571.352	
Mountain whitefish	>30cm	Gill net	2GN50035	2MW3IND002	30-Sep-09	3	465	1059	5407480.971	430806.923	
Mountain whitefish	>30cm	Gill net	2GN110049	2MW3IND003	1-Oct-09	--	468	597.1	5412917.766	435571.352	
Mountain whitefish	>30cm	Gill net	2GN40012A	2MW3IND004	29-Sep-09	3	480	1226	5413944.867	437857.3909	
Smallmouth bass	>30cm	Gill net	2GN90069	2SMB3IND001	1-Oct-09	8	414	836.9	5409126.704	432336.506	
Walleye	>30cm	Gill net	2GN0077	2WE3IND001	1-Oct-09	3	391	487	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN50032	2WE3IND002	30-Sep-09	3	393	610	5407480.971	430806.923	
Walleye	>30cm	Gill net	2GN90068	2WE3IND003	1-Oct-09	--	401	590	5409126.704	432336.506	
Walleye	>30cm	Gill net	2GN0001	2WE3IND004	28-Sep-09	6	536	672	5407946.25	428089.1746	
Walleye	>30cm	Gill net	2GN0079	2WE3IND005	1-Oct-09	5	407	614	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN0067	2WE3IND006	1-Oct-09	3	422	333.9	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN110046	2WE3IND007	1-Oct-09	3	382	252.2	5412917.766	435571.352	
Walleye	>30cm	Gill net	2GN0002	2WE3IND008	28-Sep-09	3	385	453	5407946.25	428089.1746	
Walleye	>30cm	Gill net	2GN20015	2WE3IND009	29-Sep-09	3	390	474	5407324.198	429809.626	
Walleye	>30cm	Gill net	2GN100062	2WE3IND010	1-Oct-09	3	391	520	5410111.901	432381.3286	
Walleye	>30cm	Gill net	2GN50033	2WE3IND011	30-Sep-09	6	395	550	5407480.971	430806.923	
Walleye	>30cm	Gill net	2GN60025	2WE3IND012	30-Sep-09	8	582	1899	5412001.879	434806.904	
Walleye	>30cm	Gill net	2GN40012	2WE3IND013	29-Sep-09	4	403	542	5413944.867	437857.3909	
Composite Fish											
Longnose sucker	<=15cm	Beach seine	2A0001	2LN1001	28-Sep-09	2	132	23	5418456.841	442045.6027	
Longnose sucker	<=15cm	Beach seine	2A0002	2LN1001	28-Sep-09	<1	65	3	5418456.841	442045.6027	
Longnose sucker	<=15cm	Beach seine	2A0004	2LN1001	28-Sep-09	1	54	1	5418456.841	442045.6027	
Longnose sucker	<=15cm	Beach seine	2A0016	2LN1001	28-Sep-09	<1	58	2	5418433.724	442069.411	
Longnose sucker	<=15cm	Beach seine	2A0030	2LN1001	29-Sep-09	1	76	6	5418437.71	442073.8668	
Longnose sucker	<=15cm	Beach seine	2A0033	2LN1001	29-Sep-09	<1	78	7	5418437.71	442073.8668	
Longnose sucker	<=15cm	Beach seine	2A0034	2LN1001	29-Sep-09	1	65	2	5418437.71	442073.8668	
Longnose sucker	<=15cm	Boat electrofishing	2ED0033	2LN1001	3-Oct-09	<1	60	2.2	5417631.162	441069.3	
Longnose sucker	<=15cm	Boat electrofishing	2ED0069	2LN1001	3-Oct-09	<1	49	0.7	5416374.669	440220.389	
Longnose sucker	<=15cm	Minnow trap	2GN10091	2LN1001	1-Oct-09	<1	68	2.5	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	2GN10093	2LN1001	1-Oct-09	<1	50	1.1	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	2GN10094	2LN1001	1-Oct-09	<1	57	1.5	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	2GN10096	2LN1001	1-Oct-09	<1	53	1.1	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	C2GN0119	2LN1001	2-Oct-09	<1	40	0.6	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	C2GN20112	2LN1001	2-Oct-09	<1	55	1.6	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	C2GN20113	2LN1001	2-Oct-09	<1	65	2.6	5416988.665	440329.585	
Longnose sucker	<=15cm	Minnow trap	C2GN20114	2LN1001	2-Oct-09	<1	53	2	5416988.665	440329.585	
Largescale sucker	<=15cm	Beach seine	2A0003	2LS1001	28-Sep-09	1	59	3	5418456.841	442045.6027	
Largescale sucker	<=15cm	Beach seine	2A0005	2LS1001	28-Sep-09	1	43	1	5418456.841	442045.6027	
Largescale sucker	<=15cm	Beach seine	2A0015	2LS1001	28-Sep-09	1	65	3	5418433.724	442069.411	
Largescale sucker	<=15cm	Beach seine	2A0022	2LS1001	29-Sep-09	2	115	14	5418437.71	442073.8668	

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Largescale sucker	<=15cm	Beach seine	2A0023	2LS1001	29-Sep-09	2	112	14	5418437.71	442073.8668	
Largescale sucker	<=15cm	Beach seine	2A0024	2LS1001	29-Sep-09	1	70	4	5418437.71	442073.8668	
Largescale sucker	<=15cm	Beach seine	2A0025	2LS1001	29-Sep-09	1	76	5	5418437.71	442073.8668	
Largescale sucker	<=15cm	Beach seine	2A0028	2LS1001	29-Sep-09	<1	52	1	5418437.71	442073.8668	
Largescale sucker	<=15cm	Beach seine	2A0029	2LS1001	29-Sep-09	<1	55	1	5418437.71	442073.8668	
Largescale sucker	<=15cm	Beach seine	2A0032	2LS1001	29-Sep-09	1	69	2	5418437.71	442073.8668	
Largescale sucker	<=15cm	Boat electrofishing	2EB0017	2LS1001	3-Oct-09	<1	129	16	5418607.766	441762.266	
Largescale sucker	<=15cm	Boat electrofishing	2EB0019	2LS1001	3-Oct-09	<1	136	21	5418607.766	441762.266	
Largescale sucker	<=15cm	Boat electrofishing	2EB0021	2LS1001	3-Oct-09	<1	110	9.2	5418607.766	441762.266	
Largescale sucker	<=15cm	Boat electrofishing	2ED0013	2LS1001	3-Oct-09	<1	130	18.1	5417631.162	441069.3	
Largescale sucker	<=15cm	Boat electrofishing	2ED0014	2LS1001	3-Oct-09	<1	115	2.8	5417631.162	441069.3	
Largescale sucker	<=15cm	Boat electrofishing	2ED0015	2LS1001	3-Oct-09	<1	117	12.8	5417631.162	441069.3	
Largescale sucker	<=15cm	Boat electrofishing	2ED0044	2LS1001	3-Oct-09	<1	51	0.9	5417631.162	441069.3	
Largescale sucker	<=15cm	Boat electrofishing	2ED0045	2LS1001	3-Oct-09	<1	52	1	5417631.162	441069.3	
Largescale sucker	<=15cm	Boat electrofishing	2ED0085	2LS1001	3-Oct-09	<1	51	0.8	5416374.669	440220.389	
Largescale sucker	<=15cm	Boat electrofishing	2ED0086	2LS1001	3-Oct-09	<1	81	3.5	5416374.669	440220.389	
Largescale sucker	<=15cm	Minnow trap	2GN10092	2LS1001	1-Oct-09	<1	62	1.7	5416988.665	440329.585	
Largescale sucker	<=15cm	Minnow trap	2GN10095	2LS1001	1-Oct-09	<1	62	1.8	5416988.665	440329.585	
Largescale sucker	<=15cm	Minnow trap	C2GN0115	2LS1001	2-Oct-09	<1	60	1.9	5416988.665	440329.585	
Largescale sucker	<=15cm	Minnow trap	C2GN0116	2LS1001	2-Oct-09	<1	56	1.4	5416988.665	440329.585	
Largescale sucker	<=15cm	Minnow trap	C2GN0117	2LS1001	2-Oct-09	<1	55	1.3	5416988.665	440329.585	
Largescale sucker	<=15cm	Minnow trap	C2GN0118	2LS1001	2-Oct-09	<1	47	0.9	5416988.665	440329.585	
Pikeminnow	<=15cm	Beach seine	2A0018	2PM1001	29-Sep-09	1	150	30	5418456.841	442045.6027	
Pikeminnow	<=15cm	Beach seine	2A0019	2PM1001	29-Sep-09	1	90	8	5418456.841	442045.6027	
Pikeminnow	<=15cm	Beach seine	2A0020	2PM1001	29-Sep-09	1	84	6	5418456.841	442045.6027	
Pikeminnow	<=15cm	Beach seine	2A0031	2PM1001	29-Sep-09	1	68	3	5418437.71	442073.8668	
Pikeminnow	<=15cm	Beach seine	2A0049	2PM1001	29-Sep-09	1	87	5	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0050	2PM1001	29-Sep-09	1	87	7	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0051	2PM1001	29-Sep-09	1	85	5	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0053	2PM1001	29-Sep-09	1	98	8	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0054	2PM1001	29-Sep-09	2	140	26	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0057	2PM1001	29-Sep-09	1	92	7	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0058	2PM1001	29-Sep-09	1	91	6	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0062	2PM1001	29-Sep-09	1	109	13	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0064	2PM1001	29-Sep-09	1	86	6	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0067	2PM1001	29-Sep-09	1	99	8	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0069	2PM1001	29-Sep-09	1	97	9	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0070	2PM1001	29-Sep-09	1	104	11	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0071	2PM1001	29-Sep-09	1	84	7	5418414.035	441994.3561	
Pikeminnow	<=15cm	Beach seine	2A0072	2PM1001	29-Sep-09	1	105	8	5418414.035	441994.3561	
Pikeminnow	<=15cm	Boat electrofishing	2EB0024	2PM1001	3-Oct-09	<1	135	23.2	5418607.766	441762.266	
Rainbow trout	<=15cm	Boat electrofishing	2EB0014W	2RBW1001	3-Oct-09	<1	12	16.7	5418607.766	441762.266	
Rainbow trout	<=15cm	Boat electrofishing	2ED0034W	2RBW1001	3-Oct-09	<1	88	6	5417631.162	441069.3	
Rainbow trout	<=15cm	Boat electrofishing	2ED0035W	2RBW1001	3-Oct-09	<1	88	5.7	5417631.162	441069.3	
Rainbow trout	<=15cm	Boat electrofishing	2ED0036W	2RBW1001	3-Oct-09	<1	96	9.2	5417631.162	441069.3	
Rainbow trout	<=15cm	Boat electrofishing	2ED0065W	2RBW1001	3-Oct-09	<1	146	31.8	5416374.669	440220.389	
Rainbow trout	<=15cm	Boat electrofishing	2ED0066W	2RBW1001	3-Oct-09	<1	99	9.8	5416374.669	440220.389	
Sculpin	<=15cm	Boat electrofishing	2EB0015	2SC1001	3-Oct-09	<1	109	18	5418607.766	441762.266	
Sculpin	<=15cm	Boat electrofishing	2EB0016	2SC1001	3-Oct-09	<1	99	10.5	5418607.766	441762.266	

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Sculpin	<=15cm	Boat electrofishing	2EB0018	2SC1001	3-Oct-09	<1	96	11.5	5418607.766	441762.266	
Sculpin	<=15cm	Boat electrofishing	2EB0023	2SC1001	3-Oct-09	<1	80	4.2	5418607.766	441762.266	
Sculpin	<=15cm	Boat electrofishing	2EB0025	2SC1001	3-Oct-09	<1	89	6.2	5418607.766	441762.266	
Sculpin	<=15cm	Boat electrofishing	2ED0037	2SC1001	3-Oct-09	<1	72	3.2	5417631.162	441069.3	
Sculpin	<=15cm	Boat electrofishing	2ED0038	2SC1001	3-Oct-09	<1	98	11.2	5417631.162	441069.3	
Sculpin	<=15cm	Boat electrofishing	2ED0039	2SC1001	3-Oct-09	<1	75	4.5	5417631.162	441069.3	
Sculpin	<=15cm	Boat electrofishing	2ED0040	2SC1001	3-Oct-09	<1	108	13.3	5417631.162	441069.3	
Smallmouth bass	<=15cm	Beach seine	2A0035	2SMB1001	29-Sep-09	<1	91	12	5418437.71	442073.8668	
Smallmouth bass	<=15cm	Beach seine	2A0036	2SMB1001	29-Sep-09	<1	43	1	5418437.71	442073.8668	
Smallmouth bass	<=15cm	Beach seine	2A0037	2SMB1001	29-Sep-09	<1	49	1	5418437.71	442073.8668	
Smallmouth bass	<=15cm	Beach seine	2A0038	2SMB1001	29-Sep-09	<1	43	1	5418437.71	442073.8668	
Smallmouth bass	<=15cm	Beach seine	2A0039	2SMB1001	29-Sep-09	<1	49	2	5418437.71	442073.8668	
Smallmouth bass	<=15cm	Beach seine	2A0040	2SMB1001	29-Sep-09	<1	46	1	5418437.71	442073.8668	
Smallmouth bass	<=15cm	Beach seine	2A0077	2SMB1001	29-Sep-09	<1	43	1	5418414.035	441994.3561	
Smallmouth bass	<=15cm	Beach seine	2A0078	2SMB1001	29-Sep-09	<1	49	2	5418414.035	441994.3561	
Smallmouth bass	<=15cm	Beach seine	2A0079	2SMB1001	29-Sep-09	<1	49	2	5418414.035	441994.3561	
Smallmouth bass	<=15cm	Beach seine	2A0082	2SMB1001	29-Sep-09	<1	46	1	5418369.412	441863.5373	
Smallmouth bass	<=15cm	Boat electrofishing	2EB0020	2SMB1001	3-Oct-09	<1	75	5.8	5418607.766	441762.266	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0009	2SMB1001	3-Oct-09	<1	78	6.4	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0010	2SMB1001	3-Oct-09	<1	79	6.6	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0011	2SMB1001	3-Oct-09	<1	68	4.2	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0016	2SMB1001	3-Oct-09	<1	90	9	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0017	2SMB1001	3-Oct-09	<1	75	5.3	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0018	2SMB1001	3-Oct-09	<1	67	3.5	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0019	2SMB1001	3-Oct-09	<1	73	6	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0020	2SMB1001	3-Oct-09	<1	72	5	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0021	2SMB1001	3-Oct-09	<1	76	0.1	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0022	2SMB1001	3-Oct-09	<1	64	3.4	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0023	2SMB1001	3-Oct-09	<1	75	5.6	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0024	2SMB1001	3-Oct-09	<1	50	1.6	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0025	2SMB1001	3-Oct-09	<1	45	1.2	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0026	2SMB1001	3-Oct-09	<1	53	1.7	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0027	2SMB1001	3-Oct-09	<1	81	7	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0028	2SMB1001	3-Oct-09	<1	71	4.3	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0029	2SMB1001	3-Oct-09	<1	49	1.5	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0030	2SMB1001	3-Oct-09	<1	57	2	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0031	2SMB1001	3-Oct-09	<1	51	1.7	5417631.162	441069.3	
Smallmouth bass	<=15cm	Boat electrofishing	2ED0032	2SMB1001	3-Oct-09	<1	87	7.9	5417631.162	441069.3	
Yellow perch	<=15cm	Beach seine	2A0013	2YP1001	28-Sep-09	<1	68	4	5418433.724	442069.411	
Yellow perch	<=15cm	Beach seine	2A0014	2YP1001	28-Sep-09	<1	65	3	5418433.724	442069.411	
Yellow perch	<=15cm	Beach seine	2A0041	2YP1001	29-Sep-09	1	142	36	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0042	2YP1001	29-Sep-09	1	140	35	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0052	2YP1001	29-Sep-09	<1	66	3	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0055	2YP1001	29-Sep-09	<1	81	6	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0056	2YP1001	29-Sep-09	<1	80	6	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0059	2YP1001	29-Sep-09	<1	64	1	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0060	2YP1001	29-Sep-09	<1	74	6	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0061	2YP1001	29-Sep-09	<1	68	3	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0063	2YP1001	29-Sep-09	<1	75	4	5418414.035	441994.3561	

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Yellow perch	<=15cm	Beach seine	2A0065	2YP1001	29-Sep-09	<1	86	8	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0066	2YP1001	29-Sep-09	<1	60	3	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0068	2YP1001	29-Sep-09	<1	68	3	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0073	2YP1001	29-Sep-09	<1	65	3	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0074	2YP1001	29-Sep-09	<1	67	4	5418414.035	441994.3561	
Yellow perch	<=15cm	Beach seine	2A0075	2YP1001	29-Sep-09	<1	61	3	5418414.035	441994.3561	
Kokanee	>15 to <=30cm	Gill net	2GN0066H	2KOH2001	1-Oct-09	1	263	234	5417397.6	440555.046	
Kokanee	>15 to <=30cm	Gill net	2GN0070H	2KOH2001	1-Oct-09	1	293	301	5417397.6	440555.046	
Kokanee	>15 to <=30cm	Gill net	2GN10040H	2KOH2001	30-Sep-09	1	283	298	5407988.051	428164.885	
Kokanee	>15 to <=30cm	Gill net	A21N0012H	2KOH2001	1-Oct-09	1	290	278	5410044.434	432023.908	
Kokanee	>15 to <=30cm	Gill net	A21N0016H	2KOH2001	1-Oct-09	--	294	310	5410044.434	432023.908	
Longnose sucker	>15 to <=30cm	Beach seine	2A0008	2LN2001	28-Sep-09	2	169	45	5418433.724	442069.411	
Longnose sucker	>15 to <=30cm	Beach seine	2A0009	2LN2001	28-Sep-09	2	170	50	5418433.724	442069.411	
Longnose sucker	>15 to <=30cm	Beach seine	2A0011	2LN2001	28-Sep-09	2	165	44	5418433.724	442069.411	
Longnose sucker	>15 to <=30cm	Beach seine	2A0012	2LN2001	28-Sep-09	2	169	47	5418433.724	442069.411	
Longnose sucker	>15 to <=30cm	Boat electrofishing	2ED0012	2LN2001	3-Oct-09	2	163	38.4	5417631.162	441069.3	
Largescale sucker	>15 to <=30cm	Beach seine	2A0044	2LS2001	29-Sep-09	--	221	107	5418414.035	441994.3561	
Largescale sucker	>15 to <=30cm	Beach seine	2A0047	2LS2001	29-Sep-09	2	208	77	5418414.035	441994.3561	
Largescale sucker	>15 to <=30cm	Boat electrofishing	2ED0042	2LS2001	3-Oct-09	3	232	127.8	5417631.162	441069.3	
Largescale sucker	>15 to <=30cm	Boat electrofishing	2ED0079	2LS2001	3-Oct-09	3	275	260	5416374.669	440220.389	
Largescale sucker	>15 to <=30cm	Gill net	2GNA0079	2LS2001	2-Oct-09	3	212	97.3	5408005.001	428105.208	
Pikeminnow	>15 to <=30cm	Gill net	2GN0063	2PM2001	1-Oct-09	--	272	151	5417397.6	440555.046	
Pikeminnow	>15 to <=30cm	Gill net	2GN90072	2PM2001	1-Oct-09	6	264	175	5409126.704	432336.506	
Pikeminnow	>15 to <=30cm	Gill net	A2-1N-0003	2PM2001	1-Oct-09	4	250	138.5	5413423.276	436019.374	
Pikeminnow	>15 to <=30cm	Gill net	A2-1N-0014	2PM2001	1-Oct-09	3	254	154.2	5410044.434	432023.908	
Pikeminnow	>15 to <=30cm	Gill net	A2-1N-0015	2PM2001	1-Oct-09	5	257	128.1	5410044.434	432023.908	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0055W	2RBW2001	3-Oct-09	2	247	137	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0058W	2RBW2001	3-Oct-09	1	258	174	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0063W	2RBW2001	3-Oct-09	1	258	169	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0064W	2RBW2001	3-Oct-09	1	212	94.6	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0082W	2RBW2001	3-Oct-09	1	222	122.4	5416374.669	440220.389	
Kokanee	>30cm	Gill net	2GN0069H	2KOH3001	1-Oct-09	--	313	144.8	5417397.6	440555.046	
Kokanee	>30cm	Gill net	2GN0072H	2KOH3001	1-Oct-09	1	341	182.3	5417397.6	440555.046	
Kokanee	>30cm	Gill net	2GN10038H	2KOH3001	30-Sep-09	1	322	363	5407988.051	428164.885	
Kokanee	>30cm	Gill net	2GNA0074H	2KOH3001	2-Oct-09	1	333	253.4	5408005.001	428105.208	
Kokanee	>30cm	Gill net	A21N0017H	2KOH3001	1-Oct-09	1	311	342	5410044.434	432023.908	
Kokanee	>30cm	Gill net	A21N0005H	2KOH3002	1-Oct-09	1	342	217.9	5413588.297	435687.577	
Kokanee	>30cm	Gill net	A21N0013H	2KOH3002	1-Oct-09	1	315	150.3	5410044.434	432023.908	
Kokanee	>30cm	Gill net	A21N0019H	2KOH3002	1-Oct-09	--	311	152.3	5410044.434	432023.908	
Kokanee	>30cm	Gill net	C2GN0092H	2KOH3002	2-Oct-09	1	342	452	5416998.085	440315.027	
Kokanee	>30cm	Gill net	C2GN0097H	2KOH3002	2-Oct-09	--	321	161.8	5416998.085	440315.027	
Kokanee	>30cm	Gill net	2GN0098H	2KOH3003	1-Oct-09	--	330	400	5417397.6	440555.046	
Kokanee	>30cm	Gill net	2GN10039H	2KOH3003	30-Sep-09	--	331	419	5407988.051	428164.885	
Kokanee	>30cm	Gill net	2GN90071	2KOH3003	1-Oct-09	1	336	421	5409126.704	432336.506	
Kokanee	>30cm	Gill net	A21N0006H	2KOH3003	1-Oct-09	1	314	166.6	5413588.297	435687.577	
Kokanee	>30cm	Gill net	A21N0009H	2KOH3003	1-Oct-09	--	342	210.1	5413588.297	435687.577	
Kokanee	>30cm	Gill net	2GN40020H	2KOH3004	30-Sep-09	1	347	206.2	5412001.879	434806.904	
Kokanee	>30cm	Gill net	2GNA0077H	2KOH3004	2-Oct-09	--	325	165.4	5408005.001	428105.208	
Kokanee	>30cm	Gill net	A21N0008H	2KOH3004	1-Oct-09	1	332	316	5413588.297	435687.577	

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Kokanee	>30cm	Gill net	A21N0018H	2KOH3004	1-Oct-09	1	317	157.9	5410044.434	432023.908	
Kokanee	>30cm	Gill net	C2GN0100W	2KOH3004	2-Oct-09	--	485	1207	5416998.085	440315.027	
Kokanee	>30cm	Boat electrofishing	2E0004H	2KOH3005	29-Sep-09	--	314	396	5418343.008	441742.3985	**
Kokanee	>30cm	Boat electrofishing	2E0006H	2KOH3005	29-Sep-09	--	350	504	5418343.008	441742.3985	**
Kokanee	>30cm	Gill net	2GN0067H	2KOH3005	1-Oct-09	1	319	330	5417397.6	440555.046	
Kokanee	>30cm	Gill net	A21N0004H	2KOH3005	1-Oct-09	1	324	363	5413588.297	435687.577	
Kokanee	>30cm	Gill net	2GN0071H	2KOH3006	1-Oct-09	2	310	353	5417397.6	440555.046	
Kokanee	>30cm	Gill net	2GNA0073H	2KOH3006	2-Oct-09	1	305	190.6	5408005.001	428105.208	
Kokanee	>30cm	Gill net	2GNA0075H	2KOH3006	2-Oct-09	1	305	343	5408005.001	428105.208	
Kokanee	>30cm	Gill net	2GNA0076H	2KOH3006	2-Oct-09	1	304	129.3	5408005.001	428105.208	
Kokanee	>30cm	Gill net	A21N0002H	2KOH3006	1-Oct-09	1	306	357	5413423.276	436019.374	
Largescale sucker	>30cm	Boat electrofishing	2ED0075	2LS3001	3-Oct-09	4	444	437.5	5416374.669	440220.389	
Largescale sucker	>30cm	Boat electrofishing	2ED0080	2LS3001	3-Oct-09	9	468	1429	5416374.669	440220.389	
Largescale sucker	>30cm	Gill net	C2GN0102	2LS3001	2-Oct-09	4	418	436.2	5416998.085	440315.027	
Largescale sucker	>30cm	Boat electrofishing	2EB0013	2LS3002	3-Oct-09	27	562	1804	5418607.766	441762.266	
Largescale sucker	>30cm	Boat electrofishing	2ED0078	2LS3002	3-Oct-09	4	441	581.4	5416374.669	440220.389	
Largescale sucker	>30cm	Boat electrofishing	2ED0074	2LS3003	3-Oct-09	29	519	1573	5416374.669	440220.389	
Largescale sucker	>30cm	Gill net	2GN10081	2LS3003	1-Oct-09	14	493	1248	5417397.6	440555.046	
Largescale sucker	>30cm	Boat electrofishing	2EB0012	2LS3004	3-Oct-09	12	510	490.4	5418607.766	441762.266	
Largescale sucker	>30cm	Boat electrofishing	2ED0072	2LS3004	3-Oct-09	30	583	1402.6	5416374.669	440220.389	
Largescale sucker	>30cm	Boat electrofishing	2ED0073	2LS3005	3-Oct-09	27	496	1519	5416374.669	440220.389	
Largescale sucker	>30cm	Boat electrofishing	2ED0081	2LS3005	3-Oct-09	9	440	692	5416374.669	440220.389	
Rainbow trout	>30cm	Boat electrofishing	2E0002W	2RBW3001	29-Sep-09	--	484	1294	5418343.008	441742.3985	
Rainbow trout	>30cm	Boat electrofishing	2E0003W	2RBW3001	29-Sep-09	--	432	384	5418343.008	441742.3985	
Rainbow trout	>30cm	Gill net	2GN0086W	2RBW3001	1-Oct-09	3	422	378.4	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	A21N0001W	2RBW3001	1-Oct-09	3	483	516.2	5413423.276	436019.374	
Rainbow trout	>30cm	Gill net	C2GN0094W	2RBW3001	2-Oct-09	5	480	1054	5416998.085	440315.027	
Rainbow trout	>30cm	Boat electrofishing	2EB0008W	2RBW3002	3-Oct-09	6	530	966	5418607.766	441762.266	
Rainbow trout	>30cm	Boat electrofishing	2ED0007W	2RBW3002	3-Oct-09	--	484	1148	5417631.162	441069.3	
Rainbow trout	>30cm	Gill net	2GN0090W	2RBW3002	1-Oct-09	2	417	351.5	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	C2GN0093W	2RBW3002	2-Oct-09	3	518	687.2	5416998.085	440315.027	
Rainbow trout	>30cm	Gill net	C2GN0103W	2RBW3002	2-Oct-09	6	572	1806	5416998.085	440315.027	
Rainbow trout	>30cm	Boat electrofishing	2EB0004H	2RBW3003	3-Oct-09	--	384	348.7	5418607.766	441762.266	
Rainbow trout	>30cm	Gill net	2GN0082H	2RBW3003	1-Oct-09	--	362	580	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	A2-1N-0010H	2RBW3003	1-Oct-09	--	313	364	5413588.297	435687.577	
Rainbow trout	>30cm	Boat electrofishing	2E0001W	2RBW3004	29-Sep-09	--	520	618	5418343.008	441742.3985	
Rainbow trout	>30cm	Boat electrofishing	2EB0002W	2RBW3004	3-Oct-09	6	522	439.8	5418607.766	441762.266	
Rainbow trout	>30cm	Boat electrofishing	2EB0006W	2RBW3004	3-Oct-09	4	461	419.1	5418607.766	441762.266	
Rainbow trout	>30cm	Boat electrofishing	2EB0010W	2RBW3004	3-Oct-09	5	531	1512	5418607.766	441762.266	
Rainbow trout	>30cm	Gill net	2GNA0080W	2RBW3004	2-Oct-09	4	553	882	5408005.001	428105.208	
Rainbow trout	>30cm	Boat electrofishing	2EB0009W	2RBW3005	3-Oct-09	4	475	505.1	5418607.766	441762.266	
Rainbow trout	>30cm	Boat electrofishing	2EB0011W	2RBW3005	3-Oct-09	4	496	548	5418607.766	441762.266	
Rainbow trout	>30cm	Gill net	2GN0065W	2RBW3005	1-Oct-09	3	479	590.5	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	2GN0085W	2RBW3005	1-Oct-09	2	404	287.9	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	2GN0089W	2RBW3005	1-Oct-09	2	407	704	5417397.6	440555.046	
Rainbow trout	>30cm	Boat electrofishing	2EB0067W	2RBW3006	3-Oct-09	--	451	577.7	5418607.766	441762.266	
Rainbow trout	>30cm	Gill net	2GN0063W	2RBW3006	1-Oct-09	3	339	239.8	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	2GN0064W	2RBW3006	1-Oct-09	3	490	530	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	2GN0083W	2RBW3006	1-Oct-09	3	471	505.4	5417397.6	440555.046	

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Composite Fish (continued)											
Rainbow trout	>30cm	Gill net	C2GN0101W	2RBW3006	2-Oct-09	5	504	684	5416998.085	440315.027	
Walleye	>30cm	Gill net	2GN0003	2WE3001	28-Sep-09	3	425	643	5407946.25	428089.1746	
Walleye	>30cm	Gill net	2GN0074	2WE3001	1-Oct-09	3	387	320.5	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN100060	2WE3001	1-Oct-09	3	359	165.8	5410111.901	432381.3286	
Walleye	>30cm	Gill net	2GN100061	2WE3001	1-Oct-09	2	382	178.7	5410111.901	432381.3286	
Walleye	>30cm	Gill net	2GN40011	2WE3001	29-Sep-09	3	381	208.7	5413944.867	437857.3909	
Walleye	>30cm	Gill net	2GN0004	2WE3002	28-Sep-09	3	391	463	5407946.25	428089.1746	
Walleye	>30cm	Gill net	2GN10017	2WE3002	29-Sep-09	5	316	139.3	5407946.25	428089.1746	
Walleye	>30cm	Gill net	2GN110045	2WE3002	1-Oct-09	3	364	197.6	5412917.766	435571.352	
Walleye	>30cm	Gill net	2GN110048	2WE3002	1-Oct-09	3	372	280.7	5412917.766	435571.352	
Walleye	>30cm	Gill net	2GN50030	2WE3002	30-Sep-09	3	384	490	5407480.971	430806.923	
Walleye	>30cm	Gill net	2GN0005	2WE3003	28-Sep-09	3	350	389	5407324.198	429809.626	
Walleye	>30cm	Gill net	2GN0076	2WE3003	1-Oct-09	3	379	213.3	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN0088	2WE3003	1-Oct-09	3	380	536	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN20014	2WE3003	29-Sep-09	3	377	235.3	5407324.198	429809.626	
Walleye	>30cm	Gill net	2GN50031	2WE3003	30-Sep-09	6	358	448	5407480.971	430806.923	
Walleye	>30cm	Gill net	2GN0007	2WE3004	28-Sep-09	3	372	441	5407324.198	429809.626	
Walleye	>30cm	Gill net	2GN0078	2WE3004	1-Oct-09	3	353	448	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN100059	2WE3004	1-Oct-09	--	380	510	5410111.901	432381.3286	
Walleye	>30cm	Gill net	2GN110047	2WE3004	1-Oct-09	8	374	504	5412917.766	435571.352	
Walleye	>30cm	Gill net	2GN60054	2WE3004	1-Oct-09	3	345	211.4	5411945.353	434770.929	
Walleye	>30cm	Gill net	2GN0006	2WE3005	28-Sep-09	3	380	452	5407324.198	429809.626	
Walleye	>30cm	Gill net	2GN0075	2WE3005	1-Oct-09	3	369	158.9	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN10018	2WE3005	29-Sep-09	4	376	216.8	5407946.25	428089.1746	
Walleye	>30cm	Gill net	2GN40009	2WE3005	29-Sep-09	3	366	432	5413944.867	437857.3909	
Walleye	>30cm	Gill net	2GN60026	2WE3005	30-Sep-09	3	371	458	5412001.879	434806.904	
Walleye	>30cm	Gill net	2GN0080	2WE3006	1-Oct-09	6	505	702.6	5417397.6	440555.046	
Walleye	>30cm	Gill net	2GN20013	2WE3006	29-Sep-09	3	383	234.5	5407324.198	429809.626	
Walleye	>30cm	Gill net	2GN40016	2WE3006	29-Sep-09	3	406	266.9	5413944.867	437857.3909	
Walleye	>30cm	Gill net	2GN50034	2WE3006	30-Sep-09	3	382	491	5407480.971	430806.923	
Walleye	>30cm	Gill net	2GN60053B	2WE3006	1-Oct-09	3	412	569	5411945.353	434770.929	
Archived Fish											
Bluegill	<=15cm	Beach seine	2A0006	archived	28-Sep-09	<1	35	1	5418456.841	442045.6027	
Bluegill	<=15cm	Beach seine	2A0007	archived	28-Sep-09	<1	36	1	5418456.841	442045.6027	
Bluegill	<=15cm	Beach seine	2A0021	archived	29-Sep-09	<1	36	1	5418437.71	442073.8668	
Bluegill	<=15cm	Beach seine	2A0048	archived	29-Sep-09	<1	36	1	5418414.035	441994.3561	
Bluegill	<=15cm	Beach seine	2A0076	archived	29-Sep-09	<1	38	1	5418414.035	441994.3561	
Bluegill	<=15cm	Beach seine	2A0080	archived	29-Sep-09	<1	28	1	5418437.358	441946.2316	
Bluegill	<=15cm	Beach seine	2A0081	archived	29-Sep-09	<1	33	1	5418437.358	441946.2316	
Redside shiner	<=15cm	Boat electrofishing	2EB0022	archived	3-Oct-09	<1	79	4	5418607.766	441762.266	
Bluegill	<=15cm	Minnow trap	2GN10097	archived	1-Oct-09	<1	26	0.3	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	2GN10098	archived	1-Oct-09	<1	28	0.3	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	2GN10099	archived	1-Oct-09	<1	29	0.4	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	2GN10100	archived	1-Oct-09	<1	28	0.4	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	2GN10101	archived	1-Oct-09	<1	28	0.5	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	2GN10102	archived	1-Oct-09	<1	26	0.3	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	C2GN0120	archived	2-Oct-09	<1	26	0.5	5416988.665	440329.585	
Bluegill	<=15cm	Minnow trap	C2GN0121	archived	2-Oct-09	<1	26	0.6	5416988.665	440329.585	
Longnose sucker	>15 to <=30cm	Beach seine	2A0010	archived	28-Sep-09	2	158	43	5418433.724	442069.411	

Table 2-12. Summary of Fish Collected from FSCA 2

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a	Comments
Archived Fish (continued)											
Pikeminnow	>15 to <=30cm	Beach seine	2A0017	archived	29-Sep-09	2	160	37	5418456.841	442045.6027	
Pikeminnow	>15 to <=30cm	Beach seine	2A0043	archived	29-Sep-09	2	160	34	5418414.035	441994.3561	
Longnose sucker	>15 to <=30cm	Beach seine	2A0045	archived	29-Sep-09	3	222	112	5418414.035	441994.3561	
Longnose sucker	>15 to <=30cm	Beach seine	2A0046	archived	29-Sep-09	3	235	165	5418414.035	441994.3561	
Kokanee	>15 to <=30cm	Boat electrofishing	2E0005H	archived	29-Sep-09	--	288	287	5418343.008	441742.3985	
Pikeminnow	>15 to <=30cm	Boat electrofishing	2ED0011A	archived	3-Oct-09	2	155	29.1	5417631.162	441069.3	
Longnose sucker	>15 to <=30cm	Boat electrofishing	2ED0043	archived	3-Oct-09	3	280	217.5	5417631.162	441069.3	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0054W	archived	3-Oct-09	2	256	178	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0056W	archived	3-Oct-09	1	231	138	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0057W	archived	3-Oct-09	1	170	45	5416374.669	440220.389	
Rainbow trout	>15 to <=30cm	Boat electrofishing	2ED0068W	archived	3-Oct-09	1	230	142	5416374.669	440220.389	
Mountain whitefish	>15 to <=30cm	Boat electrofishing	2ED008	archived	29-Sep-09	1	237	109	5418343.008	441742.3985	
Kokanee	>15 to <=30cm	Gill net	2GN0068H	archived	1-Oct-09	1	284	294	5417397.6	440555.046	
Kokanee	>15 to <=30cm	Gill net	2GN0073H	archived	1-Oct-09	1	288	307	5417397.6	440555.046	
Kokanee	>15 to <=30cm	Gill net	2GN10041H	archived	30-Sep-09	1	289	165.7	5407988.051	428164.885	
Longnose sucker	>15 to <=30cm	Gill net	2GN50036	archived	30-Sep-09	3	247	171	5407480.971	430806.923	
Smallmouth bass	>15 to <=30cm	Gill net	2GN60027	archived	30-Sep-09	3	279	117.7	5412001.879	434806.904	
Pikeminnow	>15 to <=30cm	Gill net	2GN90070	archived	1-Oct-09	3	258	139	5409126.704	432336.506	
Pikeminnow	>15 to <=30cm	Gill net	A2-1N-0007	archived	1-Oct-09	4	280	212.6	5413588.297	435687.577	
Pikeminnow	>15 to <=30cm	Gill net	A2-1N-0011	archived	1-Oct-09	4	243	139.7	5413588.297	435687.577	
Kokanee	>15 to <=30cm	Gill net	A21N0020H	archived	1-Oct-09	--	296	336	5410044.434	432023.908	
Pikeminnow	>15 to <=30cm	Gill net	C2GN0096	archived	2-Oct-09	4	248	141.7	5416998.085	440315.027	
Pikeminnow	>15 to <=30cm	Gill net	C2GN0099	archived	2-Oct-09	2	219	106.7	5416998.085	440315.027	
Pikeminnow	>15 to <=30cm	Gill net	C2GN0104	archived	2-Oct-09	5	244	122.5	5416998.085	440315.027	
Rainbow trout	>30cm	Boat electrofishing	2EB0070W	archived	3-Oct-09	--	415	355.5	5418607.766	441762.266	
Rainbow trout	>30cm	Gill net	2GN0084W	archived	1-Oct-09	4	492	1151	5417397.6	440555.046	
Rainbow trout	>30cm	Gill net	2GN80064W	archived	1-Oct-09	4	480	585.3	5409839.038	432016.046	
Rainbow trout	>30cm	Gill net	2GN80065W	archived	1-Oct-09	3	467	1064	5409839.038	432016.046	
Rainbow trout	>30cm	Gill net	2GNA0078W	archived	2-Oct-09	2	412	623	5408005.001	428105.208	
Largescale sucker	>30cm	Gill net	C2GN0095	archived	2-Oct-09	--	332	263.4	5416998.085	440315.027	

Notes:

^a UTM Zone 11

** Fish was held on ice and was processed after the 48 hrs period proposed in the 2009 Fish QAPP (TAI 2009). No deterioration was noted upon processing, therefore the sample is considered acceptable. When available, only fish processed within the 48 hour period are proposed for analysis.

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Individual Large Fish										
Smallmouth bass	>30cm	Boat electrofishing	3ED0303	3SMB3IND001	6-Oct-09	3	313	498	5389572.171	418339.724
Smallmouth bass	>30cm	Gill net	3GNA0140	3SMB3IND002	7-Oct-09	3	323	289.6	5389830.934	418393.1421
Smallmouth bass	>30cm	Gill net	3GNA0010	3SMB3IND003	6-Oct-09	--	357	434.1	5389795.77	418394.637
Smallmouth bass	>30cm	Gill net	3GNE0082	3SMB3IND004	7-Oct-09	5	359	237.7	5390989.971	421439.808
Smallmouth bass	>30cm	Gill net	3GNE0038	3SMB3IND005	6-Oct-09	6	390	1018	5389379.596	420135.552
Smallmouth bass	>30cm	Gill net	3GNE0039	3SMB3IND006	6-Oct-09	3	305	377	5389379.596	420135.552
Smallmouth bass	>30cm	Gill net	3GNA0139	3SMB3IND007	7-Oct-09	3	336	427.2	5389830.934	418393.1421
Smallmouth bass	>30cm	Gill net	3GNA0009	3SMB3IND008	6-Oct-09	5	340	764	5389795.77	418394.637
Smallmouth bass	>30cm	Gill net	3GNA0008	3SMB3IND009	6-Oct-09	3	300	178.4	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0030	3WE3IND001	6-Oct-09	3	392	550	5389795.77	418394.637
Walleye	>30cm	Boat electrofishing	3EB0040	3WE3IND002	6-Oct-09	3	399	393.6	5389866.819	418412.5698
Walleye	>30cm	Gill net	3GNA0033	3WE3IND003	6-Oct-09	2	400	588	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0035	3WE3IND004	6-Oct-09	3	411	558	5389795.77	418394.637
Walleye	>30cm	Boat electrofishing	3ED0296	3WE3IND005	6-Oct-09	3	470	481.7	5389572.171	418339.724
Walleye	>30cm	Gill net	3GNE0059	3WE3IND006	6-Oct-09	6	474	1049	5390989.971	421439.808
Walleye	>30cm	Gill net	3GNE0027	3WE3IND007	6-Oct-09	6	492	1014	5388866.17	420276.825
Walleye	>30cm	Gill net	3GNE0056	3WE3IND008	6-Oct-09	5	545	1332	5390989.971	421439.808
Walleye	>30cm	Gill net	3GNA0098	3WE3IND009	7-Oct-09	6	550	676.2	5392148.428	418436.823
Walleye	>30cm	Gill net	3GNA0034	3WE3IND010	6-Oct-09	4	391	551	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0097	3WE3IND011	7-Oct-09	3	397	523	5392148.428	418436.823
Walleye	>30cm	Boat electrofishing	3ED0297	3WE3IND012	6-Oct-09	3	401	341	5389572.171	418339.724
Walleye	>30cm	Boat electrofishing	3EB0042	3WE3IND013	6-Oct-09	3	431	677	5389866.819	418412.5698
Walleye	>30cm	Boat electrofishing	3ED0294	3WE3IND014	6-Oct-09	2	355	216.2	5389572.171	418339.724
Walleye	>30cm	Gill net	3GNA0117	3WE3IND015	7-Oct-09	2	419	413.3	5391691.225	418036.404
Composite Fish										
Longnose sucker	<=15cm	Boat electrofishing	3ED0135	3LN1001	5-Oct-09	<1	91	6.6	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0136	3LN1001	5-Oct-09	<1	91	5.9	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0142	3LN1001	5-Oct-09	<1	103	9.5	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0144	3LN1001	5-Oct-09	<1	84	4.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0146	3LN1001	5-Oct-09	<1	99	8.5	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0152	3LN1001	5-Oct-09	<1	69	2.7	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0157	3LN1001	5-Oct-09	<1	86	5.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0203	3LN1001	5-Oct-09	<1	100	8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0204	3LN1001	5-Oct-09	<1	108	10.6	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0205	3LN1001	5-Oct-09	<1	87	5.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0206	3LN1001	5-Oct-09	<1	86	5.5	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0207	3LN1001	5-Oct-09	<1	77	4.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0208	3LN1001	5-Oct-09	<1	97	7.6	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0209	3LN1001	5-Oct-09	<1	87	6.3	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0211	3LN1001	5-Oct-09	<1	93	7.7	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0212	3LN1001	5-Oct-09	<1	82	5.1	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0213	3LN1001	5-Oct-09	<1	69	2.4	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0214	3LN1001	5-Oct-09	<1	81	4.6	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0215	3LN1001	5-Oct-09	<1	87	5.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0216	3LN1001	5-Oct-09	<1	107	10.2	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0237	3LN1001	5-Oct-09	<1	80	5.4	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0240	3LN1001	5-Oct-09	<1	86	5	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0242	3LN1001	5-Oct-09	<1	112	12.2	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0243	3LN1001	5-Oct-09	<1	70	2.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0254	3LN1001	5-Oct-09	<1	109	11.8	5390447.635	420607.356

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Longnose sucker	<=15cm	Boat electrofishing	3ED0255	3LN1001	5-Oct-09	<1	88	6	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0257	3LN1001	5-Oct-09	<1	87	5.9	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0258	3LN1001	5-Oct-09	<1	91	6.3	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0288	3LN1001	5-Oct-09	<1	71	5.7	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0289	3LN1001	5-Oct-09	<1	91	6.4	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0291	3LN1001	5-Oct-09	<1	62	1.8	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0293	3LN1001	5-Oct-09	<1	62	1.3	5390447.635	420607.356
Longnose sucker	<=15cm	Boat electrofishing	3ED0370	3LN1001	6-Oct-09	<1	69	2.9	5389572.171	418339.724
Longnose sucker	<=15cm	Boat electrofishing	3ED0382	3LN1001	6-Oct-09	<1	70	3.3	5389572.171	418339.724
Longnose sucker	<=15cm	Boat electrofishing	3ED0383	3LN1001	6-Oct-09	<1	88	4.8	5389572.171	418339.724
Longnose sucker	<=15cm	Boat electrofishing	3ED0388	3LN1001	6-Oct-09	<1	88	5.6	5389572.171	418339.724
Longnose sucker	<=15cm	Beach seine	3SE0002	3LN1001	7-Oct-09	<1	67	2.2	5390799.379	421288.627
Longnose sucker	<=15cm	Beach seine	3SE0012	3LN1001	7-Oct-09	<1	81	4	5392171.444	421226.864
Longnose sucker	<=15cm	Beach seine	3SE0022	3LN1001	7-Oct-09	<1	65	1.8	5392836.84	420687.747
Largescale sucker	<=15cm	Boat electrofishing	3ED0143	3LS1001	5-Oct-09	<1	108	10.5	5390447.635	420607.356
Largescale sucker	<=15cm	Boat electrofishing	3ED0241	3LS1001	5-Oct-09	<1	122	18	5390447.635	420607.356
Largescale sucker	<=15cm	Boat electrofishing	3ED0256	3LS1001	5-Oct-09	<1	149	29.5	5390447.635	420607.356
Largescale sucker	<=15cm	Boat electrofishing	3ED0290	3LS1001	5-Oct-09	<1	68	2.1	5390447.635	420607.356
Largescale sucker	<=15cm	Boat electrofishing	3ED0392	3LS1001	6-Oct-09	<1	97	7.8	5389572.171	418339.724
Largescale sucker	<=15cm	Boat electrofishing	3EF0018	3LS1001	5-Oct-09	<1	125	16.5	5392670.31	419887.842
Largescale sucker	<=15cm	Boat electrofishing	3EF0020	3LS1001	5-Oct-09	<1	134	20.3	5392670.31	419887.842
Pikeminnow	<=15cm	Boat electrofishing	3ED0110	3PM1001	5-Oct-09	<1	129	16.4	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0111	3PM1001	5-Oct-09	<1	137	19.5	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0190	3PM1001	5-Oct-09	<1	130	16.2	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0197	3PM1001	5-Oct-09	<1	120	13	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0236	3PM1001	5-Oct-09	<1	145	22	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0251	3PM1001	5-Oct-09	<1	122	15.3	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0271	3PM1001	5-Oct-09	<1	121	13.6	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0314	3PM1001	6-Oct-09	<1	148	26.4	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0342	3PM1001	6-Oct-09	<1	128	15.5	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0348	3PM1001	6-Oct-09	<1	136	18.6	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0356	3PM1001	6-Oct-09	<1	128	13	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0359	3PM1001	6-Oct-09	<1	125	13.2	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0360	3PM1001	6-Oct-09	<1	139	22	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0362	3PM1001	6-Oct-09	<1	125	14.5	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0365	3PM1001	6-Oct-09	<1	135	18.2	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0381	3PM1001	6-Oct-09	<1	138	22.8	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3EF0016	3PM1001	5-Oct-09	<1	133	17.2	5392670.31	419887.842
Rainbow trout	<=15cm	Boat electrofishing	3EB0063W	3RBW1001	6-Oct-09	<1	94	7	5389866.819	418412.5698
Rainbow trout	<=15cm	Boat electrofishing	3ED0145W	3RBW1001	5-Oct-09	<1	108	11.6	5390447.635	420607.356
Rainbow trout	<=15cm	Boat electrofishing	3ED0149W	3RBW1001	5-Oct-09	<1	116	13.1	5390447.635	420607.356
Rainbow trout	<=15cm	Boat electrofishing	3ED0198W	3RBW1001	5-Oct-09	<1	138	26.4	5390447.635	420607.356
Rainbow trout	<=15cm	Boat electrofishing	3ED0252W	3RBW1001	5-Oct-09	<1	125	20.8	5390447.635	420607.356
Rainbow trout	<=15cm	Boat electrofishing	3ED0279W	3RBW1001	5-Oct-09	<1	112	14.9	5390447.635	420607.356
Rainbow trout	<=15cm	Boat electrofishing	3ED0336W	3RBW1001	6-Oct-09	<1	91	7	5389572.171	418339.724
Rainbow trout	<=15cm	Boat electrofishing	3ED0343W	3RBW1001	6-Oct-09	<1	99	8.6	5389572.171	418339.724
Rainbow trout	<=15cm	Boat electrofishing	3ED0357W	3RBW1001	6-Oct-09	<1	12	13.3	5389572.171	418339.724
Rainbow trout	<=15cm	Boat electrofishing	3EF0012W	3RBW1001	5-Oct-09	<1	131	22.2	5392670.31	419887.842
Rainbow trout	<=15cm	Beach seine	3SE0019W	3RBW1001	7-Oct-09	<1	134	22.1	5392224.229	421162.568
Sculpin	<=15cm	Boat electrofishing	3EB0066	3SC1001	6-Oct-09	<1	138	32	5389866.819	418412.5698

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Sculpin	<=15cm	Boat electrofishing	3ED0281	3SC1001	5-Oct-09	<1	85	6.7	5390447.635	420607.356
Sculpin	<=15cm	Boat electrofishing	3ED0282	3SC1001	5-Oct-09	<1	82	6	5390447.635	420607.356
Sculpin	<=15cm	Boat electrofishing	3ED0283	3SC1001	5-Oct-09	<1	74	4.6	5390447.635	420607.356
Sculpin	<=15cm	Boat electrofishing	3ED0344	3SC1001	6-Oct-09	<1	86	7.6	5389572.171	418339.724
Sculpin	<=15cm	Boat electrofishing	3ED0367	3SC1001	6-Oct-09	<1	105	13	5389572.171	418339.724
Sculpin	<=15cm	Boat electrofishing	3ED0386	3SC1001	6-Oct-09	<1	85	8	5389572.171	418339.724
Sculpin	<=15cm	Boat electrofishing	3EF0024	3SC1001	5-Oct-09	<1	75	4.8	5392670.31	419887.842
Sculpin	<=15cm	Boat electrofishing	3EF0032	3SC1001	5-Oct-09	<1	87	6.3	5392670.31	419887.842
Sculpin	<=15cm	Boat electrofishing	3EF0033	3SC1001	5-Oct-09	<1	78	6.4	5392670.31	419887.842
Sculpin	<=15cm	Beach seine	3SE0001	3SC1001	7-Oct-09	<1	45	0.7	5390799.379	421288.627
Sculpin	<=15cm	Beach seine	3SE0023	3SC1001	7-Oct-09	<1	40	0.4	5392836.84	420687.747
Smallmouth bass	<=15cm	Boat electrofishing	3EB0061	3SMB1001	6-Oct-09	<1	111	16	5389866.819	418412.5698
Smallmouth bass	<=15cm	Boat electrofishing	3ED0119	3SMB1001	5-Oct-09	<1	105	17	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0167	3SMB1001	5-Oct-09	<1	112	20	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0168	3SMB1001	5-Oct-09	<1	113	15	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0171	3SMB1001	5-Oct-09	<1	112	14	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0172	3SMB1001	5-Oct-09	<1	100	15.4	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0181	3SMB1001	5-Oct-09	<1	101	14.6	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0186	3SMB1001	5-Oct-09	<1	108	19.8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0219	3SMB1001	5-Oct-09	<1	101	15	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0225	3SMB1001	5-Oct-09	<1	102	14.7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0226	3SMB1001	5-Oct-09	<1	102	14	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0227	3SMB1001	5-Oct-09	<1	97	12	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0262	3SMB1001	5-Oct-09	<1	110	16	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0263	3SMB1001	5-Oct-09	<1	98	12.2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0264	3SMB1001	5-Oct-09	<1	100	14.3	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3EF0015	3SMB1001	5-Oct-09	<1	103	14.9	5392670.31	419887.842
Smallmouth bass	<=15cm	Boat electrofishing	3EF0030	3SMB1001	5-Oct-09	<1	125	26.8	5392670.31	419887.842
Walleye	<=15cm	Boat electrofishing	3ED0302	3WE1001	6-Oct-09	<1	130	19.3	5389572.171	418339.724
Walleye	<=15cm	Boat electrofishing	3ED0319	3WE1001	6-Oct-09	<1	124	14.8	5389572.171	418339.724
Walleye	<=15cm	Boat electrofishing	3ED0341	3WE1001	6-Oct-09	<1	149	21.8	5389572.171	418339.724
Walleye	<=15cm	Boat electrofishing	3ED0372	3WE1001	6-Oct-09	<1	102	7.4	5389572.171	418339.724
Walleye	<=15cm	Boat electrofishing	3ED0376	3WE1001	6-Oct-09	<1	143	22.4	5389572.171	418339.724
Walleye	<=15cm	Boat electrofishing	3ED0378	3WE1001	6-Oct-09	<1	149	24.2	5389572.171	418339.724
Walleye	<=15cm	Boat electrofishing	3ED0393	3WE1001	6-Oct-09	<1	114	12.1	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0113	3YP1001	5-Oct-09	<1	83	6	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0139	3YP1001	5-Oct-09	<1	80	5.5	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0140	3YP1001	5-Oct-09	<1	78	4.1	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0141	3YP1001	5-Oct-09	<1	84	6.6	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0147	3YP1001	5-Oct-09	<1	88	8.1	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0150	3YP1001	5-Oct-09	<1	82	5.1	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0151	3YP1001	5-Oct-09	<1	97	10.5	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0155	3YP1001	5-Oct-09	<1	74	4.2	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0199	3YP1001	5-Oct-09	<1	99	12.1	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0200	3YP1001	5-Oct-09	<1	109	14.3	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0201	3YP1001	5-Oct-09	<1	83	7.2	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0202	3YP1001	5-Oct-09	<1	109	15.9	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0238	3YP1001	5-Oct-09	<1	71	3.8	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0239	3YP1001	5-Oct-09	<1	89	7.2	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0259	3YP1001	5-Oct-09	<1	82	6.2	5390447.635	420607.356

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Yellow perch	<=15cm	Boat electrofishing	3ED0280	3YP1001	5-Oct-09	<1	79	4.4	5390447.635	420607.356
Yellow perch	<=15cm	Boat electrofishing	3ED0350	3YP1001	6-Oct-09	<1	90	7.5	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0352	3YP1001	6-Oct-09	<1	85	6.3	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0353	3YP1001	6-Oct-09	<1	80	5.1	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0354	3YP1001	6-Oct-09	<1	78	4.9	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0355	3YP1001	6-Oct-09	<1	90	6.1	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0366	3YP1001	6-Oct-09	<1	96	8.2	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0369	3YP1001	6-Oct-09	<1	72	3.2	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0379	3YP1001	6-Oct-09	<1	85	7	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0380	3YP1001	6-Oct-09	<1	90	6.3	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0389	3YP1001	6-Oct-09	<1	86	6.7	5389572.171	418339.724
Yellow perch	<=15cm	Boat electrofishing	3ED0395	3YP1001	6-Oct-09	<1	65	3.2	5389572.171	418339.724
Yellow perch	<=15cm	Beach seine	3SE0003	3YP1001	7-Oct-09	<1	44	0.6	5390799.379	421288.627
Yellow perch	<=15cm	Beach seine	3SE0004	3YP1001	7-Oct-09	<1	76	4	5392171.444	421226.864
Yellow perch	<=15cm	Beach seine	3SE0005	3YP1001	7-Oct-09	<1	75	4.4	5392171.444	421226.864
Yellow perch	<=15cm	Beach seine	3SE0007	3YP1001	7-Oct-09	<1	76	3.6	5392171.444	421226.864
Yellow perch	<=15cm	Beach seine	3SE0018	3YP1001	7-Oct-09	<1	79	5.1	5392224.229	421162.568
Yellow perch	<=15cm	Beach seine	3SE0020	3YP1001	7-Oct-09	<1	69	3.5	5392224.229	421162.568
Kokanee	>15 to <=30cm	Gill net	3GNA0125H	3KOH2001	7-Oct-09	1	283	273	5391691.225	418036.404
Kokanee	>15 to <=30cm	Gill net	3GNA0126H	3KOH2001	7-Oct-09	1	297	302	5391691.225	418036.404
Kokanee	>15 to <=30cm	Gill net	3GNE0036H	3KOH2001	6-Oct-09	1	295	293	5388866.17	420276.825
Kokanee	>15 to <=30cm	Gill net	3GNE0046H	3KOH2001	6-Oct-09	1	299	284	5390638.165	421024.924
Kokanee	>15 to <=30cm	Gill net	3GNE0076H	3KOH2001	7-Oct-09	2	294	276	5390638.165	421024.924
Kokanee	>15 to <=30cm	Boat electrofishing	3EB0038H	3KOH2002	6-Oct-09	1	288	293	5389866.819	418412.5698
Kokanee	>15 to <=30cm	Gill net	3GNA0003H	3KOH2002	6-Oct-09	--	291	294	5389545.819	418331.77
Kokanee	>15 to <=30cm	Gill net	3GNA0121H	3KOH2002	7-Oct-09	1	292	299	5391691.225	418036.404
Kokanee	>15 to <=30cm	Gill net	3GNA0137H	3KOH2002	7-Oct-09	1	288	277	5389607.629	418373.448
Kokanee	>15 to <=30cm	Gill net	3GNE0063H	3KOH2002	6-Oct-09	1	292	336	5390989.971	421439.808
Longnose sucker	>15 to <=30cm	Boat electrofishing	3EB0047	3LN2001	6-Oct-09	2	199	86	5389866.819	418412.5698
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0126	3LN2001	5-Oct-09	2	191	70.9	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0131	3LN2001	5-Oct-09	2	179	56.8	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0331	3LN2001	6-Oct-09	2	170	45.5	5389572.171	418339.724
Longnose sucker	>15 to <=30cm	Boat electrofishing	3EF0023	3LN2001	5-Oct-09	--	168	40	5392670.31	419887.842
Largescale sucker	>15 to <=30cm	Boat electrofishing	3EB0056	3LS2001	6-Oct-09	2	187	79	5389866.819	418412.5698
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0109	3LS2001	5-Oct-09	2	181	56	5390447.635	420607.356
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0125	3LS2001	5-Oct-09	2	178	60.2	5390447.635	420607.356
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0127	3LS2001	5-Oct-09	2	171	56	5390447.635	420607.356
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0368	3LS2001	6-Oct-09	2	175	48.5	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0323	3PM2001	6-Oct-09	3	246	128.5	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0326	3PM2001	6-Oct-09	3	258	172.7	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0335	3PM2001	6-Oct-09	3	241	116	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Gill net	3GNA0071	3PM2001	6-Oct-09	5	272	220	5392955.582	420317.191
Pikeminnow	>15 to <=30cm	Gill net	3GNA0073	3PM2001	6-Oct-09	5	271	184	5392955.582	420317.191
Rainbow trout	>15 to <=30cm	Boat electrofishing	3ED0327W	3RBW2001	6-Oct-09	1	260	178	5389572.171	418339.724
Rainbow trout	>15 to <=30cm	Boat electrofishing	3ED0328W	3RBW2001	6-Oct-09	1	280	228	5389572.171	418339.724
Rainbow trout	>15 to <=30cm	Boat electrofishing	3ED0358W	3RBW2001	6-Oct-09	--	155	34.6	5389572.171	418339.724
Smallmouth bass	>15 to <=30cm	Boat electrofishing	3ED0306	3SMB2001	6-Oct-09	1	185	90	5389572.171	418339.724
Smallmouth bass	>15 to <=30cm	Boat electrofishing	3ED0307	3SMB2001	6-Oct-09	1	175	92.2	5389572.171	418339.724
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0017	3SMB2001	6-Oct-09	1	193	119	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0018	3SMB2001	6-Oct-09	1	166	76	5389795.77	418394.637

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0105	3SMB2001	7-Oct-09	1	188	100	5392148.428	418436.823
Walleye	>15 to <=30cm	Boat electrofishing	3EB0045	3WE2001	6-Oct-09	<1	169	41	5389866.819	418412.5698
Walleye	>15 to <=30cm	Boat electrofishing	3ED0122	3WE2001	5-Oct-09	<1	173	38.4	5390447.635	420607.356
Walleye	>15 to <=30cm	Boat electrofishing	3ED0338	3WE2001	6-Oct-09	<1	170	39.9	5389572.171	418339.724
Walleye	>15 to <=30cm	Boat electrofishing	3EF0021	3WE2001	5-Oct-09	--	179	39.5	5392670.31	419887.842
Walleye	>15 to <=30cm	Gill net	3GNA0104	3WE2001	7-Oct-09	--	264	145	5392148.428	418436.823
Burbot	>30cm	Burbot trap	3BTC0008	3BU3001	7-Oct-09	5	470	314.1	5391311.802	418234.909
Burbot	>30cm	Boat electrofishing	3ED0105	3BU3001	5-Oct-09	5	510	326.3	5390447.635	420607.356
Burbot	>30cm	Gill net	3GNC0039	3BU3001	9-Oct-09	5	540	429	5392913.392	419734.26
Burbot	>30cm	Burbot trap	3BTC0006	3BU3002	6-Oct-09	5	522	730	5392443.984	420296.903
Burbot	>30cm	Burbot trap	3BTC0009	3BU3002	7-Oct-09	5	530	857	5391311.802	418234.909
Burbot	>30cm	Gill net	3GNC0029	3BU3002	9-Oct-09	5	484	632	5392913.392	419734.26
Burbot	>30cm	Burbot trap	3BTC0007	3BU3003	7-Oct-09	4	480	541	5392261.786	419043.904
Burbot	>30cm	Gill net	3GNA0021	3BU3003	6-Oct-09	3	465	566	5389795.77	418394.637
Burbot	>30cm	Gill net	3GNA0069	3BU3003	6-Oct-09	5	436	511	5392955.582	420317.191
Burbot	>30cm	Burbot trap	3BTC0005	3BU3004	6-Oct-09	7	570	405.1	5392523.42	420671.7686
Burbot	>30cm	Burbot trap	3BTC0010	3BU3004	7-Oct-09	8	600	927	5391670.954	418512.584
Burbot	>30cm	Gill net	3GNA0070	3BU3004	6-Oct-09	5	570	610.3	5392955.582	420317.191
Burbot	>30cm	Gill net	3GNA0020	3BU3005	6-Oct-09	5	461	493	5389795.77	418394.637
Burbot	>30cm	Gill net	3GNC0040	3BU3005	9-Oct-09	3	479	315	5392913.392	419734.26
Kokanee	>30cm	Gill net	3GNA0040H	3KOH3001	6-Oct-09	1	314	317	5391701.123	418028.98
Kokanee	>30cm	Gill net	3GNA0118H	3KOH3001	7-Oct-09	1	313	188.9	5391691.225	418036.404
Kokanee	>30cm	Gill net	3GNA0131H	3KOH3001	7-Oct-09	1	314	318	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNA0133H	3KOH3001	7-Oct-09	1	303	314	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNE0066H	3KOH3001	7-Oct-09	1	316	172.2	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNA0124	3KOH3002	7-Oct-09	1	305	167.1	5391691.225	418036.404
Kokanee	>30cm	Gill net	3GNE0042H	3KOH3002	6-Oct-09	1	313	365	5389379.596	420135.552
Kokanee	>30cm	Gill net	3GNE0044H	3KOH3002	6-Oct-09	1	311	370	5389379.596	420135.552
Kokanee	>30cm	Gill net	3GNE0047H	3KOH3002	6-Oct-09	1	301	140.9	5390638.165	421024.924
Kokanee	>30cm	Gill net	3GNE0067H	3KOH3002	7-Oct-09	1	308	172.1	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNA0123H	3KOH3003	7-Oct-09	1	305	323	5391691.225	418036.404
Kokanee	>30cm	Gill net	3GNA0134H	3KOH3003	7-Oct-09	1	303	385	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNA0135H	3KOH3003	7-Oct-09	1	302	115	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNA0136H	3KOH3003	7-Oct-09	1	312	165.9	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNE0043H	3KOH3003	6-Oct-09	1	314	322	5389379.596	420135.552
Kokanee	>30cm	Boat electrofishing	3EB0036H	3KOH3004	6-Oct-09	1	328	219.7	5389866.819	418412.5698
Kokanee	>30cm	Gill net	3GNA0119H	3KOH3004	7-Oct-09	1	338	440	5391691.225	418036.404
Kokanee	>30cm	Gill net	3GNE0041H	3KOH3004	6-Oct-09	1	324	421	5389379.596	420135.552
Kokanee	>30cm	Gill net	3GNE0053H	3KOH3004	6-Oct-09	1	329	446	5390638.165	421024.924
Kokanee	>30cm	Gill net	3GNE0061H	3KOH3004	6-Oct-09	1	320	147.8	5390989.971	421439.808
Kokanee	>30cm	Boat electrofishing	3EB0037H	3KOH3005	6-Oct-09	1	331	174.8	5389866.819	418412.5698
Kokanee	>30cm	Gill net	3GNA0041H	3KOH3005	6-Oct-09	1	325	210.8	5391701.123	418028.98
Kokanee	>30cm	Gill net	3GNA0130H	3KOH3005	7-Oct-09	1	332	204.8	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNE0024H	3KOH3005	6-Oct-09	1	333	460	5388866.17	420276.825
Kokanee	>30cm	Gill net	3GNE0050H	3KOH3005	6-Oct-09	1	330	389	5390638.165	421024.924
Kokanee	>30cm	Gill net	3GNA0006H	3KOH3006	6-Oct-09	--	392	691	5389545.819	418331.77
Kokanee	>30cm	Gill net	3GNA0045H	3KOH3006	6-Oct-09	1	330	187	5391701.123	418028.98
Kokanee	>30cm	Gill net	3GNA0046H	3KOH3006	6-Oct-09	1	336	235.9	5391701.123	418028.98
Kokanee	>30cm	Gill net	3GNE0001H	3KOH3006	6-Oct-09	2	319	357	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0009H	3KOH3006	6-Oct-09	1	318	396	5388590.35	420388.335

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Largescale sucker	>30cm	Boat electrofishing	3ED0308	3LS3001	6-Oct-09	27	585	1917	5389572.171	418339.724
Largescale sucker	>30cm	Boat electrofishing	3EF0008	3LS3001	5-Oct-09	7	502	1445	5392670.31	419887.842
Largescale sucker	>30cm	Boat electrofishing	3EF0009	3LS3001	5-Oct-09	34	570	1903	5392670.31	419887.842
Largescale sucker	>30cm	Gill net	3GNA0110	3LS3001	7-Oct-09	6	471	1112	5392148.428	418436.823
Largescale sucker	>30cm	Gill net	3GNE0028	3LS3001	6-Oct-09	26	592	1084.4	5388866.17	420276.825
Largescale sucker	>30cm	Boat electrofishing	3EF0005	3LS3002	5-Oct-09	26	511	1846	5392670.31	419887.842
Largescale sucker	>30cm	Boat electrofishing	3EF0007	3LS3002	5-Oct-09	17	594	2116	5392670.31	419887.842
Largescale sucker	>30cm	Gill net	3GNA0065	3LS3002	6-Oct-09	8	501	1350	5392955.582	420317.191
Largescale sucker	>30cm	Gill net	3GNA0111	3LS3002	7-Oct-09	5	445	1026	5392148.428	418436.823
Largescale sucker	>30cm	Gill net	3GNE0020	3LS3002	6-Oct-09	6	497	1440	5388866.17	420276.825
Largescale sucker	>30cm	Gill net	3GNA0022	3LS3003	6-Oct-09	5	474	1222	5389795.77	418394.637
Largescale sucker	>30cm	Gill net	3GNA0023	3LS3003	6-Oct-09	7	480	1490	5389795.77	418394.637
Largescale sucker	>30cm	Gill net	3GNA0066	3LS3003	6-Oct-09	7	472	1236	5392955.582	420317.191
Largescale sucker	>30cm	Gill net	3GNA0067	3LS3003	6-Oct-09	5	423	566.5	5392955.582	420317.191
Largescale sucker	>30cm	Gill net	3GNE0073	3LS3003	7-Oct-09	4	425	523.5	5388866.17	420276.825
Largescale sucker	>30cm	Boat electrofishing	3EF0006	3LS3004	5-Oct-09	29	495	513.8	5392670.31	419887.842
Largescale sucker	>30cm	Gill net	3GNA0025	3LS3004	6-Oct-09	5	446	431.4	5389795.77	418394.637
Largescale sucker	>30cm	Gill net	3GNA0108	3LS3004	7-Oct-09	4	341	461	5392148.428	418436.823
Largescale sucker	>30cm	Gill net	3GNA0109	3LS3004	7-Oct-09	6	465	1122	5392148.428	418436.823
Largescale sucker	>30cm	Gill net	3GNE0021	3LS3004	6-Oct-09	10	472	1280	5388866.17	420276.825
Largescale sucker	>30cm	Gill net	3GNA0024	3LS3005	6-Oct-09	8	473	1113	5389795.77	418394.637
Largescale sucker	>30cm	Gill net	3GNA0068	3LS3005	6-Oct-09	15	528	1052.3	5392955.582	420317.191
Largescale sucker	>30cm	Gill net	3GNA0112	3LS3005	7-Oct-09	10	510	498.4	5392148.428	418436.823
Largescale sucker	>30cm	Gill net	3GNA0113	3LS3005	7-Oct-09	5	454	1175	5392148.428	418436.823
Largescale sucker	>30cm	Gill net	3GNE0025	3LS3005	6-Oct-09	16	538	919	5388866.17	420276.825
Lake whitefish	>30cm	Gill net	3GNA0084	3LW3001	6-Oct-09	2	457	432.1	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0088	3LW3001	6-Oct-09	2	475	1189	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0093	3LW3001	6-Oct-09	2	475	437.5	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNE0022	3LW3001	6-Oct-09	--	515	1515	5388866.17	420276.825
Lake whitefish	>30cm	Gill net	3GNE0023	3LW3001	6-Oct-09	2	459	1132	5388866.17	420276.825
Lake whitefish	>30cm	Gill net	3GNA0029	3LW3002	6-Oct-09	1	376	569	5389795.77	418394.637
Lake whitefish	>30cm	Gill net	3GNA0081	3LW3002	6-Oct-09	2	452	648.4	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0082	3LW3002	6-Oct-09	2	452	1200	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0083	3LW3002	6-Oct-09	2	421	514.1	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0085	3LW3002	6-Oct-09	2	450	1099	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0049	3LW3003	6-Oct-09	2	465	519	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0057	3LW3003	6-Oct-09	2	471	646.3	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0090	3LW3003	6-Oct-09	2	458	727.3	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0091	3LW3003	6-Oct-09	2	447	953	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0094	3LW3003	6-Oct-09	1	352	489	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0051	3LW3004	6-Oct-09	4	515	911.6	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0056	3LW3004	6-Oct-09	3	518	1660	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0059	3LW3004	6-Oct-09	1	355	457	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0086	3LW3004	6-Oct-09	4	533	647.4	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0087	3LW3004	6-Oct-09	2	476	500.8	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0028	3LW3005	6-Oct-09	1	376	611	5389795.77	418394.637
Lake whitefish	>30cm	Gill net	3GNA0050	3LW3005	6-Oct-09	2	441	987	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0052	3LW3005	6-Oct-09	2	476	507.4	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0053	3LW3005	6-Oct-09	8	559	2445	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0055	3LW3005	6-Oct-09	2	435	562.4	5392955.582	420317.191

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Lake whitefish	>30cm	Gill net	3GNA0054	3LW3006	6-Oct-09	2	467	703.3	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0089	3LW3006	6-Oct-09	6	541	857.6	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0092	3LW3006	6-Oct-09	6	607	996.1	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNA0095	3LW3006	6-Oct-09	1	342	250.3	5392955.582	420317.191
Lake whitefish	>30cm	Gill net	3GNE0018	3LW3006	6-Oct-09	3	512	1487	5388866.17	420276.825
Rainbow trout	>30cm	Gill net	3GNE0002H	3RBH3001	6-Oct-09	2	380	370.3	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0012H	3RBH3001	6-Oct-09	--	458	1404	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0016H	3RBH3001	6-Oct-09	--	326	169.7	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0029H	3RBH3001	6-Oct-09	2	400	326.8	5388866.17	420276.825
Rainbow trout	>30cm	Gill net	3GNE0030H	3RBH3001	6-Oct-09	1	343	430	5388866.17	420276.825
Rainbow trout	>30cm	Boat electrofishing	3ED0103W	3RBW3002	5-Oct-09	2	431	980	5390447.635	420607.356
Rainbow trout	>30cm	Boat electrofishing	3EF0001W	3RBW3002	5-Oct-09	3	485	703.7	5392670.31	419887.842
Rainbow trout	>30cm	Boat electrofishing	3EF0003W	3RBW3002	5-Oct-09	3	423	527.7	5392670.31	419887.842
Rainbow trout	>30cm	Gill net	3GNE0014W	3RBW3002	6-Oct-09	1	326	157.7	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0019W	3RBW3002	6-Oct-09	5	530	1463	5388866.17	420276.825
Rainbow trout	>30cm	Boat electrofishing	3EF0004W	3RBW3003	5-Oct-09	2	340	291.5	5392670.31	419887.842
Rainbow trout	>30cm	Gill net	3GNA0002W	3RBW3003	6-Oct-09	4	524	746.9	5389545.819	418331.77
Rainbow trout	>30cm	Gill net	3GNE0007W	3RBW3003	6-Oct-09	3	460	844	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0013W	3RBW3003	6-Oct-09	2	351	182.8	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0037W	3RBW3003	6-Oct-09	2	462	1089	5389379.596	420135.552
Rainbow trout	>30cm	Boat electrofishing	3ED0106H	3RBW3004	5-Oct-09	2	333	424	5390447.635	420607.356
Rainbow trout	>30cm	Boat electrofishing	3EF0010H	3RBW3004	5-Oct-09	2	434	1056	5392670.31	419887.842
Rainbow trout	>30cm	Gill net	3GNE0006H	3RBW3004	6-Oct-09	--	412	789	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0032H	3RBW3004	6-Oct-09	--	323	140	5388866.17	420276.825
Rainbow trout	>30cm	Gill net	3GNE0045H	3RBW3004	6-Oct-09	1	301	321	5390638.165	421024.924
Rainbow trout	>30cm	Boat electrofishing	3ED0101W	3RBW3005	5-Oct-09	5	517	676.6	5390447.635	420607.356
Rainbow trout	>30cm	Boat electrofishing	3EF0002W	3RBW3005	5-Oct-09	4	527	1757	5392670.31	419887.842
Rainbow trout	>30cm	Gill net	3GNC0025W	3RBW3005	9-Oct-09	4	503	569	5388816.516	420250.336
Rainbow trout	>30cm	Gill net	3GNE0011W	3RBW3005	6-Oct-09	2	380	300.3	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0052W	3RBW3005	6-Oct-09	2	328	332	5390638.165	421024.924
Rainbow trout	>30cm	Gill net	3GNA0001W	3RBW3006	6-Oct-09	4	557	2121	5389545.819	418331.77
Rainbow trout	>30cm	Gill net	3GNC0027W	3RBW3006	9-Oct-09	4	548	819	5388816.516	420250.336
Rainbow trout	>30cm	Gill net	3GNE0008W	3RBW3006	6-Oct-09	5	564	1628	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0060W	3RBW3006	6-Oct-09	4	515	1616	5390989.971	421439.808
Walleye	>30cm	Gill net	3GNA0099	3WE3001	7-Oct-09	3	435	785	5392148.428	418436.823
Walleye	>30cm	Gill net	3GNA0102	3WE3001	7-Oct-09	3	347	419	5392148.428	418436.823
Walleye	>30cm	Gill net	3GNA0114	3WE3001	7-Oct-09	3	381	492	5391691.225	418036.404
Walleye	>30cm	Gill net	3GNA0116	3WE3001	7-Oct-09	3	459	848	5391691.225	418036.404
Walleye	>30cm	Gill net	3GNE0055	3WE3001	6-Oct-09	3	459	840	5390989.971	421439.808
Walleye	>30cm	Boat electrofishing	3ED0295	3WE3002	6-Oct-09	3	369	428	5389572.171	418339.724
Walleye	>30cm	Gill net	3GNA0031	3WE3002	6-Oct-09	2	380	461	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0064	3WE3002	6-Oct-09	2	359	395	5392955.582	420317.191
Walleye	>30cm	Gill net	3GNA0079	3WE3002	6-Oct-09	2	342	389	5392955.582	420317.191
Walleye	>30cm	Gill net	3GNA0080	3WE3002	6-Oct-09	3	360	484	5392955.582	420317.191
Walleye	>30cm	Boat electrofishing	3ED0104	3WE3003	5-Oct-09	3	398	581	5390447.635	420607.356
Walleye	>30cm	Gill net	3GNA0103	3WE3003	7-Oct-09	3	410	563	5392148.428	418436.823
Walleye	>30cm	Gill net	3GNA0115	3WE3003	7-Oct-09	3	439	716	5391691.225	418036.404
Walleye	>30cm	Gill net	3GNA0129	3WE3003	7-Oct-09	2	360	219.5	5389607.629	418373.448
Walleye	>30cm	Gill net	3GNE0034	3WE3003	6-Oct-09	6	405	340.8	5388866.17	420276.825
Walleye	>30cm	Boat electrofishing	3EB0039	3WE3004	6-Oct-09	3	453	927.4	5389866.819	418412.5698

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Walleye	>30cm	Gill net	3GNA0036	3WE3004	6-Oct-09	3	390	574	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0048	3WE3004	6-Oct-09	2	370	229.1	5391701.123	418028.98
Walleye	>30cm	Gill net	3GNA0138	3WE3004	7-Oct-09	3	432	582	5389830.934	418393.1421
Walleye	>30cm	Gill net	3GNE0058	3WE3004	6-Oct-09	3	395	576	5390989.971	421439.808
Walleye	>30cm	Boat electrofishing	3EB0041	3WE3005	6-Oct-09	2	368	219.1	5389866.819	418412.5698
Walleye	>30cm	Boat electrofishing	3ED0299	3WE3005	6-Oct-09	--	368	230.3	5389572.171	418339.724
Walleye	>30cm	Gill net	3GNA0032	3WE3005	6-Oct-09	2	370	489	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0037	3WE3005	6-Oct-09	2	364	454	5389795.77	418394.637
Walleye	>30cm	Gill net	3GNA0077	3WE3005	6-Oct-09	4	377	208.2	5392955.582	420317.191
Walleye	>30cm	Gill net	3GNA0063	3WE3006	6-Oct-09	6	621	1976	5392955.582	420317.191
Walleye	>30cm	Gill net	3GNA0096	3WE3006	7-Oct-09	3	410	248.8	5392148.428	418436.823
Walleye	>30cm	Gill net	3GNA0101	3WE3006	7-Oct-09	3	453	1045	5392148.428	418436.823
Walleye	>30cm	Gill net	3GNE0054	3WE3006	6-Oct-09	5	441	640	5390989.971	421439.808
Walleye	>30cm	Gill net	3GNE0057	3WE3006	6-Oct-09	3	405	701	5390989.971	421439.808
Archived Fish										
Smallmouth bass	<=15cm	Boat electrofishing	3EB0050	archived	6-Oct-09	<1	143	39	5389866.819	418412.5698
Smallmouth bass	<=15cm	Boat electrofishing	3EB0053	archived	6-Oct-09	<1	116	20	5389866.819	418412.5698
Pikeminnow	<=15cm	Boat electrofishing	3EB0059	archived	6-Oct-09	<1	149	24	5389866.819	418412.5698
Pikeminnow	<=15cm	Boat electrofishing	3EB0060	archived	6-Oct-09	<1	133	18	5389866.819	418412.5698
Smallmouth bass	<=15cm	Boat electrofishing	3ED0028	archived	5-Oct-09	<1	85	7.4	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0034	archived	5-Oct-09	<1	80	5.7	5392670.31	419887.842
Pikeminnow	<=15cm	Boat electrofishing	3ED0112	archived	5-Oct-09	<1	83	4.4	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0114	archived	5-Oct-09	<1	99	12.8	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0115	archived	5-Oct-09	<1	80	6.3	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0116	archived	5-Oct-09	<1	82	6.9	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0117	archived	5-Oct-09	<1	85	8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0118	archived	5-Oct-09	<1	90	9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0120	archived	5-Oct-09	<1	110	19	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0121	archived	5-Oct-09	<1	83	7	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0132	archived	5-Oct-09	<1	92	11	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0133	archived	5-Oct-09	<1	95	12.5	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0134	archived	5-Oct-09	<1	87	8.8	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0158	archived	5-Oct-09	<1	70	5.1	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0159	archived	5-Oct-09	<1	86	9.4	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0160	archived	5-Oct-09	<1	104	16.8	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0161	archived	5-Oct-09	<1	90	9.8	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0162	archived	5-Oct-09	<1	89	9.8	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0163	archived	5-Oct-09	<1	92	11	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0164	archived	5-Oct-09	<1	90	9.5	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0165	archived	5-Oct-09	<1	82	7.6	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0166	archived	5-Oct-09	<1	85	7.8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0169	archived	5-Oct-09	<1	86	9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0170	archived	5-Oct-09	<1	83	8.2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0174	archived	5-Oct-09	<1	87	9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0175	archived	5-Oct-09	<1	88	9.7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0176	archived	5-Oct-09	<1	87	9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0177	archived	5-Oct-09	<1	78	6	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0178	archived	5-Oct-09	<1	101	13.7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0179	archived	5-Oct-09	<1	85	9.6	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0180	archived	5-Oct-09	<1	89	10.7	5390447.635	420607.356

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	3ED0182	archived	5-Oct-09	<1	111	20.4	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0183	archived	5-Oct-09	<1	80	7.9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0184	archived	5-Oct-09	<1	85	9.9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0185	archived	5-Oct-09	<1	80	7	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0187	archived	5-Oct-09	<1	94	10	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0188	archived	5-Oct-09	<1	92	12.5	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0189	archived	5-Oct-09	<1	102	14	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0191	archived	5-Oct-09	<1	126	16.3	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0192	archived	5-Oct-09	<1	133	18.2	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0193	archived	5-Oct-09	<1	130	17	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0194	archived	5-Oct-09	<1	116	11.2	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0195	archived	5-Oct-09	<1	123	14.3	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0196	archived	5-Oct-09	<1	118	13.2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0217	archived	5-Oct-09	<1	85	9.2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0218	archived	5-Oct-09	<1	89	9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0220	archived	5-Oct-09	<1	149	45	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0221	archived	5-Oct-09	<1	96	11	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0222	archived	5-Oct-09	<1	83	8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0223	archived	5-Oct-09	<1	100	12.5	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0224	archived	5-Oct-09	<1	118	21.6	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0229	archived	5-Oct-09	<1	84	8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0230	archived	5-Oct-09	<1	78	7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0231	archived	5-Oct-09	<1	92	10	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0232	archived	5-Oct-09	<1	83	8.3	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0233	archived	5-Oct-09	<1	88	9.1	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0234	archived	5-Oct-09	<1	94	11.2	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0235	archived	5-Oct-09	<1	60	2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0244	archived	5-Oct-09	<1	91	10	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0245	archived	5-Oct-09	<1	80	8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0246	archived	5-Oct-09	<1	110	19	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0247	archived	5-Oct-09	<1	88	9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0248	archived	5-Oct-09	<1	98	13.5	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0249	archived	5-Oct-09	<1	109	16.9	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0250	archived	5-Oct-09	<1	79	7.2	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0260	archived	5-Oct-09	<1	84	4.4	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0261	archived	5-Oct-09	<1	92	10.7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0265	archived	5-Oct-09	<1	77	5.3	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0266	archived	5-Oct-09	<1	86	7.7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0267	archived	5-Oct-09	<1	85	8.8	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0268	archived	5-Oct-09	<1	55	2.4	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0269	archived	5-Oct-09	<1	55	2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0270	archived	5-Oct-09	<1	72	5	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0272	archived	5-Oct-09	<1	96	9.2	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0273	archived	5-Oct-09	<1	50	1.7	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0274	archived	5-Oct-09	<1	76	5.1	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0275	archived	5-Oct-09	<1	131	16.2	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0276	archived	5-Oct-09	<1	122	14.6	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0277	archived	5-Oct-09	<1	144	24.9	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0278	archived	5-Oct-09	<1	132	18	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0284	archived	5-Oct-09	<1	78	6	5390447.635	420607.356

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	3ED0285	archived	5-Oct-09	<1	84	7	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0286	archived	5-Oct-09	<1	105	17	5390447.635	420607.356
Smallmouth bass	<=15cm	Boat electrofishing	3ED0287	archived	5-Oct-09	<1	70	4	5390447.635	420607.356
Pikeminnow	<=15cm	Boat electrofishing	3ED0292	archived	5-Oct-09	<1	102	7.9	5390447.635	420607.356
Black crappie	<=15cm	Boat electrofishing	3ED0310	archived	6-Oct-09	<1	107	15.4	5389572.171	418339.724
Black crappie	<=15cm	Boat electrofishing	3ED0311	archived	6-Oct-09	<1	88	10.3	5389572.171	418339.724
Black crappie	<=15cm	Boat electrofishing	3ED0312	archived	6-Oct-09	<1	105	12.2	5389572.171	418339.724
Black crappie	<=15cm	Boat electrofishing	3ED0315	archived	6-Oct-09	<1	104	10.4	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0321	archived	6-Oct-09	<1	150	27.4	5389572.171	418339.724
Black crappie	<=15cm	Boat electrofishing	3ED0337	archived	6-Oct-09	<1	77	5.6	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0345	archived	6-Oct-09	<1	139	18.1	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0346	archived	6-Oct-09	<1	145	24	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0349	archived	6-Oct-09	<1	149	24.5	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0363	archived	6-Oct-09	<1	124	13.9	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0364	archived	6-Oct-09	<1	127	14.3	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0384	archived	6-Oct-09	<1	95	7.7	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3ED0394	archived	6-Oct-09	<1	70	3	5389572.171	418339.724
Pikeminnow	<=15cm	Boat electrofishing	3EF0017	archived	5-Oct-09	<1	137	16.3	5392670.31	419887.842
Pikeminnow	<=15cm	Boat electrofishing	3EF0026	archived	5-Oct-09	<1	123	13.3	5392670.31	419887.842
Smallmouth bass	<=15cm	Boat electrofishing	3EF0027	archived	5-Oct-09	<1	121	22	5392670.31	419887.842
Smallmouth bass	<=15cm	Boat electrofishing	3EF0028	archived	5-Oct-09	<1	97	11.2	5392670.31	419887.842
Pikeminnow	<=15cm	Boat electrofishing	3EF0029	archived	5-Oct-09	<1	126	16.3	5392670.31	419887.842
Black crappie	<=15cm	Boat electrofishing	3EF0035	archived	5-Oct-09	<1	71	4.1	5392670.31	419887.842
Pikeminnow	<=15cm	Beach seine	3SE0021	archived	7-Oct-09	<1	85	4.8	5392224.229	421162.568
Pikeminnow	>15 to <=30cm	Boat electrofishing	3EB0043	archived	6-Oct-09	3	283	204	5389866.819	418412.5698
Pikeminnow	>15 to <=30cm	Boat electrofishing	3EB0044	archived	6-Oct-09	5	276	203	5389866.819	418412.5698
Largescale sucker	>15 to <=30cm	Boat electrofishing	3EB0046	archived	6-Oct-09	2	180	61	5389866.819	418412.5698
Longnose sucker	>15 to <=30cm	Boat electrofishing	3EB0048	archived	6-Oct-09	2	186	61	5389866.819	418412.5698
Walleye	>15 to <=30cm	Boat electrofishing	3EB0049	archived	6-Oct-09	<1	162	29	5389866.819	418412.5698
Largescale sucker	>15 to <=30cm	Boat electrofishing	3EB0057	archived	6-Oct-09	2	153	29	5389866.819	418412.5698
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0107	archived	5-Oct-09	2	227	115	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0108	archived	5-Oct-09	2	200	81	5390447.635	420607.356
Walleye	>15 to <=30cm	Boat electrofishing	3ED0123	archived	5-Oct-09	--	168	39.4	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0124	archived	5-Oct-09	2	197	80	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0128	archived	5-Oct-09	2	200	69	5390447.635	420607.356
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0129	archived	5-Oct-09	2	215	60	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0130	archived	5-Oct-09	2	166	44	5390447.635	420607.356
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0137	archived	5-Oct-09	--	154	33	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0138	archived	5-Oct-09	2	152	39	5390447.635	420607.356
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0148	archived	5-Oct-09	2	162	41.8	5390447.635	420607.356
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0153	archived	5-Oct-09	2	156	36.3	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0154	archived	5-Oct-09	2	154	33.9	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0156	archived	5-Oct-09	2	157	35.7	5390447.635	420607.356
Smallmouth bass	>15 to <=30cm	Boat electrofishing	3ED0173	archived	5-Oct-09	--	161	56.8	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0210	archived	5-Oct-09	2	159	38.5	5390447.635	420607.356
Longnose sucker	>15 to <=30cm	Boat electrofishing	3ED0253	archived	5-Oct-09	2	162	37.5	5390447.635	420607.356
Walleye	>15 to <=30cm	Boat electrofishing	3ED0300	archived	6-Oct-09	1	276	166	5389572.171	418339.724
Walleye	>15 to <=30cm	Boat electrofishing	3ED0301	archived	6-Oct-09	<1	165	35.2	5389572.171	418339.724
Smallmouth bass	>15 to <=30cm	Boat electrofishing	3ED0304	archived	6-Oct-09	--	272	324	5389572.171	418339.724
Smallmouth bass	>15 to <=30cm	Boat electrofishing	3ED0305	archived	6-Oct-09	1	165	80.2	5389572.171	418339.724

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0316	archived	6-Oct-09	--	152	20.6	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0317	archived	6-Oct-09	2	183	57.5	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0318	archived	6-Oct-09	5	254	154	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0320	archived	6-Oct-09	2	174	42.5	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0324	archived	6-Oct-09	3	274	199	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0325	archived	6-Oct-09	4	232	109.8	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0329	archived	6-Oct-09	2	193	66.4	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0332	archived	6-Oct-09	3	180	53	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0333	archived	6-Oct-09	2	198	67.1	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0339	archived	6-Oct-09	2	170	37.6	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0340	archived	6-Oct-09	4	215	79.7	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0347	archived	6-Oct-09	2	181	44	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0371	archived	6-Oct-09	3	165	39	5389572.171	418339.724
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0373	archived	6-Oct-09	3	255	172.5	5389572.171	418339.724
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0374	archived	6-Oct-09	2	185	62.8	5389572.171	418339.724
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0385	archived	6-Oct-09	2	136	18.6	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3ED0385A	archived	6-Oct-09	--	168	57	5389572.171	418339.724
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0390	archived	6-Oct-09	2	177	56.3	5389572.171	418339.724
Largescale sucker	>15 to <=30cm	Boat electrofishing	3ED0391	archived	6-Oct-09	2	174	54.7	5389572.171	418339.724
Pikeminnow	>15 to <=30cm	Boat electrofishing	3EF0011	archived	5-Oct-09	3	260	190.5	5392670.31	419887.842
Longnose sucker	>15 to <=30cm	Boat electrofishing	3EF0013	archived	5-Oct-09	3	209	94.3	5392670.31	419887.842
Walleye	>15 to <=30cm	Boat electrofishing	3EF0014	archived	5-Oct-09	--	157	29.7	5392670.31	419887.842
Pikeminnow	>15 to <=30cm	Boat electrofishing	3EF0019	archived	5-Oct-09	2	181	54	5392670.31	419887.842
Longnose sucker	>15 to <=30cm	Boat electrofishing	3EF0022	archived	5-Oct-09	3	201	85.7	5392670.31	419887.842
Largescale sucker	>15 to <=30cm	Boat electrofishing	3EF0025	archived	5-Oct-09	3	275	237.1	5392670.31	419887.842
Largescale sucker	>15 to <=30cm	Boat electrofishing	3EF0031	archived	5-Oct-09	--	170	43.1	5392670.31	419887.842
Pikeminnow	>15 to <=30cm	Gill net	3GNA0004	archived	6-Oct-09	--	242	127	5389545.819	418331.77
Pikeminnow	>15 to <=30cm	Gill net	3GNA0005	archived	6-Oct-09	3	296	237	5389545.819	418331.77
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0007	archived	6-Oct-09	2	251	250	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0011	archived	6-Oct-09	3	285	208.4	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0012	archived	6-Oct-09	3	278	360	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0013	archived	6-Oct-09	2	282	367	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0014	archived	6-Oct-09	2	259	282	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0015	archived	6-Oct-09	2	258	271	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0016	archived	6-Oct-09	2	250	250	5389795.77	418394.637
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0019	archived	6-Oct-09	2	250	236	5389795.77	418394.637
Longnose sucker	>15 to <=30cm	Gill net	3GNA0026	archived	6-Oct-09	3	230	120	5389795.77	418394.637
Pikeminnow	>15 to <=30cm	Gill net	3GNA0027	archived	6-Oct-09	5	247	142	5389795.77	418394.637
Walleye	>15 to <=30cm	Gill net	3GNA0038	archived	6-Oct-09	1	265	159	5389795.77	418394.637
Kokanee	>15 to <=30cm	Gill net	3GNA0042H	archived	6-Oct-09	1	296	336	5391701.123	418028.98
Kokanee	>15 to <=30cm	Gill net	3GNA0043H	archived	6-Oct-09	1	218	282	5391701.123	418028.98
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0060	archived	6-Oct-09	2	260	289	5392955.582	420317.191
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0061	archived	6-Oct-09	2	259	287	5392955.582	420317.191
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0062	archived	6-Oct-09	2	256	264	5392955.582	420317.191
Pikeminnow	>15 to <=30cm	Gill net	3GNA0072	archived	6-Oct-09	5	285	215	5392955.582	420317.191
Pikeminnow	>15 to <=30cm	Gill net	3GNA0074	archived	6-Oct-09	4	258	158	5392955.582	420317.191
Pikeminnow	>15 to <=30cm	Gill net	3GNA0075	archived	6-Oct-09	5	250	144	5392955.582	420317.191
Pikeminnow	>15 to <=30cm	Gill net	3GNA0076	archived	6-Oct-09	4	228	131	5392955.582	420317.191
Walleye	>15 to <=30cm	Gill net	3GNA0078	archived	6-Oct-09	1	265	162	5392955.582	420317.191
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0106	archived	7-Oct-09	1	194	119	5392148.428	418436.823

Table 2-13. Summary of Fish Collected from FSCA 3

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0107	archived	7-Oct-09	1	163	77	5392148.428	418436.823
Pikeminnow	>15 to <=30cm	Gill net	3GNA0127	archived	7-Oct-09	5	259	170	5391691.225	418036.404
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0128	archived	7-Oct-09	3	298	441	5389607.629	418373.448
Smallmouth bass	>15 to <=30cm	Gill net	3GNA0141	archived	7-Oct-09	2	256	306	5389830.934	418393.1421
Kokanee	>15 to <=30cm	Gill net	3GNE0017	archived	6-Oct-09	--	269	181.9	5388590.35	420388.335
Pikeminnow	>15 to <=30cm	Gill net	3GNE0049	archived	6-Oct-09	4	250	155	5390638.165	421024.924
Kokanee	>15 to <=30cm	Gill net	3GNE0051H	archived	6-Oct-09	1	294	304	5390638.165	421024.924
Pikeminnow	>15 to <=30cm	Gill net	3GNE0070	archived	7-Oct-09	--	253	135	5388590.35	420388.335
Pikeminnow	>15 to <=30cm	Gill net	3GNE0071	archived	7-Oct-09	4	244	132	5388590.35	420388.335
Pikeminnow	>15 to <=30cm	Gill net	3GNE0072	archived	7-Oct-09	--	260	162	5388590.35	420388.335
Kokanee	>15 to <=30cm	Gill net	3GNE0075H	archived	7-Oct-09	1	299	317	5388866.17	420276.825
Pikeminnow	>15 to <=30cm	Gill net	3GNE0078	archived	7-Oct-09	3	250	133	5390638.165	421024.924
Pikeminnow	>15 to <=30cm	Gill net	3GNE0079	archived	7-Oct-09	4	256	173	5390989.971	421439.808
Smallmouth bass	>15 to <=30cm	Gill net	3GNE0080	archived	7-Oct-09	2	248	253	5390989.971	421439.808
Kokanee	>15 to <=30cm	Gill net	3GNE0083H	archived	7-Oct-09	1	296	327	5390989.971	421439.808
Kokanee	>30cm	Boat electrofishing	3ED0100H	archived	5-Oct-09	1	321	369	5390447.635	420607.356
Rainbow trout	>30cm	Boat electrofishing	3ED0102H	archived	5-Oct-09	--	474	742.6	5390447.635	420607.356
Walleye	>30cm	Boat electrofishing	3ED0298H	archived	6-Oct-09	2	351	374	5389572.171	418339.724
Kokanee	>30cm	Boat electrofishing	3ED0330H	archived	6-Oct-09	--	331	181.9	5389572.171	418339.724
Kokanee	>30cm	Gill net	3GNA0039H	archived	6-Oct-09	--	319	174.2	5391701.123	418028.98
Kokanee	>30cm	Gill net	3GNA0044H	archived	6-Oct-09	1	336	471	5391701.123	418028.98
Rainbow trout	>30cm	Gill net	3GNA0047H	archived	6-Oct-09	--	423	929	5391701.123	418028.98
Lake whitefish	>30cm	Gill net	3GNA0058	archived	6-Oct-09	2	445	1014	5392955.582	420317.191
Walleye	>30cm	Gill net	3GNA0100	archived	7-Oct-09	12	575	1753	5392148.428	418436.823
Kokanee	>30cm	Gill net	3GNA0120H	archived	7-Oct-09	1	328	212.5	5391691.225	418036.404
Kokanee	>30cm	Gill net	3GNA0122H	archived	7-Oct-09	1	354	271.9	5391691.225	418036.404
Kokanee	>30cm	Gill net	3GNA0132H	archived	7-Oct-09	1	316	378	5389607.629	418373.448
Kokanee	>30cm	Gill net	3GNE0003H	archived	6-Oct-09	1	338	241	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0004H	archived	6-Oct-09	1	337	368	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0005H	archived	6-Oct-09	1	330	190.6	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0010H	archived	6-Oct-09	1	321	384	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0015W	archived	6-Oct-09	1	318	337	5388590.35	420388.335
Rainbow trout	>30cm	Gill net	3GNE0026H	archived	6-Oct-09	4	474	780.9	5388866.17	420276.825
Kokanee	>30cm	Gill net	3GNE0031H	archived	6-Oct-09	--	341	190.7	5388866.17	420276.825
Kokanee	>30cm	Gill net	3GNE0033H	archived	6-Oct-09	1	324	366	5388866.17	420276.825
Kokanee	>30cm	Gill net	3GNE0035H	archived	6-Oct-09	1	351	183.7	5388866.17	420276.825
Rainbow trout	>30cm	Gill net	3GNE0040H	archived	6-Oct-09	1	362	511.5	5389379.596	420135.552
Kokanee	>30cm	Gill net	3GNE0062H	archived	6-Oct-09	1	339	418	5390989.971	421439.808
Kokanee	>30cm	Gill net	3GNE0068H	archived	7-Oct-09	1	317	366	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0069H	archived	7-Oct-09	1	345	465	5388590.35	420388.335
Kokanee	>30cm	Gill net	3GNE0074H	archived	7-Oct-09	1	316	159.6	5388866.17	420276.825

Note:

^a UTM Zone 11

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Individual Large Fish										
Largescale sucker	>30cm	Gill net	4GNE0603	4LS3IND001	15-Oct-09	4	430	1072	5355670.922	413816.915
Largescale sucker	>30cm	Gill net	4GNA0044	4LS3IND002	8-Oct-09	4	457	464.3	5367091.782	411418.569
Largescale sucker	>30cm	Boat electrofishing	4EB0032	4LS3IND003	9-Oct-09	26	500	1673	5364347.049	412324.446
Largescale sucker	>30cm	Boat electrofishing	4EB0033	4LS3IND004	9-Oct-09	28	530	1887	5364347.049	412324.446
Largescale sucker	>30cm	Boat electrofishing	4EB0034	4LS3IND005	9-Oct-09	28	550	1155.5	5364347.049	412324.446
Largescale sucker	>30cm	Boat electrofishing	4EB0025	4LS3IND006	7-Oct-09	29	622	2134	5368419.222	411296.842
Largescale sucker	>30cm	Boat electrofishing	4EB0026	4LS3IND007	7-Oct-09	23	505	1116.4	5368419.222	411296.842
Largescale sucker	>30cm	Boat electrofishing	4EB0027	4LS3IND008	7-Oct-09	28	525	987	5368419.222	411296.842
Largescale sucker	>30cm	Boat electrofishing	4EB0028	4LS3IND009	7-Oct-09	25	530	1505	5368419.222	411296.842
Smallmouth bass	>30cm	Gill net	4GNE0612	4SMB3IND001	15-Oct-09	6	305	152.11	5362742.58	410298.706
Smallmouth bass	>30cm	Gill net	4GNA0100	4SMB3IND002	8-Oct-09	3	319	350	5369955.018	410641.206
Walleye	>30cm	Gill net	4GNA0091	4WE3IND001	8-Oct-09	2	371	465	5366741.601	410162.287
Walleye	>30cm	Gill net	4GNA0049	4WE3IND003	8-Oct-09	3	411	249.9	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0048	4WE3IND004	8-Oct-09	2	372	242	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0013	4WE3IND005	8-Oct-09	3	456	466	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0050	4WE3IND006	8-Oct-09	2	396	551	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0047	4WE3IND007	8-Oct-09	3	405	608	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0045	4WE3IND008	8-Oct-09	8	592	2310	5367091.782	411418.569
Composite Fish										
Longnose sucker	<=15cm	Boat electrofishing	4EB0029	4LN1001	7-Oct-09	<1	100	9	5368419.222	411296.842
Longnose sucker	<=15cm	Boat electrofishing	4EB0030	4LN1001	7-Oct-09	<1	83	85	5368419.222	411296.842
Longnose sucker	<=15cm	Boat electrofishing	4ED0615	4LN1001	13-Oct-09	<1	94	7	5349590.509	413191.385
Longnose sucker	<=15cm	Backpack electroshock	4EE0006	4LN1001	9-Oct-09	<1	96	7.3	5349562.089	412345.627
Longnose sucker	<=15cm	Backpack electroshock	4EE0007	4LN1001	9-Oct-09	<1	101	9.2	5349562.089	412345.627
Longnose sucker	<=15cm	Backpack electroshock	4EE0008	4LN1001	9-Oct-09	<1	87	5.5	5349562.089	412345.627
Longnose sucker	<=15cm	Backpack electroshock	4EE0009	4LN1001	9-Oct-09	<1	90	4.8	5349562.089	412345.627
Longnose sucker	<=15cm	Beach seine	4GNA0122	4LN1001	9-Oct-09	<1	110	13	5367215.119	411591.054
Longnose sucker	<=15cm	Beach seine	4GNA0123	4LN1001	9-Oct-09	<1	90	6	5367215.119	411591.054
Longnose sucker	<=15cm	Beach seine	4GNA0124	4LN1001	9-Oct-09	<1	95	7	5367215.119	411591.054
Longnose sucker	<=15cm	Beach seine	4GNA0125	4LN1001	9-Oct-09	<1	86	6	5367215.119	411591.054
Longnose sucker	<=15cm	Beach seine	4GNA0126	4LN1001	9-Oct-09	<1	91	9	5367215.119	411591.054
Longnose sucker	<=15cm	Beach seine	4GNA0127	4LN1001	9-Oct-09	<1	82	5.1	5367215.119	411591.054
Longnose sucker	<=15cm	Beach seine	4GNA0128	4LN1001	9-Oct-09	<1	81	4.6	5367215.119	411591.054
Longnose sucker	<=15cm	Gill net	4GNE0121	4LN1001	9-Oct-09	<1	110	12	5367215.119	411591.054
Sculpin	<=15cm	Boat electrofishing	4ED0484	4SC1001	8-Oct-09	<1	82	6.1	5362010.857	410520.31
Sculpin	<=15cm	Boat electrofishing	4ED0518	4SC1001	8-Oct-09	<1	58	1.8	5362010.857	410520.31
Sculpin	<=15cm	Boat electrofishing	4ED0519	4SC1001	8-Oct-09	<1	50	1.5	5362010.857	410520.31
Sculpin	<=15cm	Boat electrofishing	4ED0520	4SC1001	8-Oct-09	<1	52	1.2	5362010.857	410520.31
Sculpin	<=15cm	Boat electrofishing	4ED0556	4SC1001	9-Oct-09	<1	77	4.2	5356357.983	411789.621
Smallmouth bass	<=15cm	Boat electrofishing	4ED0404	4SMB1001	8-Oct-09	<1	66	3.1	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0408	4SMB1001	8-Oct-09	<1	65	3.7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0409	4SMB1001	8-Oct-09	<1	86	9.2	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0411	4SMB1001	8-Oct-09	<1	62	2.7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0417	4SMB1001	8-Oct-09	<1	90	9.7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0418	4SMB1001	8-Oct-09	<1	86	8.1	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0419	4SMB1001	8-Oct-09	<1	73	4.7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0421	4SMB1001	8-Oct-09	<1	81	7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0422	4SMB1001	8-Oct-09	<1	63	3	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0426	4SMB1001	8-Oct-09	<1	68	4	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0429	4SMB1001	8-Oct-09	<1	53	1.6	5366439.188	410071.211

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	4ED0431	4SMB1001	8-Oct-09	<1	60	2.8	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0434	4SMB1001	8-Oct-09	<1	60	2.8	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0436	4SMB1001	8-Oct-09	<1	76	5.1	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0439	4SMB1001	8-Oct-09	<1	70	4.6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0441	4SMB1001	8-Oct-09	<1	74	3.6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0444	4SMB1001	8-Oct-09	<1	79	6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0447	4SMB1001	8-Oct-09	<1	64	2.6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0449	4SMB1001	8-Oct-09	<1	63	2.6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0450	4SMB1001	8-Oct-09	<1	73	4.1	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0543	4SMB1001	8-Oct-09	<1	85	8.8	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0544	4SMB1001	8-Oct-09	<1	88	9.3	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0546	4SMB1001	8-Oct-09	<1	70	3.8	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0548	4SMB1001	8-Oct-09	<1	78	5.2	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0549	4SMB1001	8-Oct-09	<1	91	9.1	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0550	4SMB1001	8-Oct-09	<1	83	7.3	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0551	4SMB1001	8-Oct-09	<1	86	7.3	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0553	4SMB1001	8-Oct-09	<1	67	3.7	5362010.857	410520.31
Smallmouth bass	<=15cm	Burbot trap	4TF0006	4SMB1001	8-Oct-09	<1	72	4.2	5371054.111	410980.691
Walleye	<=15cm	Boat electrofishing	4ED0462	4WE1001	8-Oct-09	<1	150	25.3	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0464	4WE1001	8-Oct-09	<1	138	18.9	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0465	4WE1001	8-Oct-09	<1	130	16.5	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0467	4WE1001	8-Oct-09	<1	135	19.9	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0485	4WE1001	8-Oct-09	<1	120	13.6	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0498	4WE1001	8-Oct-09	<1	138	20.3	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0504	4WE1001	8-Oct-09	<1	147	25.8	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0511	4WE1001	8-Oct-09	<1	129	17.2	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0512	4WE1001	8-Oct-09	<1	150	25.1	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0523	4WE1001	8-Oct-09	<1	135	23	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0527	4WE1001	8-Oct-09	<1	137	18.5	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0528	4WE1001	8-Oct-09	<1	128	15.4	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0529	4WE1001	8-Oct-09	<1	131	16.7	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0531	4WE1001	8-Oct-09	<1	136	22.5	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0532	4WE1001	8-Oct-09	<1	127	16.3	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0533	4WE1001	8-Oct-09	<1	130	16.7	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0538	4WE1001	8-Oct-09	<1	83	4.2	5362010.857	410520.31
Yellow perch	<=15cm	Beach seine	4BE0002	4YP1001	8-Oct-09	<1	84	5.9	5357207.61	411846.036
Yellow perch	<=15cm	Boat electrofishing	4EB0037	4YP1001	9-Oct-09	<1	102	10.4	5364347.049	412324.446
Yellow perch	<=15cm	Boat electrofishing	4ED0413	4YP1001	8-Oct-09	<1	105	11.7	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0420	4YP1001	8-Oct-09	<1	80	4.3	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0442A	4YP1001	8-Oct-09	<1	71	3.7	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0442B	4YP1001	8-Oct-09	<1	79	44	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0443	4YP1001	8-Oct-09	<1	86	6	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0470	4YP1001	8-Oct-09	<1	110	17.8	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0473	4YP1001	8-Oct-09	<1	75	4	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0474	4YP1001	8-Oct-09	<1	100	10.7	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0475	4YP1001	8-Oct-09	<1	107	13.1	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0476	4YP1001	8-Oct-09	<1	82.5	4.8	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0478	4YP1001	8-Oct-09	<1	82	5.2	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0479	4YP1001	8-Oct-09	<1	99	11.1	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0481	4YP1001	8-Oct-09	<1	89	8.3	5362010.857	410520.31

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Yellow perch	<=15cm	Boat electrofishing	4ED0482	4YP1001	8-Oct-09	<1	90	7	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0483	4YP1001	8-Oct-09	<1	108	13.4	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0487	4YP1001	8-Oct-09	<1	72	3.4	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0488	4YP1001	8-Oct-09	<1	92	8	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0513	4YP1001	8-Oct-09	<1	88	6.3	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0514	4YP1001	8-Oct-09	<1	87	6.1	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0515	4YP1001	8-Oct-09	<1	81	5.1	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0521	4YP1001	8-Oct-09	<1	81	4.6	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0522	4YP1001	8-Oct-09	<1	79	3.8	5362010.857	410520.31
Yellow perch	<=15cm	Backpack electroshock	4EE0010	4YP1001	9-Oct-09	<1	75	3.5	5349562.089	412345.627
Yellow perch	<=15cm	Backpack electroshock	4EE0020	4YP1001	9-Oct-09	<1	73	3.4	5349562.089	412345.627
Kokanee	>15 to <=30cm	Boat electrofishing	4EB0024H	4KOH2001	7-Oct-09	1	286	282	5368419.222	411296.842
Kokanee	>15 to <=30cm	Gill net	4GNA0107H	4KOH2001	9-Oct-09	1	279	205	5367218.221	411513.098
Kokanee	>15 to <=30cm	Gill net	4GNA0115H	4KOH2001	9-Oct-09	1	293	305	5365532.433	409700.118
Kokanee	>15 to <=30cm	Gill net	4GNA0120H	4KOH2001	9-Oct-09	1	285	295	5365532.433	409700.118
Kokanee	>15 to <=30cm	Gill net	4GNE0018H	4KOH2001	9-Oct-09	1	295	277	5351542.941	412100.503
Largescale sucker	>15 to <=30cm	Boat electrofishing	4ED0567	4LS2001	9-Oct-09	4	212	111	5356357.983	411789.621
Largescale sucker	>15 to <=30cm	Gill net	4GNE0027	4LS2001	9-Oct-09	3	211	103	5349898.716	412505.36
Largescale sucker	>15 to <=30cm	Gill net	4GNE0028	4LS2001	9-Oct-09	3	203	111	5349898.716	412505.36
Largescale sucker	>15 to <=30cm	Gill net	4GNE0034	4LS2001	10-Oct-09	2	200	89	5349979.028	412584.486
Rainbow trout	>15 to <=30cm	Boat electrofishing	4EB0003W	4RBW2001	7-Oct-09	1	299	302	5368419.222	411296.842
Rainbow trout	>15 to <=30cm	Boat electrofishing	4ED0459W	4RBW2001	8-Oct-09	2	252	157	5362010.857	410520.31
Rainbow trout	>15 to <=30cm	Boat electrofishing	4ED0460W	4RBW2001	8-Oct-09	1	275	360	5362010.857	410520.31
Rainbow trout	>15 to <=30cm	Boat electrofishing	4ED0557W	4RBW2001	9-Oct-09	1	161	44.6	5356357.983	411789.621
Smallmouth bass	>15 to <=30cm	Boat electrofishing	4ED0401	4SMB2001	8-Oct-09	--	173	71.6	5366439.188	410071.211
Smallmouth bass	>15 to <=30cm	Boat electrofishing	4ED0559	4SMB2001	9-Oct-09	1	172	72.5	5356357.983	411789.621
Smallmouth bass	>15 to <=30cm	Boat electrofishing	4ED0563	4SMB2001	9-Oct-09	1	179	90.3	5356357.983	411789.621
Smallmouth bass	>15 to <=30cm	Boat electrofishing	4ED0566	4SMB2001	9-Oct-09	1	173	77.6	5356357.983	411789.621
Smallmouth bass	>15 to <=30cm	Boat electrofishing	4ED0568	4SMB2001	9-Oct-09	1	162	62.9	5356357.983	411789.621
Walleye	>15 to <=30cm	Gill net	4GNA0015	4WE2001	8-Oct-09	1	280	190	5364799.714	412062.419
Walleye	>15 to <=30cm	Gill net	4GNA0016	4WE2001	8-Oct-09	--	260	170	5364799.714	412062.419
Walleye	>15 to <=30cm	Gill net	4GNA0024	4WE2001	8-Oct-09	7	263	185	5364799.714	412062.419
Walleye	>15 to <=30cm	Gill net	4GNA0053	4WE2001	8-Oct-09	1	280	160	5367091.782	411418.569
Walleye	>15 to <=30cm	Gill net	4GNE0021	4WE2001	9-Oct-09	3	243	146	5351222.387	412581.337
Burbot	>30cm	Boat electrofishing	4ED0603	4BU3001	13-Oct-09	8	570	1090	5349590.509	413191.385
Burbot	>30cm	Burbot trap	4TF0001	4BU3001	7-Oct-09	8	570	944	5366480.522	410380.089
Burbot	>30cm	Burbot trap	4TF0004	4BU3001	7-Oct-09	--	540	828	5354579.513	413674.825
Burbot	>30cm	Burbot trap	4TF0010	4BU3001	9-Oct-09	7	585	888	5354368.442	414104.38
Burbot	>30cm	Burbot trap	4TF0013	4BU3001	8-Oct-09	--	591	549	5368797.482	409922.621
Burbot	>30cm	Boat electrofishing	4ED0608	4BU3002	13-Oct-09	6	558	866	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0613	4BU3002	13-Oct-09	5	518	779	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0614	4BU3002	13-Oct-09	6	547	806	5349590.509	413191.385
Burbot	>30cm	Burbot trap	4TF0007	4BU3002	8-Oct-09	5	475	666	5368447.647	409918.016
Burbot	>30cm	Burbot trap	4TF0012	4BU3002	10-Oct-09	8	620	660	5354928.64	413910.612
Burbot	>30cm	Boat electrofishing	4EB0065	4BU3003	9-Oct-09	5	450	131	5364347.049	412324.446
Burbot	>30cm	Boat electrofishing	4ED0461	4BU3003	8-Oct-09	4	433	424	5362010.857	410520.31
Burbot	>30cm	Boat electrofishing	4ED0610	4BU3003	13-Oct-09	6	486	641	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0612	4BU3003	13-Oct-09	6	523	789	5349590.509	413191.385
Burbot	>30cm	Gill net	4GNA0010	4BU3003	8-Oct-09	5	475	538	5364799.714	412062.419
Burbot	>30cm	Boat electrofishing	4EB0063	4BU3004	9-Oct-09	8	543	632	5364347.049	412324.446

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Burbot	>30cm	Boat electrofishing	4EB0064	4BU3004	9-Oct-09	5	441	400	5364347.049	412324.446
Burbot	>30cm	Boat electrofishing	4ED0602	4BU3004	13-Oct-09	6	522	800	5349590.509	413191.385
Burbot	>30cm	Gill net	4GNA0099	4BU3004	8-Oct-09	3	493	753	5366741.601	410162.287
Burbot	>30cm	Burbot trap	4TF0008	4BU3004	8-Oct-09	5	540	796	5360291.017	413139.155
Burbot	>30cm	Boat electrofishing	4ED0600	4BU3005	13-Oct-09	5	483	710	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0601	4BU3005	13-Oct-09	5	480	471	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0607	4BU3005	13-Oct-09	5	467	502	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0609	4BU3005	13-Oct-09	3	420	393	5349590.509	413191.385
Burbot	>30cm	Gill net	4GNE0611	4BU3005	15-Oct-09	3	500	645	5355670.922	413816.915
Burbot	>30cm	Boat electrofishing	4EB0031	4BU3006	9-Oct-09	7	539	600	5364347.049	412324.446
Burbot	>30cm	Boat electrofishing	4ED0397	4BU3006	8-Oct-09	8	605	978	5366439.188	410071.211
Burbot	>30cm	Boat electrofishing	4ED0611	4BU3006	13-Oct-09	5	552	833	5349590.509	413191.385
Burbot	>30cm	Gill net	4GNE0613	4BU3006	15-Oct-09	8	573	434.28	5362742.58	410298.706
Burbot	>30cm	Burbot trap	4TF0003	4BU3006	7-Oct-09	5	420	448	5350068.448	413014.728
Kokanee	>30cm	Gill net	4GNA0061H	4KOH3001	8-Oct-09	1	396	298	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0085H	4KOH3001	8-Oct-09	1	315	339	5365167.791	409692.618
Kokanee	>30cm	Gill net	4GNA0087H	4KOH3001	8-Oct-09	1	342	414	5365167.791	409692.618
Kokanee	>30cm	Gill net	4GNA0110H	4KOH3001	9-Oct-09	1	325	172	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNA0119H	4KOH3001	9-Oct-09	1	341	272	5365532.433	409700.118
Kokanee	>30cm	Boat electrofishing	4ED0458H	4KOH3002	8-Oct-09	1	317	151	5362010.857	410520.31
Kokanee	>30cm	Gill net	4GNA0054H	4KOH3002	8-Oct-09	1	329	390	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0112H	4KOH3002	9-Oct-09	1	302	340	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNA0116H	4KOH3002	9-Oct-09	1	310	316	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNA0117H	4KOH3002	9-Oct-09	1	318	357	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNA0055H	4KOH3003	8-Oct-09	1	323	396	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0060H	4KOH3003	8-Oct-09	1	321	368	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0086H	4KOH3003	8-Oct-09	1	311	353	5365167.791	409692.618
Kokanee	>30cm	Gill net	4GNE0003H	4KOH3003	9-Oct-09	1	321	177	5351225.17	412520.811
Kokanee	>30cm	Gill net	4GNE0012H	4KOH3003	9-Oct-09	1	302	193	5351377.001	412047.26
Kokanee	>30cm	Gill net	4GNA0058H	4KOH3004	8-Oct-09	1	322	208	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0084H	4KOH3004	8-Oct-09	1	328	375	5365167.791	409692.618
Kokanee	>30cm	Gill net	4GNA0108H	4KOH3004	9-Oct-09	1	325	420	5367218.221	411513.098
Kokanee	>30cm	Gill net	4GNA0111H	4KOH3004	9-Oct-09	1	320	220	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNE0001H	4KOH3004	9-Oct-09	1	316	180	5351225.17	412520.811
Kokanee	>30cm	Gill net	4GNA0059H	4KOH3005	8-Oct-09	2	304	163	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0113H	4KOH3005	9-Oct-09	1	308	304	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNE0005H	4KOH3005	9-Oct-09	1	335	421	5351225.17	412520.811
Kokanee	>30cm	Gill net	4GNE0009H	4KOH3005	9-Oct-09	1	351	461	5351377.001	412047.26
Kokanee	>30cm	Gill net	4GNE0010H	4KOH3005	9-Oct-09	1	311	337	5351377.001	412047.26
Kokanee	>30cm	Boat electrofishing	4EB0023H	4KOH3006	7-Oct-09	2	388	604	5368419.222	411296.842
Kokanee	>30cm	Gill net	4GNA0082H	4KOH3006	8-Oct-09	--	418	474	5365167.791	409692.618
Kokanee	>30cm	Gill net	4GNA0114H	4KOH3006	9-Oct-09	1	350	211	5365532.433	409700.118
Kokanee	>30cm	Gill net	4GNE0016H	4KOH3006	9-Oct-09	--	379	695	5350869.523	411793.413
Kokanee	>30cm	Gill net	4GNE0017H	4KOH3006	9-Oct-09	1	362	526	5350869.523	411793.413
Longnose sucker	>30cm	Gill net	4GNE0022	4LN3001	9-Oct-09	9	432	938	5351222.387	412581.337
Longnose sucker	>30cm	Gill net	4GNE0604	4LN3001	15-Oct-09	6	430	613.68	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0606	4LN3001	15-Oct-09	5	400	877	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0602	4LN3002	15-Oct-09	8	411	956	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0609	4LN3002	15-Oct-09	4	405	527.97	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0607	4LN3003	15-Oct-09	4	431	1028	5355670.922	413816.915

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Longnose sucker	>30cm	Gill net	4GNE0608	4LN3003	15-Oct-09	5	428	537.56	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0601	4LN3004	15-Oct-09	4	387	837	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0610	4LN3004	15-Oct-09	3	384	795	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0600	4LN3005	15-Oct-09	7	450	1298	5355670.922	413816.915
Longnose sucker	>30cm	Gill net	4GNE0605	4LN3005	15-Oct-09	6	423	542.43	5355670.922	413816.915
Lake whitefish	>30cm	Gill net	4GNA0027	4LW3001	8-Oct-09	2	475	599.41	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0035	4LW3001	8-Oct-09	2	455	1092	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0072	4LW3001	8-Oct-09	3	500	731.6	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0089	4LW3001	8-Oct-09	3	498	811.8	5365167.791	409692.618
Lake whitefish	>30cm	Gill net	4GNA0090	4LW3001	8-Oct-09	--	580	1269	5366741.601	410162.287
Lake whitefish	>30cm	Gill net	4GNA0006	4LW3002	8-Oct-09	2	472	696.1	5364799.714	412062.419
Lake whitefish	>30cm	Gill net	4GNA0008	4LW3002	8-Oct-09	2	464	441.4	5364799.714	412062.419
Lake whitefish	>30cm	Gill net	4GNA0031	4LW3002	8-Oct-09	3	475	1319	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0034	4LW3002	8-Oct-09	2	493	1393	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0078	4LW3002	8-Oct-09	2	450	1111	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0030	4LW3003	8-Oct-09	9	575	2009	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0032	4LW3003	8-Oct-09	2	460	1114	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0033	4LW3003	8-Oct-09	2	474	1083	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0076	4LW3003	8-Oct-09	2	490	761.8	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0079	4LW3003	8-Oct-09	3	510	1750	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0026	4LW3004	8-Oct-09	2	465	1345	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0039	4LW3004	8-Oct-09	6	563	2331	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0073	4LW3004	8-Oct-09	3	500	1526	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0077	4LW3004	8-Oct-09	3	494	575.8	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0088	4LW3004	8-Oct-09	3	550	2438	5365167.791	409692.618
Lake whitefish	>30cm	Gill net	4GNA0025	4LW3005	8-Oct-09	5	535	1733	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0029	4LW3005	8-Oct-09	2	470	1171	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0038	4LW3005	8-Oct-09	2	438	759.8	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0041	4LW3005	8-Oct-09	2	490	1717	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0074	4LW3005	8-Oct-09	2	460	1205	5367154.311	411490.24
Lake whitefish	>30cm	Gill net	4GNA0005	4LW3006	8-Oct-09	2	441	960	5364799.714	412062.419
Lake whitefish	>30cm	Gill net	4GNA0028	4LW3006	8-Oct-09	3	500	869.5	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0036	4LW3006	8-Oct-09	2	473	675.7	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0042	4LW3006	8-Oct-09	2	474	1185	5367091.782	411418.569
Lake whitefish	>30cm	Gill net	4GNA0075	4LW3006	8-Oct-09	2	450	1331	5367154.311	411490.24
Rainbow trout	>30cm	Boat electrofishing	4EB0054H	4RBH3001	9-Oct-09	2	355	282	5364347.049	412324.446
Rainbow trout	>30cm	Boat electrofishing	4EB0060H	4RBH3001	9-Oct-09	--	345	518	5364347.049	412324.446
Rainbow trout	>30cm	Gill net	4GNA0064H	4RBH3001	8-Oct-09	2	400	829	5367154.311	411490.24
Rainbow trout	>30cm	Gill net	4GNA0067H	4RBH3001	8-Oct-09	1	310	213.7	5367154.311	411490.24
Rainbow trout	>30cm	Gill net	4GNA0068H	4RBH3001	8-Oct-09	2	319	282	5367154.311	411490.24
Rainbow trout	>30cm	Boat electrofishing	4EB0007H	4RBH3002	7-Oct-09	2	342	230.2	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0017H	4RBH3002	7-Oct-09	--	335	454	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0018H	4RBH3002	7-Oct-09	--	346	508	5368419.222	411296.842
Rainbow trout	>30cm	Gill net	4GNA0062H	4RBH3002	8-Oct-09	1	330	442	5367154.311	411490.24
Rainbow trout	>30cm	Gill net	4GNA0069H	4RBH3002	8-Oct-09	2	345	589	5367154.311	411490.24
Rainbow trout	>30cm	Boat electrofishing	4EB0002H	4RBH3004	7-Oct-09	--	358	602	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0012H	4RBH3004	7-Oct-09	2	380	257.6	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0058H	4RBH3004	9-Oct-09	2	372	642	5364347.049	412324.446
Rainbow trout	>30cm	Gill net	4GNA0065H	4RBH3004	8-Oct-09	2	375	722	5367154.311	411490.24
Rainbow trout	>30cm	Gill net	4GNE0008H	4RBH3004	9-Oct-09	--	369	299	5351225.17	412520.811

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Rainbow trout	>30cm	Boat electrofishing	4EB009H	4RBH3006	7-Oct-09	--	345	266.4	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0010H	4RBH3006	7-Oct-09	3	375	312.7	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0022H	4RBH3006	7-Oct-09	--	335	498	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0050H	4RBH3006	9-Oct-09	--	326	426	5364347.049	412324.446
Rainbow trout	>30cm	Gill net	4GNE0011H	4RBH3006	9-Oct-09	--	367	287	5351377.001	412047.26
Rainbow trout	>30cm	Boat electrofishing	4EB0005W	4RBW3003	7-Oct-09	3	317	455	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0008W	4RBW3003	7-Oct-09	4	509	1596	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0014W	4RBW3003	7-Oct-09	2	324	434	5368419.222	411296.842
Rainbow trout	>30cm	Gill net	4GNA0066W	4RBW3003	8-Oct-09	5	526	1346	5367154.311	411490.24
Rainbow trout	>30cm	Gill net	4GNE0019W	4RBW3003	9-Oct-09	2	362	187	5351542.941	412100.503
Rainbow trout	>30cm	Boat electrofishing	4EB0006W	4RBW3005	7-Oct-09	4	530	1620	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0011W	4RBW3005	7-Oct-09	1	301	366	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0013W	4RBW3005	7-Oct-09	1	374	351.6	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0016W	4RBW3005	7-Oct-09	4	545	1852	5368419.222	411296.842
Rainbow trout	>30cm	Gill net	4GNE0006W	4RBW3005	9-Oct-09	3	400	712	5351225.17	412520.811
Walleye	>30cm	Boat electrofishing	4ED0454	4WE3001	8-Oct-09	3	387	548	5362010.857	410520.31
Walleye	>30cm	Boat electrofishing	4ED0455	4WE3001	8-Oct-09	2	376	225	5362010.857	410520.31
Walleye	>30cm	Gill net	4GNA0012	4WE3001	8-Oct-09	2	402	534	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0051	4WE3001	8-Oct-09	1	302	232	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0070	4WE3001	8-Oct-09	3	403	650	5367154.311	411490.24
Walleye	>30cm	Boat electrofishing	4EB0067	4WE3002	9-Oct-09	2	375	472	5364347.049	412324.446
Walleye	>30cm	Gill net	4GNA0011	4WE3002	8-Oct-09	3	377	227	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0014	4WE3002	8-Oct-09	2	370	424	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0095	4WE3002	8-Oct-09	2	384	502	5366741.601	410162.287
Walleye	>30cm	Gill net	4GNA0097	4WE3002	8-Oct-09	3	407	592	5366741.601	410162.287
Walleye	>30cm	Boat electrofishing	4ED0398	4WE3003	8-Oct-09	2	370	457	5366439.188	410071.211
Walleye	>30cm	Boat electrofishing	4ED0457	4WE3003	8-Oct-09	2	363	406	5362010.857	410520.31
Walleye	>30cm	Gill net	4GNA0021	4WE3003	8-Oct-09	2	335	337	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0094	4WE3003	8-Oct-09	3	422	274	5366741.601	410162.287
Walleye	>30cm	Gill net	4GNA0098	4WE3003	8-Oct-09	2	362	440	5366741.601	410162.287
Walleye	>30cm	Boat electrofishing	4ED0453	4WE3004	8-Oct-09	2	339	369	5362010.857	410520.31
Walleye	>30cm	Boat electrofishing	4ED0456	4WE3004	8-Oct-09	2	361	209	5362010.857	410520.31
Walleye	>30cm	Gill net	4GNA0022	4WE3004	8-Oct-09	2	350	270	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0092	4WE3004	8-Oct-09	2	366	443	5366741.601	410162.287
Walleye	>30cm	Gill net	4GNA0103	4WE3004	9-Oct-09	2	355	175	5359623.937	413358.596
Walleye	>30cm	Boat electrofishing	4EB0066	4WE3005	9-Oct-09	2	360	457	5364347.049	412324.446
Walleye	>30cm	Gill net	4GNA0019	4WE3005	8-Oct-09	2	348	475	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0052	4WE3005	8-Oct-09	2	349	202	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0071	4WE3005	8-Oct-09	2	368	429	5367154.311	411490.24
Walleye	>30cm	Gill net	4GNA0096	4WE3005	8-Oct-09	3	386	492	5366741.601	410162.287
Walleye	>30cm	Boat electrofishing	4ED0399	4WE3006	8-Oct-09	2	352	390	5366439.188	410071.211
Walleye	>30cm	Gill net	4GNA0020	4WE3006	8-Oct-09	2	369	409	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0023	4WE3006	8-Oct-09	1	305	109	5364799.714	412062.419
Walleye	>30cm	Gill net	4GNA0046	4WE3006	8-Oct-09	3	403	578	5367091.782	411418.569
Walleye	>30cm	Gill net	4GNA0093	4WE3006	8-Oct-09	3	382	216	5366741.601	410162.287
Archived Fish										
Yellow perch	<=15cm	Beach seine	4BE0001	archived	8-Oct-09	<1	75	4.3	5357175.178	411906.038
Smallmouth bass	<=15cm	Boat electrofishing	4ED0403	archived	8-Oct-09	<1	91	10.4	5366439.188	410071.211
Largescale sucker	<=15cm	Boat electrofishing	4ED0405	archived	8-Oct-09	<1	114	12.5	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0406	archived	8-Oct-09	<1	68	3.9	5366439.188	410071.211

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	4ED0407	archived	8-Oct-09	<1	64	3.4	5366439.188	410071.211
Pikeminnow	<=15cm	Boat electrofishing	4ED0410	archived	8-Oct-09	<1	100	7.3	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0412	archived	8-Oct-09	<1	93	7.5	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0423	archived	8-Oct-09	<1	78	5.8	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0424	archived	8-Oct-09	<1	87	8.4	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0425	archived	8-Oct-09	<1	57	2.3	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0427	archived	8-Oct-09	<1	56	2.1	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0430	archived	8-Oct-09	<1	85	8.4	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0432	archived	8-Oct-09	<1	74	4.7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0433	archived	8-Oct-09	<1	80	6.3	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0435	archived	8-Oct-09	<1	58	2.6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0437	archived	8-Oct-09	<1	70	4.6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0438	archived	8-Oct-09	<1	82	6.4	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0440	archived	8-Oct-09	<1	56	2.4	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0445	archived	8-Oct-09	<1	66	3.7	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0446	archived	8-Oct-09	<1	62	2.9	5366439.188	410071.211
Yellow perch	<=15cm	Boat electrofishing	4ED0451	archived	8-Oct-09	<1	87	6	5366439.188	410071.211
Smallmouth bass	<=15cm	Boat electrofishing	4ED0452	archived	8-Oct-09	<1	66	2.9	5366439.188	410071.211
Walleye	<=15cm	Boat electrofishing	4ED0466	archived	8-Oct-09	<1	140	22.4	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0468	archived	8-Oct-09	<1	142	24.4	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0471	archived	8-Oct-09	<1	80	5.2	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0472	archived	8-Oct-09	<1	100	13	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0477	archived	8-Oct-09	<1	74	3	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0480	archived	8-Oct-09	<1	93	7.6	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0486	archived	8-Oct-09	<1	91	7.2	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0493	archived	8-Oct-09	<1	140	21.5	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0496	archived	8-Oct-09	<1	139	22.7	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0497	archived	8-Oct-09	<1	130	18	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0503	archived	8-Oct-09	<1	140	20	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0508	archived	8-Oct-09	<1	136	21.3	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0510	archived	8-Oct-09	<1	135	20.3	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0516	archived	8-Oct-09	<1	91	8.1	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0517	archived	8-Oct-09	<1	88	6.5	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0524	archived	8-Oct-09	<1	143	19.6	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0525	archived	8-Oct-09	<1	125	14.3	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0526	archived	8-Oct-09	<1	130	17.1	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0530	archived	8-Oct-09	<1	130	16.9	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0534	archived	8-Oct-09	<1	63	2.2	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0535	archived	8-Oct-09	<1	80	5.2	5362010.857	410520.31
Yellow perch	<=15cm	Boat electrofishing	4ED0536	archived	8-Oct-09	<1	72	3.5	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0537	archived	8-Oct-09	<1	90	5.9	5362010.857	410520.31
Walleye	<=15cm	Boat electrofishing	4ED0539	archived	8-Oct-09	<1	88	4.8	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0540	archived	8-Oct-09	<1	76	6.3	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0541	archived	8-Oct-09	<1	88	9.5	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0542	archived	8-Oct-09	<1	93	10.9	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0545	archived	8-Oct-09	<1	81	7.9	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0547	archived	8-Oct-09	<1	76	6.2	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0552	archived	8-Oct-09	<1	63	2.9	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0554	archived	8-Oct-09	<1	70	4.6	5362010.857	410520.31
Smallmouth bass	<=15cm	Boat electrofishing	4ED0555	archived	8-Oct-09	<1	73	4.5	5362010.857	410520.31

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Yellow perch	<=15cm	Backpack electroshock	4EE0004	archived	9-Oct-09	<1	87	5.3	5349562.089	412345.627
Yellow perch	<=15cm	Backpack electroshock	4EE0005	archived	9-Oct-09	<1	100	9.7	5349562.089	412345.627
Yellow perch	<=15cm	Backpack electroshock	4EE0011	archived	9-Oct-09	<1	78	4	5349562.089	412345.627
Yellow perch	<=15cm	Backpack electroshock	4EE0012	archived	9-Oct-09	<1	77	3.8	5349562.089	412345.627
Yellow perch	<=15cm	Burbot trap	4TF0005	archived	8-Oct-09	<1	105	12	5371054.111	410980.691
Lake whitefish	>15 to <=30cm	Boat electrofishing	4EB0015	archived	7-Oct-09	<1	210	94	5368419.222	411296.842
Kokanee	>15 to <=30cm	Boat electrofishing	4EB0020H	archived	7-Oct-09	1	295	280	5368419.222	411296.842
Kokanee	>15 to <=30cm	Boat electrofishing	4ED0021H	archived	9-Oct-09	--	300	322	5364347.049	412324.446
Walleye	>15 to <=30cm	Boat electrofishing	4ED0400	archived	8-Oct-09	<1	170	33.8	5366439.188	410071.211
Longnose sucker	>15 to <=30cm	Boat electrofishing	4ED0402	archived	8-Oct-09	3	200	88.7	5366439.188	410071.211
Walleye	>15 to <=30cm	Boat electrofishing	4ED0428	archived	8-Oct-09	<1	165	34.6	5366439.188	410071.211
Walleye	>15 to <=30cm	Boat electrofishing	4ED0463	archived	8-Oct-09	--	160	36.3	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0469	archived	8-Oct-09	--	160	31.8	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0489	archived	8-Oct-09	--	180	53.1	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0490	archived	8-Oct-09	--	182	57	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0491	archived	8-Oct-09	--	170	40	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0492	archived	8-Oct-09	--	153	32.5	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0494	archived	8-Oct-09	--	151	30	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0495	archived	8-Oct-09	--	155	27.2	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0499	archived	8-Oct-09	--	154	30.5	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0500	archived	8-Oct-09	--	165	32.4	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0501	archived	8-Oct-09	--	170	33	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0502	archived	8-Oct-09	--	151	26.2	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0505	archived	8-Oct-09	--	154	33.9	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0506	archived	8-Oct-09	--	155	32	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0507	archived	8-Oct-09	--	160	31	5362010.857	410520.31
Walleye	>15 to <=30cm	Boat electrofishing	4ED0509	archived	8-Oct-09	--	155	32.7	5362010.857	410520.31
Smallmouth bass	>15 to <=30cm	Boat electrofishing	4ED0560	archived	9-Oct-09	1	169	65.3	5356357.983	411789.621
Walleye	>15 to <=30cm	Gill net	4GNA0017	archived	8-Oct-09	1	287	193	5364799.714	412062.419
Walleye	>15 to <=30cm	Gill net	4GNA0018	archived	8-Oct-09	--	221	130	5364799.714	412062.419
Kokanee	>15 to <=30cm	Gill net	4GNA0056H	archived	8-Oct-09	1	299	334	5367154.311	411490.24
Kokanee	>15 to <=30cm	Gill net	4GNA0057H	archived	8-Oct-09	1	300	315	5367154.311	411490.24
Kokanee	>15 to <=30cm	Gill net	4GNA0083H	archived	8-Oct-09	1	298	322	5365167.791	409692.618
Walleye	>15 to <=30cm	Gill net	4GNA0101	archived	9-Oct-09	1	288	202	5359623.937	413358.596
Kokanee	>15 to <=30cm	Gill net	4GNA0118H	archived	9-Oct-09	1	299	347	5365532.433	409700.118
Smallmouth bass	>15 to <=30cm	Gill net	4GNE0004	archived	9-Oct-09	3	279	381	5351225.17	412520.811
Peamouth	>15 to <=30cm	Gill net	4GNE0013	archived	9-Oct-09	--	277	173	5351377.001	412047.26
Peamouth	>15 to <=30cm	Gill net	4GNE0023	archived	9-Oct-09	--	264	166	5351222.387	412581.337
Peamouth	>15 to <=30cm	Gill net	4GNE0024	archived	9-Oct-09	--	271	178	5351222.387	412581.337
Yellow perch	>15 to <=30cm	Gill net	4GNE0029	archived	9-Oct-09	--	242	186	5349898.716	412505.36
Pikeminnow	>15 to <=30cm	Gill net	4GNE0031	archived	10-Oct-09	3	277	177	5351302.901	412046.114
Peamouth	>15 to <=30cm	Gill net	4GNE0032	archived	10-Oct-09	--	285	213	5351302.901	412046.114
Yellow perch	>15 to <=30cm	Gill net	4GNE0035	archived	10-Oct-09	--	197	89	5349984.472	412591.988
Lake whitefish	>15 to <=30cm	Gill net	4GNE0036	archived	10-Oct-09	1	260	171	5349686.374	412577.518
Lake whitefish	>30cm	Boat electrofishing	4EB0001	archived	7-Oct-09	3	519	1946	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0004H	archived	7-Oct-09	2	322	412	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0019H	archived	7-Oct-09	--	344	262.5	5368419.222	411296.842
Rainbow trout	>30cm	Boat electrofishing	4EB0056H	archived	9-Oct-09	2	340	294	5364347.049	412324.446
Rainbow trout	>30cm	Boat electrofishing	4EB0059H	archived	9-Oct-09	--	372	297	5364347.049	412324.446
Rainbow trout	>30cm	Boat electrofishing	4EB0061H	archived	9-Oct-09	2	360	610	5364347.049	412324.446

Table 2-14. Summary of Fish Collected from FSCA 4

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Rainbow trout	>30cm	Boat electrofishing	4EB0062H	archived	9-Oct-09	--	350	527	5364347.049	412324.446
Burbot	>30cm	Boat electrofishing	4ED0604	archived	13-Oct-09	8	555	709	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0605	archived	13-Oct-09	8	511	401	5349590.509	413191.385
Burbot	>30cm	Boat electrofishing	4ED0606	archived	13-Oct-09	8	545	886	5349590.509	413191.385
Lake whitefish	>30cm	Gill net	4GNA0004	archived	8-Oct-09	1	380	704	5364799.714	412062.419
Lake whitefish	>30cm	Gill net	4GNA0007	archived	8-Oct-09	1	375	346.4	5364799.714	412062.419
Rainbow trout	>30cm	Gill net	4GNA0009H	archived	8-Oct-09	--	385	272.4	5364799.714	412062.419
Rainbow trout	>30cm	Gill net	4GNA0063W	archived	8-Oct-09	3	481	681.2	5367154.311	411490.24
Kokanee	>30cm	Gill net	4GNA0080W	archived	8-Oct-09	1	334	393	5365167.791	409692.618
Kokanee	>30cm	Gill net	4GNA0081W	archived	8-Oct-09	1	381	159	5365167.791	409692.618
Burbot	>30cm	Burbot trap	4TF0002	archived	7-Oct-09	5	525	781	5350068.448	413014.728
Burbot	>30cm	Burbot trap	4TF0011	archived	10-Oct-09	--	590	845	5365985.711	411120.754

Note:

^a UTM Zone 11

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Individual Large Fish										
Largescale sucker	>30cm	Boat electrofishing	5EB0095	5LS3IND001	12-Oct-09	--	500	1122	5297757.015	397549.782
Largescale sucker	>30cm	Boat electrofishing	5EB0097	5LS3IND002	12-Oct-09	24	525	952	5297757.015	397549.782
Largescale sucker	>30cm	Boat electrofishing	5EB0096	5LS3IND003	12-Oct-09	30	561	1542	5297757.015	397549.782
Largescale sucker	>30cm	Boat electrofishing	5EB0094	5LS3IND004	12-Oct-09	33	623	2529	5297757.015	397549.782
Walleye	>30cm	Gill net	5GNE0040	5WE3IND001	14-Oct-09	6	512	1275	5301191.23	397610.611
Walleye	>30cm	Gill net	5GNA0022	5WE3IND002	12-Oct-09	3	480	953	5297115.534	397494.35
Composite Fish										
Sculpin	<=15cm	Boat electrofishing	5EB0079	5SC1001	11-Oct-09	<1	87	7.2	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0080	5SC1001	11-Oct-09	<1	80	5.8	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0081	5SC1001	11-Oct-09	<1	69	3.6	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0082	5SC1001	11-Oct-09	<1	77	5	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0083	5SC1001	11-Oct-09	<1	71	4.4	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0084	5SC1001	11-Oct-09	<1	67	3.6	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0085	5SC1001	11-Oct-09	<1	66	3.1	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0086	5SC1001	11-Oct-09	<1	78	5.6	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0087	5SC1001	11-Oct-09	<1	63	2.8	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0088	5SC1001	11-Oct-09	<1	90	10.9	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0089	5SC1001	11-Oct-09	<1	74	4.3	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0090	5SC1001	11-Oct-09	<1	73	5.4	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0091	5SC1001	11-Oct-09	<1	71	4	5296694.347	398985.0021
Sculpin	<=15cm	Boat electrofishing	5EB0185	5SC1001	13-Oct-09	<1	70	3.5	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EB0191	5SC1001	13-Oct-09	<1	75	5.2	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EB0192	5SC1001	13-Oct-09	<1	75	5.5	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EB0194	5SC1001	13-Oct-09	<1	96	7.9	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EB0195	5SC1001	13-Oct-09	<1	79	4.8	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EB0197	5SC1001	13-Oct-09	<1	100	12.6	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EB0198	5SC1001	13-Oct-09	<1	69	3.8	5296604.374	399886.939
Sculpin	<=15cm	Boat electrofishing	5EE0004	5SC1001	13-Oct-09	<1	90	6.7	5296609.866	399356.617
Sculpin	<=15cm	Boat electrofishing	5EE0006	5SC1001	13-Oct-09	<1	92	7.9	5296609.866	399356.617
Sculpin	<=15cm	Boat electrofishing	5EE0007	5SC1001	12-Oct-09	<1	70	3.8	5297018.729	398388.593
Smallmouth bass	<=15cm	Boat electrofishing	5EB0049	5SMB1001	11-Oct-09	<1	142	33.4	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0051	5SMB1001	11-Oct-09	<1	111	17.8	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0054	5SMB1001	11-Oct-09	<1	127	25	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0058	5SMB1001	11-Oct-09	<1	123	21.5	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0059	5SMB1001	11-Oct-09	<1	135	30.5	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0064	5SMB1001	11-Oct-09	<1	133	28.8	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0066	5SMB1001	11-Oct-09	<1	131	29.5	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0108	5SMB1001	12-Oct-09	<1	142	44.9	5297757.015	397549.782
Smallmouth bass	<=15cm	Boat electrofishing	5EB0149	5SMB1001	13-Oct-09	<1	141	32	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5ED0021	5SMB1001	11-Oct-09	<1	140	44	5297311.087	398083.6292
Smallmouth bass	<=15cm	Boat electrofishing	5ED0025	5SMB1001	11-Oct-09	<1	113	19.4	5297311.087	398083.6292
Smallmouth bass	<=15cm	Boat electrofishing	5ED0026	5SMB1001	11-Oct-09	<1	109	18.8	5297311.087	398083.6292
Smallmouth bass	<=15cm	Boat electrofishing	5ED0150	5SMB1001	13-Oct-09	<1	108	15	5296815.816	398562.31
Smallmouth bass	<=15cm	Burbot trap	5TF0005	5SMB1001	12-Oct-09	<1	144	37	5298944.303	398414.155

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Walleye	<=15cm	Boat electrofishing	5EB0028	5WE1001	11-Oct-09	<1	150	30	5296694.347	398985.0021
Walleye	<=15cm	Boat electrofishing	5EB0110	5WE1001	12-Oct-09	<1	142	19.1	5297757.015	397549.782
Walleye	<=15cm	Boat electrofishing	5EB0111	5WE1001	12-Oct-09	<1	143	21.7	5297757.015	397549.782
Walleye	<=15cm	Boat electrofishing	5EB0112	5WE1001	12-Oct-09	<1	147	20.6	5297757.015	397549.782
Walleye	<=15cm	Boat electrofishing	5EB0113	5WE1001	12-Oct-09	<1	118	12	5297757.015	397549.782
Walleye	<=15cm	Boat electrofishing	5EB0114	5WE1001	12-Oct-09	<1	137	18.4	5297757.015	397549.782
Walleye	<=15cm	Boat electrofishing	5EB0115	5WE1001	12-Oct-09	<1	138	20.1	5297757.015	397549.782
Walleye	<=15cm	Boat electrofishing	5EB0147	5WE1001	13-Oct-09	<1	132	16.2	5296604.374	399886.939
Walleye	<=15cm	Boat electrofishing	5EB0158	5WE1001	13-Oct-09	<1	132	15.1	5296604.374	399886.939
Walleye	<=15cm	Boat electrofishing	5EB0188	5WE1001	13-Oct-09	<1	134	16.6	5296604.374	399886.939
Walleye	<=15cm	Boat electrofishing	5ED0159	5WE1001	13-Oct-09	<1	134	18.3	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0163	5WE1001	13-Oct-09	<1	146	22.8	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0168	5WE1001	13-Oct-09	<1	123	14.3	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0170	5WE1001	13-Oct-09	<1	93	4.7	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0172	5WE1001	13-Oct-09	<1	146	24.2	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0175	5WE1001	13-Oct-09	<1	105	7.4	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5EB0078	5YP1001	11-Oct-09	<1	105	11	5296694.347	398985.0021
Yellow perch	<=15cm	Boat electrofishing	5EB0127	5YP1001	13-Oct-09	<1	87	6.2	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0130	5YP1001	13-Oct-09	<1	107	13.1	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0131	5YP1001	13-Oct-09	<1	84	6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0132	5YP1001	13-Oct-09	<1	100	10.8	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0154	5YP1001	13-Oct-09	<1	91	6.6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0155	5YP1001	13-Oct-09	<1	79	4.2	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0159	5YP1001	13-Oct-09	<1	99	10.4	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0184	5YP1001	13-Oct-09	<1	94	7.6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0187	5YP1001	13-Oct-09	<1	106	11.5	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0193	5YP1001	13-Oct-09	<1	80	4.6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0196	5YP1001	13-Oct-09	<1	95	7.6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5ED0131	5YP1001	12-Oct-09	<1	76	3.7	5300284.25	399421.362
Yellow perch	<=15cm	Boat electrofishing	5ED0135	5YP1001	12-Oct-09	<1	102	11.6	5300284.25	399421.362
Yellow perch	<=15cm	Boat electrofishing	5ED0188	5YP1001	13-Oct-09	<1	105	13.3	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0190	5YP1001	13-Oct-09	<1	77	3.6	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0191	5YP1001	13-Oct-09	<1	98	8.2	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0192	5YP1001	13-Oct-09	<1	105	13.4	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0193	5YP1001	13-Oct-09	<1	88	6.6	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0195	5YP1001	13-Oct-09	<1	77	3.9	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0199	5YP1001	13-Oct-09	<1	110	13.7	5296815.816	398562.31
Yellow perch	<=15cm	Burbot trap	5TF0004	5YP1001	12-Oct-09	<1	104	9.8	5299487.056	398845.32
Yellow perch	<=15cm	Burbot trap	5TF0015	5YP1001	14-Oct-09	<1	124	22.7	5296799.86	399192.689
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0011H	5KOH2001	11-Oct-09	--	295	320	5297311.087	398083.6292
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0107H	5KOH2001	12-Oct-09	1	270	222	5300284.25	399421.362
Kokanee	>15 to <=30cm	Gill net	5GNE0008H	5KOH2001	13-Oct-09	1	271	270	5301191.23	397610.611
Kokanee	>15 to <=30cm	Gill net	5GNE0022H	5KOH2001	13-Oct-09	--	291	294	5299965.329	396115.779
Kokanee	>15 to <=30cm	Gill net	5GNE0023H	5KOH2001	13-Oct-09	--	285	268	5299965.329	396115.779

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0100H	5KOH2002	12-Oct-09	1	299	318	5300284.25	399421.362
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0101H	5KOH2002	12-Oct-09	1	291	326	5300284.25	399421.362
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0106H	5KOH2002	12-Oct-09	1	269	203	5300284.25	399421.362
Kokanee	>15 to <=30cm	Gill net	5GNA0003H	5KOH2002	12-Oct-09	1	293	285	5297018.729	398388.593
Kokanee	>15 to <=30cm	Gill net	5GNA0015H	5KOH2002	12-Oct-09	1	299	278	5297084.545	397521.318
Longnose sucker	>15 to <=30cm	Boat electrofishing	5ED0119	5LSLN2001	12-Oct-09	3	264	277	5300284.25	399421.362
Longnose sucker	>15 to <=30cm	Boat electrofishing	5ED0196	5LSLN2001	13-Oct-09	4	260	206	5296815.816	398562.31
Largescale sucker	>15 to <=30cm	Gill net	5GNE0007	5LSLN2001	13-Oct-09	3	295	328	5301191.23	397610.611
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5EB0038	5SMB2001	11-Oct-09	1	217	143	5296694.347	398985.0021
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0015	5SMB2001	11-Oct-09	1	174	86	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0016	5SMB2001	11-Oct-09	1	178	89	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0017	5SMB2001	11-Oct-09	1	205	122	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0019	5SMB2001	11-Oct-09	1	176	69.7	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5EB0024	5WE2001	11-Oct-09	<1	181	49	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0032	5WE2001	11-Oct-09	<1	193	59.7	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0035	5WE2001	11-Oct-09	<1	166	31.8	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5ED0028	5WE2001	11-Oct-09	1	192	59	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5ED0030	5WE2001	11-Oct-09	<1	176	39	5297311.087	398083.6292
Burbot	>30cm	Boat electrofishing	5ED0120	5BU3001	12-Oct-09	5	594	993	5300284.25	399421.362
Burbot	>30cm	Gill net	5GNE0044	5BU3001	14-Oct-09	4	540	852	5301191.23	397610.611
Burbot	>30cm	Burbot trap	5TC0013	5BU3001	14-Oct-09	5	616	943	5303286.353	398691.153
Burbot	>30cm	Burbot trap	5TF0003	5BU3001	12-Oct-09	6	624	717	5301330.205	399403.813
Burbot	>30cm	Burbot trap	5TF0006	5BU3001	13-Oct-09	8	565	783	5296682.246	399456.47
Burbot	>30cm	Burbot trap	5BC0003	5BU3002	12-Oct-09	8	526	239	5304107.617	398666.92
Burbot	>30cm	Boat electrofishing	5ED0121	5BU3002	12-Oct-09	7	508	500	5300284.25	399421.362
Burbot	>30cm	Burbot trap	5TC0007	5BU3002	13-Oct-09	8	530	730	5304256.848	398715.656
Burbot	>30cm	Burbot trap	5TF0013	5BU3002	14-Oct-09	5	509	382	5296616.127	399636.287
Burbot	>30cm	Burbot trap	5TF0016	5BU3002	14-Oct-09	5	507	713	5296735.384	398535.107
Burbot	>30cm	Gill net	5GNE0046	5BU3003	14-Oct-09	2	475	571	5301191.23	397610.611
Burbot	>30cm	Burbot trap	5TC0005	5BU3003	13-Oct-09	5	578	877	5305348.569	398906.78
Burbot	>30cm	Burbot trap	5TC0008	5BU3003	13-Oct-09	8	556	698	5301515.306	398044.0473
Burbot	>30cm	Burbot trap	5TC0016	5BU3003	14-Oct-09	8	495	195	5301565.995	397793.077
Burbot	>30cm	Burbot trap	5TF0007	5BU3003	13-Oct-09	8	586	1064	5296682.246	399456.47
Burbot	>30cm	Burbot trap	5BC0001	5BU3004	12-Oct-09	8	612	948	5297115.534	397494.35
Burbot	>30cm	Gill net	5GNA0053	5BU3004	13-Oct-09	2	440	300	5297703.914	395829.846
Burbot	>30cm	Burbot trap	5TC0010	5BU3004	14-Oct-09	8	520	522	5304476.818	398745.689
Burbot	>30cm	Burbot trap	5TC0011	5BU3004	14-Oct-09	11	586	354	5304476.818	398745.689
Burbot	>30cm	Burbot trap	5TC0015	5BU3004	14-Oct-09	7	601	437	5301631.532	397859.079
Burbot	>30cm	Boat electrofishing	5EB0103	5BU3005	12-Oct-09	11	549	651	5297757.015	397549.782
Burbot	>30cm	Gill net	5GNE0045	5BU3005	14-Oct-09	5	570	1073	5301191.23	397610.611
Burbot	>30cm	Burbot trap	5TC0006	5BU3005	13-Oct-09	8	561	920	5304686.543	398831.623
Burbot	>30cm	Burbot trap	5TC0012	5BU3005	14-Oct-09	6	562	295	5304256.848	398715.656
Burbot	>30cm	Burbot trap	5TF0011	5BU3005	14-Oct-09	5	523	604	5296554.156	399683.886
Burbot	>30cm	Burbot trap	5BC0002	5BU3006	12-Oct-09	5	522	863	5304686.543	398831.623

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Burbot	>30cm	Burbot trap	5BC0004	5BU3006	12-Oct-09	8	549	360	5303286.353	398691.153
Burbot	>30cm	Boat electrofishing	5EB0104	5BU3006	12-Oct-09	6	556	335	5297757.015	397549.782
Burbot	>30cm	Boat electrofishing	5EB0105	5BU3006	12-Oct-09	5	510	213	5297757.015	397549.782
Burbot	>30cm	Burbot trap	5TC0014	5BU3006	14-Oct-09	5	537	692	5301631.532	397859.079
Kokanee	>30cm	Boat electrofishing	5ED0103H	5KOH3001	12-Oct-09	1	345	493	5300284.25	399421.362
Kokanee	>30cm	Boat electrofishing	5ED0110H	5KOH3001	12-Oct-09	1	302	311	5300284.25	399421.362
Kokanee	>30cm	Gill net	5GNA0001H	5KOH3001	12-Oct-09	--	329	378	5297018.729	398388.593
Kokanee	>30cm	Gill net	5GNA0011H	5KOH3001	12-Oct-09	--	341	192	5297084.545	397521.318
Kokanee	>30cm	Gill net	5GNE0029	5KOH3001	13-Oct-09	1	318	315	5299965.329	396115.779
Kokanee	>30cm	Boat electrofishing	5ED0109H	5KOH3002	12-Oct-09	--	323	343	5300284.25	399421.362
Kokanee	>30cm	Gill net	5GNA0002H	5KOH3002	12-Oct-09	--	321	400	5297018.729	398388.593
Kokanee	>30cm	Gill net	5GNA0010H	5KOH3002	12-Oct-09	--	325	404	5297084.545	397521.318
Kokanee	>30cm	Gill net	5GNA0013H	5KOH3002	12-Oct-09	--	313	359	5297084.545	397521.318
Kokanee	>30cm	Gill net	5GNE0001H	5KOH3002	13-Oct-09	1	320	227	5301693.168	397621.998
Kokanee	>30cm	Boat electrofishing	5EB0093H	5KOH3003	12-Oct-09	--	333	425	5297757.015	397549.782
Kokanee	>30cm	Boat electrofishing	5ED0104H	5KOH3003	12-Oct-09	1	341	459	5300284.25	399421.362
Kokanee	>30cm	Boat electrofishing	5ED0105H	5KOH3003	12-Oct-09	1	334	215	5300284.25	399421.362
Kokanee	>30cm	Gill net	5GNE0019H	5KOH3003	13-Oct-09	--	308	169	5299965.329	396115.779
Kokanee	>30cm	Gill net	5GNE0027H	5KOH3003	13-Oct-09	1	360	512	5299965.329	396115.779
Kokanee	>30cm	Boat electrofishing	5EB0019H	5KOH3004	11-Oct-09	--	335	356	5296694.347	398985.0021
Kokanee	>30cm	Boat electrofishing	5EB0092H	5KOH3004	12-Oct-09	1	321	344	5297757.015	397549.782
Kokanee	>30cm	Boat electrofishing	5ED0108H	5KOH3004	12-Oct-09	1	311	333	5300284.25	399421.362
Kokanee	>30cm	Boat electrofishing	5ED0142H	5KOH3004	12-Oct-09	--	347	424	5300284.25	399421.362
Kokanee	>30cm	Gill net	5GNA0014H	5KOH3004	12-Oct-09	--	323	349	5297084.545	397521.318
Kokanee	>30cm	Boat electrofishing	5EB0021H	5KOH3005	11-Oct-09	--	341	207	5296694.347	398985.0021
Kokanee	>30cm	Boat electrofishing	5ED0102H	5KOH3005	12-Oct-09	1	353	465	5300284.25	399421.362
Kokanee	>30cm	Boat electrofishing	5ED0141H	5KOH3005	12-Oct-09	1	357	542	5300284.25	399421.362
Kokanee	>30cm	Gill net	5GNE0020H	5KOH3005	13-Oct-09	1	341	201	5299965.329	396115.779
Kokanee	>30cm	Gill net	5GNE0025H	5KOH3005	13-Oct-09	1	320	382	5299965.329	396115.779
Kokanee	>30cm	Boat electrofishing	5EB0020H	5KOH3006	11-Oct-09	--	310	372	5296694.347	398985.0021
Kokanee	>30cm	Boat electrofishing	5ED0111H	5KOH3006	12-Oct-09	--	345	236	5300284.25	399421.362
Kokanee	>30cm	Gill net	5GNA0004H	5KOH3006	12-Oct-09	--	342	178	5297018.729	398388.593
Lake whitefish	>30cm	Gill net	5GNA0059	5LW3001	13-Oct-09	--	478	1515	5298664.02	398192.938
Lake whitefish	>30cm	Gill net	5GNE0054	5LW3001	14-Oct-09	1	344	575	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0059	5LW3001	14-Oct-09	2	485	1395	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0066	5LW3001	14-Oct-09	2	489	759	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0068	5LW3001	14-Oct-09	1	363	545	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0060	5LW3002	14-Oct-09	2	482	1540	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0061	5LW3002	14-Oct-09	--	522	1616	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0062	5LW3002	14-Oct-09	2	471	706	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0063	5LW3002	14-Oct-09	4	536	896	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0067	5LW3002	14-Oct-09	1	357	521	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0053	5LW3003	14-Oct-09	1	373	607	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0055	5LW3003	14-Oct-09	1	376	346	5297085.151	398242.98

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Lake whitefish	>30cm	Gill net	5GNE0057	5LW3003	14-Oct-09	1	404	848	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0058	5LW3003	14-Oct-09	1	368	563	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0065	5LW3003	14-Oct-09	1	363	627	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNA0016	5LW3004	12-Oct-09	12	418	383	5297084.545	397521.318
Lake whitefish	>30cm	Gill net	5GNA0035	5LW3004	12-Oct-09	2	490	1173	5297115.534	397494.35
Lake whitefish	>30cm	Gill net	5GNA0060	5LW3004	13-Oct-09	3	510	1700	5298664.02	398192.938
Lake whitefish	>30cm	Gill net	5GNE0056	5LW3004	14-Oct-09	4	532	827	5297085.151	398242.98
Lake whitefish	>30cm	Gill net	5GNE0064	5LW3004	14-Oct-09	3	520	1780	5297085.151	398242.98
Rainbow trout	>30cm	Boat electrofishing	5EB0009H	5RBH3001	11-Oct-09	--	363	572	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0012H	5RBH3001	11-Oct-09	--	374	646	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0102H	5RBH3001	12-Oct-09	--	353	581	5297757.015	397549.782
Rainbow trout	>30cm	Boat electrofishing	5ED0009H	5RBH3001	11-Oct-09	--	332	454	5297311.087	398083.6292
Rainbow trout	>30cm	Boat electrofishing	5ED0010H	5RBH3001	11-Oct-09	--	352	232	5297311.087	398083.6292
Rainbow trout	>30cm	Boat electrofishing	5EB0001H	5RBH3002	11-Oct-09	--	366	577	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0010H	5RBH3002	11-Oct-09	--	335	206	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0015H	5RBH3002	11-Oct-09	--	314	220	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5ED0003H	5RBH3002	11-Oct-09	--	398	211	5297311.087	398083.6292
Rainbow trout	>30cm	Gill net	5GNA0006H	5RBH3002	12-Oct-09	--	315	416	5297018.729	398388.593
Rainbow trout	>30cm	Boat electrofishing	5EB0002H	5RBH3003	11-Oct-09	--	305	381	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0004H	5RBH3003	11-Oct-09	--	334	488	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0006H	5RBH3003	11-Oct-09	--	323	184	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0007H	5RBH3003	11-Oct-09	--	307	217	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0011H	5RBH3003	11-Oct-09	--	306	183	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0003H	5RBH3004	11-Oct-09	--	335	465	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0013H	5RBH3004	11-Oct-09	--	346	563	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0017H	5RBH3004	11-Oct-09	--	315	435	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5ED0005H	5RBH3004	11-Oct-09	--	325	449	5297311.087	398083.6292
Rainbow trout	>30cm	Gill net	5GNA0007H	5RBH3004	12-Oct-09	--	367	695	5297018.729	398388.593
Rainbow trout	>30cm	Boat electrofishing	5EB0005H	5RBH3005	11-Oct-09	--	347	498	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0018H	5RBH3005	11-Oct-09	--	302	355	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5ED0001H	5RBH3005	11-Oct-09	--	335	576	5297311.087	398083.6292
Rainbow trout	>30cm	Boat electrofishing	5ED0004H	5RBH3005	11-Oct-09	--	341	482	5297311.087	398083.6292
Rainbow trout	>30cm	Boat electrofishing	5ED0008H	5RBH3005	11-Oct-09	--	334	460	5297311.087	398083.6292
Rainbow trout	>30cm	Boat electrofishing	5EB0101W	5RBW3006	12-Oct-09	2	345	244	5297757.015	397549.782
Rainbow trout	>30cm	Boat electrofishing	5ED0002W	5RBW3006	11-Oct-09	--	365	353	5297311.087	398083.6292
Rainbow trout	>30cm	Boat electrofishing	5ED0007W	5RBW3006	11-Oct-09	--	358	550	5297311.087	398083.6292
Rainbow trout	>30cm	Gill net	5GNA0008W	5RBW3006	12-Oct-09	--	476	815	5297018.729	398388.593
Rainbow trout	>30cm	Gill net	5GNA0009W	5RBW3006	12-Oct-09	--	496	1414	5297018.729	398388.593
Smallmouth bass	>30cm	Gill net	5GNA0027	5SMB3001	12-Oct-09	3	301	407	5297115.534	397494.35
Smallmouth bass	>30cm	Gill net	5GNA0046	5SMB3001	13-Oct-09	3	324	266	5297153.034	397455.475
Smallmouth bass	>30cm	Gill net	5GNA0056	5SMB3001	13-Oct-09	3	310	398	5297703.914	395829.846
Smallmouth bass	>30cm	Gill net	5GNA0058	5SMB3001	13-Oct-09	3	332	234	5297703.914	395829.846
Smallmouth bass	>30cm	Gill net	5GNE0070	5SMB3001	14-Oct-09	3	302	415	5300023.206	396608.27
Smallmouth bass	>30cm	Gill net	5GNA0055	5SMB3002	13-Oct-09	4	301	300	5297703.914	395829.846

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Smallmouth bass	>30cm	Gill net	5GNA0057	5SMB3002	13-Oct-09	3	302	137	5297703.914	395829.846
Smallmouth bass	>30cm	Gill net	5GNE0011	5SMB3002	13-Oct-09	3	301	327	5300023.206	396608.27
Smallmouth bass	>30cm	Gill net	5GNE0016	5SMB3002	13-Oct-09	3	317	397	5300023.206	396608.27
Smallmouth bass	>30cm	Gill net	5GNE0069	5SMB3002	14-Oct-09	4	314	422	5300023.206	396608.27
Smallmouth bass	>30cm	Gill net	5GNA0054	5SMB3003	13-Oct-09	3	301	220	5297703.914	395829.846
Smallmouth bass	>30cm	Gill net	5GNE0009	5SMB3003	13-Oct-09	3	301	405	5300023.206	396608.27
Smallmouth bass	>30cm	Gill net	5GNE0013	5SMB3003	13-Oct-09	3	320	445	5300023.206	396608.27
Walleye	>30cm	Gill net	5GNA0026	5WE3001	12-Oct-09	3	476	934	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0037	5WE3001	13-Oct-09	1	365	383	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0038	5WE3001	13-Oct-09	3	453	830	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0047	5WE3001	13-Oct-09	1	372	250	5300070.249	396654.348
Walleye	>30cm	Gill net	5GNE0003	5WE3001	13-Oct-09	2	445	749	5301191.23	397610.611
Walleye	>30cm	Gill net	5GNA0021	5WE3002	12-Oct-09	3	408	296	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0023	5WE3002	12-Oct-09	3	415	602	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0041	5WE3002	13-Oct-09	3	368	210	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0048	5WE3002	13-Oct-09	3	432	635	5300210.755	396827.635
Walleye	>30cm	Gill net	5GNE0010	5WE3002	13-Oct-09	3	405	523	5300023.206	396608.27
Walleye	>30cm	Gill net	5GNA0036	5WE3003	13-Oct-09	3	397	490	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0039	5WE3003	13-Oct-09	6	610	2022	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0044	5WE3003	13-Oct-09	3	498	1305	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0050	5WE3003	13-Oct-09	3	515	1535	5300210.755	396827.635
Walleye	>30cm	Gill net	5GNE0041	5WE3003	14-Oct-09	6	464	364	5301191.23	397610.611
Walleye	>30cm	Gill net	5GNA0018	5WE3004	12-Oct-09	11	900	6500	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0019	5WE3004	12-Oct-09	9	895	5250	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0049	5WE3004	13-Oct-09	1	312	234	5300210.755	396827.635
Walleye	>30cm	Gill net	5GNA0052	5WE3004	13-Oct-09	3	514	1234	5297703.914	395829.846
Walleye	>30cm	Gill net	5GNE0005	5WE3004	13-Oct-09	3	435	453	5301191.23	397610.611
Walleye	>30cm	Gill net	5GNA0024	5WE3005	12-Oct-09	3	378	251	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0043	5WE3005	13-Oct-09	3	443	686	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0051	5WE3005	13-Oct-09	2	391	480	5300210.755	396827.635
Walleye	>30cm	Gill net	5GNE0004	5WE3005	13-Oct-09	3	385	526	5301191.23	397610.611
Walleye	>30cm	Gill net	5GNE0043	5WE3005	14-Oct-09	3	380	164	5301191.23	397610.611
Walleye	>30cm	Boat electrofishing	5EB0022	5WE3006	11-Oct-09	2	328	112	5296694.347	398985.0021
Walleye	>30cm	Gill net	5GNA0020	5WE3006	12-Oct-09	2	392	257	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0025	5WE3006	12-Oct-09	2	364	194	5297115.534	397494.35
Walleye	>30cm	Gill net	5GNA0040	5WE3006	13-Oct-09	2	390	530	5297153.034	397455.475
Walleye	>30cm	Gill net	5GNA0042	5WE3006	13-Oct-09	2	435	381	5297153.034	397455.475
Archived Fish										
Smallmouth bass	<=15cm	Boat electrofishing	5EB0048	archived	11-Oct-09	<1	149	43	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0050	archived	11-Oct-09	<1	143	41.7	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0055	archived	11-Oct-09	<1	135	32.1	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0056	archived	11-Oct-09	<1	142	37.8	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0057	archived	11-Oct-09	<1	131	27.8	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0061	archived	11-Oct-09	<1	142	38.5	5296694.347	398985.0021

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	5EB0062	archived	11-Oct-09	<1	142	37.3	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0063	archived	11-Oct-09	<1	146	40.6	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0065	archived	11-Oct-09	<1	126	27.9	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0067	archived	11-Oct-09	<1	102	14.3	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0068	archived	11-Oct-09	<1	145	37.6	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0069	archived	11-Oct-09	<1	104	15.5	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0070	archived	11-Oct-09	<1	103	13	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0071	archived	11-Oct-09	<1	95	11.1	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0072	archived	11-Oct-09	<1	95	12.2	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0073	archived	11-Oct-09	<1	100	14.2	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0074	archived	11-Oct-09	<1	94	11.8	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0075	archived	11-Oct-09	<1	90	9.5	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0076	archived	11-Oct-09	<1	102	13	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0077	archived	11-Oct-09	<1	80	6.3	5296694.347	398985.0021
Smallmouth bass	<=15cm	Boat electrofishing	5EB0109	archived	12-Oct-09	<1	82	7.2	5297757.015	397549.782
Yellow perch	<=15cm	Boat electrofishing	5EB0116	archived	12-Oct-09	<1	90	7.8	5297757.015	397549.782
Smallmouth bass	<=15cm	Boat electrofishing	5EB0128	archived	13-Oct-09	<1	10	13.6	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0133	archived	13-Oct-09	<1	11	17.5	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0135	archived	13-Oct-09	<1	10	11	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0136	archived	13-Oct-09	<1	14	37.3	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0137	archived	13-Oct-09	<1	140	33.6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0141	archived	13-Oct-09	<1	103	11.2	5296604.374	399886.939
Walleye	<=15cm	Boat electrofishing	5EB0142	archived	13-Oct-09	<1	92	5.1	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0143	archived	13-Oct-09	<1	146	39.1	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0144	archived	13-Oct-09	<1	14	39.2	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0148	archived	13-Oct-09	<1	96	8.7	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0150	archived	13-Oct-09	<1	126	22.7	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0151	archived	13-Oct-09	<1	107	12.5	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0152	archived	13-Oct-09	<1	95	8.6	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0153	archived	13-Oct-09	<1	97	9.1	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0157	archived	13-Oct-09	<1	142	37.2	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0161	archived	13-Oct-09	<1	145	34.5	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0164	archived	13-Oct-09	<1	11.5	17.9	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0167	archived	13-Oct-09	<1	8.5	8.3	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0168	archived	13-Oct-09	<1	10.5	14.4	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0169	archived	13-Oct-09	<1	9	9	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0176	archived	13-Oct-09	<1	98	12.2	5296604.374	399886.939
Smallmouth bass	<=15cm	Boat electrofishing	5EB0178	archived	13-Oct-09	<1	137	32.4	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0184A	archived	13-Oct-09	<1	88	6.4	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0186	archived	13-Oct-09	<1	106	11.8	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5EB0189	archived	13-Oct-09	<1	94	7.9	5296604.374	399886.939
Walleye	<=15cm	Boat electrofishing	5EB0190	archived	13-Oct-09	<1	98	6.3	5296604.374	399886.939
Yellow perch	<=15cm	Boat electrofishing	5ED0033	archived	11-Oct-09	<1	111	15.5	5297311.087	398083.6292
Yellow perch	<=15cm	Boat electrofishing	5ED0034	archived	11-Oct-09	<1	100	11.7	5297311.087	398083.6292

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	5ED0036	archived	11-Oct-09	<1	75	5.9	5297311.087	398083.6292
Smallmouth bass	<=15cm	Boat electrofishing	5ED0122	archived	12-Oct-09	<1	88	8.2	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0123	archived	12-Oct-09	<1	83	6	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0124	archived	12-Oct-09	<1	70	3.9	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0125	archived	12-Oct-09	<1	87	7.4	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0126	archived	12-Oct-09	<1	68	3.9	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0127	archived	12-Oct-09	<1	77	6	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0128	archived	12-Oct-09	<1	98	11.2	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0129	archived	12-Oct-09	<1	81	6.6	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0130	archived	12-Oct-09	<1	84	7.9	5300284.25	399421.362
Yellow perch	<=15cm	Boat electrofishing	5ED0132	archived	12-Oct-09	<1	66	3	5300284.25	399421.362
Yellow perch	<=15cm	Boat electrofishing	5ED0134	archived	12-Oct-09	<1	97	9.2	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0139	archived	12-Oct-09	<1	68	3.8	5300284.25	399421.362
Smallmouth bass	<=15cm	Boat electrofishing	5ED0144	archived	13-Oct-09	<1	97	12.5	5296815.816	398562.31
Smallmouth bass	<=15cm	Boat electrofishing	5ED0147	archived	13-Oct-09	<1	100	12.3	5296815.816	398562.31
Smallmouth bass	<=15cm	Boat electrofishing	5ED0151	archived	13-Oct-09	<1	72	5.1	5296815.816	398562.31
Smallmouth bass	<=15cm	Boat electrofishing	5ED0153	archived	13-Oct-09	<1	60	2.6	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0164	archived	13-Oct-09	<1	86	5.2	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0169	archived	13-Oct-09	<1	90	4.2	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0171	archived	13-Oct-09	<1	91	4.3	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0173	archived	13-Oct-09	<1	94	5.8	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0174	archived	13-Oct-09	<1	85	4.1	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0176	archived	13-Oct-09	<1	91	5	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0177	archived	13-Oct-09	<1	92	4.8	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0178	archived	13-Oct-09	<1	91	5.6	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0179	archived	13-Oct-09	<1	87	4.4	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0180	archived	13-Oct-09	<1	85	4	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0181	archived	13-Oct-09	<1	86	4.1	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0182	archived	13-Oct-09	<1	97	5	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0183	archived	13-Oct-09	<1	92	5.3	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0184	archived	13-Oct-09	<1	80	3.5	5296815.816	398562.31
Walleye	<=15cm	Boat electrofishing	5ED0185	archived	13-Oct-09	<1	87	4.4	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0186	archived	13-Oct-09	<1	105	12.6	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0187	archived	13-Oct-09	<1	107	12.6	5296815.816	398562.31
Yellow perch	<=15cm	Boat electrofishing	5ED0189	archived	13-Oct-09	<1	100	10.2	5296815.816	398562.31
Black crappie	<=15cm	Boat electrofishing	5ED0194	archived	13-Oct-09	<1	115	19.8	5296815.816	398562.31
Walleye	>15 to <=30cm	Boat electrofishing	5EB0023	archived	11-Oct-09	--	160	30	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0025	archived	11-Oct-09	<1	185	56	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0026	archived	11-Oct-09	<1	181	42	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0027	archived	11-Oct-09	<1	189	50.2	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0029	archived	11-Oct-09	<1	164	37.6	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0030	archived	11-Oct-09	<1	160	31	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0031	archived	11-Oct-09	<1	194	53	5296694.347	398985.0021
Walleye	>15 to <=30cm	Boat electrofishing	5EB0033	archived	11-Oct-09	<1	226	104	5296694.347	398985.0021

Table 2-15. Summary of Fish Collected from FSCA 5

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5EB0041	archived	11-Oct-09	1	171	59	5296694.347	398985.0021
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5EB0044	archived	11-Oct-09	--	171	68	5296694.347	398985.0021
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5EB0053	archived	11-Oct-09	1	152	46	5296694.347	398985.0021
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0012H	archived	11-Oct-09	--	300	189	5297311.087	398083.6292
Kokanee	>15 to <=30cm	Boat electrofishing	5ED0013H	archived	11-Oct-09	--	280	303	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0014	archived	11-Oct-09	3	275	252	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0018	archived	11-Oct-09	1	173	77	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0020	archived	11-Oct-09	1	160	65	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0022	archived	11-Oct-09	1	158	59	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0023	archived	11-Oct-09	1	172	71	5297311.087	398083.6292
Smallmouth bass	>15 to <=30cm	Boat electrofishing	5ED0024	archived	11-Oct-09	--	158	49	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5ED0027	archived	11-Oct-09	<1	179	44	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5ED0029	archived	11-Oct-09	<1	162	36	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5ED0031	archived	11-Oct-09	<1	170	36.1	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5ED0032	archived	11-Oct-09	<1	178	41.3	5297311.087	398083.6292
Walleye	>15 to <=30cm	Boat electrofishing	5ED0035	archived	11-Oct-09	<1	160	31.8	5297311.087	398083.6292
Kokanee	>15 to <=30cm	Gill net	5GNA0005H	archived	12-Oct-09	1	245	143	5297018.729	398388.593
Smallmouth bass	>15 to <=30cm	Gill net	5GNA0028	archived	12-Oct-09	3	277	120	5297115.534	397494.35
Smallmouth bass	>15 to <=30cm	Gill net	5GNA0030	archived	12-Oct-09	3	281	291	5297115.534	397494.35
Pikeminnow	>15 to <=30cm	Gill net	5GNE0028	archived	13-Oct-09	4	240	121	5299965.329	396115.779
Yellow perch	>15 to <=30cm	Gill net	5GNE0047	archived	14-Oct-09	3	264	272	5301191.23	397610.611
Yellow perch	>15 to <=30cm	Burbot trap	5TF0014	archived	14-Oct-09	1	198	102.4	5296799.86	399192.689
Rainbow trout	>30cm	Boat electrofishing	5EB0008H	archived	11-Oct-09	--	349	549	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0014H	archived	11-Oct-09	--	301	166.35	5296694.347	398985.0021
Rainbow trout	>30cm	Boat electrofishing	5EB0016H	archived	11-Oct-09	--	326	444	5296694.347	398985.0021
Rainbow trout	>30cm	Gill net	5GNA0012W	archived	12-Oct-09	--	441	297	5297084.545	397521.318
Kokanee	>30cm	Gill net	5GNE0018H	archived	13-Oct-09	1	305	323	5299965.329	396115.779
Kokanee	>30cm	Gill net	5GNE0021	archived	13-Oct-09	1	307	331	5299965.329	396115.779
Lake whitefish	>30cm	Gill net	5GNE0071	archived	14-Oct-09	2	485	1460	5300023.206	396608.27
Burbot	>30cm	Burbot trap	5TF0001	archived	12-Oct-09	7	591	1072	5304671.435	400017.839
Burbot	>30cm	Burbot trap	5TF0002	archived	12-Oct-09	7	580	599	5303462.493	399533.182
Burbot	>30cm	Burbot trap	5TF0010	archived	14-Oct-09	8	555	676	5305214.563	400459.677
Burbot	>30cm	Burbot trap	5TF0012	archived	14-Oct-09	5	590	901	5296616.127	399636.287

Note:

^a UTM Zone 11

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Individual Large Fish										
Smallmouth bass	>30cm	Gill net	6GNA0054	6SMB3IND001	15-Oct-09	7	415	1099	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0053	6SMB3IND002	15-Oct-09	4	389	355	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0024	6SMB3IND003	15-Oct-09	3	383	162	5310112.792	364419.62
Smallmouth bass	>30cm	Gill net	6GNA0025	6SMB3IND004	15-Oct-09	3	423	242	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0010	6WE3IND001	15-Oct-09	2	373	446	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0008	6WE3IND002	15-Oct-09	3	390	508	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0013	6WE3IND003	15-Oct-09	4	500	1128	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0003	6WE3IND004	15-Oct-09	2	385	462	5310112.792	364419.62
Composite Fish										
Sculpin	<=15cm	Boat electrofishing	6EB0125	6SC1001	14-Oct-09	<1	92	8	5296618.018	398362.2263
Sculpin	<=15cm	Boat electrofishing	6EB0161	6SC1001	14-Oct-09	<1	70	3.6	5296618.018	398362.2263
Sculpin	<=15cm	Boat electrofishing	6EB0162	6SC1001	14-Oct-09	<1	94	7	5296618.018	398362.2263
Sculpin	<=15cm	Boat electrofishing	6ED0093	6SC1001	16-Oct-09	<1	89	7.7	5314168.417	363974.049
Sculpin	<=15cm	Beach seine	6SE0002	6SC1001	16-Oct-09	<1	59	1.5	5312231.189	360532.363
Sculpin	<=15cm	Beach seine	6SE0010	6SC1001	16-Oct-09	<1	40	0.6	5312200.588	360571.467
Smallmouth bass	<=15cm	Boat electrofishing	6EB0035	6SMB1001	14-Oct-09	<1	92	10.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0050	6SMB1001	14-Oct-09	<1	144	32.5	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0053	6SMB1001	14-Oct-09	<1	81	7.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0060A	6SMB1001	14-Oct-09	<1	105	13.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0068	6SMB1001	14-Oct-09	<1	84	7.9	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0079	6SMB1001	14-Oct-09	<1	91	9.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0080	6SMB1001	14-Oct-09	<1	89	7.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0100	6SMB1001	14-Oct-09	<1	102	13.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0113	6SMB1001	14-Oct-09	<1	96	10.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0116	6SMB1001	14-Oct-09	<1	83	6.8	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0119	6SMB1001	14-Oct-09	<1	101	14.9	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0188	6SMB1001	15-Oct-09	<1	63	3	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0196	6SMB1001	15-Oct-09	<1	106	14.5	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0202	6SMB1001	15-Oct-09	<1	104	13.8	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0203	6SMB1001	15-Oct-09	<1	85	9.1	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0206	6SMB1001	15-Oct-09	<1	92	8.4	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0208	6SMB1001	15-Oct-09	<1	80	5.8	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0213	6SMB1001	15-Oct-09	<1	90	7.8	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6ED0022	6SMB1001	15-Oct-09	<1	96	12	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0023	6SMB1001	15-Oct-09	<1	101	13.7	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0024	6SMB1001	15-Oct-09	<1	98	12.6	5309999.75	364703.8627
Walleye	<=15cm	Boat electrofishing	6EB0189	6WE1001	15-Oct-09	<1	145	20.1	5313056.076	364328.299
Walleye	<=15cm	Boat electrofishing	6EB0190	6WE1001	15-Oct-09	<1	135	17.3	5313056.076	364328.299
Walleye	<=15cm	Boat electrofishing	6EB0191	6WE1001	15-Oct-09	<1	140	18.7	5313056.076	364328.299
Walleye	<=15cm	Boat electrofishing	6EB0192	6WE1001	15-Oct-09	<1	110	9.7	5313056.076	364328.299
Walleye	<=15cm	Boat electrofishing	6ED0032	6WE1001	15-Oct-09	<1	149	24.7	5309999.75	364703.8627
Walleye	<=15cm	Boat electrofishing	6ED0035	6WE1001	15-Oct-09	<1	140	20.8	5309999.75	364703.8627

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Walleye	<=15cm	Boat electrofishing	6ED0036	6WE1001	15-Oct-09	<1	149	24.5	5309999.75	364703.8627
Walleye	<=15cm	Boat electrofishing	6ED0037	6WE1001	15-Oct-09	<1	136	15.5	5309999.75	364703.8627
Walleye	<=15cm	Boat electrofishing	6ED0038	6WE1001	15-Oct-09	<1	520	225	5309999.75	364703.8627
Yellow perch	<=15cm	Boat electrofishing	6EB0160	6YP1001	14-Oct-09	<1	87	5.7	5296618.018	398362.2263
Yellow perch	<=15cm	Boat electrofishing	6ED0047	6YP1001	16-Oct-09	<1	95	9.9	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0048	6YP1001	16-Oct-09	<1	113	14.3	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0052	6YP1001	16-Oct-09	<1	109	13.8	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0053	6YP1001	16-Oct-09	<1	110	13.5	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0054	6YP1001	16-Oct-09	<1	119	20.5	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0057	6YP1001	16-Oct-09	<1	95	7.2	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0059	6YP1001	16-Oct-09	<1	102	10.7	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0061	6YP1001	16-Oct-09	<1	96	8.9	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0065	6YP1001	16-Oct-09	<1	104	11.5	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0068A	6YP1001	16-Oct-09	<1	99	8.8	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0068B	6YP1001	16-Oct-09	<1	102	10.6	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0074	6YP1001	16-Oct-09	<1	98	8.5	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0080	6YP1001	16-Oct-09	<1	98	10.8	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0082	6YP1001	16-Oct-09	<1	110	12.9	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0083	6YP1001	16-Oct-09	<1	108	13.2	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0086	6YP1001	16-Oct-09	<1	102	11.3	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0088	6YP1001	16-Oct-09	<1	105	12	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0099	6YP1001	16-Oct-09	<1	100	9.6	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0117	6YP1001	16-Oct-09	<1	120	19	5314168.417	363974.049
Yellow perch	<=15cm	Beach seine	6SE0005	6YP1001	16-Oct-09	<1	85	6.1	5312200.588	360571.467
Yellow perch	<=15cm	Beach seine	6SE0008	6YP1001	16-Oct-09	<1	81	5.1	5312200.588	360571.467
Kokanee	>15 to <=30cm	Boat electrofishing	6ED0015H	6KOH2001	15-Oct-09	1	258	188	5309999.75	364703.8627
Kokanee	>15 to <=30cm	Gill net	6GNA0063H	6KOH2001	15-Oct-09	1	280	279	5314046.796	363875.165
Kokanee	>15 to <=30cm	Gill net	6GNA0065H	6KOH2001	15-Oct-09	1	258	169	5314046.796	363875.165
Kokanee	>15 to <=30cm	Gill net	6GNA0132H	6KOH2001	16-Oct-09	1	278	184	5314082.444	361477.136
Kokanee	>15 to <=30cm	Gill net	6GNE0004H	6KOH2001	17-Oct-09	1	250	186	5309403.175	363306.709
Kokanee	>15 to <=30cm	Boat electrofishing	6EB0006H	6KOH2002	14-Oct-09	1	271	200	5296618.018	398362.2263
Kokanee	>15 to <=30cm	Boat electrofishing	6EB0181H	6KOH2002	15-Oct-09	--	270	205	5313056.076	364328.299
Kokanee	>15 to <=30cm	Boat electrofishing	6EB0224H	6KOH2002	16-Oct-09	2	288	223	5314084.051	363649.259
Kokanee	>15 to <=30cm	Gill net	6GNA0086H	6KOH2002	16-Oct-09	1	298	338	5312172.72	360330.743
Kokanee	>15 to <=30cm	Gill net	6GNA0107H	6KOH2002	16-Oct-09	1	245	151	5313899.314	362477.498
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0040	6SMB2001	14-Oct-09	1	166	56.6	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0049	6SMB2001	14-Oct-09	--	166	54.7	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0055	6SMB2001	14-Oct-09	--	161	50.8	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0072B	6SMB2001	14-Oct-09	1	179	71.2	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Gill net	6GNA0027A	6SMB2001	15-Oct-09	1	185	85	5310112.792	364419.62
Walleye	>15 to <=30cm	Boat electrofishing	6EB0033	6WE2001	14-Oct-09	<1	191	47	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0046	6WE2001	14-Oct-09	<1	173	38	5296618.018	398362.2263

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Walleye	>15 to <=30cm	Boat electrofishing	6EB0085	6WE2001	14-Oct-09	<1	189	52.2	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0091	6WE2001	14-Oct-09	<1	196	62	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0098	6WE2001	14-Oct-09	2	197	69.4	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0034	6WE2001-A	14-Oct-09	<1	170	34.1	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0045	6WE2001-A	14-Oct-09	<1	158	27.3	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0070	6WE2001-A	14-Oct-09	<1	163	29.1	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0071	6WE2001-A	14-Oct-09	<1	161	30.6	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0078	6WE2001-A	14-Oct-09	<1	165	33.7	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0086	6WE2001-A	14-Oct-09	1	280	159.4	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0090	6WE2001-A	14-Oct-09	<1	158	30	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0092	6WE2001-A	14-Oct-09	<1	192	64	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0094	6WE2001-A	14-Oct-09	<1	154	28.1	5296618.018	398362.2263
Burbot	>30cm	Boat electrofishing	6ED0040	6BU3001	16-Oct-09	7	478	348	5314168.417	363974.049
Burbot	>30cm	Boat electrofishing	6ED0044	6BU3001	16-Oct-09	8	555	454	5314168.417	363974.049
Burbot	>30cm	Gill net	6GNA0129	6BU3001	16-Oct-09	3	532	1044	5314082.444	361477.136
Burbot	>30cm	Burbot trap	6TC0001	6BU3001	15-Oct-09	8	528	444	5308788.962	367870.587
Burbot	>30cm	Burbot trap	6TF0021	6BU3001	16-Oct-09	--	567	978	5309579.449	363219.953
Burbot	>30cm	Boat electrofishing	6ED0017	6BU3002	15-Oct-09	8	490	532	5309999.75	364703.8627
Burbot	>30cm	Boat electrofishing	6ED0038A	6BU3002	15-Oct-09	8	105	8.4	5309999.75	364703.8627
Burbot	>30cm	Gill net	6GNA0021	6BU3002	15-Oct-09	3	475	208	5310112.792	364419.62
Burbot	>30cm	Gill net	6GNE0001	6BU3002	17-Oct-09	4	536	450	5307499.374	366890.273
Burbot	>30cm	Hoop net	6TC0020	6BU3002	17-Oct-09	5	514	532	5312227.349	360614.45
Burbot	>30cm	Boat electrofishing	6EB0223	6BU3003	16-Oct-09	3	494	317	5314084.051	363649.259
Burbot	>30cm	Boat electrofishing	6ED0045	6BU3003	16-Oct-09	5	502	543	5314168.417	363974.049
Burbot	>30cm	Gill net	6GNE0003	6BU3003	17-Oct-09	4	473	549	5307499.374	366890.273
Burbot	>30cm	Gill net	6GNE0005	6BU3003	17-Oct-09	2	449	302	5312278.193	361349.073
Burbot	>30cm	Hoop net	6TC0019	6BU3003	16-Oct-09	5	520	425	5312273.292	364700.8209
Burbot	>30cm	Boat electrofishing	6EB0178	6BU3004	15-Oct-09	5	524	543	5313056.076	364328.299
Burbot	>30cm	Boat electrofishing	6ED0016	6BU3004	15-Oct-09	5	490	203	5309999.75	364703.8627
Burbot	>30cm	Boat electrofishing	6ED0041	6BU3004	16-Oct-09	5	424	201	5314168.417	363974.049
Burbot	>30cm	Boat electrofishing	6ED0042	6BU3004	16-Oct-09	8	504	260	5314168.417	363974.049
Burbot	>30cm	Gill net	6GNA0041	6BU3004	15-Oct-09	2	445	227	5313956.389	363378.157
Burbot	>30cm	Boat electrofishing	6EB0180	6BU3005	15-Oct-09	5	540	398	5313056.076	364328.299
Burbot	>30cm	Boat electrofishing	6ED0039	6BU3005	16-Oct-09	8	548	303	5314168.417	363974.049
Burbot	>30cm	Gill net	6GNA0020	6BU3005	15-Oct-09	3	463	515	5310112.792	364419.62
Burbot	>30cm	Gill net	6GNA0081	6BU3005	16-Oct-09	8	515	417	5312414.143	360813.584
Burbot	>30cm	Gill net	6GNE0002	6BU3005	17-Oct-09	3	570	700	5307499.374	366890.273
Kokanee	>30cm	Boat electrofishing	6EB0225H	6KOH3001	16-Oct-09	1	308	331	5314084.051	363649.259
Kokanee	>30cm	Boat electrofishing	6EB0226H	6KOH3001	16-Oct-09	1	329	214	5314084.051	363649.259
Kokanee	>30cm	Gill net	6GNA0103H	6KOH3001	16-Oct-09	1	311	364	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNE0007H	6KOH3001	15-Oct-09	--	324	420	5310112.792	364419.62
Kokanee	>30cm	Gill net	6GNE0008H	6KOH3001	17-Oct-09	1	330	198	5313904.042	362956.641

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Kokanee	>30cm	Gill net	6GNA0087H	6KOH3002	16-Oct-09	1	319	357	5312172.72	360330.743
Kokanee	>30cm	Gill net	6GNA0097H	6KOH3002	16-Oct-09	1	315	352	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0099H	6KOH3002	16-Oct-09	1	331	181	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0105H	6KOH3002	16-Oct-09	1	339	218	5313899.314	362477.498
Kokanee	>30cm	Gill net	6GNE0006H	6KOH3002	17-Oct-09	1	325	395	5313904.042	362956.641
Kokanee	>30cm	Boat electrofishing	6EB0182H	6KOH3003	15-Oct-09	1	316	352	5313056.076	364328.299
Kokanee	>30cm	Gill net	6GNA0061H	6KOH3003	15-Oct-09	1	336	395	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0088H	6KOH3003	16-Oct-09	1	309	341	5312172.72	360330.743
Kokanee	>30cm	Gill net	6GNA0096H	6KOH3003	16-Oct-09	1	353	208	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0131H	6KOH3003	16-Oct-09	1	305	329	5314082.444	361477.136
Kokanee	>30cm	Boat electrofishing	6EB0183H	6KOH3004	15-Oct-09	1	324	200	5313056.076	364328.299
Kokanee	>30cm	Gill net	6GNA0064H	6KOH3004	15-Oct-09	1	331	329	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0085H	6KOH3004	16-Oct-09	1	320	225	5312172.72	360330.743
Kokanee	>30cm	Gill net	6GNA0102H	6KOH3004	16-Oct-09	1	320	210	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0130H	6KOH3004	16-Oct-09	1	329	221	5314082.444	361477.136
Kokanee	>30cm	Gill net	6GNA0060H	6KOH3005	15-Oct-09	1	356	196	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0062H	6KOH3005	15-Oct-09	1	334	176	5314046.796	363875.165
Kokanee	>30cm	Gill net	6GNA0083H	6KOH3005	16-Oct-09	1	311	152	5312172.72	360330.743
Kokanee	>30cm	Gill net	6GNA0084H	6KOH3005	16-Oct-09	1	331	187	5312172.72	360330.743
Kokanee	>30cm	Gill net	6GNA0104H	6KOH3005	16-Oct-09	1	301	134	5313899.314	362477.498
Largescale sucker	>30cm	Boat electrofishing	6EB0166	6LS3001	15-Oct-09	--	554	1033	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0167	6LS3001	15-Oct-09	28	560	1993	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0220	6LS3001	16-Oct-09	7	550	900	5314084.051	363649.259
Largescale sucker	>30cm	Boat electrofishing	6ED0008	6LS3001	15-Oct-09	24	537	1254	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6ED0012	6LS3001	15-Oct-09	31	572	1685	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6EB0174	6LS3002	15-Oct-09	--	518	1698	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0175	6LS3002	15-Oct-09	24	510	1592	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6ED0004	6LS3002	15-Oct-09	26	483	591	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6ED0006	6LS3002	15-Oct-09	27	505	1695	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6ED0007	6LS3002	15-Oct-09	7	500	536	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6EB0169	6LS3003	15-Oct-09	24	505	497	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0221	6LS3003	16-Oct-09	25	530	1706	5314084.051	363649.259
Largescale sucker	>30cm	Boat electrofishing	6ED0002	6LS3003	15-Oct-09	26	500	382.62	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6ED0005	6LS3003	15-Oct-09	18	494	802	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6ED0011	6LS3003	15-Oct-09	22	475	465	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6EB0163B	6LS3004	15-Oct-09	33	604	1313.3	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0165	6LS3004	15-Oct-09	31	553	2150	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0168	6LS3004	15-Oct-09	26	527	1774	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0177	6LS3004	15-Oct-09	25	520	549	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6ED0010	6LS3004	15-Oct-09	26	504	1025	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6EB0170	6LS3005	15-Oct-09	33	615	868	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0171	6LS3005	15-Oct-09	31	590	2392	5313056.076	364328.299

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Largescale sucker	>30cm	Boat electrofishing	6EB0176	6LS3005	15-Oct-09	29	510	712.15	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0222	6LS3005	16-Oct-09	27	549	1020	5314084.051	363649.259
Largescale sucker	>30cm	Boat electrofishing	6ED0003	6LS3005	15-Oct-09	33	555	1123.19	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6EB0164	6LS3006	15-Oct-09	30	574	1897	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0172	6LS3006	15-Oct-09	21	550	1787	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6EB0173	6LS3006	15-Oct-09	19	513	479.88	5313056.076	364328.299
Largescale sucker	>30cm	Boat electrofishing	6ED0001	6LS3006	15-Oct-09	32	528	1571	5309999.75	364703.8627
Largescale sucker	>30cm	Boat electrofishing	6ED0009	6LS3006	15-Oct-09	27	525	577	5309999.75	364703.8627
Rainbow trout	>30cm	Boat electrofishing	6EB0010H	6RBH3002	14-Oct-09	2	355	485	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0018H	6RBH3002	14-Oct-09	--	365	273	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0184H	6RBH3002	15-Oct-09	--	332	133	5313056.076	364328.299
Rainbow trout	>30cm	Gill net	6GNA0056H	6RBH3002	15-Oct-09	3	519	744	5314046.796	363875.165
Rainbow trout	>30cm	Gill net	6GNA0089H	6RBH3002	16-Oct-09	--	325	187	5312172.72	360330.743
Rainbow trout	>30cm	Boat electrofishing	6EB0002H	6RBH3004	14-Oct-09	--	342	275	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0008H	6RBH3004	14-Oct-09	--	352	499	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0013H	6RBH3004	14-Oct-09	2	329	452	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0186H	6RBH3004	15-Oct-09	3	336	485	5313056.076	364328.299
Rainbow trout	>30cm	Boat electrofishing	6ED0013H	6RBH3004	15-Oct-09	--	310	453	5309999.75	364703.8627
Rainbow trout	>30cm	Boat electrofishing	6EB0003H	6RBH3005	14-Oct-09	--	358	265	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0185H	6RBH3005	15-Oct-09	2	310	376	5313056.076	364328.299
Rainbow trout	>30cm	Gill net	6GNA0059H	6RBH3005	15-Oct-09	--	337	159	5314046.796	363875.165
Rainbow trout	>30cm	Gill net	6GNA0093H	6RBH3005	16-Oct-09	--	330	212	5312172.72	360330.743
Rainbow trout	>30cm	Gill net	6GNA0094H	6RBH3005	16-Oct-09	--	348	201	5312172.72	360330.743
Rainbow trout	>30cm	Boat electrofishing	6EB0009W	6RBW3001	14-Oct-09	2	320	388	5296618.018	398362.2263
Rainbow trout	>30cm	Gill net	6GNA0055W	6RBW3001	15-Oct-09	4	514	532	5314046.796	363875.165
Rainbow trout	>30cm	Gill net	6GNA0057W	6RBW3001	15-Oct-09	2	341	250	5314046.796	363875.165
Rainbow trout	>30cm	Gill net	6GNA0058W	6RBW3001	15-Oct-09	2	363	586	5314046.796	363875.165
Rainbow trout	>30cm	Gill net	6GNA0082W	6RBW3001	16-Oct-09	2	320	200	5312414.143	360813.584
Rainbow trout	>30cm	Boat electrofishing	6EB0019W	6RBW3003	14-Oct-09	3	348	263	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0023W	6RBW3003	14-Oct-09	3	360	590	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0024W	6RBW3003	14-Oct-09	3	359	521	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0187W	6RBW3003	15-Oct-09	3	350	302	5313056.076	364328.299
Rainbow trout	>30cm	Gill net	6GNA0092W	6RBW3003	16-Oct-09	3	391	285	5312172.72	360330.743
Rainbow trout	>30cm	Boat electrofishing	6EB0011W	6RBW3006	14-Oct-09	3	358	554	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0016W	6RBW3006	14-Oct-09	3	364	374	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0022W	6RBW3006	14-Oct-09	3	410	341	5296618.018	398362.2263
Rainbow trout	>30cm	Gill net	6GNA0090W	6RBW3006	16-Oct-09	2	460	495	5312172.72	360330.743
Rainbow trout	>30cm	Gill net	6GNA0091W	6RBW3006	16-Oct-09	2	380	372	5312172.72	360330.743
Smallmouth bass	>30cm	Gill net	6GNA0030A	6SMB3001	15-Oct-09	3	305	147	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0047	6SMB3001	15-Oct-09	3	312	437	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0052	6SMB3001	15-Oct-09	3	318	493	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0070	6SMB3001	16-Oct-09	5	380	677	5312414.143	360813.584

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Smallmouth bass	>30cm	Gill net	6GNA0120	6SMB3001	16-Oct-09	5	375	842	5314082.444	361477.136
Smallmouth bass	>30cm	Gill net	6GNA0033A	6SMB3002	15-Oct-09	3	304	502	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0034A	6SMB3002	15-Oct-09	3	334	325	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0037A	6SMB3002	15-Oct-09	3	318	259	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0045	6SMB3002	15-Oct-09	3	331	313	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0071	6SMB3002	16-Oct-09	6	395	916	5312414.143	360813.584
Smallmouth bass	>30cm	Boat electrofishing	6EB0026	6SMB3003	14-Oct-09	3	307	214	5296618.018	398362.2263
Smallmouth bass	>30cm	Gill net	6GNA0026	6SMB3003	15-Oct-09	3	303	421	5310112.792	364419.62
Smallmouth bass	>30cm	Gill net	6GNA0049	6SMB3003	15-Oct-09	3	310	432	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0066	6SMB3003	16-Oct-09	8	420	410	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0108	6SMB3003	16-Oct-09	3	308	268	5313899.314	362477.498
Smallmouth bass	>30cm	Gill net	6GNA0043	6SMB3004	15-Oct-09	3	324	214	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0046	6SMB3004	15-Oct-09	3	330	615	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0048	6SMB3004	15-Oct-09	5	345	424	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0116	6SMB3004	16-Oct-09	3	330	345	5314082.444	361477.136
Smallmouth bass	>30cm	Gill net	6GNA0119	6SMB3004	16-Oct-09	3	348	310	5314082.444	361477.136
Smallmouth bass	>30cm	Gill net	6GNA0050	6SMB3005	15-Oct-09	3	308	423	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0067	6SMB3005	16-Oct-09	3	304	459	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0076	6SMB3005	16-Oct-09	3	324	456	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0109	6SMB3005	16-Oct-09	3	303	482	5313899.314	362477.498
Smallmouth bass	>30cm	Gill net	6GNA0117	6SMB3005	16-Oct-09	3	341	675	5314082.444	361477.136
Smallmouth bass	>30cm	Gill net	6GNA0039A	6SMB3006	15-Oct-09	3	308	248	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0069	6SMB3006	16-Oct-09	3	330	385	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0072	6SMB3006	16-Oct-09	6	400	748	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0111	6SMB3006	16-Oct-09	8	431	734	5313899.314	362477.498
Smallmouth bass	>30cm	Gill net	6GNA0118	6SMB3006	16-Oct-09	3	336	255	5314082.444	361477.136
Smallmouth bass	>30cm	Gill net	6GNA0027	6SMB3007	15-Oct-09	3	321	621	5310112.792	364419.62
Smallmouth bass	>30cm	Gill net	6GNA0029A	6SMB3007	15-Oct-09	3	350	237	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0073	6SMB3007	16-Oct-09	5	398	1048	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0074	6SMB3007	16-Oct-09	6	450	631	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0110	6SMB3007	16-Oct-09	5	383	838	5313899.314	362477.498
Smallmouth bass	>30cm	Gill net	6GNA0022A	6SMB3008	15-Oct-09	5	379	376	5310112.792	364419.62
Smallmouth bass	>30cm	Gill net	6GNA0035A	6SMB3008	15-Oct-09	5	388	553	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0044	6SMB3008	15-Oct-09	3	348	705	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0075	6SMB3008	16-Oct-09	5	360	348	5312414.143	360813.584
Smallmouth bass	>30cm	Gill net	6GNA0121	6SMB3008	16-Oct-09	3	339	361	5314082.444	361477.136
Smallmouth bass	>30cm	Gill net	6GNA0023	6SMB3009	15-Oct-09	3	399	355	5310112.792	364419.62
Smallmouth bass	>30cm	Gill net	6GNA0028A	6SMB3009	15-Oct-09	3	350	376	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0031A	6SMB3009	15-Oct-09	5	386	1020	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0032A	6SMB3009	15-Oct-09	5	384	237	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0051	6SMB3009	15-Oct-09	5	395	955	5313956.389	363378.157
Walleye	>30cm	Boat electrofishing	6EB0012	6WE3001	14-Oct-09	2	332	126	5296618.018	398362.2263

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Composite Fish (continued)										
Walleye	>30cm	Gill net	6GNA0006	6WE3001	15-Oct-09	3	417	313	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0007	6WE3001	15-Oct-09	2	391	226	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0030B	6WE3001	15-Oct-09	2	386	385.3	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0031B	6WE3001	15-Oct-09	2	409	344	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0001	6WE3002	15-Oct-09	2	399	577	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0002	6WE3002	15-Oct-09	2	384	524	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0004	6WE3002	15-Oct-09	2	378	457	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0019	6WE3002	15-Oct-09	2	382	256	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0033B	6WE3002	15-Oct-09	3	498	614	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0011	6WE3003	15-Oct-09	3	409	230	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0014	6WE3003	15-Oct-09	2	417	657	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0015	6WE3003	15-Oct-09	3	396	547	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0017	6WE3003	15-Oct-09	2	398	244	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0039B	6WE3003	15-Oct-09	3	429	692	5313956.389	363378.157
Walleye	>30cm	Boat electrofishing	6EB0025	6WE3004	14-Oct-09	2	365	250	5296618.018	398362.2263
Walleye	>30cm	Gill net	6GNA0012	6WE3004	15-Oct-09	2	382	256	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0016	6WE3004	15-Oct-09	2	360	408	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0038	6WE3004	15-Oct-09	3	354	217	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0040	6WE3004	15-Oct-09	2	333	166	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0018	6WE3005	15-Oct-09	2	368	423	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0028B	6WE3005	15-Oct-09	2	377	220	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0029B	6WE3005	15-Oct-09	2	374	454	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0035B	6WE3005	15-Oct-09	3	440	403	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0036A	6WE3005	15-Oct-09	--	366	291	5313956.389	363378.157
Smallmouth bass	>30cm	Gill net	6GNA0036B	6WE3005	15-Oct-09	5	371	760	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0005	6WE3006	15-Oct-09	2	412	577	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0009	6WE3006	15-Oct-09	2	402	546	5310112.792	364419.62
Walleye	>30cm	Gill net	6GNA0032B	6WE3006	15-Oct-09	3	398	273	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0034B	6WE3006	15-Oct-09	2	406	523	5313956.389	363378.157
Walleye	>30cm	Gill net	6GNA0037B	6WE3006	15-Oct-09	3	545	1348	5313956.389	363378.157
Archived Fish										
Smallmouth bass	<=15cm	Boat electrofishing	6EB0036	archived	14-Oct-09	<1	78	9.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0037	archived	14-Oct-09	<1	148	36.6	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0038	archived	14-Oct-09	<1	149	42.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0042	archived	14-Oct-09	<1	142	33.6	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0043	archived	14-Oct-09	<1	133	23	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0044	archived	14-Oct-09	<1	139	24.9	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0047	archived	14-Oct-09	<1	89	9.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0051	archived	14-Oct-09	<1	90	9.6	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0052	archived	14-Oct-09	<1	106	14	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0060B	archived	14-Oct-09	<1	8.9	8.3	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0061	archived	14-Oct-09	<1	86	8.6	5296618.018	398362.2263

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	6EB0062	archived	14-Oct-09	<1	87	6.7	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0066	archived	14-Oct-09	<1	145	35	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0067	archived	14-Oct-09	<1	125	10.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0069	archived	14-Oct-09	<1	100	12.4	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0073	archived	14-Oct-09	<1	96	9.5	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0074	archived	14-Oct-09	<1	89	8.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0075	archived	14-Oct-09	<1	103	13.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0087	archived	14-Oct-09	<1	91	9.5	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0088	archived	14-Oct-09	<1	82	7.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0089	archived	14-Oct-09	<1	94	9.9	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0096	archived	14-Oct-09	<1	138	32	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0097	archived	14-Oct-09	<1	89	9	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0099	archived	14-Oct-09	<1	131	26.9	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0101	archived	14-Oct-09	<1	91	10.4	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0102	archived	14-Oct-09	<1	8.1	6.7	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0103	archived	14-Oct-09	<1	85	8.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0104	archived	14-Oct-09	<1	99	12.4	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0105	archived	14-Oct-09	<1	74	8.7	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0106	archived	14-Oct-09	<1	92	9.3	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0108	archived	14-Oct-09	<1	139	34.4	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0109	archived	14-Oct-09	<1	146	37.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0110	archived	14-Oct-09	<1	141	30.3	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0117	archived	14-Oct-09	<1	141	32.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0120	archived	14-Oct-09	<1	134	24.4	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0121	archived	14-Oct-09	<1	111	17.2	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0122	archived	14-Oct-09	<1	79	6.1	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0123	archived	14-Oct-09	<1	86	8.6	5296618.018	398362.2263
Smallmouth bass	<=15cm	Boat electrofishing	6EB0124	archived	14-Oct-09	<1	107	13.9	5296618.018	398362.2263
Yellow perch	<=15cm	Boat electrofishing	6EB0193	archived	15-Oct-09	<1	100	107	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0194	archived	15-Oct-09	<1	94	10.3	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0195	archived	15-Oct-09	<1	125	23	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0197	archived	15-Oct-09	<1	67	3.9	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0198	archived	15-Oct-09	<1	75	5.3	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0199	archived	15-Oct-09	<1	89	8.8	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0200	archived	15-Oct-09	<1	86	7.7	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0201	archived	15-Oct-09	<1	90	8.5	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0204	archived	15-Oct-09	<1	87	7.9	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0205	archived	15-Oct-09	<1	75	5.1	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0207	archived	15-Oct-09	<1	100	13.2	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0210	archived	15-Oct-09	<1	85	8.5	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0211	archived	15-Oct-09	<1	83	7.2	5313056.076	364328.299
Smallmouth bass	<=15cm	Boat electrofishing	6EB0212	archived	15-Oct-09	<1	96	10.4	5313056.076	364328.299

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	<=15cm	Boat electrofishing	6EB0214	archived	15-Oct-09	<1	77	5.6	5313056.076	364328.299
Yellow perch	<=15cm	Boat electrofishing	6EB0227	archived	16-Oct-09	<1	94	7	5314084.051	363649.259
Smallmouth bass	<=15cm	Boat electrofishing	6ED0025	archived	15-Oct-09	<1	103	14.7	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0026	archived	15-Oct-09	<1	90	9.4	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0027	archived	15-Oct-09	<1	90	8.7	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0028	archived	15-Oct-09	<1	85	7.5	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0029	archived	15-Oct-09	<1	78	6.2	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0030	archived	15-Oct-09	<1	82	7.1	5309999.75	364703.8627
Smallmouth bass	<=15cm	Boat electrofishing	6ED0031	archived	15-Oct-09	<1	71	5.2	5309999.75	364703.8627
Yellow perch	<=15cm	Boat electrofishing	6ED0046	archived	16-Oct-09	<1	84	6	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0049	archived	16-Oct-09	<1	94	7.5	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0050	archived	16-Oct-09	<1	104	10.7	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0051	archived	16-Oct-09	<1	115	17	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0055	archived	16-Oct-09	<1	96	9	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0056	archived	16-Oct-09	<1	95	8.3	5314168.417	363974.049
Black crappie	<=15cm	Boat electrofishing	6ED0066	archived	16-Oct-09	<1	99	13	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0067	archived	16-Oct-09	<1	116	16.7	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0073	archived	16-Oct-09	<1	101	10.2	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0075	archived	16-Oct-09	<1	96	8	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0081	archived	16-Oct-09	<1	96	8.6	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0084	archived	16-Oct-09	<1	91	7.1	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0092	archived	16-Oct-09	<1	104	10.1	5314168.417	363974.049
Yellow perch	<=15cm	Boat electrofishing	6ED0109	archived	16-Oct-09	<1	91	7	5314168.417	363974.049
Bluegill	<=15cm	Beach seine	6SE0001	archived	16-Oct-09	<1	45	1.3	5312231.189	360532.363
Bluegill	<=15cm	Beach seine	6SE0003	archived	16-Oct-09	<1	50	1.9	5312231.189	360532.363
Bluegill	<=15cm	Beach seine	6SE0004	archived	16-Oct-09	<1	45	1.3	5312200.588	360571.467
Yellow perch	<=15cm	Beach seine	6SE0006	archived	16-Oct-09	<1	89	7.1	5312200.588	360571.467
Yellow perch	<=15cm	Beach seine	6SE0007	archived	16-Oct-09	<1	81	5.1	5312200.588	360571.467
Bluegill	<=15cm	Beach seine	6SE0015	archived	16-Oct-09	<1	47	1.5	5312117.214	360264.377
Bluegill	<=15cm	Beach seine	6SE0016	archived	16-Oct-09	<1	40	1	5312117.214	360264.377
Bluegill	<=15cm	Beach seine	6SE0017	archived	16-Oct-09	<1	50	1.7	5312117.214	360264.377
Bluegill	<=15cm	Beach seine	6SE0018	archived	16-Oct-09	<1	40	0.9	5312117.214	360264.377
Smallmouth bass	<=15cm	Burbot trap	6TF0015	archived	15-Oct-09	<1	88	8.6	5307169.221	368355.609
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0028	archived	14-Oct-09	--	166	60	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0029	archived	14-Oct-09	1	159	52.2	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0031	archived	14-Oct-09	--	167	61.2	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0057	archived	14-Oct-09	1	170	60.1	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0058	archived	14-Oct-09	1	160	47.6	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0059	archived	14-Oct-09	1	155	42.2	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0065	archived	14-Oct-09	1	166	53.6	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0072A	archived	14-Oct-09	1	199	93.4	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0076	archived	14-Oct-09	--	151	37.5	5296618.018	398362.2263

Table 2-16. Summary of Fish Collected from FSCA 6

Species	Size Class	Collection Gear	Sample ID	Composite ID	Sample Date	Age (yrs)	Total Length (mm)	Total Weight (g)	UTM Northing ^a	UTM Easting ^a
Archived Fish (continued)										
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0077	archived	14-Oct-09	1	160	44.2	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0082	archived	14-Oct-09	--	204	103.6	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0083	archived	14-Oct-09	--	166	54.4	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0093	archived	14-Oct-09	1	152	43	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0095	archived	14-Oct-09	1	151	40.9	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0107	archived	14-Oct-09	--	192	52.5	5296618.018	398362.2263
Smallmouth bass	>15 to <=30cm	Boat electrofishing	6EB0115	archived	14-Oct-09	1	155	46	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0118	archived	14-Oct-09	--	151	23.8	5296618.018	398362.2263
Walleye	>15 to <=30cm	Boat electrofishing	6EB0163A	archived	15-Oct-09	1	181	38.1	5313056.076	364328.299
Walleye	>15 to <=30cm	Boat electrofishing	6ED0033	archived	15-Oct-09	<1	152	25.9	5309999.75	364703.8627
Walleye	>15 to <=30cm	Boat electrofishing	6ED0034	archived	15-Oct-09	<1	160	27.5	5309999.75	364703.8627
Kokanee	>15 to <=30cm	Boat electrofishing	6ED0043H	archived	16-Oct-09	1	296	305	5314168.417	363974.049
Smallmouth bass	>15 to <=30cm	Gill net	6GNA0042	archived	15-Oct-09	--	278	170	5313956.389	363378.157
Kokanee	>15 to <=30cm	Gill net	6GNA0095H	archived	16-Oct-09	1	298	286	5314046.796	363875.165
Kokanee	>15 to <=30cm	Gill net	6GNA0100H	archived	16-Oct-09	1	300	294	5314046.796	363875.165
Kokanee	>15 to <=30cm	Gill net	6GNA0101H	archived	16-Oct-09	1	295	349	5314046.796	363875.165
Kokanee	>15 to <=30cm	Gill net	6GNE0009H	archived	17-Oct-09	1	295	272	5313904.042	362956.641
Smallmouth bass	>15 to <=30cm	Burbot trap	6TF0016	archived	15-Oct-09	--	190	75	5308860.417	364393.92
Rainbow trout	>30cm	Boat electrofishing	6EB0001H	archived	14-Oct-09	2	343	452	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0004H	archived	14-Oct-09	3	310	390	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0005H	archived	14-Oct-09	--	360	609	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0014W	archived	14-Oct-09	2	370	630	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0015H	archived	14-Oct-09	--	340	270	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0017H	archived	14-Oct-09	3	344	460	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0017W	archived	14-Oct-09	2	343	529	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0020H	archived	14-Oct-09	2	364	536	5296618.018	398362.2263
Rainbow trout	>30cm	Boat electrofishing	6EB0021W	archived	14-Oct-09	4	340	232	5296618.018	398362.2263
Burbot	>30cm	Boat electrofishing	6EB0179	archived	15-Oct-09	8	565	558	5313056.076	364328.299
Kokanee	>30cm	Boat electrofishing	6ED0014H	archived	15-Oct-09	1	355	225	5309999.75	364703.8627
Burbot	>30cm	Boat electrofishing	6ED0018	archived	15-Oct-09	7	525	314	5309999.75	364703.8627
Kokanee	>30cm	Gill net	6GNA0098H	archived	16-Oct-09	--	340	227	5314046.796	363875.165
Rainbow trout	>30cm	Gill net	6GNA0106W	archived	16-Oct-09	--	334	188	5313899.314	362477.498

Note:

^a UTM Zone 11

Table 2-17. Compositing Scheme (Number of Composites x Number of Individuals)

Size Class	Species	FSCA 1	FSCA 2	FSCA 3	FSCA 4	FSCA 5	FSCA 6
≤15 cm	Largescale sucker	1 x 13	1 x 26	1 x 7	--	--	--
	Longnose sucker	1 x 4	1 x 17	1 x 39	1 x 15	--	--
	Pikeminnow	1 x 5	1 x 19	1 x 17	--	--	--
	Rainbow trout	1 x 8	1 x 6	1 x 11	--	--	--
	Sculpin	1 x 20	1 x 9	1 x 12	1 x 5	1 x 23	1 x 6
	Smallmouth bass	1 x 14	1 x 31	1 x 17	1 x 29	1 x 14	1 x 21
	Walleye	--	--	1 x 7	1 x 17	1 x 16	1 x 9
	Yellow perch	--	1 x 17	1 x 33	1 x 26	1 x 23	1 x 22
	>15 and ≤30cm	Kokanee	1 x 5	1 x 5	2 x 5	1 x 5	2 x 5
Largescale sucker		--	1 x 5	1 x 5	1 x 4	1 x 1	--
Longnose sucker		1 x 3	1 x 5	1 x 5	--	1 x 2	--
Pikeminnow		--	1 x 5	1 x 5	--	--	--
Rainbow trout		1 x 3	1 x 5	1 x 3	1 x 4	--	--
Smallmouth bass		--	--	1 x 5	1 x 5	1 x 5	1 x 5
Walleye		--	--	1 x 5	1 x 5	1 x 5	1 x 9, 1 x 5
Whitefish		1 x 4	--	--	--	--	--
>30 cm	Burbot	1 x 1	3 x 1	4 x 3, 1 x 2	6 x 5	6 x 5	5 x 5
	Kokanee	5 x 5, 1 x 4	5 x 5, 1 x 4	6 x 5	6 x 5	5 x 5, 1 x 3	5 x 5
	Largescale sucker	3 x 1	4 x 2, 1 x 3	5 x 5	9 x 1	4 x 1	6 x 5
	Longnose sucker	--	6 x 1	--	4 x 2, 1 x 3	--	--
	Rainbow trout	5 x 5, 1 x 4	5 x 5, 1 x 3	5 x 5, 1 x 4	6 x 5	6 x 5	6 x 5
	Smallmouth bass	--	1 x 1	9 x 1	2 x 1	2 x 5, 1 x 3	5 x 1, 9 x 5
	Walleye	4 x 5, 1 x 4	13 x 1, 6 x 5	15 x 1, 6 x 5	7 x 1, 6 x 5	2 x 1, 6 x 5	4 x 1, 6 x 5
	Whitefish	3 x 1	4 x 1	6 x 5	6 x 5	4 x 5	--

Table 2-18. Summary of 2009 Fish Composite Samples

Fish	Number and type of composite samples						
	Goal for Each FSCA	FSCA 1	FSCA 2	FSCA 3	FSCA 4	FSCA 5	FSCA 6
≤ 15 cm Size Class							
Omnivore							
Yellow Perch		none	1 WB	1 WB	1 WB	1 WB	1 WB
Smallmouth Bass		1 WB	1 WB	1 WB	1 WB	1 WB	1 WB
Walleye		none	none	1 WB	1 WB	1 WB	1 WB
<i>total</i>	2 WB	1 WB	2 WB	3 WB	3 WB	3 WB	3 WB
Benthivore							
Largescale/Longnose Sucker		2 WB	2 WB	2 WB	1 WB	none	none
Sculpin		1 WB	1 WB	1 WB	1 WB	1 WB	1 WB
<i>total</i>	2 WB	3 WB	3 WB	3 WB	2 WB	1 WB	1 WB
Insectivore							
Rainbow Trout		1 WB	1 WB	1 WB	none	none	none
Pikeminnow		1 WB	1 WB	1 WB	none	none	none
<i>total</i>	2 WB	2 WB	2 WB	2 WB	none	none	none
TOTAL	6 WB	6 WB	7 WB	8 WB	5 WB	4 WB	4 WB
> 15 – ≤ 30 cm Size Class							
Omnivore							
Rainbow Trout ¹		1 WB	1 WB	1 WB	1 WB	none	none
<i>total</i>	See note 1	1 WB	1 WB	1 WB	1 WB	none	none
Benthivore							
Largescale/Longnose Sucker		1 WB	2 WB	2 WB	1 WB	1 WB (LS+LN)	none
<i>total</i>	2 WB	1 WB	2 WB	2 WB	1 WB	1 WB	none
Insectivore							
Kokanee		1 WB	1 WB	2 WB	1 WB	2 WB	2 WB
Whitefish		1 WB	none	none	none	none	none
<i>total</i>	2 WB	2 WB	1 WB	2 WB	1 WB	2 WB	2 WB
Piscivore							
Walleye		none	none	1 WB	1 WB	1 WB	2 WB
Smallmouth Bass		none	none	1 WB	1 WB	1 WB	1 WB
Pikeminnow		none	1 WB	1 WB	none	none	none
<i>total</i>	2 WB	none	1 WB	3 WB	2 WB	2 WB	3 WB
TOTAL	6 WB	4 WB	5 WB	8 WB	5 WB	5 WB	5 WB
>30 cm Size Class							
Burbot	6F & 6R	1F & 1R	3F & 3R	5F & 5R	6F & 6R	6F & 6R	5F & 5R
Kokanee	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	5F & 5R
Whitefish	6F & 6R	3F & 3R mtn	4F & 4R mtn	6F & 6R	6F & 6R	4F & 4R	none
Largescale/Longnose Sucker	6F & 6R	3F & 3R	11F & 11R	5F & 5R	14F & 14R	4F & 4R	6F & 6R
Rainbow Trout	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R
Smallmouth Bass ²	6F & 6R	none	1F & 1R	9F & 9R	2F & 2R	3F & 3R	9F & 9R
Walleye ²	6F & 6R	5F & 5R	6F & 6R	6F & 6R	6F & 6R	6F & 6R	6F & 6R

Notes:

F – Fillet

R – Remaining tissue after filleting

LN – Longnose sucker

LS – Largescale sucker

mtn – mountain whitefish

FSCA – Fish Sampling Collection Area

WB – Whole body

¹ Not specified in the 2009 Fish Tissue QAPP, however this species falls within this feeding guild and was captured during the field sampling while alternative target species were not.

² Additional individual fillets were also collected for total mercury analysis; the totals are shown in the next table.

Highlighted cells indicate where the sampling goal for the FSCA was not met

Table 3-1. Key to the Sample Identification Codes

FSCA	Field Sample Codes						Composite Sample Codes			
	Species	Size	Number	Capture Method	Composite Samples					
FSCA 1	1	Black crappie	BC	<15 cm	1	1	Electrofishing – backpack	EE	Whole Body	W
FSCA 2	2	Burbot	BU	≥15 to ≤30 cm	2	2	Electrofishing - boat	EB or EF or ED	Fillet	F
FSCA 3	3	Kokanee-hatchery	KOH	>30 cm	3	3	Gill net	GN or N	Remainder	R
FSCA 4	4	Kokanee-wild	KOW			Etc.	Beach seine	SN or SE	Replicate	1 - 6
FSCA 5	5	Lake whitefish	LW				Burbot trap	BT or TF or T	Number of fish in the composite	2 - #
FSCA 6	6	Largescale sucker	LS							
		Longnose dace	LD							
		Mountain whitefish	MW							
		Rainbow trout-hatchery	RBH							
		Rainbow trout-wild	RBW							
		Redside shiner	RS							
		Sculpin sp.	SC							
		Smallmouth bass	SMB							
		Speckled dace	SD							
		Tench	TE							
		Walleye	WE							
Yellow perch	YP									

Notes:

An example of the field sampling coding scheme is as follows. The 52nd fish collected during the 2009 event was a wild rainbow trout of 20 cm in length collected at FSCA 3. The resulting sample ID is 3RBW20052.

Table 4-1. Summary of Rejected and Qualified Data

Lab	Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Laboratory Flags																										
						*	B	B,D,E	B,E	D	D,B,E	D,E	D,J	E	J	J,*	J,B	J,D	J,N	J,P	JD	JP	JPD	N	N*	P	PD	U	U,*	U,N	Ui	UIE
Columbia Analytical Services																																
	2,4'-DDD	234	0 (0%)	234 (100%)	2	0	0	0	0	5	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	3	0	213	0	0	7	0
	2,4'-DDE	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	1	0	176	0	0	54	0	
	2,4'-DDT	234	0 (0%)	234 (100%)	3	0	0	0	0	0	0	0	0	20	0	0	0	0	0	5	35	8	0	0	50	14	46	0	0	44	0	
	4,4'-DDD	234	0 (0%)	234 (100%)	18	0	0	0	0	3	0	0	0	13	0	0	0	0	0	1	2	0	0	0	5	3	180	0	0	8	0	
	4,4'-DDE	234	0 (0%)	234 (100%)	112	0	0	0	0	34	0	0	0	10	0	0	0	0	0	16	3	1	0	0	22	5	12	0	0	11	0	
	4,4'-DDT	234	0 (0%)	234 (100%)	37	0	0	0	0	17	0	0	0	9	0	0	0	0	0	4	0	0	0	0	12	1	93	0	0	55	0	
	Aldrin	234	0 (0%)	234 (100%)	6	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	3	1	185	0	0	36	0	
	alpha-Chlordane	234	0 (0%)	234 (100%)	1	0	0	0	0	0	0	0	0	20	0	0	0	0	0	11	7	6	0	0	4	2	176	0	0	7	0	
	Chlordane	234	0 (0%)	234 (100%)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	78	0	0	155	0	
	cis-Nonachlor	234	0 (0%)	234 (100%)	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	1	0	156	0	0	73	0	
	delta-BHC	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	1	6	0	0	1	0	173	0	0	50	0	
	Dieldrin	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	18	0	0	0	0	0	1	10	1	0	0	0	0	175	0	0	29	0	
	Endosulfan sulfate	158	0 (0%)	158 (100%)	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	152	0	0	0	0	
	Endrin	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	220	0	0	14	0	
	Endrin aldehyde	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	228	0	0	5	0	
	Endrin ketone	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	203	0	0	31	0	
	gamma-Chlordane	234	0 (0%)	234 (100%)	3	0	0	0	0	0	0	0	0	25	0	0	0	0	0	4	10	0	0	0	7	0	163	0	0	17	0	
	Heptachlor	234	0 (0%)	234 (100%)	0	0	0	0	0	4	0	0	0	8	0	0	0	0	0	5	3	1	0	0	4	0	150	0	0	59	0	
	Heptachlor epoxide	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	8	0	0	0	0	0	1	4	4	0	0	2	0	161	0	0	53	0	
	Methoxychlor	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	226	0	0	8	0	
	Oxychlorane	234	0 (0%)	234 (100%)	6	0	0	0	0	1	0	0	0	1	0	0	0	0	0	4	2	1	0	0	5	3	183	0	0	28	0	
	Toxaphene	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77	0	0	157	0	
	trans-Nonachlor	234	0 (0%)	234 (100%)	3	0	0	0	0	1	0	0	0	17	0	0	0	0	0	5	13	4	0	0	7	1	144	0	0	36	0	
	4-Bromophenyl-phenylether	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	244	0	0	0	0	
	4-Chlorophenyl-phenyl ether	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	55	0	0	0	0	0	0	0	0	0	0	0	0	193	0	0	0	0	
	Benzyl n-butyl phthalate	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248	0	0	0	0	
	bis(2-Ethylhexyl)phthalate	248	0 (0%)	248 (100%)	1	0	0	0	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	226	0	0	1	0	
	Di-n-butyl phthalate	248	0 (0%)	248 (100%)	3	0	0	0	0	0	0	0	0	50	0	0	0	0	0	0	0	0	0	0	0	0	23	0	0	161	8	
	Di-n-octylphthalate	248	0 (0%)	248 (100%)	15	0	0	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	220	0	0	3	0	
	Hexachlorobenzene	234	0 (0%)	234 (100%)	26	0	0	0	0	1	0	0	0	13	0	0	0	0	0	0	10	0	0	0	33	5	77	0	0	64	0	
	Hexachlorobutadiene	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	138	0	0	94	0	
	Hexachlorocyclopentadiene	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248	0	0	0	0	
	Hexachloroethane	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248	0	0	0	0	
	Pentachlorophenol	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248	0	0	0	0	
	1,2,4-Trichlorobenzene	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	248	0	0	0	0	

Table 4-1. Summary of Rejected and Qualified Data

Lab	Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Count of Accepted Results Validator (ESI) Flags						Laboratory Flags, % of Accepted Results													
						EMPC	J	J	EMPC	U	U*	UJ	*	B	B,D,E	B,E	D	D,B,E	D,E	D,J	E	J	J,*	J,B	J,D
Columbia Analytical Services																									
	2,4'-DDD	234	0 (0%)	234 (100%)	2	0	6	0	213	0	7	0	0	0	0	2.1	0	0	0	0	0.9	0	0	0	0
	2,4'-DDE	234	0 (0%)	234 (100%)	0	0	3	0	224	0	6	0	0	0	0	0	0	0	0	0	0.9	0	0	0	0
	2,4'-DDT	234	0 (0%)	234 (100%)	3	0	109	0	89	0	1	0	0	0	0	0	0	0	0	0	8.5	0	0	0	0
	4,4'-DDD	234	0 (0%)	234 (100%)	18	0	17	0	181	0	7	0	0	0	0	1.3	0	0	0	0	5.6	0	0	0	0
	4,4'-DDE	234	0 (0%)	234 (100%)	112	0	46	0	23	0	0	0	0	0	0	14.5	0	0	0	0	4.3	0	0	0	0
	4,4'-DDT	234	0 (0%)	234 (100%)	37	0	16	0	145	6	1	0	0	0	0	7.3	0	0	0	0	3.8	0	0	0	0
	Aldrin	234	0 (0%)	234 (100%)	6	0	3	0	207	0	14	0	0	0	0	0.4	0	0	0	0	0	0	0	0	0
	alpha-Chlordane	234	0 (0%)	234 (100%)	1	0	44	0	175	0	8	0	0	0	0	0	0	0	0	0	8.5	0	0	0	0
	Chlordane	234	0 (0%)	234 (100%)	1	0	0	0	217	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	cis-Nonachlor	234	0 (0%)	234 (100%)	1	0	4	0	90	0	139	0	0	0	0	0	0	0	0	0	0.4	0	0	0	0
	delta-BHC	234	0 (0%)	234 (100%)	0	0	10	0	206	0	17	0	0	0	0	0	0	0	0	0	1.3	0	0	0	0
	Dieldrin	234	0 (0%)	234 (100%)	0	0	30	0	197	0	7	0	0	0	0	0	0	0	0	0	7.7	0	0	0	0
	Endosulfan sulfate	158	0 (0%)	158 (100%)	0	0	6	0	132	0	20	0	0	0	0	0	0	0	0	0	3.8	0	0	0	0
	Endrin	234	0 (0%)	234 (100%)	0	0	0	0	227	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Endrin aldehyde	234	0 (0%)	234 (100%)	0	0	1	0	209	0	24	0	0	0	0	0	0	0	0	0	0.4	0	0	0	0
	Endrin ketone	234	0 (0%)	234 (100%)	0	0	0	0	214	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	gamma-Chlordane	234	0 (0%)	234 (100%)	3	0	45	0	178	0	2	0	0	0	0	0	0	0	0	0	10.7	0	0	0	0
	Heptachlor	234	0 (0%)	234 (100%)	0	0	17	0	202	0	7	0	0	0	0	1.7	0	0	0	0	3.4	0	0	0	0
	Heptachlor epoxide	234	0 (0%)	234 (100%)	0	0	19	0	114	0	100	0	0	0	0	0	0	0	0	0	3.4	0	0	0	0
	Methoxychlor	234	0 (0%)	234 (100%)	0	0	0	0	227	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oxychlordane	234	0 (0%)	234 (100%)	6	0	13	0	195	0	16	0	0	0	0	0.4	0	0	0	0	0.4	0	0	0	0
	Toxaphene	234	0 (0%)	234 (100%)	0	0	0	0	204	0	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	trans-Nonachlor	234	0 (0%)	234 (100%)	3	0	46	0	124	0	56	0	0	0	0	0.4	0	0	0	0	7.3	0	0	0	0
	4-Bromophenyl-phenylether	248	0 (0%)	248 (100%)	0	0	3	0	216	1	28	0	0	0	0	0	0	0	0	0	1.6	0	0	0	0
	4-Chlorophenyl-phenyl ether	248	0 (0%)	248 (100%)	0	0	30	0	112	25	81	0	0	0	0	0	0	0	0	0	22.2	0	0	0	0
	Benzyl n-butyl phthalate	248	0 (0%)	248 (100%)	0	0	0	0	227	0	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	bis(2-Ethylhexyl)phthalate	248	0 (0%)	248 (100%)	1	0	12	0	221	8	6	0	0	0	0	0	0	0	0	0	8.1	0	0	0	0
	Di-n-butyl phthalate	248	0 (0%)	248 (100%)	3	0	25	0	161	28	31	0	0	0	0	0	0	0	0	0	20.2	0	0	0	0
	Di-n-octylphthalate	248	0 (0%)	248 (100%)	15	0	10	0	213	0	10	0	0	0	0	0	0	0	0	0	3.6	0	0	0	0
	Hexachlorobenzene	234	0 (0%)	234 (100%)	26	0	39	0	135	0	6	0	0	0	0	0.4	0	0	0	0	5.6	0	0	0	0
	Hexachlorobutadiene	234	0 (0%)	234 (100%)	0	0	1	0	221	0	11	0	0	0	0	0	0	0	0	0	0.4	0	0	0	0
	Hexachlorocyclopentadiene	248	0 (0%)	248 (100%)	0	0	0	0	2	0	246	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hexachloroethane	248	0 (0%)	248 (100%)	0	0	0	0	227	0	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pentachlorophenol	248	0 (0%)	248 (100%)	0	0	0	0	237	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1,2,4-Trichlorobenzene	248	0 (0%)	248 (100%)	0	0	0	0	241	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 4-1. Summary of Rejected and Qualified Data

Lab	Analyte	Number of Samples Analyzed	Rejected Results	Accepted Results	Count of Results with No Flags	Laboratory Flags, % of Accepted Results												Validator (ESI) Flags, % of Accepted Results						
						J,P	JD	JP	JPD	N	N*	P	PD	U	U,*	U,N	Ui	UiE	EMPC	J	JEMPC	U	U*	UJ
Columbia Analytical Services																								
	2,4'-DDD	234	0 (0%)	234 (100%)	2	0	0	0	0.4	0	0	1.3	0	91	0	0	3	0	3.4	0	2.6	0	91	0
	2,4'-DDE	234	0 (0%)	234 (100%)	0	0	0.4	0	0	0	0	0.4	0	75.2	0	0	23.1	0	0.4	0	1.3	0	95.7	0
	2,4'-DDT	234	0 (0%)	234 (100%)	3	0	2.1	15	3.4	0	0	21.4	6	19.7	0	0	18.8	0	15	0	46.6	0	38	0
	4,4'-DDD	234	0 (0%)	234 (100%)	18	0	0.4	0.9	0	0	0	2.1	1.3	76.9	0	0	3.4	0	12.4	0	7.3	0	77.4	0
	4,4'-DDE	234	0 (0%)	234 (100%)	112	0	6.8	1.3	0.4	0	0	9.4	2.1	5.1	0	0	4.7	0	70.5	0	19.7	0	9.8	0
	4,4'-DDT	234	0 (0%)	234 (100%)	37	0	1.7	0	0	0	0	5.1	0.4	39.7	0	0	23.5	0	28.2	0	6.8	0	62	2.6
	Aldrin	234	0 (0%)	234 (100%)	6	0	0.4	0	0	0	0	1.3	0.4	79.1	0	0	15.4	0	4.3	0	1.3	0	88.5	0
	alpha-Chlordane	234	0 (0%)	234 (100%)	1	0	4.7	3	2.6	0	0	1.7	0.9	75.2	0	0	3	0	3	0	18.8	0	74.8	0
	Chlordane	234	0 (0%)	234 (100%)	1	0	0	0	0	0	0	0	0	33.3	0	0	66.2	0	0.9	0	0	0	92.7	0
	cis-Nonachlor	234	0 (0%)	234 (100%)	1	0	0	0.4	0.4	0	0	0.4	0	66.7	0	0	31.2	0	0.4	0	1.7	0	38.5	0
	delta-BHC	234	0 (0%)	234 (100%)	0	0	0	0.4	2.6	0	0	0.4	0	73.9	0	0	21.4	0	0.4	0	4.3	0	88	0
	Dieldrin	234	0 (0%)	234 (100%)	0	0	0.4	4.3	0.4	0	0	0	0	74.8	0	0	12.4	0	0	0	12.8	0	84.2	0
	Endosulfan sulfate	158	0 (0%)	158 (100%)	0	0	0	0	0	0	0	0	0	96.2	0	0	0	0	0	0	3.8	0	83.5	0
	Endrin	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	94	0	0	6	0	0	0	0	0	97	0
	Endrin aldehyde	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	97.4	0	0	2.1	0	0	0	0.4	0	89.3	0
	Endrin ketone	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	86.8	0	0	13.2	0	0	0	0	0	91.5	0
	gamma-Chlordane	234	0 (0%)	234 (100%)	3	0	1.7	4.3	0	0	0	3	0	69.7	0	0	7.3	0	3.8	0	19.2	0	76.1	0
	Heptachlor	234	0 (0%)	234 (100%)	0	0	2.1	1.3	0.4	0	0	1.7	0	64.1	0	0	25.2	0	3.4	0	7.3	0	86.3	0
	Heptachlor epoxide	234	0 (0%)	234 (100%)	0	0	0.4	1.7	1.7	0	0	0.9	0	68.8	0	0	22.6	0	0.4	0	8.1	0	48.7	0
	Methoxychlor	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	96.6	0	0	3.4	0	0	0	0	0	97	0
	Oxychlordane	234	0 (0%)	234 (100%)	6	0	1.7	0.9	0.4	0	0	2.1	1.3	78.2	0	0	12	0	4.3	0	5.6	0	83.3	0
	Toxaphene	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0	0	32.9	0	0	67.1	0	0	0	0	0	87.2	0
	trans-Nonachlor	234	0 (0%)	234 (100%)	3	0	2.1	5.6	1.7	0	0	3	0.4	61.5	0	0	15.4	0	3.4	0	19.7	0	53	0
	4-Bromophenyl-phenylether	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	98.4	0	0	0	0	0	0	1.2	0	87.1	0.4
	4-Chlorophenyl-phenyl ether	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	77.8	0	0	0	0	0	0	12.1	0	45.2	10.1
	Benzyl n-butyl phthalate	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0	91.5	0
	bis(2-Ethylhexyl)phthalate	248	0 (0%)	248 (100%)	1	0	0	0	0	0	0	0	0	91.1	0	0	0.4	0	0.4	0	4.8	0	89.1	3.2
	Di-n-butyl phthalate	248	0 (0%)	248 (100%)	3	0	0	0	0	0	0	0	0	9.3	0	0	64.9	3.2	1.2	0	10.1	0	64.9	11.3
	Di-n-octylphthalate	248	0 (0%)	248 (100%)	15	0	0	0	0	0	0	0	0	88.7	0	0	1.2	0	6	0	4	0	85.9	0
	Hexachlorobenzene	234	0 (0%)	234 (100%)	26	0	0	4.3	0	0	0	14.1	2.1	32.9	0	0	27.4	0	23.1	0	16.7	0	57.7	0
	Hexachlorobutadiene	234	0 (0%)	234 (100%)	0	0	0	0	0	0	0	0.4	0	59	0	0	40.2	0	0.4	0	0.4	0	94.4	0
	Hexachlorocyclopentadiene	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0	0.8	0
	Hexachloroethane	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0	91.5	0
	Pentachlorophenol	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0	95.6	0
	1,2,4-Trichlorobenzene	248	0 (0%)	248 (100%)	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0	97.2	0

Table 4-1. Summary of Rejected and Qualified Data

Notes:

Columbia Analytical Services - Analytical Laboratory Data Qualifiers

<u>Data Flag</u>	<u>Lab Flag Definition</u>
*	This result is an outlier. See case narrative.
B	The analyte was found in the associated method blank at a level that is significant relative to the sample result as defined by the DOD or NELAC standards.
D	The reported result is from a dilution.
E	The result is an estimate amount because the value exceeded the instrument calibration range. For metals, the percent difference for the serial dilution was greater than 10%, indicating a possible matrix interference in the sample.
i	The MRL/MDL or LOQ/LOD is elevated due to a matrix or chromatographic interference.
J	The result is an estimated value that was detected outside the quantitation range.
J,*	The result is an estimated value that was detected outside the quantitation range. This result is an outlier. See case narrative.
J,N	The result is an estimated value that was detected outside the quantitation range. The Matrix Spike sample recovery is not within control limits. See case narrative.
N	The Matrix Spike sample recovery is not within control limits. See case narrative.
N*	The Matrix Spike sample recovery is not within control limits. See case narrative. This result is an outlier. See case narrative.
P	The GC or HPLC confirmation criteria was exceeded. The relative percent difference is greater than 40% between the two analytical results.
U	The analyte was analyzed for, but was not detected ("Non-detect") at or above the MRL/MDL. <i>DOD-QSM 4.1 definition:</i> Analyte was not detected and is reported as less than the LOD or as defined by the project. The detection limit is adjusted for dilution.
U,*	The analyte was analyzed for, but was not detected ("Non-detect") at or above the MRL/MDL. <i>DOD-QSM 4.1 definition:</i> Analyte was not detected and is reported as less than the LOD or as defined by the project. The detection limit is adjusted for dilution. This result is an outlier. See case narrative.
U,N	The analyte was analyzed for, but was not detected ("Non-detect") at or above the MRL/MDL. <i>DOD-QSM 4.1 definition:</i> Analyte was not detected and is reported as less than the LOD or as defined by the project. The detection limit is adjusted for dilution. The Matrix Spike sample recovery is not within control limits. See case narrative.

Frontier GeoSciences - Analytical Laboratory Data Qualifiers

<u>Data Flag</u>	<u>Lab Flag Definition</u>
E	The concentration indicated for this analyte is an estimated value above the calibration range of the instrument. This value is considered an estimate (CLP E-flag).
J	Detected but below the Reporting Limit; therefore, result is an estimated concentration (CLP J-Flag)
U	Analyte included in the analysis, but not detected.

Vista Analytical Laboratory

<u>Data Flag</u>	<u>Lab Flag Definition</u>
B	This compound was also detected in the method blank.
D	Dilution
E	The amount detected is above the High Calibration Limit.
EMPC	Estimated Maximum Possible Concentration
P	The amount reported is the maximum possible concentration due to possible chlorinated diphenylether interference.
*	See Cover Letter

Environmental Services, Inc. - Third Party Validation

<u>Validator Flag</u>	<u>Validator Flag Definition</u>
EMPC	Chromatographic peaks are present in the expected retention time window; however, the peaks do not meet all of the conditions required for a positive identification. The detection limit represents the estimated maximum possible concentration if the compound was present.
J	Quantitation is approximate due to limitations identified during the QA review (data validation).
J EMPC	Quantitation is approximate due to limitations identified during the QA review (data validation). Chromatographic peaks are present in the expected retention time window; however, the peaks do not meet all of the conditions required for a positive identification. The detection limit represents the estimated maximum possible concentration if the compound was present.
U	This analyte was not detected at or above the associated detection limit.
U*	This analyte should be considered "not-detected" because it was detected in an associated blank at a similar level.
UJ	This analyte was not detected, but the detection limit is probably higher due to a low bias identified during the QA review.

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Conventional Parameters													
Fluoride	mg/kg	wet weight	222	1	0%	0.050	0.13	0.55	0.062	0.20	0.20	0.20	--
Lipid	%	wet weight	221	221	100%	0.24	3.6	12.0	2.7	0.24	3.6	12.0	2.7
Solids	%	dry weight	504	504	100%	16.9	22.7	34.3	3.0	16.9	22.7	34.3	3.0
Metals/Metalloids													
Aluminum	mg/kg	dry weight	222	171	77%	0.40	2.8	22.0	2.6	0.90	3.3	22.0	2.7
Antimony	mg/kg	dry weight	222	139	63%	0.0035	0.029	0.56	0.045	0.0053	0.040	0.56	0.053
Arsenic	mg/kg	dry weight	222	203	91%	0.070	0.44	2.0	0.31	0.14	0.47	2.0	0.31
Inorganic Arsenic	mg/kg	dry weight	98	0	0%	0.0015	0.0023	0.0025	0.00027	--	--	--	--
Barium	mg/kg	dry weight	222	221	100%	0.13	0.97	6.2	1.0	0.13	0.97	6.2	1.0
Beryllium	mg/kg	dry weight	222	3	1%	0.0020	0.0021	0.017	0.0011	0.0060	0.010	0.017	0.0061
Bismuth	mg/kg	dry weight	81	29	36%	0.0015	0.0026	0.0090	0.0019	0.0023	0.0046	0.0090	0.0019
Boron	mg/kg	dry weight	81	10	12%	0.10	0.21	0.93	0.16	0.18	0.43	0.93	0.25
Cadmium	mg/kg	dry weight	222	177	80%	0.0030	0.025	0.24	0.040	0.0045	0.031	0.24	0.043
Calcium	mg/kg	dry weight	222	222	100%	381	2,500	17,000	1,990	381	2,500	17,000	1,990
Cerium	mg/kg	dry weight	81	10	12%	0.0025	0.0039	0.044	0.0059	0.0038	0.014	0.044	0.013
Cesium	mg/kg	dry weight	81	81	100%	0.035	0.17	0.37	0.10	0.035	0.17	0.37	0.10
Chromium	mg/kg	dry weight	222	170	77%	0.040	0.25	2.4	0.30	0.065	0.31	2.4	0.32
Cobalt	mg/kg	dry weight	222	203	91%	0.0050	0.027	0.18	0.017	0.0070	0.029	0.18	0.017
Copper	mg/kg	dry weight	222	206	93%	0.52	1.3	2.8	0.40	0.86	1.4	2.8	0.37
Dysprosium	mg/kg	dry weight	81	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Erbium	mg/kg	dry weight	81	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Europium	mg/kg	dry weight	81	0	0%	0.0010	0.0015	0.0015	0.00011	--	--	--	--
Gadolinium	mg/kg	dry weight	81	0	0%	0.0035	0.0035	0.0035	0	--	--	--	--
Gallium	mg/kg	dry weight	81	14	17%	0.0035	0.0042	0.015	0.0019	0.0047	0.0074	0.015	0.0028
Germanium	mg/kg	dry weight	81	81	100%	0.44	1.0	3.0	0.52	0.44	1.0	3.0	0.52
Gold	mg/kg	dry weight	81	4	5%	0.015	0.020	0.17	0.019	0.025	0.073	0.17	0.066
Holmium	mg/kg	dry weight	81	0	0%	0.0010	0.0010	0.0010	0	--	--	--	--
Indium	mg/kg	dry weight	81	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Iron	mg/kg	dry weight	222	222	100%	5.9	18.3	92.0	9.5	5.9	18.3	92.0	9.5
Lanthanum	mg/kg	dry weight	81	19	23%	0.0015	0.0027	0.024	0.0035	0.0020	0.0068	0.024	0.0057
Lead	mg/kg	dry weight	222	167	75%	0.0020	0.18	3.6	0.42	0.0080	0.23	3.6	0.47
Lithium	mg/kg	dry weight	81	4	5%	0.10	0.15	0.30	0.025	0.20	0.25	0.30	0.044
Lutetium	mg/kg	dry weight	81	1	1%	0.0010	0.0010	0.0017	0.000074	0.0017	0.0017	0.0017	--
Magnesium	mg/kg	dry weight	222	222	100%	735	1,090	1,430	153	735	1,090	1,430	153
Manganese	mg/kg	dry weight	221	217	98%	0.18	1.0	5.1	0.90	0.28	1.0	5.1	0.91
Mercury	ng/g	dry weight	505	505	100%	114	720	2,370	395	114	720	2,370	395
Molybdenum	mg/kg	dry weight	222	51	23%	0.010	0.022	0.20	0.019	0.013	0.042	0.20	0.027
Neodymium	mg/kg	dry weight	81	8	10%	0.0020	0.0027	0.019	0.0026	0.0035	0.0087	0.019	0.0055
Nickel	mg/kg	dry weight	222	154	69%	0.010	0.11	1.9	0.15	0.023	0.15	1.9	0.17
Niobium	mg/kg	dry weight	81	5	6%	0.0050	0.0069	0.033	0.0049	0.0067	0.014	0.033	0.011
Potassium	mg/kg	dry weight	222	222	100%	9,780	15,200	20,500	2,120	9,780	15,200	20,500	2,120
Praseodymium	mg/kg	dry weight	81	4	5%	0.0015	0.0016	0.0050	0.00049	0.0020	0.0034	0.0050	0.0013
Rubidium	mg/kg	dry weight	81	81	100%	7.9	19.9	44.3	9.0	7.9	19.9	44.3	9.0
Samarium	mg/kg	dry weight	81	0	0%	0.0030	0.0030	0.0030	0	--	--	--	--
Scandium	mg/kg	dry weight	81	54	67%	0.0050	0.032	0.084	0.019	0.010	0.041	0.084	0.016
Selenium	mg/kg	dry weight	222	216	97%	0.025	1.3	3.5	0.49	0.15	1.3	3.5	0.48
Silver	mg/kg	dry weight	222	12	5%	0.0010	0.0013	0.015	0.0016	0.0015	0.0062	0.015	0.0043
Sodium	mg/kg	dry weight	222	222	100%	963	1,870	3,560	555	963	1,870	3,560	555
Strontium	mg/kg	dry weight	81	81	100%	0.61	3.1	9.3	2.1	0.61	3.1	9.3	2.1

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results			All Sample Results ^a				Detected Results Only ^a			
			All	Detect	% Detect	Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (continued)													
Tantalum	mg/kg	dry weight	5	0	0%	0.025	0.025	0.025	0	--	--	--	--
Tellurium	mg/kg	dry weight	81	0	0%	0.015	0.015	0.015	0	--	--	--	--
Terbium	mg/kg	dry weight	81	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Thallium	mg/kg	dry weight	222	197	89%	0.0055	0.081	0.22	0.047	0.011	0.088	0.22	0.045
Thorium	mg/kg	dry weight	81	2	2%	0.0025	0.0026	0.0068	0.00048	0.0029	0.0048	0.0068	0.0027
Thulium	mg/kg	dry weight	60	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Tin	mg/kg	dry weight	81	13	16%	0.0050	0.015	0.54	0.060	0.010	0.065	0.54	0.14
Titanium	mg/kg	dry weight	66	28	42%	0.045	0.11	1.0	0.15	0.053	0.21	1.0	0.20
Tungsten	mg/kg	dry weight	81	14	17%	0.010	0.022	0.080	0.016	0.015	0.041	0.080	0.018
Uranium	mg/kg	dry weight	222	52	23%	0.0010	0.0017	0.031	0.0024	0.0015	0.0040	0.031	0.0042
Vanadium	mg/kg	dry weight	222	9	4%	0.030	0.037	0.090	0.0084	0.058	0.076	0.090	0.011
Ytterbium	mg/kg	dry weight	81	0	0%	0.0025	0.0025	0.0025	0	--	--	--	--
Yttrium	mg/kg	dry weight	81	8	10%	0.0030	0.0034	0.011	0.0014	0.0060	0.0073	0.011	0.0016
Zinc	mg/kg	dry weight	222	222	100%	15.0	35.0	133	18.3	15.0	35.0	133	18.3
Zirconium	mg/kg	dry weight	79	33	42%	0.0015	0.028	0.97	0.12	0.0023	0.062	0.97	0.18
Dioxins/Furans													
2,3,7,8-Tetrachlorodibenzodioxin	pg/g	wet weight	222	3	1%	0.013	0.051	0.25	0.038	0.087	0.092	0.098	0.0053
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	pg/g	wet weight	222	35	16%	0.014	0.082	0.36	0.061	0.042	0.15	0.36	0.081
1,2,3,4,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	222	6	3%	0.017	0.091	0.40	0.077	0.054	0.098	0.14	0.032
1,2,3,6,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	222	24	11%	0.017	0.11	0.50	0.083	0.036	0.14	0.32	0.066
1,2,3,7,8,9-Hexachlorodibenzodioxin	pg/g	wet weight	222	3	1%	0.016	0.094	0.41	0.081	0.050	0.065	0.091	0.023
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	pg/g	wet weight	222	45	20%	0.021	0.12	0.32	0.078	0.074	0.16	0.30	0.071
Octachlorodibenzodioxin	pg/g	wet weight	222	54	24%	0.050	0.24	1.9	0.19	0.11	0.30	1.9	0.30
2,3,7,8-Tetrachlorodibenzofuran	pg/g	wet weight	222	204	92%	0.028	0.84	4.7	0.93	0.078	0.91	4.7	0.95
1,2,3,7,8-Pentachlorodibenzofuran	pg/g	wet weight	222	21	9%	0.014	0.074	0.31	0.056	0.049	0.12	0.24	0.046
2,3,4,7,8-Pentachlorodibenzofuran	pg/g	wet weight	222	32	14%	0.014	0.085	0.42	0.071	0.047	0.16	0.42	0.099
1,2,3,4,7,8-Hexachlorodibenzofuran	pg/g	wet weight	222	2	1%	0.0081	0.032	0.13	0.024	0.041	0.046	0.050	0.0063
1,2,3,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	222	23	10%	0.0089	0.044	0.25	0.037	0.055	0.10	0.25	0.046
1,2,3,7,8,9-Hexachlorodibenzofuran	pg/g	wet weight	222	0	0%	0.011	0.046	0.20	0.034	--	--	--	--
2,3,4,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	222	3	1%	0.0098	0.037	0.14	0.027	0.046	0.053	0.064	0.010
1,2,3,4,6,7,8-Heptachlorodibenzofuran	pg/g	wet weight	222	4	2%	0.010	0.046	0.18	0.033	0.045	0.051	0.064	0.0085
1,2,3,4,7,8,9-Heptachlorodibenzofuran	pg/g	wet weight	222	0	0%	0.0044	0.045	0.18	0.034	--	--	--	--
Octachlorodibenzofuran	pg/g	wet weight	222	11	5%	0.017	0.095	0.38	0.081	0.047	0.079	0.19	0.041
Tetrachlorodibenzodioxin (Total)	pg/g	wet weight	222	14	6%	0.013	0.063	0.76	0.071	0.092	0.20	0.76	0.18
Pentachlorodibenzodioxin (Total)	pg/g	wet weight	222	35	16%	0.014	0.090	0.36	0.068	0.042	0.15	0.36	0.083
Hexachlorodibenzodioxin (Total)	pg/g	wet weight	222	29	13%	0.017	0.11	0.80	0.099	0.036	0.17	0.80	0.15
Heptachlorodibenzodioxin (Total)	pg/g	wet weight	222	74	33%	0.024	0.15	0.77	0.10	0.075	0.19	0.77	0.12
Tetrachlorodibenzofuran (Total)	pg/g	wet weight	222	215	97%	0.028	1.3	9.7	1.5	0.048	1.3	9.7	1.6
Pentachlorodibenzofuran (Total)	pg/g	wet weight	222	86	39%	0.017	0.26	4.4	0.50	0.047	0.53	4.4	0.71
Hexachlorodibenzofuran (Total)	pg/g	wet weight	222	63	28%	0.010	0.10	1.3	0.15	0.039	0.24	1.3	0.22
Heptachlorodibenzofuran (Total)	pg/g	wet weight	222	5	2%	0.011	0.046	0.18	0.034	0.045	0.052	0.064	0.0077
Dioxin/furan TEQ, bird, WHO98	pg/g	wet weight	222	207	93%	0.048	1.1	5.5	1.0	0.12	1.2	5.5	1.0
Dioxin/furan TEQ, Fish, WHO98	pg/g	wet weight	222	207	93%	0.035	0.28	0.94	0.18	0.071	0.29	0.94	0.18
Dioxin/furan TEQ, mammals, WHO05	pg/g	wet weight	222	207	93%	0.031	0.29	1.1	0.19	0.069	0.30	1.1	0.20
PCB Congeners													
2-Monochlorobiphenyl (PCB-1)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3-Monochlorobiphenyl (PCB-2)	pg/g	wet weight	222	0	0%	1.2	1.4	2.0	0.34	--	--	--	--
4-Monochlorobiphenyl (PCB-3)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,2'-Dichlorobiphenyl (PCB-4)	pg/g	wet weight	222	1	0%	2.3	5.0	12.5	4.2	6.7	6.7	6.7	--

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results			All Sample Results ^a				Detected Results Only ^a			
			All	Detect	% Detect	Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,3-Dichlorobiphenyl (PCB-5)	pg/g	wet weight	222	0	0%	2.3	4.5	10.0	3.3	--	--	--	--
2,3'-Dichlorobiphenyl (PCB-6)	pg/g	wet weight	222	0	0%	2.3	4.5	10.0	3.3	--	--	--	--
2,4-Dichlorobiphenyl (PCB-7)	pg/g	wet weight	222	0	0%	2.3	4.5	10.0	3.3	--	--	--	--
2,4'-Dichlorobiphenyl (PCB-8)	pg/g	wet weight	222	5	2%	2.3	5.1	12.5	4.2	5.7	6.5	7.3	0.72
2,5-Dichlorobiphenyl (PCB-9)	pg/g	wet weight	222	0	0%	2.3	4.5	10.0	3.3	--	--	--	--
2,6-Dichlorobiphenyl (PCB-10)	pg/g	wet weight	222	0	0%	2.3	4.5	10.0	3.3	--	--	--	--
3,3'-Dichlorobiphenyl (PCB-11)	pg/g	wet weight	222	77	35%	2.3	11.0	142	15.0	5.1	21.0	142	21.7
Coelution of PCB-12 and 13	pg/g	wet weight	222	0	0%	2.3	5.0	12.5	4.2	--	--	--	--
3,5-Dichlorobiphenyl (PCB-14)	pg/g	wet weight	222	0	0%	2.3	5.0	12.5	4.2	--	--	--	--
4,4'-Dichlorobiphenyl (PCB-15)	pg/g	wet weight	222	10	5%	2.3	5.2	18.4	4.3	4.8	8.3	18.4	3.9
2,2',3-Trichlorobiphenyl (PCB-16)	pg/g	wet weight	222	108	49%	1.2	4.8	29.6	3.7	1.7	6.6	29.6	3.9
2,2',4-Trichlorobiphenyl (PCB-17)	pg/g	wet weight	222	136	61%	1.2	7.3	57.0	7.0	3.4	10.1	57.0	7.5
Coelution of PCB-18 and 30	pg/g	wet weight	222	180	81%	1.2	14.0	125	15.2	2.7	17.0	125	15.8
2,2',6-Trichlorobiphenyl (PCB-19)	pg/g	wet weight	222	22	10%	1.2	2.8	11.8	2.3	1.6	4.5	11.8	2.6
Coelution of PCB-20 and 28	pg/g	wet weight	222	212	95%	1.3	52.0	396	55.7	3.0	55.0	396	55.9
Coelution of PCB-21 and 33	pg/g	wet weight	222	143	64%	1.2	6.3	34.6	6.0	2.2	8.4	34.6	6.4
2,3,4'-Trichlorobiphenyl (PCB-22)	pg/g	wet weight	222	160	72%	1.2	9.2	63.9	8.7	1.7	11.8	63.9	8.9
2,3,5-Trichlorobiphenyl (PCB-23)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3,6-Trichlorobiphenyl (PCB-24)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3',4-Trichlorobiphenyl (PCB-25)	pg/g	wet weight	222	82	37%	1.2	3.5	20.0	2.7	2.4	4.9	20.0	2.9
Coelution of PCB-26 and 29	pg/g	wet weight	222	157	71%	1.2	9.1	55.8	8.1	2.5	11.7	55.8	8.3
2,3',6-Trichlorobiphenyl (PCB-27)	pg/g	wet weight	222	30	14%	1.2	2.8	14.4	2.3	1.7	4.4	14.4	2.5
2,4',5-Trichlorobiphenyl (PCB-31)	pg/g	wet weight	222	207	93%	1.2	32.0	267	33.1	3.1	34.0	267	33.3
2,4',6-Trichlorobiphenyl (PCB-32)	pg/g	wet weight	222	69	31%	1.2	3.2	15.0	2.4	2.5	4.7	15.0	2.3
2,3',5'-Trichlorobiphenyl (PCB-34)	pg/g	wet weight	222	1	0%	1.2	2.5	6.3	2.1	3.0	3.0	3.0	--
3,3',4-Trichlorobiphenyl (PCB-35)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,3',5-Trichlorobiphenyl (PCB-36)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,4,4'-Trichlorobiphenyl (PCB-37)	pg/g	wet weight	222	130	59%	1.2	6.4	70.9	7.6	2.5	9.1	70.9	8.9
3,4,5-Trichlorobiphenyl (PCB-38)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,4',5-Trichlorobiphenyl (PCB-39)	pg/g	wet weight	222	5	2%	1.2	2.5	6.3	2.1	1.8	2.6	3.4	0.65
Coelution of PCB-40, 41, and 71	pg/g	wet weight	222	186	84%	1.2	36.0	369	48.8	3.8	42.0	369	51.0
2,2',3,4'-Tetrachlorobiphenyl (PCB-42)	pg/g	wet weight	222	193	87%	1.2	28.0	263	39.2	3.0	32.0	263	40.8
2,2',3,5'-Tetrachlorobiphenyl (PCB-43)	pg/g	wet weight	222	80	36%	1.2	4.2	25.6	3.9	2.7	6.7	25.6	4.8
Coelution of PCB-44, 47, and 65	pg/g	wet weight	222	184	83%	3.2	140	1,050	173	10.1	170	1,050	179
Coelution of PCB-45 and 51	pg/g	wet weight	222	115	52%	1.2	8.9	80.5	10.6	1.7	13.9	80.5	12.7
2,2',3,6'-Tetrachlorobiphenyl (PCB-46)	pg/g	wet weight	222	70	32%	1.2	4.1	33.1	3.9	2.5	6.9	33.1	5.2
2,2',4,5-Tetrachlorobiphenyl (PCB-48)	pg/g	wet weight	222	166	75%	1.2	17.0	128	19.7	2.3	22.0	128	20.7
Coelution of PCB-49 and 69	pg/g	wet weight	222	210	95%	2.1	115	745	130	6.6	122	745	131
Coelution of PCB-50 and 53	pg/g	wet weight	222	142	64%	1.2	11.0	102	12.5	2.6	15.0	102	13.7
2,2',5,5'-Tetrachlorobiphenyl (PCB-52)	pg/g	wet weight	222	210	95%	4.8	220	1,380	215	10.6	230	1,380	215
2,2',6,6'-Tetrachlorobiphenyl (PCB-54)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3,3',4-Tetrachlorobiphenyl (PCB-55)	pg/g	wet weight	222	3	1%	1.2	2.5	6.3	2.1	2.2	3.9	6.3	2.1
2,3,3',4'-Tetrachlorobiphenyl (PCB-56)	pg/g	wet weight	222	196	88%	1.2	27.0	271	39.2	2.4	30.0	271	40.7
2,3,3',5-Tetrachlorobiphenyl (PCB-57)	pg/g	wet weight	222	13	6%	1.2	2.6	6.3	2.1	1.8	3.5	4.9	0.87
2,3,3',5'-Tetrachlorobiphenyl (PCB-58)	pg/g	wet weight	222	3	1%	1.2	2.7	36.6	3.1	1.9	14.4	36.6	19.3
Coelution of PCB-59, 62, and 75	pg/g	wet weight	222	181	82%	1.2	13.2	96.3	15.1	2.5	15.4	96.3	15.9
2,3,4,4'-Tetrachlorobiphenyl (PCB-60)	pg/g	wet weight	222	213	96%	2.8	34.0	269	47.0	2.8	35.0	269	47.6
Coelution of PCB-61, 70, 74, and 76	pg/g	wet weight	222	212	95%	1.2	270	1,670	299	24.3	280	1,670	300
2,3,4',5-Tetrachlorobiphenyl (PCB-63)	pg/g	wet weight	222	174	78%	1.2	11.0	78.9	13.5	2.6	13.0	78.9	14.5

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,3,4',6-Tetrachlorobiphenyl (PCB-64)	pg/g	wet weight	222	210	95%	1.2	73.0	698	103	2.6	77.0	698	105
2,3',4,4'-Tetrachlorobiphenyl (PCB-66)	pg/g	wet weight	222	213	96%	3.6	200	1,680	266	15.0	210	1,680	268
2,3',4,5-Tetrachlorobiphenyl (PCB-67)	pg/g	wet weight	222	100	45%	1.2	4.1	25.4	3.3	2.5	5.7	25.4	3.6
2,3',4,5'-Tetrachlorobiphenyl (PCB-68)	pg/g	wet weight	222	107	48%	1.2	4.7	18.3	3.7	2.3	6.4	18.3	4.2
2,3',5,5'-Tetrachlorobiphenyl (PCB-72)	pg/g	wet weight	222	165	74%	1.2	6.7	29.8	5.4	2.5	7.9	29.8	5.7
2,3',5,6-Tetrachlorobiphenyl (PCB-73)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,3',4,4'-Tetrachlorobiphenyl (PCB-77)	pg/g	wet weight	222	171	77%	1.2	11.9	77.2	11.6	2.5	14.5	77.2	11.9
3,3',4,5-Tetrachlorobiphenyl (PCB-78)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,3',4,5'-Tetrachlorobiphenyl (PCB-79)	pg/g	wet weight	222	158	71%	1.2	7.5	55.1	8.1	1.7	9.3	55.1	8.9
3,3',5,5'-Tetrachlorobiphenyl (PCB-80)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,4,4',5-Tetrachlorobiphenyl (PCB-81)	pg/g	wet weight	222	9	4%	1.2	2.6	6.3	2.1	2.9	4.1	5.7	1.1
2,2',3,3',4-Pentachlorobiphenyl (PCB-82)	pg/g	wet weight	222	186	84%	1.2	37.0	409	58.5	2.7	43.0	409	61.9
Coelution of PCB-83 and 99	pg/g	wet weight	222	222	100%	31.2	660	5,260	829	31.2	660	5,260	829
2,2',3,3',6-Pentachlorobiphenyl (PCB-84)	pg/g	wet weight	222	194	87%	1.2	82.0	576	103	4.6	94.0	576	105
Coelution of PCB-85, 116, and 117	pg/g	wet weight	222	222	100%	7.7	170	1,610	240	7.7	170	1,610	240
Coelution of PCB-86, 87, 97, 108, 119, and 125	pg/g	wet weight	222	218	98%	5.9	420	3,100	546	20.4	430	3,100	548
Coelution of PCB-88 and 91	pg/g	wet weight	222	201	91%	1.2	75.0	534	96.7	2.4	83.0	534	98.7
2,2',3,4,6'-Pentachlorobiphenyl (PCB-89)	pg/g	wet weight	222	85	38%	1.2	4.2	25.3	4.1	1.8	6.5	25.3	5.3
Coelution of PCB-90, 101, and 113	pg/g	wet weight	222	222	100%	14.3	790	6,120	975	14.3	790	6,120	975
2,2',3,5,5'-Pentachlorobiphenyl (PCB-92)	pg/g	wet weight	222	221	100%	4.9	149	864	154	7.5	150	864	154
Coelution of PCB-93, 98, 100, and 102	pg/g	wet weight	222	161	73%	1.2	17.0	102	18.6	2.3	22.0	102	19.6
2,2',3,5,6'-Pentachlorobiphenyl (PCB-94)	pg/g	wet weight	222	31	14%	1.2	2.9	11.9	2.3	2.5	5.3	11.9	2.3
2,2',3,5',6-Pentachlorobiphenyl (PCB-95)	pg/g	wet weight	222	210	95%	1.5	340	1,950	360	3.9	360	1,950	361
2,2',3,6,6'-Pentachlorobiphenyl (PCB-96)	pg/g	wet weight	222	28	13%	1.2	2.8	12.3	2.3	2.7	5.2	12.3	2.4
2,2',4,5',6-Pentachlorobiphenyl (PCB-103)	pg/g	wet weight	222	159	72%	1.2	7.2	29.8	6.2	2.6	8.7	29.8	6.5
2,2',4,6,6'-Pentachlorobiphenyl (PCB-104)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3,3',4,4'-Pentachlorobiphenyl (PCB-105)	pg/g	wet weight	222	221	100%	6.2	270	2,990	389	12.8	270	2,990	389
2,3,3',4,5-Pentachlorobiphenyl (PCB-106)	pg/g	wet weight	222	32	14%	1.2	3.4	38.9	4.4	1.9	9.2	38.9	8.3
Coelution of PCB-107 and 124	pg/g	wet weight	222	188	85%	1.2	20.0	133	21.3	3.1	22.0	133	21.9
2,3,3',4,6-Pentachlorobiphenyl (PCB-109)	pg/g	wet weight	222	221	100%	3.1	77.0	751	103	3.1	78.0	751	103
Coelution of PCB-110 and 115	pg/g	wet weight	222	217	98%	6.0	760	5,060	931	21.2	780	5,060	935
2,3,3',5,5'-Pentachlorobiphenyl (PCB-111)	pg/g	wet weight	222	20	9%	1.2	2.7	8.7	2.2	2.6	4.6	8.7	1.8
2,3,3',5,6-Pentachlorobiphenyl (PCB-112)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3,4,4',5-Pentachlorobiphenyl (PCB-114)	pg/g	wet weight	222	210	95%	1.2	18.0	201	26.8	2.6	19.0	201	27.4
2,3',4,4',5-Pentachlorobiphenyl (PCB-118)	pg/g	wet weight	222	222	100%	35.6	780	6,410	1,060	35.6	780	6,410	1,060
2,3',4,5,5'-Pentachlorobiphenyl (PCB-120)	pg/g	wet weight	222	179	81%	1.2	8.1	42.5	8.1	2.4	9.2	42.5	8.7
2,3',4,5',6-Pentachlorobiphenyl (PCB-121)	pg/g	wet weight	222	3	1%	1.2	2.5	6.3	2.1	2.6	2.9	3.4	0.42
2,3,3',4',5'-Pentachlorobiphenyl (PCB-122)	pg/g	wet weight	222	66	30%	1.2	3.9	22.9	4.0	2.7	8.0	22.9	4.6
2,3',4,4',5'-Pentachlorobiphenyl (PCB-123)	pg/g	wet weight	222	184	83%	0.76	13.0	110	17.8	1.7	15.0	110	19.0
3,3',4,4',5-Pentachlorobiphenyl (PCB-126)	pg/g	wet weight	222	69	31%	0.37	3.2	13.9	2.7	2.5	5.4	13.9	2.9
3,3',4,5,5'-Pentachlorobiphenyl (PCB-127)	pg/g	wet weight	222	13	6%	1.2	2.7	23.9	3.0	3.3	9.5	23.9	6.5
Coelution of PCB-128 and 166	pg/g	wet weight	222	222	100%	11.8	240	2,880	360	11.8	240	2,880	360
Coelution of PCB-129, 138, 160, and 163	pg/g	wet weight	222	222	100%	63.0	1,800	26,000	3,090	63.0	1,800	26,000	3,090
2,2',3,3',4,5'-Hexachlorobiphenyl (PCB-130)	pg/g	wet weight	222	196	88%	1.2	80.0	1,210	145	7.8	100	1,210	151
2,2',3,3',4,6-Hexachlorobiphenyl (PCB-131)	pg/g	wet weight	222	135	61%	1.2	9.0	104	16.1	1.8	13.0	104	19.4
2,2',3,3',4,6'-Hexachlorobiphenyl (PCB-132)	pg/g	wet weight	222	198	89%	1.2	280	3,280	462	2.7	320	3,280	479
2,2',3,3',5,5'-Hexachlorobiphenyl (PCB-133)	pg/g	wet weight	222	215	97%	3.2	31.0	390	48.0	3.2	31.0	390	48.6
Coelution of PCB-134 and 143	pg/g	wet weight	222	189	85%	1.2	41.0	331	53.9	6.0	48.0	331	55.8
Coelution of PCB-135 and 151	pg/g	wet weight	222	221	100%	5.0	350	6,010	598	10.0	350	6,010	599

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,2',3,3',6,6'-Hexachlorobiphenyl (PCB-136)	pg/g	wet weight	222	194	87%	1.2	66.0	635	86.0	6.1	75.0	635	88.3
2,2',3,4,4',5'-Hexachlorobiphenyl (PCB-137)	pg/g	wet weight	222	221	100%	2.7	66.0	886	107	2.7	66.0	886	107
Coelution of PCB-139 and 140	pg/g	wet weight	222	212	95%	2.6	29.0	358	44.2	2.6	30.0	358	44.9
2,2',3,4,5,5'-Hexachlorobiphenyl (PCB-141)	pg/g	wet weight	222	219	99%	5.1	210	3,210	374	5.1	220	3,210	376
2,2',3,4,5,6'-Hexachlorobiphenyl (PCB-142)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,2',3,4,5',6'-Hexachlorobiphenyl (PCB-144)	pg/g	wet weight	222	195	88%	1.2	47.0	855	92.0	2.7	53.0	855	96.7
2,2',3,4,6,6'-Hexachlorobiphenyl (PCB-145)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,2',3,4',5,5'-Hexachlorobiphenyl (PCB-146)	pg/g	wet weight	222	222	100%	7.9	310	4,470	554	7.9	310	4,470	554
Coelution of PCB-147 and 149	pg/g	wet weight	222	222	100%	4.3	900	12,900	1,640	4.3	900	12,900	1,640
2,2',3,4',5,6'-Hexachlorobiphenyl (PCB-148)	pg/g	wet weight	222	43	19%	1.2	3.2	20.6	3.0	1.8	6.7	20.6	3.8
2,2',3,4',6,6'-Hexachlorobiphenyl (PCB-150)	pg/g	wet weight	222	20	9%	1.2	2.6	10.4	2.1	2.6	4.6	10.4	2.0
2,2',3,5,6,6'-Hexachlorobiphenyl (PCB-152)	pg/g	wet weight	222	3	1%	1.2	2.5	6.3	2.1	2.9	3.5	3.9	0.59
Coelution of PCB-153 and 168	pg/g	wet weight	222	222	100%	59.1	1,900	29,900	3,530	59.1	1,900	29,900	3,530
2,2',4,4',5,6'-Hexachlorobiphenyl (PCB-154)	pg/g	wet weight	222	209	94%	2.8	20.0	197	24.0	2.8	21.0	197	24.5
2,2',4,4',6,6'-Hexachlorobiphenyl (PCB-155)	pg/g	wet weight	222	24	11%	1.2	2.6	7.4	2.0	2.4	3.6	7.4	1.0
Coelution of PCB-156 and 157	pg/g	wet weight	222	221	100%	1.3	130	2,480	251	7.2	130	2,480	251
2,3,3',4,4',6'-Hexachlorobiphenyl (PCB-158)	pg/g	wet weight	222	222	100%	6.2	150	2,380	286	6.2	150	2,380	286
2,3,3',4,5,5'-Hexachlorobiphenyl (PCB-159)	pg/g	wet weight	222	168	76%	1.2	11.0	206	20.9	2.5	14.0	206	23.4
2,3,3',4,5',6'-Hexachlorobiphenyl (PCB-161)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3,3',4',5,5'-Hexachlorobiphenyl (PCB-162)	pg/g	wet weight	222	101	45%	1.2	6.1	80.2	9.4	1.7	10.8	80.2	12.2
2,3,3',4',5',6'-Hexachlorobiphenyl (PCB-164)	pg/g	wet weight	222	217	98%	1.2	76.0	973	116	2.4	77.0	973	117
2,3,3',5,5',6'-Hexachlorobiphenyl (PCB-165)	pg/g	wet weight	222	16	7%	1.2	2.7	19.3	2.5	2.6	6.6	19.3	4.3
2,3',4,4',5,5'-Hexachlorobiphenyl (PCB-167)	pg/g	wet weight	222	213	96%	1.2	44.0	380	69.3	2.5	46.0	380	70.2
3,3',4,4',5,5'-Hexachlorobiphenyl (PCB-169)	pg/g	wet weight	222	63	28%	0.44	3.5	36.3	4.4	1.9	6.8	36.3	6.5
2,2',3,3',4,4',5'-Heptachlorobiphenyl (PCB-170)	pg/g	wet weight	222	222	100%	13.5	380	9,000	898	13.5	380	9,000	898
Coelution of PCB-171 and 173	pg/g	wet weight	222	222	100%	4.4	120	2,450	257	4.4	120	2,450	257
2,2',3,3',4,5,5'-Heptachlorobiphenyl (PCB-172)	pg/g	wet weight	222	219	99%	2.7	80.0	1,900	198	2.7	80.0	1,900	199
2,2',3,3',4,5,6'-Heptachlorobiphenyl (PCB-174)	pg/g	wet weight	222	199	90%	1.2	220	4,150	454	2.4	250	4,150	473
2,2',3,3',4,5',6'-Heptachlorobiphenyl (PCB-175)	pg/g	wet weight	222	182	82%	1.2	16.0	284	31.9	2.5	19.0	284	34.6
2,2',3,3',4,6,6'-Heptachlorobiphenyl (PCB-176)	pg/g	wet weight	222	192	86%	1.2	26.0	395	51.5	3.1	30.0	395	54.6
2,2',3,3',4,5',6'-Heptachlorobiphenyl (PCB-177)	pg/g	wet weight	222	196	88%	1.2	210	3,940	442	15.5	230	3,940	464
2,2',3,3',5,5',6'-Heptachlorobiphenyl (PCB-178)	pg/g	wet weight	222	222	100%	4.4	90.0	1,100	138	4.4	90.0	1,100	138
2,2',3,3',5,6,6'-Heptachlorobiphenyl (PCB-179)	pg/g	wet weight	222	199	90%	1.2	100	1,410	168	2.6	110	1,410	174
Coelution of PCB-180 and 193	pg/g	wet weight	222	222	100%	29.4	1,100	26,300	2,670	29.4	1,100	26,300	2,670
2,2',3,4,4',5,6'-Heptachlorobiphenyl (PCB-181)	pg/g	wet weight	222	53	24%	1.2	4.0	55.1	5.6	2.5	9.7	55.1	8.8
2,2',3,4,4',5,6'-Heptachlorobiphenyl (PCB-182)	pg/g	wet weight	222	55	25%	1.2	5.0	351	23.6	1.7	13.0	351	46.7
Coelution of PCB-183 and 185	pg/g	wet weight	222	219	99%	1.2	350	7,730	834	9.9	350	7,730	839
2,2',3,4,4',6,6'-Heptachlorobiphenyl (PCB-184)	pg/g	wet weight	222	48	22%	1.2	2.9	10.0	2.2	2.5	4.8	10.0	1.8
2,2',3,4,5,6,6'-Heptachlorobiphenyl (PCB-186)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,2',3,4',5,5',6'-Heptachlorobiphenyl (PCB-187)	pg/g	wet weight	222	222	100%	9.3	600	10,700	1,210	9.3	600	10,700	1,210
2,2',3,4',5,6,6'-Heptachlorobiphenyl (PCB-188)	pg/g	wet weight	222	14	6%	1.2	2.7	10.0	2.2	1.9	5.9	10.0	2.2
2,3,3',4,4',5,5'-Heptachlorobiphenyl (PCB-189)	pg/g	wet weight	222	125	56%	1.2	11.0	291	27.4	2.5	18.0	291	35.0
2,3,3',4,4',5,6'-Heptachlorobiphenyl (PCB-190)	pg/g	wet weight	222	222	100%	4.4	70.0	1,470	145	4.4	70.0	1,470	145
2,3,3',4,4',5',6'-Heptachlorobiphenyl (PCB-191)	pg/g	wet weight	222	189	85%	1.2	16.0	407	39.1	2.3	18.0	407	42.0
2,3,3',4,5,5',6'-Heptachlorobiphenyl (PCB-192)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,2',3,3',4,4',5,5'-Octachlorobiphenyl (PCB-194)	pg/g	wet weight	222	222	100%	4.5	190	4,900	511	4.5	190	4,900	511
2,2',3,3',4,4',5,6'-Octachlorobiphenyl (PCB-195)	pg/g	wet weight	222	219	99%	3.1	70.0	1,490	155	3.1	70.0	1,490	156
2,2',3,3',4,4',5,6'-Octachlorobiphenyl (PCB-196)	pg/g	wet weight	222	220	99%	3.5	110	2,410	258	3.5	110	2,410	259
2,2',3,3',4,4',6,6'-Octachlorobiphenyl (PCB-197)	pg/g	wet weight	222	126	57%	1.2	8.0	155	17.1	1.7	13.0	155	21.6

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
Coelution of PCB-198 and 199	pg/g	wet weight	222	222	100%	5.5	270	5,200	596	5.5	270	5,200	596
2,2',3,3',4,5,6,6'-Octachlorobiphenyl (PCB-200)	pg/g	wet weight	222	162	73%	1.2	14.0	266	31.6	2.5	18.0	266	36.1
2,2',3,3',4,5',6,6'-Octachlorobiphenyl (PCB-201)	pg/g	wet weight	222	193	87%	1.2	25.0	466	53.2	3.3	29.0	466	56.3
2,2',3,3',5,5',6,6'-Octachlorobiphenyl (PCB-202)	pg/g	wet weight	222	219	99%	2.5	56.0	904	105	2.5	56.0	904	105
2,2',3,4,4',5,5',6-Octachlorobiphenyl (PCB-203)	pg/g	wet weight	222	221	100%	6.2	190	3,980	440	6.2	190	3,980	441
2,2',3,4,4',5,6,6'-Octachlorobiphenyl (PCB-204)	pg/g	wet weight	222	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
2,3,3',4,4',5,5',6-Octachlorobiphenyl (PCB-205)	pg/g	wet weight	222	104	47%	1.2	9.0	187	19.7	2.4	16.0	187	26.9
2,2',3,3',4,4',5,5',6-Nonachlorobiphenyl (PCB-206)	pg/g	wet weight	222	218	98%	3.7	90.0	1,700	193	3.7	90.0	1,700	194
2,2',3,3',4,4',5,6,6'-Nonachlorobiphenyl (PCB-207)	pg/g	wet weight	222	146	66%	1.2	10.0	177	19.3	1.7	14.0	177	22.8
2,2',3,3',4,4',5,5',6,6'-Nonachlorobiphenyl (PCB-208)	pg/g	wet weight	222	203	91%	1.2	24.0	425	48.3	2.4	26.0	425	50.1
Decachlorobiphenyl (PCB-209)	pg/g	wet weight	222	196	88%	0.044	12.0	143	18.9	0.044	13.0	143	19.8
Monochlorobiphenyl homologs	pg/g	wet weight	222	1	0%	0.14	2.5	6.3	2.1	0.14	0.14	0.14	--
Dichlorobiphenyl homologs	pg/g	wet weight	222	79	36%	2.3	12.0	175	17.3	5.1	22.0	175	25.3
Trichlorobiphenyl homologs	pg/g	wet weight	222	221	100%	2.5	140	1,160	151	2.5	140	1,160	151
Tetrachlorobiphenyl homologs	pg/g	wet weight	222	222	100%	39.0	1,240	8,320	1,420	39.0	1,240	8,320	1,420
Pentachlorobiphenyl homologs	pg/g	wet weight	222	222	100%	147	4,700	35,600	5,780	147	4,700	35,600	5,780
Hexachlorobiphenyl homologs	pg/g	wet weight	222	222	100%	181	6,800	98,400	11,800	181	6,800	98,400	11,800
Heptachlorobiphenyl homologs	pg/g	wet weight	222	222	100%	76.4	3,300	71,400	7,510	76.4	3,300	71,400	7,510
Octachlorobiphenyl homologs	pg/g	wet weight	222	222	100%	24.3	900	19,600	2,180	24.3	900	19,600	2,180
Nonachlorobiphenyl homologs	pg/g	wet weight	222	218	98%	3.7	120	2,300	260	3.7	120	2,300	262
Total PCBs (reported)	pg/g	wet weight	222	222	100%	479	17,000	230,000	27,900	479	17,000	230,000	27,900
PCB congeners TEQ, Bird, WHO98	pg/g	wet weight	222	222	100%	0.24	1.2	5.0	0.94	0.24	1.2	5.0	0.94
PCB congeners TEQ, Fish, WHO98	pg/g	wet weight	222	222	100%	0.0037	0.025	0.12	0.023	0.0037	0.025	0.12	0.023
PCB congeners TEQ, mammals, WHO05	pg/g	wet weight	222	222	100%	0.057	0.46	2.4	0.41	0.057	0.46	2.4	0.41
PBDEs													
2,2',4-Tribromodiphenyl ether (PBDE-17)	pg/g	wet weight	80	74	93%	0.078	21.0	181	31.3	0.43	23.0	181	32.0
Coelution of PBDE-28 and 33	pg/g	wet weight	80	76	95%	3.7	270	2,310	446	9.0	290	2,310	453
2,2',4,4'-Tetrabromodiphenyl ether (PBDE-47)	pg/g	wet weight	80	77	96%	192	8,000	50,100	10,500	906	8,400	50,100	10,600
2,2',4,5'-Tetrabromodiphenyl ether (PBDE-49)	pg/g	wet weight	80	77	96%	3.6	340	1,780	370	12.7	360	1,780	371
2,3',4,4'-Tetrabromodiphenyl ether (PBDE-66)	pg/g	wet weight	80	74	93%	0.038	109	782	165	1.3	117	782	169
2,3',4',6-Tetrabromodiphenyl ether (PBDE-71)	pg/g	wet weight	80	2	3%	0.019	0.090	1.7	0.26	1.7	1.7	1.7	0.028
2,2',3,4,4'-Pentabromodiphenyl ether (PBDE-85)	pg/g	wet weight	80	46	58%	0.061	3.4	37.7	6.4	0.26	5.5	37.7	7.9
2,2',4,4',5-Pentabromodiphenyl ether (PBDE-99)	pg/g	wet weight	80	62	78%	1.8	1,900	19,100	3,100	8.5	2,500	19,100	3,320
2,2',4,4',6-Pentabromodiphenyl ether (PBDE-100)	pg/g	wet weight	80	77	96%	36.6	1,350	6,200	1,570	185	1,400	6,200	1,570
2,2',3,3',4,4'-Hexabromodiphenyl ether (PBDE-128)	pg/g	wet weight	80	0	0%	0.073	0.20	0.43	0.082	--	--	--	--
2,2',3,4,4',5'-Hexabromodiphenyl ether (PBDE-138)	pg/g	wet weight	80	39	49%	0.042	0.72	4.1	0.92	0.22	1.3	4.1	1.0
2,2',4,4',5,5'-Hexabromodiphenyl ether (PBDE-153)	pg/g	wet weight	80	77	96%	6.3	190	1,690	246	14.3	200	1,690	248
2,2',4,4',5,6'-Hexabromodiphenyl ether (PBDE-154)	pg/g	wet weight	80	77	96%	9.1	330	1,810	393	39.7	340	1,810	395
Coelution of PBDE-171 and 190	pg/g	wet weight	80	3	4%	0.037	0.16	0.90	0.14	0.54	0.73	0.90	0.18
Coelution of PBDE-183 and 176	pg/g	wet weight	80	39	49%	0.18	4.9	40.2	6.9	2.4	9.2	40.2	7.8
2,2',3,4,4',6,6'-Heptabromodiphenyl ether (PBDE-184)	pg/g	wet weight	80	68	85%	0.037	2.7	13.9	2.8	0.11	3.2	13.9	2.8
2,3,3',4,4',5',6-Heptabromodiphenyl ether (PBDE-191)	pg/g	wet weight	80	0	0%	0.032	0.11	0.28	0.053	--	--	--	--
Coelution of PBDE-200 and 203	pg/g	wet weight	79	28	35%	0.068	1.3	4.1	1.4	0.54	2.8	4.1	0.94
2,2',3,3',4,4',5,5',6-Nonabromodiphenyl ether (PBDE-206)	pg/g	wet weight	79	25	32%	0.19	3.7	41.2	5.7	0.88	8.5	41.2	8.1
Decabromodiphenyl ether (PBDE-209)	pg/g	wet weight	79	57	72%	8.6	220	2,090	290	23.0	290	2,090	315
PAHs													
2-Methylnaphthalene	µg/kg	wet weight	81	48	59%	0.14	1.2	14.0	2.1	0.29	1.8	14.0	2.6
Acenaphthene	µg/kg	wet weight	81	67	83%	0.026	0.23	0.98	0.20	0.043	0.27	0.98	0.20
Acenaphthylene	µg/kg	wet weight	81	61	75%	0.024	1.0	15.0	2.9	0.051	1.3	15.0	3.3

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PAHs (continued)													
Anthracene	µg/kg	wet weight	81	13	16%	0.095	0.19	1.5	0.22	0.19	0.48	1.5	0.36
Benzo[b]fluoranthene	µg/kg	wet weight	81	1	1%	0.070	0.10	1.1	0.15	1.1	1.1	1.1	--
Benzo[k]fluoranthene	µg/kg	wet weight	81	1	1%	0.046	0.069	0.91	0.12	0.91	0.91	0.91	--
Benzo[a]anthracene	µg/kg	wet weight	81	1	1%	0.080	0.10	1.0	0.11	0.13	0.13	0.13	--
Benzo[a]pyrene	µg/kg	wet weight	81	0	0%	0.031	0.040	0.31	0.046	--	--	--	--
Benzo[g,h,i]perylene	µg/kg	wet weight	81	1	1%	0.029	0.048	0.96	0.11	0.96	0.96	0.96	--
Chrysene	µg/kg	wet weight	81	0	0%	0.10	0.11	0.50	0.061	--	--	--	--
Dibenzo[a,h]anthracene	µg/kg	wet weight	81	1	1%	0.023	0.040	1.0	0.11	1.0	1.0	1.0	--
Fluoranthene	µg/kg	wet weight	81	11	14%	0.075	0.16	1.1	0.19	0.19	0.45	1.1	0.35
Fluorene	µg/kg	wet weight	81	69	85%	0.048	0.36	2.1	0.38	0.12	0.42	2.1	0.39
Indeno[1,2,3-cd]pyrene	µg/kg	wet weight	81	1	1%	0.050	0.080	1.2	0.15	1.2	1.2	1.2	--
Naphthalene	µg/kg	wet weight	81	22	27%	0.040	2.5	32.0	6.0	0.53	7.6	32.0	9.8
Phenanthrene	µg/kg	wet weight	81	54	67%	0.16	0.70	2.8	0.64	0.33	0.94	2.8	0.67
Pyrene	µg/kg	wet weight	81	4	5%	0.060	0.12	1.6	0.22	0.12	0.71	1.6	0.68
High molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	13	16%	0.28	0.57	6.9	0.89	0.59	1.7	6.9	1.8
Low molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	78	96%	0.31	6.1	65.2	11.8	0.91	6.4	65.2	12.0
Total Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	78	96%	0.60	7.0	68.2	12.2	1.6	7.2	68.2	12.4
Pesticides													
2,4'-DDD	µg/kg	wet weight	81	1	1%	0.37	0.45	4.4	0.48	4.4	4.4	4.4	--
2,4'-DDE	µg/kg	wet weight	81	0	0%	0.19	0.22	0.95	0.11	--	--	--	--
2,4'-DDT	µg/kg	wet weight	81	63	78%	0.080	1.2	8.1	1.5	0.23	1.4	8.1	1.6
4,4'-DDD	µg/kg	wet weight	81	14	17%	0.28	0.43	1.6	0.34	0.41	1.1	1.6	0.31
4,4'-DDE	µg/kg	wet weight	81	73	90%	0.23	4.2	52.0	6.9	0.61	4.6	52.0	7.1
4,4'-DDT	µg/kg	wet weight	81	28	35%	0.25	1.1	8.0	1.5	0.50	2.1	5.6	1.6
Total DDT, DDD, and DDE isomers	µg/kg	wet weight	81	75	93%	0.69	7.6	69.0	10.0	1.5	8.1	69.0	10.2
Aldrin	µg/kg	wet weight	81	0	0%	0.37	0.41	1.9	0.18	--	--	--	--
alpha-Chlordane	µg/kg	wet weight	81	6	7%	0.13	0.16	1.6	0.17	0.29	0.57	1.6	0.51
gamma-Chlordane	µg/kg	wet weight	81	20	25%	0.13	0.29	2.7	0.38	0.19	0.74	2.7	0.56
Chlordane	µg/kg	wet weight	81	0	0%	1.7	2.3	16.5	1.9	--	--	--	--
cis-Nonachlor	µg/kg	wet weight	81	2	2%	0.15	0.25	0.75	0.17	0.33	0.37	0.40	0.049
delta-BHC	µg/kg	wet weight	81	1	1%	0.10	0.11	0.50	0.051	0.26	0.26	0.26	--
Dieldrin	µg/kg	wet weight	81	11	14%	0.10	0.14	0.50	0.096	0.21	0.28	0.44	0.067
Endosulfan sulfate	µg/kg	wet weight	56	0	0%	0.27	0.28	1.4	0.14	--	--	--	--
Endrin	µg/kg	wet weight	81	0	0%	0.14	0.15	0.70	0.067	--	--	--	--
Endrin ketone	µg/kg	wet weight	81	0	0%	0.20	0.23	1.2	0.13	--	--	--	--
Endrin aldehyde	µg/kg	wet weight	81	0	0%	0.31	0.34	1.6	0.15	--	--	--	--
Heptachlor epoxide	µg/kg	wet weight	81	6	7%	0.090	0.13	0.77	0.13	0.25	0.47	0.77	0.21
Heptachlor	µg/kg	wet weight	81	0	0%	0.14	0.15	0.80	0.077	--	--	--	--
Methoxychlor	µg/kg	wet weight	81	0	0%	0.24	0.26	1.2	0.11	--	--	--	--
Oxychlordane	µg/kg	wet weight	81	1	1%	0.20	0.24	2.6	0.27	2.6	2.6	2.6	--
Toxaphene	µg/kg	wet weight	81	0	0%	6.5	12.4	70.0	10.9	--	--	--	--
trans-Nonachlor	µg/kg	wet weight	81	18	22%	0.14	0.28	1.2	0.26	0.30	0.67	1.2	0.28
SVOCs													
1,1'-Biphenyl	µg/kg	wet weight	81	2	2%	0.12	0.24	0.85	0.12	0.80	0.83	0.85	0.035
1,2,4-Trichlorobenzene	µg/kg	wet weight	81	0	0%	3.2	3.2	3.2	0	--	--	--	--
4-Bromophenyl-phenylether	µg/kg	wet weight	81	2	2%	2.1	2.1	5.6	0.47	4.4	5.0	5.6	0.85
4-Chlorophenyl-phenyl ether	µg/kg	wet weight	81	13	16%	2.3	3.4	12.0	2.3	4.8	8.0	12.0	2.2
Pentachlorophenol	µg/kg	wet weight	81	0	0%	2.3	2.3	2.3	0	--	--	--	--
Hexachlorobenzene	µg/kg	wet weight	81	48	59%	0.19	1.0	3.6	0.91	0.44	1.5	3.6	0.84

Table 5-1. Summary Statistics of Concentrations Measured in Fillets from Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
SVOCs (continued)													
Hexachlorobutadiene	µg/kg	wet weight	81	1	1%	0.15	0.20	2.5	0.27	0.69	0.69	0.69	--
Hexachloroethane	µg/kg	wet weight	81	0	0%	8.0	8.0	8.0	0	--	--	--	--
bis(2-Ethylhexyl)phthalate	µg/kg	wet weight	81	3	4%	105	110	270	26.2	220	241	270	25.9
Benzyl n-butyl phthalate	µg/kg	wet weight	81	0	0%	105	105	105	0	--	--	--	--
Dibenzofuran	µg/kg	wet weight	81	1	1%	2.2	2.2	4.7	0.28	4.7	4.7	4.7	--
Di-n-butyl phthalate	µg/kg	wet weight	81	22	27%	8.0	127	345	105	16.3	46.0	120	29.4
Di-n-octylphthalate	µg/kg	wet weight	81	2	2%	4.5	5.0	60.0	6.4	19.0	39.0	60.0	29.0
Perchlorocyclopentadiene	µg/kg	wet weight	81	0	0%	150	158	175	11.6	--	--	--	--

Notes:

^a Concentrations have been rounded to two significant figures for values less than 10, 3 significant figures for values greater than or equal to 10.

SD - standard deviation

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results			% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect	% Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Conventional Parameters														
Fluoride	mg/kg	wet weight	221	0	0%	0.050	0.13	0.45	0.062	--	--	--	--	
Lipid	%	wet weight	220	220	100%	2.2	8.9	21.0	3.9	2.2	8.9	21.0	3.9	
Solids	%	dry weight	221	221	100%	22.5	31.6	50.6	4.5	22.5	31.6	50.6	4.5	
Metals/Metalloids														
Aluminum	mg/kg	dry weight	221	208	94%	1.5	33.0	353	45.6	1.8	35.0	353	46.5	
Antimony	mg/kg	dry weight	221	145	71%	0.0035	0.060	6.7	0.45	0.0070	0.090	6.7	0.56	
Arsenic	mg/kg	dry weight	221	211	95%	0.13	0.90	9.2	1.4	0.18	0.94	9.2	1.5	
Barium	mg/kg	dry weight	221	221	100%	1.2	8.9	58.4	11.6	1.2	8.9	58.4	11.6	
Beryllium	mg/kg	dry weight	221	16	100%	0.0020	0.0024	0.012	0.0016	0.0030	0.0072	0.012	0.0034	
Bismuth	mg/kg	dry weight	81	25	8%	0.0015	0.0024	0.0090	0.0016	0.0028	0.0045	0.0090	0.0015	
Boron	mg/kg	dry weight	81	7	52%	0.10	0.13	0.35	0.055	0.15	0.19	0.32	0.060	
Cadmium	mg/kg	dry weight	221	221	0%	0.022	0.29	3.0	0.42	0.022	0.29	3.0	0.42	
Calcium	mg/kg	dry weight	221	221	100%	3,180	42,700	83,300	15,900	3,180	42,700	83,300	15,900	
Cerium	mg/kg	dry weight	81	64	100%	0.0025	0.060	1.2	0.14	0.0050	0.080	1.2	0.16	
Cesium	mg/kg	dry weight	81	81	79%	0.026	0.072	0.16	0.035	0.026	0.072	0.16	0.035	
Chromium	mg/kg	dry weight	221	202	100%	0.040	0.70	19.1	1.5	0.080	0.70	19.1	1.5	
Cobalt	mg/kg	dry weight	221	219	95%	0.058	0.18	0.79	0.086	0.059	0.18	0.79	0.086	
Copper	mg/kg	dry weight	221	218	99%	0.97	5.0	26.7	4.0	0.97	5.0	26.7	4.0	
Dysprosium	mg/kg	dry weight	81	30	99%	0.0015	0.0043	0.053	0.0070	0.0027	0.0090	0.053	0.0098	
Erbium	mg/kg	dry weight	81	17	36%	0.0015	0.0024	0.012	0.0023	0.0030	0.0060	0.012	0.0032	
Europium	mg/kg	dry weight	81	30	21%	0.0010	0.0034	0.014	0.0033	0.0020	0.0067	0.014	0.0035	
Gadolinium	mg/kg	dry weight	81	24	35%	0.0035	0.0080	0.11	0.013	0.0041	0.018	0.11	0.021	
Gallium	mg/kg	dry weight	81	79	27%	0.0035	0.025	0.17	0.021	0.0058	0.026	0.17	0.021	
Germanium	mg/kg	dry weight	81	81	96%	0.84	2.4	5.7	1.0	0.84	2.4	5.7	1.0	
Gold	mg/kg	dry weight	81	4	100%	0.015	0.019	0.050	0.0077	0.028	0.033	0.035	0.0035	
Holmium	mg/kg	dry weight	81	6	1%	0.0010	0.0012	0.0060	0.00079	0.0020	0.0036	0.0060	0.0015	
Indium	mg/kg	dry weight	81	10	7%	0.0015	0.0040	0.13	0.015	0.0030	0.022	0.13	0.039	
Iron	mg/kg	dry weight	221	221	12%	27.0	120	1,730	147	27.0	120	1,730	147	
Lanthanum	mg/kg	dry weight	81	69	100%	0.0015	0.046	0.52	0.081	0.0030	0.053	0.52	0.085	
Lead	mg/kg	dry weight	221	220	86%	0.013	1.5	49.9	4.9	0.017	1.5	49.9	4.9	
Lithium	mg/kg	dry weight	81	57	100%	0.15	0.85	2.1	0.57	0.28	1.1	2.1	0.45	
Lutetium	mg/kg	dry weight	81	0	70%	0.0010	0.0010	0.0010	0	--	--	--	--	
Magnesium	mg/kg	dry weight	221	221	0%	599	1,220	1,930	266	599	1,220	1,930	266	
Manganese	mg/kg	dry weight	220	220	100%	1.2	10.8	79.6	9.9	1.2	10.8	79.6	9.9	
Mercury	ng/g	dry weight	221	221	100%	40.7	264	942	167	40.7	264	942	167	
Molybdenum	mg/kg	dry weight	221	95	100%	0.010	0.071	0.54	0.072	0.020	0.11	0.54	0.090	
Neodymium	mg/kg	dry weight	81	60	38%	0.0020	0.037	0.49	0.069	0.0050	0.050	0.49	0.077	
Nickel	mg/kg	dry weight	221	218	74%	0.21	0.67	2.5	0.31	0.21	0.67	2.5	0.31	
Niobium	mg/kg	dry weight	81	12	99%	0.0050	0.013	0.090	0.014	0.0075	0.035	0.090	0.027	
Potassium	mg/kg	dry weight	221	221	6%	4,050	7,700	16,700	1,410	4,050	7,700	16,700	1,410	
Praseodymium	mg/kg	dry weight	81	47	100%	0.0015	0.010	0.14	0.019	0.0020	0.016	0.14	0.023	
Rubidium	mg/kg	dry weight	81	81	53%	4.2	10.2	19.3	3.7	4.2	10.2	19.3	3.7	
Samarium	mg/kg	dry weight	81	24	100%	0.0030	0.0080	0.12	0.015	0.0040	0.020	0.12	0.024	
Scandium	mg/kg	dry weight	81	67	27%	0.014	0.063	0.13	0.029	0.027	0.071	0.13	0.025	
Selenium	mg/kg	dry weight	221	216	79%	0.39	1.6	4.1	0.66	0.39	1.6	4.1	0.65	
Silver	mg/kg	dry weight	221	117	98%	0.0010	0.014	0.13	0.016	0.0015	0.023	0.13	0.017	
Sodium	mg/kg	dry weight	221	221	51%	2,040	4,050	7,990	1,230	2,040	4,050	7,990	1,230	
Strontium	mg/kg	dry weight	81	81	100%	20.1	58.0	161	34.5	20.1	58.0	161	34.5	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results			% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect			Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (continued)														
Tantalum	mg/kg	dry weight	5	0	100%	0.025	0.025	0.025	0	--	--	--	--	
Tellurium	mg/kg	dry weight	81	1	0%	0.015	0.015	0.021	0.00064	0.021	0.021	0.021	--	
Terbium	mg/kg	dry weight	81	4	1%	0.0015	0.0017	0.013	0.0014	0.0020	0.0060	0.013	0.0048	
Thallium	mg/kg	dry weight	221	196	4%	0.0045	0.071	0.17	0.038	0.0090	0.078	0.17	0.035	
Thorium	mg/kg	dry weight	81	35	89%	0.0025	0.011	0.10	0.016	0.0043	0.021	0.10	0.020	
Thulium	mg/kg	dry weight	60	0	43%	0.0015	0.0015	0.0015	0	--	--	--	--	
Tin	mg/kg	dry weight	81	21	0%	0.0050	0.019	0.57	0.065	0.0067	0.057	0.57	0.12	
Titanium	mg/kg	dry weight	77	64	32%	0.045	2.0	14.5	2.7	0.090	2.3	14.5	2.8	
Tungsten	mg/kg	dry weight	81	16	82%	0.010	0.044	0.28	0.047	0.022	0.096	0.28	0.065	
Uranium	mg/kg	dry weight	221	200	9%	0.0010	0.019	0.11	0.024	0.0020	0.021	0.11	0.024	
Vanadium	mg/kg	dry weight	221	146	91%	0.035	0.18	1.2	0.19	0.053	0.25	1.2	0.20	
Ytterbium	mg/kg	dry weight	81	5	65%	0.0025	0.0029	0.011	0.0015	0.0057	0.0083	0.011	0.0026	
Yttrium	mg/kg	dry weight	81	57	6%	0.0030	0.023	0.17	0.030	0.0050	0.031	0.17	0.032	
Zinc	mg/kg	dry weight	221	221	69%	30.2	84.0	236	32.6	30.2	84.0	236	32.6	
Zirconium	mg/kg	dry weight	81	53	100%	0.0030	0.070	2.3	0.26	0.0050	0.10	2.3	0.31	
Dioxins/Furans														
2,3,7,8-Tetrachlorodibenzodioxin	pg/g	wet weight	221	19	58%	0.015	0.061	0.28	0.044	0.068	0.11	0.18	0.034	
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	pg/g	wet weight	221	70	36%	0.015	0.13	0.66	0.098	0.055	0.19	0.66	0.12	
1,2,3,4,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	221	11	57%	0.018	0.11	0.40	0.088	0.048	0.16	0.31	0.097	
1,2,3,6,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	221	61	12%	0.018	0.17	0.65	0.13	0.062	0.23	0.65	0.12	
1,2,3,7,8,9-Hexachlorodibenzodioxin	pg/g	wet weight	221	12	37%	0.018	0.11	0.42	0.093	0.042	0.11	0.22	0.050	
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	pg/g	wet weight	221	104	9%	0.029	0.22	0.81	0.15	0.066	0.28	0.81	0.17	
Octachlorodibenzodioxin	pg/g	wet weight	221	75	65%	0.058	0.35	2.5	0.26	0.17	0.50	2.5	0.35	
2,3,7,8-Tetrachlorodibenzofuran	pg/g	wet weight	221	221	51%	0.30	2.2	8.9	1.6	0.30	2.2	8.9	1.6	
1,2,3,7,8-Pentachlorodibenzofuran	pg/g	wet weight	221	56	100%	0.014	0.10	0.44	0.080	0.040	0.14	0.44	0.086	
2,3,4,7,8-Pentachlorodibenzofuran	pg/g	wet weight	221	83	41%	0.014	0.14	0.79	0.11	0.047	0.19	0.79	0.13	
1,2,3,4,7,8-Hexachlorodibenzofuran	pg/g	wet weight	221	7	56%	0.0079	0.040	0.16	0.032	0.036	0.046	0.079	0.015	
1,2,3,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	221	50	7%	0.0099	0.073	0.61	0.073	0.047	0.14	0.61	0.12	
1,2,3,7,8,9-Hexachlorodibenzofuran	pg/g	wet weight	221	0	36%	0.0074	0.052	0.24	0.041	--	--	--	--	
2,3,4,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	221	10	0%	0.0087	0.051	0.52	0.060	0.035	0.20	0.52	0.18	
1,2,3,4,6,7,8-Heptachlorodibenzofuran	pg/g	wet weight	221	24	9%	0.0091	0.059	0.21	0.044	0.043	0.088	0.19	0.039	
1,2,3,4,7,8,9-Heptachlorodibenzofuran	pg/g	wet weight	221	0	15%	0.0074	0.048	0.21	0.036	--	--	--	--	
Octachlorodibenzofuran	pg/g	wet weight	221	11	0%	0.012	0.10	0.50	0.096	0.042	0.13	0.39	0.099	
Tetrachlorodibenzodioxin (Total)	pg/g	wet weight	221	38	15%	0.015	0.084	0.75	0.091	0.047	0.19	0.75	0.14	
Pentachlorodibenzodioxin (Total)	pg/g	wet weight	221	70	18%	0.015	0.13	1.0	0.11	0.055	0.20	1.0	0.15	
Hexachlorodibenzodioxin (Total)	pg/g	wet weight	221	70	35%	0.018	0.19	1.2	0.16	0.059	0.27	1.2	0.20	
Heptachlorodibenzodioxin (Total)	pg/g	wet weight	221	127	34%	0.043	0.26	1.1	0.17	0.066	0.32	1.1	0.19	
Tetrachlorodibenzofuran (Total)	pg/g	wet weight	221	221	62%	0.74	3.4	19.1	2.6	0.74	3.4	19.1	2.6	
Pentachlorodibenzofuran (Total)	pg/g	wet weight	221	165	100%	0.022	0.64	4.4	0.73	0.040	0.81	4.4	0.77	
Hexachlorodibenzofuran (Total)	pg/g	wet weight	221	127	78%	0.011	0.28	2.5	0.36	0.027	0.42	2.5	0.42	
Heptachlorodibenzofuran (Total)	pg/g	wet weight	221	25	61%	0.0092	0.062	0.21	0.046	0.043	0.099	0.19	0.042	
Dioxin/furan TEQ, bird, WHO98	pg/g	wet weight	221	221	14%	0.36	2.6	10.6	1.8	0.36	2.6	10.6	1.8	
Dioxin/furan TEQ, Fish, WHO98	pg/g	wet weight	221	221	100%	0.078	0.46	1.7	0.26	0.078	0.46	1.7	0.26	
Dioxin/furan TEQ, mammals, WHO05	pg/g	wet weight	221	221	100%	0.085	0.52	2.0	0.30	0.085	0.52	2.0	0.30	
PCB Congeners														
2-Monochlorobiphenyl (PCB-1)	pg/g	wet weight	221	1	99%	1.2	2.5	6.3	2.1	2.9	2.9	2.9	--	
3-Monochlorobiphenyl (PCB-2)	pg/g	wet weight	221	0	0%	1.2	1.5	2.5	0.36	--	--	--	--	
4-Monochlorobiphenyl (PCB-3)	pg/g	wet weight	221	0	0%	1.2	2.5	6.3	2.1	--	--	--	--	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results			% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect	% Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)														
2,2'-Dichlorobiphenyl (PCB-4)	pg/g	wet weight	221	5	0%	2.3	5.1	14.4	4.3	3.6	7.7	14.4	4.4	
2,3-Dichlorobiphenyl (PCB-5)	pg/g	wet weight	221	0	2%	2.3	4.5	10.0	3.3	--	--	--	--	
2,3'-Dichlorobiphenyl (PCB-6)	pg/g	wet weight	221	0	0%	2.3	4.5	10.0	3.3	--	--	--	--	
2,4-Dichlorobiphenyl (PCB-7)	pg/g	wet weight	221	0	0%	2.3	4.5	10.0	3.3	--	--	--	--	
2,4'-Dichlorobiphenyl (PCB-8)	pg/g	wet weight	221	43	0%	2.3	6.0	18.0	4.2	3.9	7.8	18.0	2.6	
2,5-Dichlorobiphenyl (PCB-9)	pg/g	wet weight	221	0	20%	2.3	4.5	10.0	3.3	--	--	--	--	
2,6-Dichlorobiphenyl (PCB-10)	pg/g	wet weight	221	0	0%	2.3	4.5	10.0	3.3	--	--	--	--	
3,3'-Dichlorobiphenyl (PCB-11)	pg/g	wet weight	221	121	0%	2.3	17.0	190	23.5	3.9	25.0	190	29.1	
Coelution of PCB-12 and 13	pg/g	wet weight	221	0	58%	2.3	5.1	12.5	4.2	--	--	--	--	
3,5-Dichlorobiphenyl (PCB-14)	pg/g	wet weight	221	0	0%	2.3	5.1	12.5	4.2	--	--	--	--	
4,4'-Dichlorobiphenyl (PCB-15)	pg/g	wet weight	221	12	0%	2.3	5.5	25.1	4.5	5.0	10.8	25.1	5.4	
2,2',3-Trichlorobiphenyl (PCB-16)	pg/g	wet weight	221	194	7%	1.2	9.5	42.2	6.6	2.4	10.4	42.2	6.5	
2,2',4-Trichlorobiphenyl (PCB-17)	pg/g	wet weight	221	217	89%	1.2	15.5	80.0	12.4	2.9	15.8	80.0	12.4	
Coelution of PCB-18 and 30	pg/g	wet weight	221	214	98%	4.1	32.0	175	25.1	4.1	32.0	175	25.1	
2,2',6-Trichlorobiphenyl (PCB-19)	pg/g	wet weight	221	65	97%	1.2	3.5	19.7	2.9	1.2	5.2	19.7	3.4	
Coelution of PCB-20 and 28	pg/g	wet weight	221	218	29%	19.8	128	701	102	24.2	129	701	102	
Coelution of PCB-21 and 33	pg/g	wet weight	221	193	99%	1.2	14.6	72.9	11.7	3.3	16.3	72.9	11.5	
2,3,4'-Trichlorobiphenyl (PCB-22)	pg/g	wet weight	221	211	88%	3.0	20.4	88.0	14.7	3.1	21.1	88.0	14.6	
2,3,5-Trichlorobiphenyl (PCB-23)	pg/g	wet weight	221	0	95%	1.2	2.5	6.3	2.1	--	--	--	--	
2,3,6-Trichlorobiphenyl (PCB-24)	pg/g	wet weight	221	2	0%	0.46	2.5	6.3	2.1	0.46	1.0	1.6	0.77	
2,3',4-Trichlorobiphenyl (PCB-25)	pg/g	wet weight	221	191	1%	1.2	5.8	27.2	4.3	2.5	6.2	27.2	4.4	
Coelution of PCB-26 and 29	pg/g	wet weight	221	220	86%	1.2	21.0	83.4	13.3	3.3	21.1	83.4	13.3	
2,3',6-Trichlorobiphenyl (PCB-27)	pg/g	wet weight	221	80	100%	1.2	3.6	19.9	3.0	2.3	5.1	19.9	3.5	
2,4',5-Trichlorobiphenyl (PCB-31)	pg/g	wet weight	221	215	36%	14.0	77.0	372	55.1	16.0	79.0	372	55.0	
2,4',6-Trichlorobiphenyl (PCB-32)	pg/g	wet weight	221	141	97%	1.2	5.0	30.3	4.0	2.5	6.5	30.3	4.1	
2,3',5'-Trichlorobiphenyl (PCB-34)	pg/g	wet weight	221	8	65%	0.66	2.6	6.3	2.1	0.66	3.4	5.2	1.6	
3,3',4-Trichlorobiphenyl (PCB-35)	pg/g	wet weight	221	0	3%	1.2	2.5	6.3	2.1	--	--	--	--	
3,3',5-Trichlorobiphenyl (PCB-36)	pg/g	wet weight	221	1	0%	0.084	2.5	6.3	2.1	0.084	0.084	0.084	--	
3,4,4'-Trichlorobiphenyl (PCB-37)	pg/g	wet weight	221	190	0%	1.2	11.9	93.3	12.2	3.1	13.4	93.3	12.6	
3,4,5-Trichlorobiphenyl (PCB-38)	pg/g	wet weight	221	3	86%	1.2	2.6	6.3	2.1	2.0	2.6	3.3	0.65	
3,4',5-Trichlorobiphenyl (PCB-39)	pg/g	wet weight	221	10	1%	1.2	2.6	7.9	2.1	2.2	4.0	7.9	1.8	
Coelution of PCB-40, 41, and 71	pg/g	wet weight	221	212	5%	2.5	81.0	802	93.4	3.4	84.0	802	94.0	
2,2',3,4'-Tetrachlorobiphenyl (PCB-42)	pg/g	wet weight	221	221	96%	9.9	70.0	614	79.9	9.9	70.0	614	79.9	
2,2',3,5-Tetrachlorobiphenyl (PCB-43)	pg/g	wet weight	221	161	100%	1.2	7.7	49.1	7.5	2.5	9.1	49.1	8.2	
Coelution of PCB-44, 47, and 65	pg/g	wet weight	221	210	75%	49.6	380	2,350	339	59.4	400	2,350	340	
Coelution of PCB-45 and 51	pg/g	wet weight	221	179	95%	1.2	20.0	148	22.0	2.8	23.0	148	23.3	
2,2',3,6'-Tetrachlorobiphenyl (PCB-46)	pg/g	wet weight	221	127	81%	1.2	6.4	47.9	6.8	1.7	9.0	47.9	7.9	
2,2',4,5-Tetrachlorobiphenyl (PCB-48)	pg/g	wet weight	221	215	56%	3.0	38.0	321	40.8	5.4	39.0	321	41.0	
Coelution of PCB-49 and 69	pg/g	wet weight	221	221	97%	23.3	310	2,000	281	23.3	310	2,000	281	
Coelution of PCB-50 and 53	pg/g	wet weight	221	216	100%	3.1	24.0	141	23.0	3.1	24.0	141	23.1	
2,2',5,5'-Tetrachlorobiphenyl (PCB-52)	pg/g	wet weight	221	221	98%	55.8	590	2,840	413	55.8	590	2,840	413	
2,2',6,6'-Tetrachlorobiphenyl (PCB-54)	pg/g	wet weight	221	0	100%	1.2	2.5	6.3	2.1	--	--	--	--	
2,3,3',4-Tetrachlorobiphenyl (PCB-55)	pg/g	wet weight	221	14	0%	1.2	2.9	43.2	3.6	2.6	8.5	43.2	10.3	
2,3,3',4'-Tetrachlorobiphenyl (PCB-56)	pg/g	wet weight	221	217	6%	3.2	62.0	629	79.3	6.9	63.0	629	79.7	
2,3,3',5-Tetrachlorobiphenyl (PCB-57)	pg/g	wet weight	221	75	98%	1.2	3.1	10.8	2.1	1.3	4.0	10.8	1.7	
2,3,3',5'-Tetrachlorobiphenyl (PCB-58)	pg/g	wet weight	221	26	34%	1.2	3.0	34.4	3.1	1.9	5.7	34.4	6.4	
Coelution of PCB-59, 62, and 75	pg/g	wet weight	221	221	12%	4.5	32.0	234	30.1	4.5	32.0	234	30.1	
2,3,4,4'-Tetrachlorobiphenyl (PCB-60)	pg/g	wet weight	221	221	100%	11.4	87.0	665	97.3	11.4	87.0	665	97.3	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results			% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect	Detected		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)														
Coelution of PCB-61, 70, 74, and 76	pg/g	wet weight	221	220	100%	1.2	730	4,080	587	120	730	4,080	586	
2,3,4',5-Tetrachlorobiphenyl (PCB-63)	pg/g	wet weight	221	220	100%	3.9	28.0	223	28.7	3.9	28.0	223	28.7	
2,3,4',6-Tetrachlorobiphenyl (PCB-64)	pg/g	wet weight	221	220	100%	12.5	170	1,660	194	23.0	170	1,660	194	
2,3',4,4'-Tetrachlorobiphenyl (PCB-66)	pg/g	wet weight	221	220	100%	1.2	500	3,910	538	60.5	500	3,910	538	
2,3',4,5-Tetrachlorobiphenyl (PCB-67)	pg/g	wet weight	221	191	100%	1.2	7.5	37.1	5.4	2.5	8.1	37.1	5.5	
2,3',4,5'-Tetrachlorobiphenyl (PCB-68)	pg/g	wet weight	221	169	87%	2.1	12.0	50.6	8.1	3.3	13.6	50.6	8.3	
2,3',5,5'-Tetrachlorobiphenyl (PCB-72)	pg/g	wet weight	221	220	76%	3.1	17.4	62.3	10.6	3.1	17.4	62.3	10.6	
2,3',5,6-Tetrachlorobiphenyl (PCB-73)	pg/g	wet weight	221	2	100%	1.2	2.5	6.3	2.1	1.8	2.7	3.6	1.2	
3,3',4,4'-Tetrachlorobiphenyl (PCB-77)	pg/g	wet weight	221	221	0%	4.2	26.0	119	19.4	4.2	26.0	119	19.4	
3,3',4,5-Tetrachlorobiphenyl (PCB-78)	pg/g	wet weight	221	0	100%	1.2	2.5	6.3	2.1	--	--	--	--	
3,3',4,5'-Tetrachlorobiphenyl (PCB-79)	pg/g	wet weight	221	214	0%	3.9	16.0	119	15.0	3.9	16.0	119	15.1	
3,3',5,5'-Tetrachlorobiphenyl (PCB-80)	pg/g	wet weight	221	0	97%	1.2	2.5	6.3	2.1	--	--	--	--	
3,4,4',5-Tetrachlorobiphenyl (PCB-81)	pg/g	wet weight	221	29	0%	1.2	2.9	12.6	2.4	1.7	5.3	12.6	2.9	
2,2',3,3',4-Pentachlorobiphenyl (PCB-82)	pg/g	wet weight	221	218	12%	5.0	100	940	133	7.8	100	940	133	
Coelution of PCB-83 and 99	pg/g	wet weight	221	221	99%	342	1,800	10,700	1,600	342	1,800	10,700	1,600	
2,2',3,3',6-Pentachlorobiphenyl (PCB-84)	pg/g	wet weight	221	221	100%	5.8	190	1,210	193	5.8	190	1,210	193	
Coelution of PCB-85, 116, and 117	pg/g	wet weight	221	221	100%	85.4	480	3,100	477	85.4	480	3,100	477	
Coelution of PCB-86, 87, 97, 108, 119, and 125	pg/g	wet weight	221	221	100%	190	1,040	7,080	986	190	1,040	7,080	986	
Coelution of PCB-88 and 91	pg/g	wet weight	221	221	100%	14.5	190	1,160	194	14.5	190	1,160	194	
2,2',3,4,6'-Pentachlorobiphenyl (PCB-89)	pg/g	wet weight	221	159	100%	1.2	7.2	58.9	8.1	2.5	8.6	58.9	9.1	
Coelution of PCB-90, 101, and 113	pg/g	wet weight	221	221	73%	406	2,100	11,800	1,810	406	2,100	11,800	1,810	
2,2',3,5,5'-Pentachlorobiphenyl (PCB-92)	pg/g	wet weight	221	221	100%	66.3	430	1,620	305	66.3	430	1,620	305	
Coelution of PCB-93, 98, 100, and 102	pg/g	wet weight	221	216	100%	4.2	39.0	232	32.9	4.2	39.0	232	32.9	
2,2',3,5,6'-Pentachlorobiphenyl (PCB-94)	pg/g	wet weight	221	78	98%	0.50	3.9	18.1	3.4	0.50	6.3	18.1	4.0	
2,2',3,5',6-Pentachlorobiphenyl (PCB-95)	pg/g	wet weight	221	219	35%	4.9	840	3,600	684	56.6	850	3,600	683	
2,2',3,6,6'-Pentachlorobiphenyl (PCB-96)	pg/g	wet weight	221	82	100%	1.2	4.0	25.7	3.6	1.7	6.1	25.7	4.4	
2,2',4,5',6-Pentachlorobiphenyl (PCB-103)	pg/g	wet weight	221	218	38%	3.2	18.9	69.9	12.3	3.2	19.1	69.9	12.3	
2,2',4,6,6'-Pentachlorobiphenyl (PCB-104)	pg/g	wet weight	221	0	99%	1.2	2.5	6.3	2.1	--	--	--	--	
2,3,3',4,4'-Pentachlorobiphenyl (PCB-105)	pg/g	wet weight	221	219	0%	1.3	730	5,640	733	131	730	5,640	733	
2,3,3',4,5-Pentachlorobiphenyl (PCB-106)	pg/g	wet weight	221	59	100%	1.2	4.9	65.4	8.4	1.7	11.9	65.4	13.8	
Coelution of PCB-107 and 124	pg/g	wet weight	221	220	28%	1.2	50.0	319	42.8	6.6	50.0	319	42.7	
2,3,3',4,6-Pentachlorobiphenyl (PCB-109)	pg/g	wet weight	221	221	100%	42.4	210	1,470	202	42.4	210	1,470	202	
Coelution of PCB-110 and 115	pg/g	wet weight	221	221	100%	25.9	1,900	11,400	1,830	25.9	1,900	11,400	1,830	
2,3,3',5,5'-Pentachlorobiphenyl (PCB-111)	pg/g	wet weight	221	124	100%	1.2	4.2	16.0	2.7	2.5	5.2	16.0	2.5	
2,3,3',5,6-Pentachlorobiphenyl (PCB-112)	pg/g	wet weight	221	0	56%	1.2	2.5	6.3	2.1	--	--	--	--	
2,3,4,4',5-Pentachlorobiphenyl (PCB-114)	pg/g	wet weight	221	220	0%	7.3	47.0	393	50.9	7.3	47.0	393	50.9	
2,3',4,4',5-Pentachlorobiphenyl (PCB-118)	pg/g	wet weight	221	220	100%	5.0	2,100	12,200	1,960	377	2,100	12,200	1,960	
2,3',4,5,5'-Pentachlorobiphenyl (PCB-120)	pg/g	wet weight	221	216	100%	3.3	22.5	82.5	16.4	4.9	22.9	82.5	16.4	
2,3',4,5',6-Pentachlorobiphenyl (PCB-121)	pg/g	wet weight	221	28	99%	1.2	2.7	6.3	2.0	1.8	3.8	6.3	1.0	
2,3,3',4',5-Pentachlorobiphenyl (PCB-122)	pg/g	wet weight	221	150	13%	1.2	8.0	57.5	10.2	1.8	10.8	57.5	11.3	
2,3',4,4',5-Pentachlorobiphenyl (PCB-123)	pg/g	wet weight	221	219	69%	5.0	32.0	233	34.4	5.4	32.0	233	34.5	
3,3',4,4',5-Pentachlorobiphenyl (PCB-126)	pg/g	wet weight	221	189	100%	1.2	7.0	157	11.1	1.7	8.0	157	11.8	
3,3',4,5,5'-Pentachlorobiphenyl (PCB-127)	pg/g	wet weight	221	24	87%	1.2	3.3	49.9	5.4	3.0	13.0	49.9	11.7	
Coelution of PCB-128 and 166	pg/g	wet weight	221	220	11%	1.2	640	5,570	672	96.9	650	5,570	672	
Coelution of PCB-129, 138, 160, and 163	pg/g	wet weight	221	221	100%	716	4,700	52,200	5,650	716	4,700	52,200	5,650	
2,2',3,3',4,5'-Hexachlorobiphenyl (PCB-130)	pg/g	wet weight	221	221	100%	6.3	200	2,130	265	6.3	200	2,130	265	
2,2',3,3',4,6-Hexachlorobiphenyl (PCB-131)	pg/g	wet weight	221	209	100%	1.2	23.0	217	33.2	2.5	24.0	217	33.8	
2,2',3,3',4,6'-Hexachlorobiphenyl (PCB-132)	pg/g	wet weight	221	221	95%	8.0	670	6,460	898	8.0	670	6,460	898	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a				
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD	
PCB Congeners (continued)														
2,2',3,3',5,5'-Hexachlorobiphenyl (PCB-133)	pg/g	wet weight	221	220	100%	1.2	82.0	721	87.8	14.2	82.0	721	87.8	
Coelution of PCB-134 and 143	pg/g	wet weight	221	221	100%	7.0	104	706	109	7.0	104	706	109	
Coelution of PCB-135 and 151	pg/g	wet weight	221	220	100%	5.0	900	8,810	1,010	183	910	8,810	1,010	
2,2',3,3',6,6'-Hexachlorobiphenyl (PCB-136)	pg/g	wet weight	221	221	100%	9.8	170	1,120	158	9.8	170	1,120	158	
2,2',3,4,4',5'-Hexachlorobiphenyl (PCB-137)	pg/g	wet weight	221	221	100%	24.0	160	1,400	177	24.0	160	1,400	177	
Coelution of PCB-139 and 140	pg/g	wet weight	221	221	100%	14.0	83.0	710	88.8	14.0	83.0	710	88.8	
2,2',3,4,5,5'-Hexachlorobiphenyl (PCB-141)	pg/g	wet weight	221	221	100%	94.2	560	6,040	683	94.2	560	6,040	683	
2,2',3,4,5,6'-Hexachlorobiphenyl (PCB-142)	pg/g	wet weight	221	0	100%	1.2	2.5	6.3	2.1	--	--	--	--	
2,2',3,4,5',6'-Hexachlorobiphenyl (PCB-144)	pg/g	wet weight	221	220	0%	5.0	110	1,390	153	18.6	110	1,390	153	
2,2',3,4,6,6'-Hexachlorobiphenyl (PCB-145)	pg/g	wet weight	221	2	100%	1.2	2.5	6.3	2.1	2.7	3.0	3.2	0.31	
2,2',3,4',5,5'-Hexachlorobiphenyl (PCB-146)	pg/g	wet weight	221	221	1%	135	800	8,850	1,020	135	800	8,850	1,020	
Coelution of PCB-147 and 149	pg/g	wet weight	221	221	100%	76.8	2,300	26,100	3,380	76.8	2,300	26,100	3,380	
2,2',3,4',5,6'-Hexachlorobiphenyl (PCB-148)	pg/g	wet weight	221	155	100%	1.2	6.4	30.4	5.0	2.5	8.1	30.4	4.9	
2,2',3,4',6,6'-Hexachlorobiphenyl (PCB-150)	pg/g	wet weight	221	71	71%	1.2	3.3	16.5	2.7	2.2	5.0	16.5	2.9	
2,2',3,5,6,6'-Hexachlorobiphenyl (PCB-152)	pg/g	wet weight	221	10	32%	1.2	2.5	6.7	2.1	2.8	4.2	6.7	1.3	
Coelution of PCB-153 and 168	pg/g	wet weight	221	221	4%	698	4,800	57,100	6,250	698	4,800	57,100	6,250	
2,2',4,4',5,6'-Hexachlorobiphenyl (PCB-154)	pg/g	wet weight	221	220	100%	5.0	57.0	293	44.1	9.9	57.0	293	44.1	
2,2',4,4',6,6'-Hexachlorobiphenyl (PCB-155)	pg/g	wet weight	221	128	100%	1.2	3.9	10.5	2.2	2.5	4.7	10.5	1.6	
Coelution of PCB-156 and 157	pg/g	wet weight	221	220	59%	1.2	360	4,670	481	34.1	370	4,670	482	
2,3,3',4,4',6'-Hexachlorobiphenyl (PCB-158)	pg/g	wet weight	221	220	100%	1.2	370	4,340	508	35.2	370	4,340	508	
2,3,3',4,5,5'-Hexachlorobiphenyl (PCB-159)	pg/g	wet weight	221	198	100%	1.2	24.0	354	37.8	2.6	27.0	354	39.2	
2,3,3',4,5',6'-Hexachlorobiphenyl (PCB-161)	pg/g	wet weight	221	0	90%	1.2	2.5	6.3	2.1	--	--	--	--	
2,3,3',4',5,5'-Hexachlorobiphenyl (PCB-162)	pg/g	wet weight	221	203	0%	1.2	16.0	155	19.4	2.5	18.0	155	19.8	
2,3,3',4',5',6'-Hexachlorobiphenyl (PCB-164)	pg/g	wet weight	221	221	93%	20.1	160	1,380	172	20.1	160	1,380	172	
2,3,3',5,5',6'-Hexachlorobiphenyl (PCB-165)	pg/g	wet weight	221	54	100%	1.2	3.2	18.2	2.9	1.6	5.1	18.2	4.0	
2,3',4,4',5,5'-Hexachlorobiphenyl (PCB-167)	pg/g	wet weight	221	221	25%	15.3	112	702	130	15.3	112	702	130	
3,3',4,4',5,5'-Hexachlorobiphenyl (PCB-169)	pg/g	wet weight	221	161	100%	1.2	6.7	61.5	7.5	2.6	8.6	61.5	8.0	
2,2',3,3',4,4',5'-Heptachlorobiphenyl (PCB-170)	pg/g	wet weight	221	220	74%	4.9	1,000	17,500	1,720	96.3	1,000	17,500	1,720	
Coelution of PCB-171 and 173	pg/g	wet weight	221	221	100%	37.5	310	4,920	490	37.5	310	4,920	490	
2,2',3,3',4,5,5'-Heptachlorobiphenyl (PCB-172)	pg/g	wet weight	221	221	100%	21.5	210	3,730	385	21.5	210	3,730	385	
2,2',3,3',4,5,6'-Heptachlorobiphenyl (PCB-174)	pg/g	wet weight	221	218	100%	5.0	520	7,790	836	10.2	530	7,790	840	
2,2',3,3',4,5',6'-Heptachlorobiphenyl (PCB-175)	pg/g	wet weight	221	221	100%	4.0	36.0	547	56.6	4.0	36.0	547	56.6	
2,2',3,3',4,6,6'-Heptachlorobiphenyl (PCB-176)	pg/g	wet weight	221	217	100%	1.2	59.0	743	92.7	2.5	60.0	743	93.2	
2,2',3,3',4,5',6'-Heptachlorobiphenyl (PCB-177)	pg/g	wet weight	221	221	98%	3.0	500	7,730	839	3.0	500	7,730	839	
2,2',3,3',5,5',6'-Heptachlorobiphenyl (PCB-178)	pg/g	wet weight	221	221	100%	33.0	200	1,700	222	33.0	200	1,700	222	
2,2',3,3',5,6,6'-Heptachlorobiphenyl (PCB-179)	pg/g	wet weight	221	221	100%	13.0	230	2,480	302	13.0	230	2,480	302	
Coelution of PCB-180 and 193	pg/g	wet weight	221	221	100%	228	2,700	50,700	5,040	228	2,700	50,700	5,040	
2,2',3,4,4',5,6'-Heptachlorobiphenyl (PCB-181)	pg/g	wet weight	221	165	100%	1.2	9.0	105	11.1	2.4	11.0	105	11.9	
2,2',3,4,4',5,6'-Heptachlorobiphenyl (PCB-182)	pg/g	wet weight	221	157	75%	1.2	6.9	55.2	6.7	2.2	8.9	55.2	6.9	
Coelution of PCB-183 and 185	pg/g	wet weight	221	219	73%	1.2	900	15,800	1,610	103	900	15,800	1,620	
2,2',3,4,4',6,6'-Heptachlorobiphenyl (PCB-184)	pg/g	wet weight	221	158	100%	1.2	5.5	16.2	3.4	2.4	6.6	16.2	3.1	
2,2',3,4,5,6,6'-Heptachlorobiphenyl (PCB-186)	pg/g	wet weight	221	2	74%	1.2	2.6	6.9	2.1	4.5	5.7	6.9	1.7	
2,2',3,4',5,5',6'-Heptachlorobiphenyl (PCB-187)	pg/g	wet weight	221	221	1%	105	1,400	20,000	2,100	105	1,400	20,000	2,100	
2,2',3,4',5,6,6'-Heptachlorobiphenyl (PCB-188)	pg/g	wet weight	221	83	100%	1.2	3.3	16.5	2.6	2.0	4.5	16.5	3.0	
2,3,3',4,4',5,5'-Heptachlorobiphenyl (PCB-189)	pg/g	wet weight	221	182	38%	1.2	28.0	573	54.7	2.6	33.0	573	58.7	
2,3,3',4,4',5,6'-Heptachlorobiphenyl (PCB-190)	pg/g	wet weight	221	221	84%	14.3	180	2,750	273	14.3	180	2,750	273	
2,3,3',4,4',5',6'-Heptachlorobiphenyl (PCB-191)	pg/g	wet weight	221	221	100%	2.9	38.0	759	73.5	2.9	38.0	759	73.5	
2,3,3',4,5,5',6'-Heptachlorobiphenyl (PCB-192)	pg/g	wet weight	221	0	100%	1.2	2.5	6.3	2.1	--	--	--	--	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a				
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD	
PCB Congeners (continued)														
2,2',3,3',4,4',5,5'-Octachlorobiphenyl (PCB-194)	pg/g	wet weight	221	218	0%	1.3	460	9,620	959	28.3	470	9,620	964	
2,2',3,3',4,4',5,6'-Octachlorobiphenyl (PCB-195)	pg/g	wet weight	221	219	100%	5.9	170	2,930	293	13.6	170	2,930	294	
2,2',3,3',4,4',5,6'-Octachlorobiphenyl (PCB-196)	pg/g	wet weight	221	221	100%	20.6	250	4,650	482	20.6	250	4,650	482	
2,2',3,3',4,4',6,6'-Octachlorobiphenyl (PCB-197)	pg/g	wet weight	221	201	100%	1.2	21.0	301	33.0	2.4	23.0	301	34.0	
Coelution of PCB-198 and 199	pg/g	wet weight	221	221	93%	59.4	600	10,200	1,130	59.4	600	10,200	1,130	
2,2',3,3',4,5,6,6'-Octachlorobiphenyl (PCB-200)	pg/g	wet weight	221	194	100%	1.2	31.0	519	58.8	3.4	35.0	519	61.8	
2,2',3,3',4,5',6,6'-Octachlorobiphenyl (PCB-201)	pg/g	wet weight	221	221	88%	6.9	58.0	860	97.4	6.9	58.0	860	97.4	
2,2',3,3',5,5',6,6'-Octachlorobiphenyl (PCB-202)	pg/g	wet weight	221	221	100%	16.5	140	1,640	191	16.5	140	1,640	191	
2,2',3,4,4',5,5',6-Octachlorobiphenyl (PCB-203)	pg/g	wet weight	221	221	100%	31.4	470	7,670	826	31.4	470	7,670	826	
2,2',3,4,4',5,6,6'-Octachlorobiphenyl (PCB-204)	pg/g	wet weight	221	3	100%	1.2	2.5	6.3	2.1	3.0	4.1	5.3	1.2	
2,3,3',4,4',5,5',6-Octachlorobiphenyl (PCB-205)	pg/g	wet weight	221	174	1%	1.2	21.0	366	37.1	2.5	26.0	366	40.2	
2,2',3,3',4,4',5,5',6-Nonachlorobiphenyl (PCB-206)	pg/g	wet weight	221	220	79%	6.3	210	3,220	369	10.4	210	3,220	369	
2,2',3,3',4,4',5,6,6'-Nonachlorobiphenyl (PCB-207)	pg/g	wet weight	221	202	100%	1.2	23.0	291	34.9	2.4	25.0	291	35.8	
2,2',3,3',4,5,5',6,6'-Nonachlorobiphenyl (PCB-208)	pg/g	wet weight	221	220	95%	5.0	57.0	708	88.5	5.0	57.0	708	88.6	
Decachlorobiphenyl (PCB-209)	pg/g	wet weight	221	218	100%	2.3	30.0	252	37.1	2.3	31.0	252	37.2	
Monochlorobiphenyl homologs	pg/g	wet weight	221	1	98%	1.2	2.5	6.3	2.1	2.9	2.9	2.9	--	
Dichlorobiphenyl homologs	pg/g	wet weight	221	137	1%	2.3	20.0	234	27.1	3.9	27.0	234	32.0	
Trichlorobiphenyl homologs	pg/g	wet weight	221	221	64%	57.0	340	1,650	255	57.0	340	1,650	255	
Tetrachlorobiphenyl homologs	pg/g	wet weight	221	221	100%	453	3,200	19,700	2,780	453	3,200	19,700	2,780	
Pentachlorobiphenyl homologs	pg/g	wet weight	221	221	100%	2,550	12,500	68,500	10,900	2,550	12,500	68,500	10,900	
Hexachlorobiphenyl homologs	pg/g	wet weight	221	221	100%	3,140	18,000	192,000	21,700	3,140	18,000	192,000	21,700	
Heptachlorobiphenyl homologs	pg/g	wet weight	221	221	100%	1,020	8,000	138,000	13,900	1,020	8,000	138,000	13,900	
Octachlorobiphenyl homologs	pg/g	wet weight	221	221	100%	184	2,200	38,800	4,090	184	2,200	38,800	4,090	
Nonachlorobiphenyl homologs	pg/g	wet weight	221	220	100%	6.3	290	4,210	491	13.9	290	4,210	491	
Total PCBs (reported)	pg/g	wet weight	221	221	100%	9,330	44,000	450,000	51,500	9,330	44,000	450,000	51,500	
PCB congeners TEQ, Bird, WHO98	pg/g	wet weight	221	221	100%	0.61	2.5	19.0	1.9	0.61	2.5	19.0	1.9	
PCB congeners TEQ, Fish, WHO98	pg/g	wet weight	221	221	100%	0.011	0.058	0.86	0.067	0.011	0.058	0.86	0.067	
PCB congeners TEQ, mammals, WHO05	pg/g	wet weight	221	221	100%	0.17	1.0	16.3	1.2	0.17	1.0	16.3	1.2	
PBDEs														
2,2',4-Tribromodiphenyl ether (PBDE-17)	pg/g	wet weight	79	75	100%	1.2	53.0	538	80.3	3.7	56.0	538	81.6	
Coelution of PBDE-28 and 33	pg/g	wet weight	79	78	95%	98.7	730	6,190	1,040	98.7	730	6,190	1,040	
2,2',4,4'-Tetrabromodiphenyl ether (PBDE-47)	pg/g	wet weight	79	79	100%	2,840	26,000	143,000	25,500	2,840	26,000	143,000	25,500	
2,2',4,5'-Tetrabromodiphenyl ether (PBDE-49)	pg/g	wet weight	79	79	100%	114	1,080	3,930	857	114	1,080	3,930	857	
2,3',4,4'-Tetrabromodiphenyl ether (PBDE-66)	pg/g	wet weight	79	78	100%	0.040	380	1,570	367	1.0	380	1,570	367	
2,3',4',6'-Tetrabromodiphenyl ether (PBDE-71)	pg/g	wet weight	79	2	99%	0.025	0.23	4.5	0.77	3.5	3.8	4.2	0.54	
2,2',3,4,4'-Pentabromodiphenyl ether (PBDE-85)	pg/g	wet weight	79	60	0%	0.074	44.0	534	108	0.35	58.0	534	121	
2,2',4,4',5-Pentabromodiphenyl ether (PBDE-99)	pg/g	wet weight	79	64	82%	0.094	5,800	28,100	6,120	29.7	7,100	28,100	6,050	
2,2',4,4',6-Pentabromodiphenyl ether (PBDE-100)	pg/g	wet weight	79	79	82%	535	4,200	15,800	3,370	535	4,200	15,800	3,370	
2,2',3,3',4,4'-Hexabromodiphenyl ether (PBDE-128)	pg/g	wet weight	79	16	100%	0.093	0.64	3.6	0.81	0.51	2.0	3.6	0.88	
2,2',3,4,4',5'-Hexabromodiphenyl ether (PBDE-138)	pg/g	wet weight	79	52	22%	0.056	5.8	70.4	12.7	0.41	8.8	70.4	14.9	
2,2',4,4',5,5'-Hexabromodiphenyl ether (PBDE-153)	pg/g	wet weight	79	79	76%	59.2	690	3,330	635	59.2	690	3,330	635	
2,2',4,4',5,6'-Hexabromodiphenyl ether (PBDE-154)	pg/g	wet weight	79	79	100%	116	1,060	4,320	888	116	1,060	4,320	888	
Coelution of PBDE-171 and 190	pg/g	wet weight	79	16	100%	0.053	0.57	4.0	0.90	0.51	2.1	4.0	1.1	
Coelution of PBDE-183 and 176	pg/g	wet weight	79	51	25%	0.31	12.5	79.5	15.7	1.7	17.9	79.5	17.1	
2,2',3,4,4',6,6'-Heptabromodiphenyl ether (PBDE-184)	pg/g	wet weight	79	78	62%	0.14	9.4	43.0	8.9	0.42	9.6	43.0	8.8	
2,3,3',4,4',5',6-Heptabromodiphenyl ether (PBDE-191)	pg/g	wet weight	79	10	100%	0.045	0.32	4.2	0.61	0.32	1.3	4.2	1.3	
Coelution of PBDE-200 and 203	pg/g	wet weight	79	37	15%	0.11	2.6	14.7	3.0	0.45	4.8	14.7	3.0	
2,2',3,3',4,4',5,5',6-Nonabromodiphenyl ether (PBDE-206)	pg/g	wet weight	79	36	62%	0.65	6.2	72.9	9.8	0.96	11.3	72.9	12.8	
Decabromodiphenyl ether (PBDE-209)	pg/g	wet weight	79	66	53%	17.8	410	5,490	684	36.4	460	5,490	735	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results			% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect			Min	Mean	Max	SD	Min	Mean	Max	SD
PAHs														
2-Methylnaphthalene	µg/kg	wet weight	81	46	0%	0.060	1.6	17.0	2.5	0.44	2.4	17.0	3.1	
Acenaphthene	µg/kg	wet weight	81	32	17%	0.026	0.62	3.6	0.67	0.32	1.2	3.6	0.70	
Acenaphthylene	µg/kg	wet weight	81	29	85%	0.024	1.0	13.0	2.6	0.24	2.6	13.0	3.8	
Anthracene	µg/kg	wet weight	81	11	38%	0.095	2.1	14.5	2.9	0.37	2.6	9.4	2.7	
Benzo[b]fluoranthene	µg/kg	wet weight	81	3	1%	0.070	0.43	3.3	0.49	1.4	2.2	3.3	0.98	
Benzo[k]fluoranthene	µg/kg	wet weight	81	3	7%	0.046	0.31	3.0	0.44	1.1	2.0	3.0	0.95	
Benzo[a]anthracene	µg/kg	wet weight	81	2	25%	0.080	1.8	18.5	3.4	0.43	1.1	1.7	0.90	
Benzo[a]pyrene	µg/kg	wet weight	81	1	2%	0.030	0.18	2.0	0.24	2.0	2.0	2.0	--	
Benzo[g,h,i]perylene	µg/kg	wet weight	81	5	5%	0.029	0.24	3.3	0.43	0.33	1.4	3.3	1.1	
Chrysene	µg/kg	wet weight	81	1	1%	0.10	0.87	4.2	0.95	2.2	2.2	2.2	--	
Dibenzo[a,h]anthracene	µg/kg	wet weight	81	5	3%	0.023	0.21	2.9	0.43	0.30	1.4	2.9	1.0	
Fluoranthene	µg/kg	wet weight	81	2	0%	0.075	0.47	2.3	0.44	1.2	1.3	1.4	0.11	
Fluorene	µg/kg	wet weight	81	52	15%	0.048	0.90	4.0	0.82	0.18	1.2	4.0	0.82	
Indeno[1,2,3-cd]pyrene	µg/kg	wet weight	81	6	0%	0.050	0.37	3.2	0.50	0.33	1.7	3.2	0.99	
Naphthalene	µg/kg	wet weight	81	34	0%	0.040	2.7	39.0	6.1	0.77	5.7	39.0	8.6	
Phenanthrene	µg/kg	wet weight	81	47	0%	0.16	2.8	14.0	3.1	0.39	3.9	14.0	3.5	
Pyrene	µg/kg	wet weight	81	2	84%	0.060	0.41	4.7	0.57	1.1	1.4	1.6	0.33	
High molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	8	99%	0.28	3.2	20.3	4.3	2.0	11.4	20.3	7.3	
Low molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	74	43%	0.78	11.5	75.7	12.9	1.8	12.2	75.7	13.2	
Total Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	74	21%	1.1	16.3	79.0	15.6	2.3	16.9	79.0	16.1	
Pesticides														
2,4'-DDD	µg/kg	wet weight	81	8	74%	0.37	1.6	5.3	1.1	0.94	2.8	5.3	1.7	
2,4'-DDE	µg/kg	wet weight	81	4	9%	0.19	0.89	2.5	0.63	0.84	1.5	2.2	0.77	
2,4'-DDT	µg/kg	wet weight	81	37	5%	0.29	2.2	10.5	2.3	0.29	3.9	10.5	2.4	
4,4'-DDD	µg/kg	wet weight	81	19	83%	0.28	1.3	3.6	0.85	0.61	1.7	3.6	1.1	
4,4'-DDE	µg/kg	wet weight	81	77	30%	1.2	12.1	89.0	12.7	2.1	12.7	89.0	12.8	
4,4'-DDT	µg/kg	wet weight	81	32	99%	0.25	3.1	13.0	3.0	1.5	5.5	13.0	3.2	
Total DDT, DDD, and DDE isomers	µg/kg	wet weight	81	77	53%	3.5	21.0	111	17.3	3.5	22.0	111	17.4	
Aldrin	µg/kg	wet weight	81	11	79%	0.37	2.0	16.0	2.3	0.85	5.4	16.0	4.5	
alpha-Chlordane	µg/kg	wet weight	81	29	14%	0.13	0.84	3.1	0.71	0.19	1.3	3.1	0.84	
gamma-Chlordane	µg/kg	wet weight	81	24	91%	0.13	0.76	3.7	0.58	0.31	1.2	3.7	0.82	
Chlordane	µg/kg	wet weight	81	1	7%	1.7	13.0	55.0	9.0	22.0	22.0	22.0	--	
cis-Nonachlor	µg/kg	wet weight	81	2	1%	0.15	0.73	2.3	0.41	1.4	1.6	1.7	0.21	
delta-BHC	µg/kg	wet weight	81	10	5%	0.10	0.91	5.8	1.1	0.32	2.3	5.8	1.8	
Dieldrin	µg/kg	wet weight	81	10	2%	0.10	0.44	2.1	0.35	0.14	0.63	2.1	0.64	
Endosulfan sulfate	µg/kg	wet weight	56	4	25%	0.27	1.1	2.7	0.77	0.55	0.68	0.84	0.15	
Endrin	µg/kg	wet weight	81	0	7%	0.14	0.51	1.4	0.37	--	--	--	--	
Endrin ketone	µg/kg	wet weight	81	0	1%	0.20	0.80	2.5	0.57	--	--	--	--	
Endrin aldehyde	µg/kg	wet weight	81	1	0%	0.31	1.1	3.1	0.84	0.48	0.48	0.48	--	
Heptachlor epoxide	µg/kg	wet weight	81	9	23%	0.090	0.53	2.1	0.42	0.40	1.2	2.1	0.59	
Heptachlor	µg/kg	wet weight	81	20	43%	0.14	1.1	11.0	1.5	0.30	2.0	11.0	2.4	
Methoxychlor	µg/kg	wet weight	81	0	9%	0.24	0.85	2.4	0.64	--	--	--	--	
Oxychlordane	µg/kg	wet weight	81	17	47%	0.20	1.1	4.5	0.85	0.31	2.1	4.5	1.1	
Toxaphene	µg/kg	wet weight	81	0	5%	7.0	42.0	115	21.9	--	--	--	--	
trans-Nonachlor	µg/kg	wet weight	81	29	0%	0.14	1.1	5.9	1.0	0.51	1.8	5.9	1.3	

Table 5-2. Summary Statistics of Concentrations Measured in the Remainder Portion of Large Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
SVOCs													
1,1'-Biphenyl	µg/kg	wet weight	81	5	100%	0.12	0.48	2.2	0.41	0.42	1.2	2.0	0.70
1,2,4-Trichlorobenzene	µg/kg	wet weight	81	0	7%	3.2	3.2	3.2	0	--	--	--	--
4-Bromophenyl-phenylether	µg/kg	wet weight	81	0	99%	2.1	2.1	2.2	0.011	--	--	--	--
4-Chlorophenyl-phenyl ether	µg/kg	wet weight	81	13	2%	2.3	3.3	9.8	1.9	4.9	6.8	9.8	1.7
Pentachlorophenol	µg/kg	wet weight	81	0	21%	2.3	2.4	9.0	1.1	--	--	--	--
Hexachlorobenzene	µg/kg	wet weight	81	16	17%	0.19	2.8	20.0	3.3	1.6	6.6	20.0	4.9
Hexachlorobutadiene	µg/kg	wet weight	81	0	65%	0.15	1.2	5.0	0.99	--	--	--	--
Hexachloroethane	µg/kg	wet weight	81	0	0%	8.0	8.0	8.0	0	--	--	--	--
bis(2-Ethylhexyl)phthalate	µg/kg	wet weight	81	6	0%	105	140	1,850	196	150	229	280	42.9
Benzyl n-butyl phthalate	µg/kg	wet weight	81	0	5%	105	105	105	0	--	--	--	--
Dibenzofuran	µg/kg	wet weight	81	1	7%	2.2	2.2	4.9	0.30	4.9	4.9	4.9	--
Di-n-butyl phthalate	µg/kg	wet weight	81	2	22%	8.0	890	8,000	1,750	22.0	45.5	69.0	33.2
Di-n-octylphthalate	µg/kg	wet weight	81	19	27%	4.5	15.0	120	23.0	19.0	50.0	120	25.5
Perchlorocyclopentadiene	µg/kg	wet weight	81	0	0	150	158	175	11.6	--	--	--	--

Notes:

^a Concentrations have been rounded to two significant figures for values less than 10, 3 significant figures for values greater than or equal to 10.

SD - standard deviation

Table 5-3. Summary Statistics of Concentrations Measured in Large Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Conventional Parameters													
Fluoride	mg/kg	wet weight	221	0	0%	0.025	0.066	0.25	0.027	--	--	--	--
Lipid	%	wet weight	220	220	100%	1.4	6.5	17.0	3.1	1.4	6.5	17.0	3.1
Solids	%	dry weight	221	221	100%	20.7	28.4	39.6	3.5	20.7	28.4	39.6	3.5
Metals/Metalloids													
Aluminum	mg/kg	dry weight	221	208	94%	0.59	19.0	164	24.2	1.7	20.0	164	24.6
Antimony	mg/kg	dry weight	221	158	71%	0.0018	0.050	4.5	0.30	0.0058	0.070	4.5	0.36
Arsenic	mg/kg	dry weight	221	211	95%	0.054	0.70	5.9	0.95	0.20	0.73	5.9	0.96
Inorganic Arsenic	mg/kg	dry weight	1	1	100%	0.00078	0.00078	0.00078	--	0.00078	0.00078	0.00078	--
Barium	mg/kg	dry weight	221	221	100%	0.85	5.5	37.3	7.2	0.85	5.5	37.3	7.2
Beryllium	mg/kg	dry weight	221	17	8%	0.0010	0.0013	0.010	0.0012	0.0025	0.0050	0.010	0.0021
Bismuth	mg/kg	dry weight	81	42	52%	0.00075	0.0021	0.0075	0.0017	0.0018	0.0034	0.0075	0.0015
Boron	mg/kg	dry weight	81	0	0%	0.050	0.085	0.31	0.049	--	--	--	--
Cadmium	mg/kg	dry weight	221	221	100%	0.014	0.18	2.1	0.29	0.014	0.18	2.1	0.29
Calcium	mg/kg	dry weight	221	221	100%	3,430	24,900	51,500	10,800	3,430	24,900	51,500	10,800
Cerium	mg/kg	dry weight	81	64	79%	0.0013	0.036	0.65	0.083	0.0037	0.045	0.65	0.091
Cesium	mg/kg	dry weight	81	81	100%	0.031	0.11	0.25	0.062	0.031	0.11	0.25	0.062
Chromium	mg/kg	dry weight	221	209	95%	0.020	0.50	12.3	0.93	0.056	0.50	12.3	0.96
Cobalt	mg/kg	dry weight	221	219	99%	0.015	0.11	0.55	0.059	0.036	0.11	0.55	0.059
Copper	mg/kg	dry weight	221	218	99%	0.45	3.2	18.7	2.3	0.98	3.3	18.7	2.2
Dysprosium	mg/kg	dry weight	81	29	36%	0.00075	0.0026	0.031	0.0042	0.0021	0.0058	0.031	0.0057
Erbium	mg/kg	dry weight	81	17	21%	0.00075	0.0014	0.0086	0.0016	0.0022	0.0040	0.0086	0.0019
Europium	mg/kg	dry weight	81	28	35%	0.00050	0.0021	0.0093	0.0022	0.0025	0.0047	0.0093	0.0020
Gadolinium	mg/kg	dry weight	81	22	27%	0.0018	0.0046	0.061	0.0077	0.0050	0.012	0.061	0.012
Gallium	mg/kg	dry weight	81	78	96%	0.0018	0.016	0.12	0.013	0.0053	0.016	0.12	0.013
Germanium	mg/kg	dry weight	81	81	100%	0.69	1.7	4.5	0.63	0.69	1.7	4.5	0.63
Gold	mg/kg	dry weight	81	1	1%	0.0075	0.010	0.088	0.0094	0.088	0.088	0.088	--
Holmium	mg/kg	dry weight	81	6	7%	0.00050	0.00065	0.0038	0.00057	0.0015	0.0025	0.0038	0.00088
Indium	mg/kg	dry weight	81	10	12%	0.00075	0.0025	0.090	0.010	0.0025	0.015	0.090	0.027
Iron	mg/kg	dry weight	221	221	100%	19.2	70.0	1,180	97.2	19.2	70.0	1,180	97.2
Lanthanum	mg/kg	dry weight	81	70	86%	0.00075	0.026	0.29	0.045	0.0023	0.030	0.29	0.048
Lead	mg/kg	dry weight	221	220	100%	0.0043	1.0	33.2	3.3	0.012	1.0	33.2	3.3
Lithium	mg/kg	dry weight	81	57	70%	0.075	0.51	1.4	0.36	0.20	0.68	1.4	0.29
Lutetium	mg/kg	dry weight	81	0	0%	0.00050	0.00050	0.00068	0.000020	--	--	--	--
Magnesium	mg/kg	dry weight	221	221	100%	654	1,160	1,670	207	654	1,160	1,670	207
Manganese	mg/kg	dry weight	220	220	100%	0.75	6.6	52.9	6.7	0.75	6.6	52.9	6.7
Mercury	ng/g	dry weight	221	221	100%	80.4	440	1,380	278	80.4	440	1,380	278
Molybdenum	mg/kg	dry weight	221	84	38%	0.0050	0.040	0.36	0.049	0.015	0.078	0.36	0.061
Neodymium	mg/kg	dry weight	81	60	74%	0.0010	0.021	0.28	0.039	0.0035	0.028	0.28	0.043
Nickel	mg/kg	dry weight	221	218	99%	0.10	0.42	1.7	0.22	0.13	0.43	1.7	0.22
Niobium	mg/kg	dry weight	81	5	6%	0.0025	0.0062	0.048	0.0087	0.030	0.038	0.048	0.0089
Potassium	mg/kg	dry weight	221	221	100%	7,330	11,000	16,200	1,410	7,330	11,000	16,200	1,410
Praseodymium	mg/kg	dry weight	81	43	53%	0.00075	0.0059	0.079	0.011	0.0021	0.010	0.079	0.014
Rubidium	mg/kg	dry weight	81	81	100%	6.4	14.4	30.9	5.9	6.4	14.4	30.9	5.9
Samarium	mg/kg	dry weight	81	22	27%	0.0015	0.0046	0.070	0.0087	0.0044	0.013	0.070	0.014
Scandium	mg/kg	dry weight	81	64	79%	0.0065	0.047	0.11	0.026	0.018	0.056	0.11	0.020
Selenium	mg/kg	dry weight	221	216	98%	0.25	1.4	3.1	0.50	0.58	1.4	3.1	0.48
Silver	mg/kg	dry weight	221	112	51%	0.00050	0.0073	0.067	0.0091	0.0017	0.013	0.067	0.0097
Sodium	mg/kg	dry weight	221	221	100%	1,620	3,070	6,030	956	1,620	3,070	6,030	956

Table 5-3. Summary Statistics of Concentrations Measured in Large Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (continued)													
Strontium	mg/kg	dry weight	81	81	100%	11.5	33.8	98.3	21.3	11.5	33.8	98.3	21.3
Tantalum	mg/kg	dry weight	5	0	0%	0.013	0.013	0.013	0	--	--	--	--
Tellurium	mg/kg	dry weight	81	1	1%	0.0075	0.0076	0.020	0.0013	0.020	0.020	0.020	--
Terbium	mg/kg	dry weight	81	3	4%	0.00075	0.00099	0.0080	0.0012	0.0032	0.0048	0.0080	0.0028
Thallium	mg/kg	dry weight	221	197	89%	0.0025	0.073	0.18	0.042	0.0099	0.081	0.18	0.038
Thorium	mg/kg	dry weight	81	35	43%	0.0013	0.0061	0.050	0.0084	0.0035	0.012	0.050	0.010
Thulium	mg/kg	dry weight	60	0	0%	0.00075	0.00075	0.0010	0.000032	--	--	--	--
Tin	mg/kg	dry weight	81	26	32%	0.0025	0.015	0.39	0.048	0.0059	0.041	0.39	0.080
Titanium	mg/kg	dry weight	65	53	82%	0.023	1.2	7.5	1.6	0.086	1.4	7.5	1.6
Tungsten	mg/kg	dry weight	81	7	9%	0.0050	0.021	0.19	0.026	0.043	0.085	0.19	0.050
Uranium	mg/kg	dry weight	221	200	91%	0.00050	0.012	0.075	0.015	0.0015	0.013	0.075	0.015
Vanadium	mg/kg	dry weight	221	144	65%	0.016	0.11	0.89	0.12	0.049	0.16	0.89	0.12
Ytterbium	mg/kg	dry weight	81	5	6%	0.0013	0.0015	0.0083	0.0012	0.0041	0.0058	0.0083	0.0018
Yttrium	mg/kg	dry weight	81	56	69%	0.0015	0.014	0.094	0.018	0.0041	0.019	0.094	0.019
Zinc	mg/kg	dry weight	221	221	100%	24.6	60.0	184	20.3	24.6	60.0	184	20.3
Zirconium	mg/kg	dry weight	79	46	58%	0.0021	0.050	1.1	0.14	0.0036	0.070	1.1	0.18
Dioxins/Furans													
2,3,7,8-Tetrachlorodibenzodioxin	pg/g	wet weight	221	80	36%	0.0074	0.044	0.15	0.028	0.025	0.064	0.15	0.027
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	pg/g	wet weight	221	127	57%	0.0080	0.096	0.55	0.077	0.034	0.13	0.55	0.086
1,2,3,4,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	221	27	12%	0.0088	0.057	0.23	0.043	0.032	0.084	0.23	0.054
1,2,3,6,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	221	82	37%	0.0091	0.10	0.53	0.078	0.032	0.15	0.53	0.089
1,2,3,7,8,9-Hexachlorodibenzodioxin	pg/g	wet weight	221	19	9%	0.0089	0.056	0.17	0.043	0.037	0.078	0.17	0.035
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	pg/g	wet weight	221	145	65%	0.013	0.15	0.56	0.11	0.051	0.19	0.56	0.11
Octachlorodibenzodioxin	pg/g	wet weight	221	113	51%	0.036	0.25	1.8	0.21	0.096	0.36	1.8	0.25
2,3,7,8-Tetrachlorodibenzofuran	pg/g	wet weight	221	221	100%	0.26	1.6	7.3	1.2	0.26	1.6	7.3	1.2
1,2,3,7,8-Pentachlorodibenzofuran	pg/g	wet weight	221	90	41%	0.0080	0.067	0.37	0.052	0.029	0.093	0.37	0.063
2,3,4,7,8-Pentachlorodibenzofuran	pg/g	wet weight	221	124	56%	0.0081	0.098	0.66	0.085	0.036	0.13	0.66	0.098
1,2,3,4,7,8-Hexachlorodibenzofuran	pg/g	wet weight	221	16	7%	0.0043	0.020	0.075	0.014	0.020	0.035	0.069	0.015
1,2,3,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	221	80	36%	0.0052	0.049	0.52	0.060	0.020	0.091	0.52	0.082
1,2,3,7,8,9-Hexachlorodibenzofuran	pg/g	wet weight	221	1	0%	0.0057	0.025	0.11	0.018	0.033	0.033	0.033	--
2,3,4,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	221	20	9%	0.0052	0.028	0.34	0.037	0.023	0.093	0.34	0.093
1,2,3,4,6,7,8-Heptachlorodibenzofuran	pg/g	wet weight	221	34	15%	0.0059	0.033	0.27	0.027	0.023	0.054	0.15	0.027
1,2,3,4,7,8,9-Heptachlorodibenzofuran	pg/g	wet weight	221	1	0%	0.0059	0.024	0.10	0.017	0.055	0.055	0.055	--
Octachlorodibenzofuran	pg/g	wet weight	221	32	15%	0.0089	0.057	0.29	0.046	0.034	0.075	0.29	0.056
Tetrachlorodibenzodioxin (Total)	pg/g	wet weight	221	41	18%	0.0074	0.052	0.62	0.077	0.038	0.16	0.62	0.13
Pentachlorodibenzodioxin (Total)	pg/g	wet weight	221	79	35%	0.0080	0.083	0.77	0.084	0.032	0.15	0.77	0.11
Hexachlorodibenzodioxin (Total)	pg/g	wet weight	221	74	34%	0.0089	0.11	1.1	0.11	0.039	0.19	1.1	0.15
Heptachlorodibenzodioxin (Total)	pg/g	wet weight	221	137	62%	0.019	0.18	0.79	0.13	0.053	0.23	0.79	0.13
Tetrachlorodibenzofuran (Total)	pg/g	wet weight	221	221	100%	0.46	2.5	15.7	2.1	0.46	2.5	15.7	2.1
Pentachlorodibenzofuran (Total)	pg/g	wet weight	221	173	78%	0.013	0.46	4.1	0.58	0.036	0.57	4.1	0.61
Hexachlorodibenzofuran (Total)	pg/g	wet weight	221	135	61%	0.0056	0.19	1.7	0.25	0.022	0.29	1.7	0.28
Heptachlorodibenzofuran (Total)	pg/g	wet weight	221	30	14%	0.0060	0.032	0.15	0.024	0.029	0.061	0.15	0.029
Dioxin/furan TEQ, bird, WHO98	pg/g	wet weight	221	221	100%	0.31	1.9	8.7	1.4	0.31	1.9	8.7	1.4
Dioxin/furan TEQ, Fish, WHO98	pg/g	wet weight	221	221	100%	0.056	0.32	1.5	0.20	0.056	0.32	1.5	0.20
Dioxin/furan TEQ, mammals, WHO05	pg/g	wet weight	221	221	100%	0.066	0.37	1.8	0.24	0.066	0.37	1.8	0.24
PCB Congeners													
2-Monochlorobiphenyl (PCB-1)	pg/g	wet weight	221	1	0%	0.59	1.3	3.5	1.1	3.5	3.5	3.5	--
3-Monochlorobiphenyl (PCB-2)	pg/g	wet weight	221	0	0%	0.59	0.73	1.1	0.17	--	--	--	--

Table 5-3. Summary Statistics of Concentrations Measured in Large Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
4-Monochlorobiphenyl (PCB-3)	pg/g	wet weight	221	0	0%	0.59	1.3	3.1	1.1	--	--	--	--
2,2'-Dichlorobiphenyl (PCB-4)	pg/g	wet weight	221	4	2%	1.2	2.6	13.0	2.2	3.8	7.3	13.0	4.3
2,3-Dichlorobiphenyl (PCB-5)	pg/g	wet weight	221	0	0%	1.2	2.3	5.0	1.7	--	--	--	--
2,3'-Dichlorobiphenyl (PCB-6)	pg/g	wet weight	221	0	0%	1.2	2.3	5.0	1.7	--	--	--	--
2,4-Dichlorobiphenyl (PCB-7)	pg/g	wet weight	221	0	0%	1.2	2.3	5.0	1.7	--	--	--	--
2,4'-Dichlorobiphenyl (PCB-8)	pg/g	wet weight	221	44	20%	1.2	3.4	15.0	2.6	3.4	5.9	15.0	2.5
2,5-Dichlorobiphenyl (PCB-9)	pg/g	wet weight	221	0	0%	1.2	2.3	5.0	1.7	--	--	--	--
2,6-Dichlorobiphenyl (PCB-10)	pg/g	wet weight	221	0	0%	1.2	2.3	5.0	1.7	--	--	--	--
3,3'-Dichlorobiphenyl (PCB-11)	pg/g	wet weight	221	127	58%	1.2	13.0	165	19.2	3.8	19.0	165	23.1
Coelution of PCB-12 and 13	pg/g	wet weight	221	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
3,5-Dichlorobiphenyl (PCB-14)	pg/g	wet weight	221	0	0%	1.2	2.5	6.3	2.1	--	--	--	--
4,4'-Dichlorobiphenyl (PCB-15)	pg/g	wet weight	221	15	7%	1.2	3.0	21.6	2.7	3.9	7.8	21.6	4.4
2,2',3-Trichlorobiphenyl (PCB-16)	pg/g	wet weight	221	196	89%	0.59	7.2	35.1	5.1	1.9	7.9	35.1	5.0
2,2',4-Trichlorobiphenyl (PCB-17)	pg/g	wet weight	221	217	98%	0.59	11.8	68.1	9.7	2.3	12.0	68.1	9.7
Coelution of PCB-18 and 30	pg/g	wet weight	221	214	97%	1.9	24.0	149	19.8	3.0	24.0	149	19.8
2,2',6-Trichlorobiphenyl (PCB-19)	pg/g	wet weight	221	64	29%	0.59	2.2	15.3	2.1	1.9	4.0	15.3	2.7
Coelution of PCB-20 and 28	pg/g	wet weight	221	218	99%	6.7	94.0	497	79.5	15.2	95.0	497	79.4
Coelution of PCB-21 and 33	pg/g	wet weight	221	194	88%	0.59	10.8	57.5	9.1	2.3	12.1	57.5	9.0
2,3,4'-Trichlorobiphenyl (PCB-22)	pg/g	wet weight	221	211	95%	1.7	15.2	74.4	11.7	2.4	15.8	74.4	11.6
2,3,5-Trichlorobiphenyl (PCB-23)	pg/g	wet weight	221	0	0%	0.59	1.3	3.1	1.1	--	--	--	--
2,3,6-Trichlorobiphenyl (PCB-24)	pg/g	wet weight	221	2	1%	0.59	1.3	3.3	1.1	2.4	2.8	3.3	0.63
2,3',4-Trichlorobiphenyl (PCB-25)	pg/g	wet weight	221	191	86%	0.59	4.5	23.5	3.4	1.9	5.0	23.5	3.4
Coelution of PCB-26 and 29	pg/g	wet weight	221	220	100%	0.62	15.7	65.6	10.4	3.1	15.8	65.6	10.4
2,3',6-Trichlorobiphenyl (PCB-27)	pg/g	wet weight	221	80	36%	0.59	2.4	17.1	2.3	1.9	4.1	17.1	2.7
2,4',5-Trichlorobiphenyl (PCB-31)	pg/g	wet weight	221	215	97%	5.2	57.0	318	43.1	10.5	58.0	318	42.9
2,4',6-Trichlorobiphenyl (PCB-32)	pg/g	wet weight	221	143	65%	0.59	3.8	24.7	3.3	1.9	5.3	24.7	3.2
2,3',5'-Trichlorobiphenyl (PCB-34)	pg/g	wet weight	221	7	3%	0.59	1.3	5.3	1.1	2.1	3.4	5.3	1.3
3,3',4-Trichlorobiphenyl (PCB-35)	pg/g	wet weight	221	0	0%	0.59	1.3	3.1	1.1	--	--	--	--
3,3',5-Trichlorobiphenyl (PCB-36)	pg/g	wet weight	221	1	0%	0.59	1.3	3.1	1.1	2.1	2.1	2.1	--
3,4,4'-Trichlorobiphenyl (PCB-37)	pg/g	wet weight	221	191	86%	0.59	9.2	81.7	9.9	2.3	10.4	81.7	10.1
3,4,5-Trichlorobiphenyl (PCB-38)	pg/g	wet weight	221	2	1%	0.59	1.3	3.1	1.1	2.0	2.3	2.5	0.37
3,4',5-Trichlorobiphenyl (PCB-39)	pg/g	wet weight	221	10	5%	0.59	1.4	5.2	1.1	2.0	3.2	5.2	1.1
Coelution of PCB-40, 41, and 71	pg/g	wet weight	221	212	96%	2.0	62.0	627	74.8	2.6	64.0	627	75.4
2,2',3,4'-Tetrachlorobiphenyl (PCB-42)	pg/g	wet weight	221	221	100%	7.2	52.0	481	62.3	7.2	52.0	481	62.3
2,2',3,5-Tetrachlorobiphenyl (PCB-43)	pg/g	wet weight	221	164	75%	0.59	5.6	38.4	5.8	1.8	6.9	38.4	6.3
Coelution of PCB-44, 47, and 65	pg/g	wet weight	221	210	95%	15.8	280	1,850	267	32.2	290	1,850	268
Coelution of PCB-45 and 51	pg/g	wet weight	221	179	81%	0.59	14.0	110	17.1	2.1	17.0	110	17.9
2,2',3,6'-Tetrachlorobiphenyl (PCB-46)	pg/g	wet weight	221	124	56%	0.59	4.7	38.9	5.6	1.8	7.2	38.9	6.4
2,2',4,5-Tetrachlorobiphenyl (PCB-48)	pg/g	wet weight	221	215	97%	2.2	29.0	250	31.8	3.8	30.0	250	31.9
Coelution of PCB-49 and 69	pg/g	wet weight	221	221	100%	24.9	220	1,490	214	24.9	220	1,490	214
Coelution of PCB-50 and 53	pg/g	wet weight	221	216	98%	2.5	18.0	121	18.0	2.8	18.0	121	18.1
2,2',5,5'-Tetrachlorobiphenyl (PCB-52)	pg/g	wet weight	221	221	100%	34.2	420	1,770	309	34.2	420	1,770	309
2,2',6,6'-Tetrachlorobiphenyl (PCB-54)	pg/g	wet weight	221	0	0%	0.59	1.3	3.1	1.1	--	--	--	--
2,3,3',4-Tetrachlorobiphenyl (PCB-55)	pg/g	wet weight	221	13	6%	0.59	1.6	28.5	2.2	1.9	6.0	28.5	7.0
2,3,3',4'-Tetrachlorobiphenyl (PCB-56)	pg/g	wet weight	221	217	98%	2.2	47.0	497	62.5	4.6	48.0	497	62.8
2,3,3',5-Tetrachlorobiphenyl (PCB-57)	pg/g	wet weight	221	74	34%	0.59	2.0	8.1	1.5	1.7	3.3	8.1	1.4
2,3,3',5'-Tetrachlorobiphenyl (PCB-58)	pg/g	wet weight	221	26	12%	0.59	1.7	25.0	2.2	1.6	4.4	25.0	5.2
Coelution of PCB-59, 62, and 75	pg/g	wet weight	221	221	100%	5.1	24.0	183	23.7	5.1	24.0	183	23.7

Table 5-3. Summary Statistics of Concentrations Measured in Large Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PAHs													
2,2',3,3',4,4',5,5',6-Nonabromodiphenyl ether (PBDE-206)	pg/g	wet weight	78	41	53%	0.32	4.8	59.5	7.8	0.64	8.3	59.5	9.5
Decabromodiphenyl ether (PBDE-209)	pg/g	wet weight	78	66	85%	18.6	320	4,050	503	28.5	370	4,050	533
2-Methylnaphthalene	µg/kg	wet weight	81	60	74%	0.063	1.4	16.0	2.4	0.31	1.8	16.0	2.6
Acenaphthene	µg/kg	wet weight	81	69	85%	0.013	0.45	2.2	0.45	0.060	0.52	2.2	0.46
Acenaphthylene	µg/kg	wet weight	81	64	79%	0.012	1.0	13.3	2.6	0.036	1.2	13.3	2.9
Anthracene	µg/kg	wet weight	81	20	25%	0.048	0.77	5.2	0.96	0.15	1.4	5.2	1.3
Benzo[b]fluoranthene	µg/kg	wet weight	81	4	5%	0.035	0.17	1.8	0.26	0.69	1.1	1.8	0.52
Benzo[k]fluoranthene	µg/kg	wet weight	81	4	5%	0.023	0.13	1.7	0.24	0.53	1.0	1.7	0.53
Benzo[a]anthracene	µg/kg	wet weight	81	2	2%	0.040	0.50	4.5	0.83	0.24	0.67	1.1	0.60
Benzo[a]pyrene	µg/kg	wet weight	81	1	1%	0.015	0.070	1.2	0.13	1.2	1.2	1.2	--
Benzo[g,h,i]perylene	µg/kg	wet weight	81	6	7%	0.015	0.10	1.8	0.24	0.17	0.75	1.8	0.58
Chrysene	µg/kg	wet weight	81	1	1%	0.050	0.26	1.4	0.27	1.4	1.4	1.4	--
Dibenzo[a,h]anthracene	µg/kg	wet weight	81	6	7%	0.011	0.090	1.6	0.23	0.15	0.73	1.6	0.52
Fluoranthene	µg/kg	wet weight	81	12	15%	0.038	0.20	1.1	0.20	0.11	0.46	1.1	0.31
Fluorene	µg/kg	wet weight	81	74	91%	0.024	0.64	2.6	0.56	0.093	0.69	2.6	0.56
Indeno[1,2,3-cd]pyrene	µg/kg	wet weight	81	7	9%	0.025	0.16	1.8	0.28	0.18	0.90	1.8	0.53
Naphthalene	µg/kg	wet weight	81	38	47%	0.059	2.5	36.6	6.0	0.52	5.0	36.6	8.1
Phenanthrene	µg/kg	wet weight	81	68	84%	0.080	1.7	8.5	1.7	0.27	2.0	8.5	1.8
Pyrene	µg/kg	wet weight	81	4	5%	0.030	0.16	1.6	0.25	0.41	0.80	1.6	0.55
High molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	17	21%	0.14	1.3	10.1	1.9	0.35	3.2	10.1	3.2
Low molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	80	99%	1.0	8.4	72.1	12.2	1.0	8.5	72.1	12.3
Total Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	81	80	99%	1.3	10.3	75.0	12.9	1.3	10.3	75.0	13.0
Pesticides													
2,4'-DDD	µg/kg	wet weight	81	7	9%	0.18	0.61	5.0	0.67	0.70	2.0	5.0	1.6
2,4'-DDE	µg/kg	wet weight	81	4	5%	0.093	0.32	1.5	0.23	0.56	0.94	1.5	0.45
2,4'-DDT	µg/kg	wet weight	81	67	83%	0.13	1.7	8.4	1.7	0.36	2.0	8.4	1.7
4,4'-DDD	µg/kg	wet weight	81	24	30%	0.14	0.63	2.8	0.60	0.46	1.3	2.8	0.76
4,4'-DDE	µg/kg	wet weight	81	80	99%	0.72	8.8	77.5	10.6	1.2	8.9	77.5	10.6
4,4'-DDT	µg/kg	wet weight	81	43	53%	0.17	2.0	10.3	2.3	0.44	3.3	10.3	2.5
Total DDT, DDD, and DDE isomers	µg/kg	wet weight	81	80	99%	1.3	14.1	91.2	14.0	2.2	14.2	91.2	14.0
Aldrin	µg/kg	wet weight	81	11	14%	0.19	0.87	9.4	1.4	0.66	3.3	9.4	2.6
alpha-Chlordane	µg/kg	wet weight	81	31	38%	0.063	0.40	2.1	0.40	0.16	0.73	2.1	0.47
gamma-Chlordane	µg/kg	wet weight	81	35	43%	0.065	0.44	3.4	0.51	0.24	0.77	3.4	0.63
Chlordane	µg/kg	wet weight	81	1	1%	1.2	4.2	16.4	2.6	16.4	16.4	16.4	--
cis-Nonachlor	µg/kg	wet weight	81	4	5%	0.073	0.27	1.1	0.17	0.52	0.75	1.1	0.25
delta-BHC	µg/kg	wet weight	81	9	3%	0.050	0.34	2.6	0.47	0.23	1.3	2.6	0.80
Dieldrin	µg/kg	wet weight	81	18	22%	0.050	0.19	1.2	0.18	0.13	0.41	1.2	0.27
Endosulfan sulfate	µg/kg	wet weight	56	4	7%	0.13	0.35	0.94	0.20	0.43	0.50	0.57	0.077
Endrin	µg/kg	wet weight	81	0	0%	0.070	0.17	0.49	0.095	--	--	--	--
Endrin ketone	µg/kg	wet weight	81	0	0%	0.098	0.27	0.75	0.15	--	--	--	--
Endrin aldehyde	µg/kg	wet weight	81	1	1%	0.16	0.37	1.1	0.22	0.41	0.41	0.41	--
Heptachlor epoxide	µg/kg	wet weight	81	14	17%	0.045	0.23	1.2	0.23	0.30	0.61	1.2	0.32
Heptachlor	µg/kg	wet weight	81	19	23%	0.068	0.46	5.0	0.68	0.24	1.2	5.0	1.1
Methoxychlor	µg/kg	wet weight	81	0	0%	0.12	0.29	0.84	0.17	--	--	--	--
Oxychlorane	µg/kg	wet weight	81	17	21%	0.098	0.51	2.9	0.57	0.27	1.4	2.9	0.71
Toxaphene	µg/kg	wet weight	81	0	0%	3.4	14.3	34.4	7.8	--	--	--	--
trans-Nonachlor	µg/kg	wet weight	81	35	43%	0.068	0.59	2.7	0.62	0.19	1.1	2.7	0.69

Table 5-3. Summary Statistics of Concentrations Measured in Large Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
SVOCs													
1,1'-Biphenyl	µg/kg	wet weight	81	6	7%	0.063	0.21	1.2	0.19	0.33	0.76	1.2	0.30
1,2,4-Trichlorobenzene	µg/kg	wet weight	81	0	0%	1.6	1.6	1.6	0.0011	--	--	--	--
4-Bromophenyl-phenylether	µg/kg	wet weight	81	2	2%	1.0	1.1	4.0	0.39	3.0	3.5	4.0	0.67
4-Chlorophenyl-phenyl ether	µg/kg	wet weight	81	14	17%	1.2	2.3	9.4	2.3	5.6	7.1	9.4	1.1
Pentachlorophenol	µg/kg	wet weight	81	0	0%	1.1	1.2	2.8	0.25	--	--	--	--
Hexachlorobenzene	µg/kg	wet weight	81	53	65%	0.093	1.9	13.2	2.2	0.54	2.7	13.2	2.3
Hexachlorobutadiene	µg/kg	wet weight	81	0	0%	0.075	0.37	1.7	0.28	--	--	--	--
Hexachloroethane	µg/kg	wet weight	81	0	0%	4.0	4.0	4.0	0	--	--	--	--
bis(2-Ethylhexyl)phthalate	µg/kg	wet weight	81	6	7%	52.5	70.0	531	62.7	155	183	231	27.2
Benzyl n-butyl phthalate	µg/kg	wet weight	81	0	0%	52.5	52.5	52.5	0	--	--	--	--
Dibenzofuran	µg/kg	wet weight	81	2	2%	1.1	1.2	3.8	0.40	3.6	3.7	3.8	0.14
Di-n-butyl phthalate	µg/kg	wet weight	81	22	27%	4.8	300	2,200	501	13.9	220	2,200	451
Di-n-octylphthalate	µg/kg	wet weight	81	20	25%	2.3	8.5	50.6	11.8	10.4	26.8	50.6	10.5
Perchlorocyclopentadiene	µg/kg	wet weight	81	0	0%	75.0	78.9	87.5	5.8	--	--	--	--

Notes:

^a Concentrations have been rounded to two significant figures for values less than 10, 3 significant figures for values greater than or equal to 10.

SD - standard deviation

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Conventional Parameters													
Fluoride	mg/kg	wet weight	25	2	8%	0.050	0.13	0.23	0.044	0.18	0.20	0.23	0.035
Lipid	%	wet weight	31	31	100%	1.8	4.5	6.8	1.5	1.8	4.5	6.8	1.5
Solids	%	dry weight	32	32	100%	20.9	26.8	35.5	3.0	20.9	26.8	35.5	3.0
Metals/Metalloids													
Aluminum	mg/kg	dry weight	32	32	100%	2.5	47.0	230	64.5	2.5	47.0	230	64.5
Antimony	mg/kg	dry weight	32	31	97%	0.0035	0.034	0.22	0.042	0.0080	0.035	0.22	0.043
Arsenic	mg/kg	dry weight	32	30	94%	0.090	0.48	1.0	0.19	0.27	0.51	1.0	0.17
Barium	mg/kg	dry weight	32	32	100%	1.1	4.2	18.9	4.2	1.1	4.2	18.9	4.2
Beryllium	mg/kg	dry weight	32	6	19%	0.0020	0.0031	0.011	0.0025	0.0040	0.0076	0.011	0.0025
Bismuth	mg/kg	dry weight	18	8	44%	0.0015	0.0036	0.0090	0.0026	0.0030	0.0061	0.0090	0.0018
Boron	mg/kg	dry weight	18	3	17%	0.10	0.29	1.0	0.22	0.15	0.33	0.58	0.22
Cadmium	mg/kg	dry weight	32	32	100%	0.032	0.15	0.68	0.12	0.032	0.15	0.68	0.12
Calcium	mg/kg	dry weight	32	32	100%	9,930	24,500	42,900	9,330	9,930	24,500	42,900	9,330
Cerium	mg/kg	dry weight	18	14	78%	0.0025	0.16	0.74	0.26	0.0055	0.20	0.74	0.28
Cesium	mg/kg	dry weight	18	18	100%	0.051	0.10	0.20	0.045	0.051	0.10	0.20	0.045
Chromium	mg/kg	dry weight	32	27	84%	0.040	0.43	2.3	0.53	0.080	0.51	2.3	0.55
Cobalt	mg/kg	dry weight	32	32	100%	0.082	0.14	0.32	0.060	0.082	0.14	0.32	0.060
Copper	mg/kg	dry weight	32	32	100%	1.5	4.0	7.9	2.0	1.5	4.0	7.9	2.0
Dysprosium	mg/kg	dry weight	18	6	33%	0.0015	0.0071	0.030	0.0096	0.0040	0.018	0.030	0.0095
Erbium	mg/kg	dry weight	18	5	28%	0.0015	0.0041	0.015	0.0046	0.0060	0.011	0.015	0.0038
Europium	mg/kg	dry weight	18	6	33%	0.0015	0.0037	0.013	0.0039	0.0023	0.0082	0.013	0.0041
Gadolinium	mg/kg	dry weight	18	6	33%	0.0035	0.013	0.057	0.017	0.0058	0.032	0.057	0.019
Gallium	mg/kg	dry weight	18	18	100%	0.012	0.034	0.092	0.027	0.012	0.034	0.092	0.027
Germanium	mg/kg	dry weight	18	18	100%	1.2	1.8	3.4	0.62	1.2	1.8	3.4	0.62
Gold	mg/kg	dry weight	18	0	0%	0.015	0.018	0.045	0.0083	--	--	--	--
Holmium	mg/kg	dry weight	18	5	28%	0.0010	0.0018	0.0050	0.0014	0.0020	0.0037	0.0050	0.0012
Indium	mg/kg	dry weight	18	3	17%	0.0015	0.0037	0.031	0.0070	0.0040	0.015	0.031	0.014
Iron	mg/kg	dry weight	32	32	100%	24.0	105	503	114	24.0	105	503	114
Lanthanum	mg/kg	dry weight	18	16	89%	0.0015	0.095	0.45	0.15	0.0030	0.11	0.45	0.16
Lead	mg/kg	dry weight	32	30	94%	0.017	0.55	7.4	1.5	0.022	0.59	7.4	1.5
Lithium	mg/kg	dry weight	18	15	83%	0.15	0.71	1.2	0.37	0.30	0.82	1.2	0.29
Lutetium	mg/kg	dry weight	18	0	0%	0.0010	0.0010	0.0010	3E-11	--	--	--	--
Magnesium	mg/kg	dry weight	32	32	100%	1,050	1,310	1,860	228	1,050	1,310	1,860	228
Manganese	mg/kg	dry weight	32	32	100%	1.7	7.6	29.7	7.2	1.7	7.6	29.7	7.2
Mercury	ng/g	dry weight	32	32	100%	37.8	221	494	131	37.8	221	494	131
Molybdenum	mg/kg	dry weight	32	17	53%	0.020	0.056	0.18	0.038	0.027	0.069	0.18	0.042
Neodymium	mg/kg	dry weight	18	14	78%	0.0020	0.071	0.33	0.11	0.0030	0.090	0.33	0.12
Nickel	mg/kg	dry weight	32	32	100%	0.23	0.54	1.0	0.23	0.23	0.54	1.0	0.23
Niobium	mg/kg	dry weight	18	3	17%	0.0050	0.019	0.11	0.026	0.013	0.059	0.11	0.046
Potassium	mg/kg	dry weight	32	32	100%	10,200	12,200	13,900	921	10,200	12,200	13,900	921
Praseodymium	mg/kg	dry weight	18	11	61%	0.0015	0.019	0.090	0.030	0.0030	0.031	0.090	0.033

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (continued)													
Rubidium	mg/kg	dry weight	17	17	100%	9.4	18.7	36.3	8.7	9.4	18.7	36.3	8.7
Samarium	mg/kg	dry weight	18	6	33%	0.0030	0.013	0.057	0.018	0.0075	0.034	0.057	0.019
Scandium	mg/kg	dry weight	18	7	39%	0.029	0.054	0.11	0.031	0.052	0.087	0.11	0.025
Selenium	mg/kg	dry weight	32	31	97%	0.83	1.6	2.5	0.37	0.83	1.6	2.5	0.35
Silver	mg/kg	dry weight	32	18	56%	0.0010	0.0095	0.025	0.0078	0.0020	0.015	0.025	0.0062
Sodium	mg/kg	dry weight	32	32	100%	2,050	2,840	3,810	440	2,050	2,840	3,810	440
Strontium	mg/kg	dry weight	18	18	100%	13.8	35.2	61.2	13.8	13.8	35.2	61.2	13.8
Tellurium	mg/kg	dry weight	18	0	0%	0.015	0.015	0.015	0	--	--	--	--
Terbium	mg/kg	dry weight	18	4	22%	0.0015	0.0022	0.0060	0.0015	0.0030	0.0048	0.0060	0.0013
Thallium	mg/kg	dry weight	32	32	100%	0.032	0.12	0.19	0.043	0.032	0.12	0.19	0.043
Thorium	mg/kg	dry weight	18	12	67%	0.0025	0.021	0.087	0.028	0.0043	0.030	0.087	0.031
Thulium	mg/kg	dry weight	5	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Tin	mg/kg	dry weight	18	2	11%	0.0050	0.026	0.29	0.067	0.015	0.15	0.29	0.19
Titanium	mg/kg	dry weight	12	12	100%	0.11	5.4	14.0	5.9	0.11	5.4	14.0	5.9
Tungsten	mg/kg	dry weight	18	3	17%	0.010	0.032	0.14	0.031	0.030	0.067	0.14	0.064
Uranium	mg/kg	dry weight	32	26	81%	0.0010	0.010	0.078	0.017	0.0017	0.012	0.078	0.018
Vanadium	mg/kg	dry weight	32	25	78%	0.035	0.17	0.66	0.19	0.043	0.21	0.66	0.20
Ytterbium	mg/kg	dry weight	18	5	28%	0.0025	0.0045	0.013	0.0036	0.0050	0.0097	0.013	0.0031
Yttrium	mg/kg	dry weight	18	11	61%	0.0030	0.037	0.17	0.054	0.0050	0.058	0.17	0.061
Zinc	mg/kg	dry weight	32	32	100%	42.5	72.0	125	18.7	42.5	72.0	125	18.7
Zirconium	mg/kg	dry weight	18	14	78%	0.0025	0.14	1.7	0.38	0.017	0.18	1.7	0.43
Dioxins/Furans													
2,3,7,8-Tetrachlorodibenzodioxin	pg/g	wet weight	32	2	6%	0.0090	0.075	0.51	0.11	0.039	0.074	0.11	0.049
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	pg/g	wet weight	32	0	0%	0.022	0.084	0.43	0.11	--	--	--	--
1,2,3,4,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	32	0	0%	0.0063	0.14	0.88	0.19	--	--	--	--
1,2,3,6,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	32	0	0%	0.034	0.14	0.89	0.19	--	--	--	--
1,2,3,7,8,9-Hexachlorodibenzodioxin	pg/g	wet weight	32	1	3%	0.0095	0.14	1.0	0.21	0.0095	0.0095	0.0095	--
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	pg/g	wet weight	32	5	16%	0.047	0.31	4.0	0.70	0.19	1.0	4.0	1.7
Octachlorodibenzodioxin	pg/g	wet weight	32	16	50%	0.038	1.8	36.0	6.3	0.14	2.9	36.0	8.9
2,3,7,8-Tetrachlorodibenzofuran	pg/g	wet weight	32	28	88%	0.21	0.69	2.1	0.40	0.25	0.74	2.1	0.40
1,2,3,7,8-Pentachlorodibenzofuran	pg/g	wet weight	32	1	3%	0.016	0.078	0.40	0.10	0.057	0.057	0.057	--
2,3,4,7,8-Pentachlorodibenzofuran	pg/g	wet weight	32	5	16%	0.024	0.078	0.37	0.095	0.038	0.054	0.073	0.012
1,2,3,4,7,8-Hexachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.018	0.050	0.29	0.061	--	--	--	--
1,2,3,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.023	0.055	0.26	0.057	--	--	--	--
1,2,3,7,8,9-Hexachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.034	0.085	0.41	0.090	--	--	--	--
2,3,4,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.025	0.062	0.30	0.065	--	--	--	--
1,2,3,4,6,7,8-Heptachlorodibenzofuran	pg/g	wet weight	32	3	9%	0.014	0.11	0.54	0.11	0.093	0.28	0.54	0.23
1,2,3,4,7,8,9-Heptachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.019	0.091	0.38	0.089	--	--	--	--
Octachlorodibenzofuran	pg/g	wet weight	32	8	25%	0.016	0.29	2.0	0.44	0.064	0.47	2.0	0.65
Tetrachlorodibenzodioxin (Total)	pg/g	wet weight	32	3	9%	0.0029	0.068	0.51	0.11	0.036	0.069	0.11	0.036
Pentachlorodibenzodioxin (Total)	pg/g	wet weight	32	0	0%	0.022	0.084	0.43	0.11	--	--	--	--

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Dioxins/Furans (continued)													
Hexachlorodibenzodioxin (Total)	pg/g	wet weight	32	4	13%	0.029	0.15	0.93	0.20	0.052	0.18	0.47	0.20
Heptachlorodibenzodioxin (Total)	pg/g	wet weight	32	5	16%	0.047	0.46	7.8	1.4	0.19	2.0	7.8	3.3
Tetrachlorodibenzofuran (Total)	pg/g	wet weight	32	29	91%	0.21	0.91	2.5	0.50	0.32	0.97	2.5	0.49
Pentachlorodibenzofuran (Total)	pg/g	wet weight	32	9	28%	0.021	0.10	0.39	0.098	0.053	0.11	0.19	0.056
Hexachlorodibenzofuran (Total)	pg/g	wet weight	32	3	9%	0.027	0.073	0.32	0.079	0.057	0.15	0.32	0.15
Heptachlorodibenzofuran (Total)	pg/g	wet weight	32	3	9%	0.014	0.15	2.0	0.34	0.095	0.75	2.0	1.0
Dioxin/furan TEQ, bird, WHO98	pg/g	wet weight	32	28	88%	0.24	0.93	2.3	0.41	0.45	0.97	2.3	0.41
Dioxin/furan TEQ, Fish, WHO98	pg/g	wet weight	32	28	88%	0.081	0.29	1.0	0.27	0.12	0.26	1.0	0.26
Dioxin/furan TEQ, mammals, WHO05	pg/g	wet weight	32	28	88%	0.079	0.29	0.90	0.23	0.12	0.27	0.90	0.22
PCB Congeners													
2-Monochlorobiphenyl (PCB-1)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3-Monochlorobiphenyl (PCB-2)	pg/g	wet weight	32	0	0%	1.2	1.4	2.0	0.32	--	--	--	--
4-Monochlorobiphenyl (PCB-3)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,2'-Dichlorobiphenyl (PCB-4)	pg/g	wet weight	32	0	0%	2.4	4.1	11.6	3.2	--	--	--	--
2,3-Dichlorobiphenyl (PCB-5)	pg/g	wet weight	32	0	0%	2.4	4.1	10.0	3.1	--	--	--	--
2,3'-Dichlorobiphenyl (PCB-6)	pg/g	wet weight	32	0	0%	2.4	4.1	10.0	3.1	--	--	--	--
2,4-Dichlorobiphenyl (PCB-7)	pg/g	wet weight	32	0	0%	2.4	4.1	10.0	3.1	--	--	--	--
2,4'-Dichlorobiphenyl (PCB-8)	pg/g	wet weight	32	0	0%	2.4	4.1	11.6	3.2	--	--	--	--
2,5-Dichlorobiphenyl (PCB-9)	pg/g	wet weight	32	0	0%	2.4	4.1	10.0	3.1	--	--	--	--
2,6-Dichlorobiphenyl (PCB-10)	pg/g	wet weight	32	0	0%	2.4	4.1	10.0	3.1	--	--	--	--
3,3'-Dichlorobiphenyl (PCB-11)	pg/g	wet weight	32	9	28%	2.5	6.3	21.4	4.9	4.3	10.0	21.4	6.1
Coelution of PCB-12 and 13	pg/g	wet weight	32	0	0%	2.4	4.1	11.6	3.2	--	--	--	--
3,5-Dichlorobiphenyl (PCB-14)	pg/g	wet weight	32	0	0%	2.4	4.1	11.6	3.2	--	--	--	--
4,4'-Dichlorobiphenyl (PCB-15)	pg/g	wet weight	32	0	0%	2.4	4.1	11.6	3.2	--	--	--	--
2,2',3-Trichlorobiphenyl (PCB-16)	pg/g	wet weight	32	19	59%	1.2	4.7	10.8	2.6	2.7	6.1	10.8	2.2
2,2',4-Trichlorobiphenyl (PCB-17)	pg/g	wet weight	32	23	72%	1.2	6.0	13.8	3.7	2.7	7.2	13.8	3.5
Coelution of PCB-18 and 30	pg/g	wet weight	32	30	94%	1.2	13.0	31.7	8.5	4.3	13.6	31.7	8.4
2,2',6-Trichlorobiphenyl (PCB-19)	pg/g	wet weight	32	2	6%	1.2	2.2	5.8	1.6	3.2	3.4	3.6	0.25
Coelution of PCB-20 and 28	pg/g	wet weight	32	32	100%	16.1	44.0	133	26.1	16.1	44.0	133	26.1
Coelution of PCB-21 and 33	pg/g	wet weight	32	30	94%	1.2	5.6	16.1	2.9	1.9	5.9	16.1	2.8
2,3,4'-Trichlorobiphenyl (PCB-22)	pg/g	wet weight	32	32	100%	1.7	8.4	21.0	4.4	1.7	8.4	21.0	4.4
2,3,5-Trichlorobiphenyl (PCB-23)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,6-Trichlorobiphenyl (PCB-24)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3',4-Trichlorobiphenyl (PCB-25)	pg/g	wet weight	32	12	38%	1.2	2.9	5.8	1.6	2.5	3.4	4.9	0.87
Coelution of PCB-26 and 29	pg/g	wet weight	32	29	91%	1.8	7.0	20.5	4.3	1.8	7.3	20.5	4.4
2,3',6-Trichlorobiphenyl (PCB-27)	pg/g	wet weight	32	4	13%	1.2	2.3	5.8	1.6	2.7	3.2	3.5	0.38
2,4',5-Trichlorobiphenyl (PCB-31)	pg/g	wet weight	32	32	100%	9.8	28.8	85.7	17.6	9.8	28.8	85.7	17.6
2,4',6-Trichlorobiphenyl (PCB-32)	pg/g	wet weight	32	7	22%	1.2	2.4	5.8	1.6	2.5	3.3	5.4	1.1
2,3',5'-Trichlorobiphenyl (PCB-34)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3,3',4-Trichlorobiphenyl (PCB-35)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3,3',5-Trichlorobiphenyl (PCB-36)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
3,4,4'-Trichlorobiphenyl (PCB-37)	pg/g	wet weight	32	26	81%	1.2	5.2	11.0	2.8	3.0	6.0	11.0	2.4
3,4,5-Trichlorobiphenyl (PCB-38)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3,4,5'-Trichlorobiphenyl (PCB-39)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
Coelution of PCB-40, 41, and 71	pg/g	wet weight	32	32	100%	3.6	24.7	91.6	19.5	3.6	24.7	91.6	19.5
2,2',3,4'-Tetrachlorobiphenyl (PCB-42)	pg/g	wet weight	32	32	100%	4.7	22.0	117	21.3	4.7	22.0	117	21.3
2,2',3,5-Tetrachlorobiphenyl (PCB-43)	pg/g	wet weight	32	11	34%	1.2	3.6	11.2	2.5	3.3	5.8	11.2	2.3
Coelution of PCB-44, 47, and 65	pg/g	wet weight	32	25	78%	15.8	109	509	95.8	32.7	130	509	98.5
Coelution of PCB-45 and 51	pg/g	wet weight	32	25	78%	1.7	8.5	24.8	6.8	1.7	9.6	24.8	7.3
2,2',3,6'-Tetrachlorobiphenyl (PCB-46)	pg/g	wet weight	32	11	34%	1.2	3.4	9.0	2.2	2.6	5.0	9.0	2.1
2,2',4,5-Tetrachlorobiphenyl (PCB-48)	pg/g	wet weight	32	31	97%	3.6	13.2	36.7	9.5	3.6	13.5	36.7	9.6
Coelution of PCB-49 and 69	pg/g	wet weight	32	31	97%	11.6	89.0	414	73.0	17.6	91.0	414	72.8
Coelution of PCB-50 and 53	pg/g	wet weight	32	24	75%	1.2	9.2	26.2	7.3	3.0	10.9	26.2	7.7
2,2',5,5'-Tetrachlorobiphenyl (PCB-52)	pg/g	wet weight	32	32	100%	33.1	181	799	146	33.1	181	799	146
2,2',6,6'-Tetrachlorobiphenyl (PCB-54)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,3',4-Tetrachlorobiphenyl (PCB-55)	pg/g	wet weight	32	1	3%	1.2	2.1	5.8	1.6	2.8	2.8	2.8	--
2,3,3',4'-Tetrachlorobiphenyl (PCB-56)	pg/g	wet weight	32	32	100%	3.0	17.7	52.9	11.7	3.0	17.7	52.9	11.7
2,3,3',5-Tetrachlorobiphenyl (PCB-57)	pg/g	wet weight	32	1	3%	1.2	2.1	5.8	1.6	3.5	3.5	3.5	--
2,3,3',5'-Tetrachlorobiphenyl (PCB-58)	pg/g	wet weight	32	1	3%	1.2	2.2	5.8	1.6	4.1	4.1	4.1	--
Coelution of PCB-59, 62, and 75	pg/g	wet weight	32	28	88%	2.9	10.6	47.9	8.8	2.9	11.4	47.9	9.2
2,3,4,4'-Tetrachlorobiphenyl (PCB-60)	pg/g	wet weight	32	32	100%	6.8	21.4	94.5	15.8	6.8	21.4	94.5	15.8
Coelution of PCB-61, 70, 74, and 76	pg/g	wet weight	32	32	100%	52.5	196	869	144	52.5	196	869	144
2,3,4',5-Tetrachlorobiphenyl (PCB-63)	pg/g	wet weight	32	27	84%	1.8	7.6	36.1	5.9	1.8	8.1	36.1	6.3
2,3,4',6-Tetrachlorobiphenyl (PCB-64)	pg/g	wet weight	32	32	100%	12.9	51.0	241	43.6	12.9	51.0	241	43.6
2,3',4,4'-Tetrachlorobiphenyl (PCB-66)	pg/g	wet weight	32	32	100%	30.1	121	580	97.7	30.1	121	580	97.7
2,3',4,5-Tetrachlorobiphenyl (PCB-67)	pg/g	wet weight	32	11	34%	1.2	3.1	5.9	1.8	2.5	4.3	5.9	1.1
2,3',4,5'-Tetrachlorobiphenyl (PCB-68)	pg/g	wet weight	32	22	69%	1.2	4.1	13.2	2.2	2.5	4.7	13.2	2.2
2,3',5,5'-Tetrachlorobiphenyl (PCB-72)	pg/g	wet weight	32	27	84%	1.2	5.6	21.6	3.4	2.6	5.9	21.6	3.6
2,3',5,6-Tetrachlorobiphenyl (PCB-73)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3,3',4,4'-Tetrachlorobiphenyl (PCB-77)	pg/g	wet weight	32	32	100%	4.0	9.2	18.8	4.1	4.0	9.2	18.8	4.1
3,3',4,5-Tetrachlorobiphenyl (PCB-78)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3,3',4,5'-Tetrachlorobiphenyl (PCB-79)	pg/g	wet weight	32	30	94%	2.2	6.1	26.5	4.2	2.2	6.2	26.5	4.3
3,3',5,5'-Tetrachlorobiphenyl (PCB-80)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
3,4,4',5-Tetrachlorobiphenyl (PCB-81)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,2',3,3',4-Pentachlorobiphenyl (PCB-82)	pg/g	wet weight	32	31	97%	1.2	26.0	142	23.3	6.8	27.0	142	23.2
Coelution of PCB-83 and 99	pg/g	wet weight	32	32	100%	118	430	2,130	357	118	430	2,130	357
2,2',3,3',6-Pentachlorobiphenyl (PCB-84)	pg/g	wet weight	32	32	100%	15.6	58.0	177	36.8	15.6	58.0	177	36.8
Coelution of PCB-85, 116, and 117	pg/g	wet weight	32	32	100%	26.6	114	614	104	26.6	114	614	104
Coelution of PCB-86, 87, 97, 108, 119, and 125	pg/g	wet weight	32	32	100%	73.3	280	1,310	211	73.3	280	1,310	211
Coelution of PCB-88 and 91	pg/g	wet weight	32	32	100%	10.7	51.0	211	36.0	10.7	51.0	211	36.0
2,2',3,4,6'-Pentachlorobiphenyl (PCB-89)	pg/g	wet weight	32	8	25%	1.2	2.8	5.8	1.8	3.3	4.1	5.6	0.83
Coelution of PCB-90, 101, and 113	pg/g	wet weight	32	32	100%	146	540	2,450	396	146	540	2,450	396

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,2',3,5,5'-Pentachlorobiphenyl (PCB-92)	pg/g	wet weight	32	31	97%	19.9	112	489	84.2	30.5	115	489	83.9
Coelution of PCB-93, 98, 100, and 102	pg/g	wet weight	32	24	75%	1.2	11.4	34.2	7.2	5.6	13.8	34.2	6.7
2,2',3,5,6'-Pentachlorobiphenyl (PCB-94)	pg/g	wet weight	32	1	3%	1.2	2.1	5.8	1.6	2.6	2.6	2.6	--
2,2',3,5',6-Pentachlorobiphenyl (PCB-95)	pg/g	wet weight	32	32	100%	73.5	245	827	145	73.5	245	827	145
2,2',3,6,6'-Pentachlorobiphenyl (PCB-96)	pg/g	wet weight	32	5	16%	1.2	2.4	5.9	1.7	2.5	3.3	5.9	1.4
2,2',4,5,6'-Pentachlorobiphenyl (PCB-103)	pg/g	wet weight	32	23	72%	1.2	5.7	23.9	4.0	2.4	6.4	23.9	4.4
2,2',4,6,6'-Pentachlorobiphenyl (PCB-104)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,3',4,4'-Pentachlorobiphenyl (PCB-105)	pg/g	wet weight	32	32	100%	45.5	153	715	119	45.5	153	715	119
2,3,3',4,5-Pentachlorobiphenyl (PCB-106)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
Coelution of PCB-107 and 124	pg/g	wet weight	32	31	97%	4.9	14.2	55.5	8.3	6.6	14.5	55.5	8.3
2,3,3',4,6-Pentachlorobiphenyl (PCB-109)	pg/g	wet weight	32	32	100%	15.7	51.0	255	43.3	15.7	51.0	255	43.3
Coelution of PCB-110 and 115	pg/g	wet weight	32	32	100%	142	520	2,290	367	142	520	2,290	367
2,3,3',5,5'-Pentachlorobiphenyl (PCB-111)	pg/g	wet weight	32	3	9%	1.2	2.3	5.8	1.7	3.0	3.9	5.6	1.5
2,3,3',5,6-Pentachlorobiphenyl (PCB-112)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,4,4',5-Pentachlorobiphenyl (PCB-114)	pg/g	wet weight	32	30	94%	3.3	10.2	56.8	9.6	3.3	10.6	56.8	9.8
2,3',4,4',5-Pentachlorobiphenyl (PCB-118)	pg/g	wet weight	32	32	100%	133	440	2,120	354	133	440	2,120	354
2,3',4,5,5'-Pentachlorobiphenyl (PCB-120)	pg/g	wet weight	32	27	84%	2.9	6.8	29.0	5.1	2.9	7.2	29.0	5.5
2,3',4,5',6-Pentachlorobiphenyl (PCB-121)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,3',4',5'-Pentachlorobiphenyl (PCB-122)	pg/g	wet weight	32	2	6%	1.2	2.1	5.8	1.6	3.4	4.0	4.6	0.83
2,3',4,4',5'-Pentachlorobiphenyl (PCB-123)	pg/g	wet weight	32	26	81%	3.2	6.5	29.0	4.4	3.2	6.9	29.0	4.9
3,3',4,4',5-Pentachlorobiphenyl (PCB-126)	pg/g	wet weight	32	3	9%	1.2	2.3	6.2	1.7	2.5	4.1	6.2	1.9
3,3',4,5,5'-Pentachlorobiphenyl (PCB-127)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
Coelution of PCB-128 and 166	pg/g	wet weight	32	32	100%	39.8	159	838	144	39.8	159	838	144
Coelution of PCB-129, 138, 160, and 163	pg/g	wet weight	32	32	100%	274	1,000	4,980	870	274	1,000	4,980	870
2,2',3,3',4,5'-Hexachlorobiphenyl (PCB-130)	pg/g	wet weight	32	32	100%	15.4	50.0	256	41.8	15.4	50.0	256	41.8
2,2',3,3',4,6-Hexachlorobiphenyl (PCB-131)	pg/g	wet weight	32	22	69%	1.2	4.5	17.5	3.0	1.7	5.5	17.5	3.0
2,2',3,3',4,6'-Hexachlorobiphenyl (PCB-132)	pg/g	wet weight	32	32	100%	50.1	145	579	89.2	50.1	145	579	89.2
2,2',3,3',5,5'-Hexachlorobiphenyl (PCB-133)	pg/g	wet weight	32	31	97%	4.9	18.5	92.7	16.6	5.9	19.0	92.7	16.7
Coelution of PCB-134 and 143	pg/g	wet weight	32	30	94%	4.9	25.8	90.3	14.4	10.9	27.1	90.3	13.8
Coelution of PCB-135 and 151	pg/g	wet weight	32	32	100%	61.3	230	1,080	176	61.3	230	1,080	176
2,2',3,3',6,6'-Hexachlorobiphenyl (PCB-136)	pg/g	wet weight	32	32	100%	14.9	50.0	237	38.8	14.9	50.0	237	38.8
2,2',3,4,4',5-Hexachlorobiphenyl (PCB-137)	pg/g	wet weight	32	32	100%	9.4	40.0	198	35.5	9.4	40.0	198	35.5
Coelution of PCB-139 and 140	pg/g	wet weight	32	29	91%	4.9	17.7	87.4	15.7	6.9	19.0	87.4	15.9
2,2',3,4,5,5'-Hexachlorobiphenyl (PCB-141)	pg/g	wet weight	32	32	100%	30.9	134	618	107	30.9	134	618	107
2,2',3,4,5,6-Hexachlorobiphenyl (PCB-142)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,2',3,4,5',6-Hexachlorobiphenyl (PCB-144)	pg/g	wet weight	32	31	97%	4.9	25.0	118	18.9	8.5	26.0	118	18.8
2,2',3,4,6,6'-Hexachlorobiphenyl (PCB-145)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,2',3,4',5,5'-Hexachlorobiphenyl (PCB-146)	pg/g	wet weight	32	32	100%	49.4	181	913	161	49.4	181	913	161
Coelution of PCB-147 and 149	pg/g	wet weight	32	32	100%	173	440	1,490	228	173	440	1,490	228
2,2',3,4',5,6'-Hexachlorobiphenyl (PCB-148)	pg/g	wet weight	32	4	13%	1.2	2.6	9.4	2.1	3.0	5.1	9.4	2.9
2,2',3,4',6,6'-Hexachlorobiphenyl (PCB-150)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,2',3,5,6,6'-Hexachlorobiphenyl (PCB-152)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
Coelution of PCB-153 and 168	pg/g	wet weight	32	32	100%	272	970	4,570	818	272	970	4,570	818
2,2',4,4',5,6'-Hexachlorobiphenyl (PCB-154)	pg/g	wet weight	32	29	91%	3.7	14.6	80.8	14.9	3.7	15.6	80.8	15.4
2,2',4,4',6,6'-Hexachlorobiphenyl (PCB-155)	pg/g	wet weight	32	2	6%	1.2	2.3	5.8	1.7	3.0	4.2	5.4	1.7
Coelution of PCB-156 and 157	pg/g	wet weight	32	32	100%	20.7	68.0	337	63.3	20.7	68.0	337	63.3
2,3,3',4,4',6-Hexachlorobiphenyl (PCB-158)	pg/g	wet weight	32	32	100%	21.9	84.0	470	81.2	21.9	84.0	470	81.2
2,3,3',4,5,5'-Hexachlorobiphenyl (PCB-159)	pg/g	wet weight	32	30	94%	2.0	6.0	20.6	3.3	2.0	6.1	20.6	3.4
2,3,3',4,5',6-Hexachlorobiphenyl (PCB-161)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,3',4',5,5'-Hexachlorobiphenyl (PCB-162)	pg/g	wet weight	32	15	47%	1.2	3.8	15.8	3.1	2.3	5.3	15.8	3.5
2,3,3',4',5',6-Hexachlorobiphenyl (PCB-164)	pg/g	wet weight	32	32	100%	17.1	52.0	280	45.4	17.1	52.0	280	45.4
2,3,3',5,5',6-Hexachlorobiphenyl (PCB-165)	pg/g	wet weight	32	1	3%	1.2	2.1	5.8	1.6	3.1	3.1	3.1	--
2,3',4,4',5,5'-Hexachlorobiphenyl (PCB-167)	pg/g	wet weight	32	32	100%	9.4	22.0	107	17.9	9.4	22.0	107	17.9
3,3',4,4',5,5'-Hexachlorobiphenyl (PCB-169)	pg/g	wet weight	32	9	28%	1.2	2.9	7.9	2.0	1.7	4.2	7.9	1.9
2,2',3,3',4,4',5-Heptachlorobiphenyl (PCB-170)	pg/g	wet weight	32	32	100%	44.1	168	726	145	44.1	168	726	145
Coelution of PCB-171 and 173	pg/g	wet weight	32	31	97%	4.9	57.0	256	49.9	18.8	59.0	256	49.7
2,2',3,3',4,5,5'-Heptachlorobiphenyl (PCB-172)	pg/g	wet weight	32	29	91%	4.9	35.0	148	31.0	11.0	38.0	148	31.0
2,2',3,3',4,5,6'-Heptachlorobiphenyl (PCB-174)	pg/g	wet weight	32	32	100%	32.9	115	432	70.8	32.9	115	432	70.8
2,2',3,3',4,5',6-Heptachlorobiphenyl (PCB-175)	pg/g	wet weight	32	29	91%	3.8	8.1	38.5	6.6	3.8	8.5	38.5	6.8
2,2',3,3',4,6,6'-Heptachlorobiphenyl (PCB-176)	pg/g	wet weight	32	31	97%	4.0	12.2	45.4	7.1	4.0	12.4	45.4	7.1
2,2',3,3',4,5',6'-Heptachlorobiphenyl (PCB-177)	pg/g	wet weight	32	32	100%	31.0	95.0	357	63.0	31.0	95.0	357	63.0
2,2',3,3',5,5',6-Heptachlorobiphenyl (PCB-178)	pg/g	wet weight	32	32	100%	15.9	54.0	304	52.8	15.9	54.0	304	52.8
2,2',3,3',5,6,6'-Heptachlorobiphenyl (PCB-179)	pg/g	wet weight	32	32	100%	23.5	66.0	334	54.3	23.5	66.0	334	54.3
Coelution of PCB-180 and 193	pg/g	wet weight	32	32	100%	101	430	1,910	383	101	430	1,910	383
2,2',3,4,4',5,6-Heptachlorobiphenyl (PCB-181)	pg/g	wet weight	32	5	16%	1.2	2.6	7.0	1.9	3.2	4.8	7.0	1.4
2,2',3,4,4',5,6'-Heptachlorobiphenyl (PCB-182)	pg/g	wet weight	32	5	16%	1.2	2.8	11.7	2.4	2.6	6.0	11.7	3.5
Coelution of PCB-183 and 185	pg/g	wet weight	32	31	97%	4.9	156	712	141	35.9	160	712	140
2,2',3,4,4',6,6'-Heptachlorobiphenyl (PCB-184)	pg/g	wet weight	32	4	13%	1.2	2.6	8.4	2.0	3.2	5.2	8.4	2.3
2,2',3,4,5,6,6'-Heptachlorobiphenyl (PCB-186)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,2',3,4',5,5',6-Heptachlorobiphenyl (PCB-187)	pg/g	wet weight	32	32	100%	85.3	320	1,810	311	85.3	320	1,810	311
2,2',3,4',5,6,6'-Heptachlorobiphenyl (PCB-188)	pg/g	wet weight	32	1	3%	1.2	2.1	5.8	1.6	3.3	3.3	3.3	--
2,3,3',4,4',5,5'-Heptachlorobiphenyl (PCB-189)	pg/g	wet weight	32	18	56%	1.2	4.6	18.4	4.0	2.4	6.5	18.4	4.3
2,3,3',4,4',5,6-Heptachlorobiphenyl (PCB-190)	pg/g	wet weight	32	32	100%	9.7	40.0	196	41.2	9.7	40.0	196	41.2
2,3,3',4,4',5',6-Heptachlorobiphenyl (PCB-191)	pg/g	wet weight	32	28	88%	1.5	7.1	29.8	6.2	2.6	7.5	29.8	6.5
2,3,3',4,5,5',6-Heptachlorobiphenyl (PCB-192)	pg/g	wet weight	32	3	9%	1.2	3.1	28.9	5.3	6.9	16.0	28.9	11.5
2,2',3,3',4,4',5,5'-Octachlorobiphenyl (PCB-194)	pg/g	wet weight	32	32	100%	19.1	66.0	296	62.2	19.1	66.0	296	62.2
2,2',3,3',4,4',5,6-Octachlorobiphenyl (PCB-195)	pg/g	wet weight	32	31	97%	7.2	29.0	165	30.9	7.2	30.0	165	31.2
2,2',3,3',4,4',5,6'-Octachlorobiphenyl (PCB-196)	pg/g	wet weight	32	32	100%	8.9	42.0	211	40.0	8.9	42.0	211	40.0
2,2',3,3',4,4',6,6'-Octachlorobiphenyl (PCB-197)	pg/g	wet weight	32	19	59%	1.2	4.3	18.6	3.7	1.7	5.1	18.6	4.4
Coelution of PCB-198 and 199	pg/g	wet weight	32	32	100%	30.6	115	576	102	30.6	115	576	102
2,2',3,3',4,5,6,6'-Octachlorobiphenyl (PCB-200)	pg/g	wet weight	32	30	94%	2.7	5.9	23.4	3.7	2.7	6.0	23.4	3.9
2,2',3,3',4,5',6,6'-Octachlorobiphenyl (PCB-201)	pg/g	wet weight	32	29	91%	3.4	11.4	56.4	10.3	4.5	12.1	56.4	10.6

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,2',3,3',5,5',6,6'-Octachlorobiphenyl (PCB-202)	pg/g	wet weight	32	32	100%	7.4	31.0	161	29.3	7.4	31.0	161	29.3
2,2',3,4,4',5,5',6-Octachlorobiphenyl (PCB-203)	pg/g	wet weight	32	32	100%	20.9	82.0	430	80.9	20.9	82.0	430	80.9
2,2',3,4,4',5,6,6'-Octachlorobiphenyl (PCB-204)	pg/g	wet weight	32	0	0%	1.2	2.1	5.8	1.6	--	--	--	--
2,3,3',4,4',5,5',6-Octachlorobiphenyl (PCB-205)	pg/g	wet weight	32	18	56%	1.2	4.3	20.8	4.1	1.6	5.8	20.8	4.7
2,2',3,3',4,4',5,5',6-Nonachlorobiphenyl (PCB-206)	pg/g	wet weight	32	32	100%	11.5	30.0	151	27.0	11.5	30.0	151	27.0
2,2',3,3',4,4',5,6,6'-Nonachlorobiphenyl (PCB-207)	pg/g	wet weight	32	21	66%	1.2	4.6	17.8	3.4	2.2	5.3	17.8	3.8
2,2',3,3',4,5,5',6,6'-Nonachlorobiphenyl (PCB-208)	pg/g	wet weight	32	31	97%	4.9	11.0	53.3	9.2	5.0	11.2	53.3	9.3
Decachlorobiphenyl (PCB-209)	pg/g	wet weight	32	29	91%	1.2	6.8	31.9	5.8	2.8	7.4	31.9	5.8
Monochlorobiphenyl homologs	pg/g	wet weight	32	1	3%	0.080	1.9	5.8	1.6	0.080	0.080	0.080	--
Dichlorobiphenyl homologs	pg/g	wet weight	32	9	28%	2.5	6.3	21.4	5.0	4.0	10.0	21.4	6.2
Trichlorobiphenyl homologs	pg/g	wet weight	32	32	100%	37.7	121	337	76.2	37.7	121	337	76.2
Tetrachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	225	920	4,020	708	225	920	4,020	708
Pentachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	840	3,100	14,000	2,270	840	3,100	14,000	2,270
Hexachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	1,080	3,700	17,500	2,940	1,080	3,700	17,500	2,940
Heptachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	383	1,570	7,350	1,340	383	1,570	7,350	1,340
Octachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	94.2	390	1,960	365	94.2	390	1,960	365
Nonachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	13.7	44.0	222	39.8	13.7	44.0	222	39.8
Total PCBs (reported)	pg/g	wet weight	32	32	100%	2,690	9,900	45,400	7,430	2,690	9,900	45,400	7,430
PCB congeners TEQ, Bird, WHO98	pg/g	wet weight	32	32	100%	0.48	0.93	1.7	0.34	0.48	0.93	1.7	0.34
PCB congeners TEQ, Fish, WHO98	pg/g	wet weight	32	32	100%	0.0090	0.017	0.051	0.011	0.0090	0.017	0.051	0.011
PCB congeners TEQ, mammals, WHO05	pg/g	wet weight	32	32	100%	0.17	0.34	0.96	0.23	0.17	0.34	0.96	0.23
PBDEs													
2,2',4-Tribromodiphenyl ether (PBDE-17)	pg/g	wet weight	13	13	100%	2.0	12.6	37.2	8.7	2.0	12.6	37.2	8.7
Coelution of PBDE-28 and 33	pg/g	wet weight	13	13	100%	65.7	138	265	54.8	65.7	138	265	54.8
2,2',4,4'-Tetrabromodiphenyl ether (PBDE-47)	pg/g	wet weight	13	13	100%	2,330	6,000	13,500	3,400	2,330	6,000	13,500	3,400
2,2',4,5'-Tetrabromodiphenyl ether (PBDE-49)	pg/g	wet weight	13	13	100%	82.0	254	538	148	82.0	254	538	148
2,3',4,4'-Tetrabromodiphenyl ether (PBDE-66)	pg/g	wet weight	13	13	100%	1.9	81.0	192	67.3	1.9	81.0	192	67.3
2,3',4',6-Tetrabromodiphenyl ether (PBDE-71)	pg/g	wet weight	13	0	0%	0.022	0.15	0.29	0.10	--	--	--	--
2,2',3,4,4'-Pentabromodiphenyl ether (PBDE-85)	pg/g	wet weight	13	10	77%	0.26	2.8	9.1	2.9	0.47	3.5	9.1	2.9
2,2',4,4',5-Pentabromodiphenyl ether (PBDE-99)	pg/g	wet weight	13	8	62%	2.9	1,200	4,210	1,310	804	1,940	4,210	1,150
2,2',4,4',6-Pentabromodiphenyl ether (PBDE-100)	pg/g	wet weight	13	13	100%	322	950	1,920	519	322	950	1,920	519
2,2',3,3',4,4'-Hexabromodiphenyl ether (PBDE-128)	pg/g	wet weight	13	0	0%	0.093	0.26	0.58	0.16	--	--	--	--
2,2',3,4,4',5'-Hexabromodiphenyl ether (PBDE-138)	pg/g	wet weight	13	6	46%	0.060	1.3	9.3	2.5	0.11	2.6	9.3	3.3
2,2',4,4',5,5'-Hexabromodiphenyl ether (PBDE-153)	pg/g	wet weight	13	13	100%	24.3	214	454	154	24.3	214	454	154
2,2',4,4',5,6'-Hexabromodiphenyl ether (PBDE-154)	pg/g	wet weight	13	13	100%	67.7	238	460	123	67.7	238	460	123
Coelution of PBDE-171 and 190	pg/g	wet weight	13	1	8%	0.067	0.22	1.1	0.28	1.1	1.1	1.1	--
Coelution of PBDE-183 and 176	pg/g	wet weight	13	3	23%	0.40	7.2	42.1	12.6	3.0	23.3	42.1	19.6
2,2',3,4,4',6,6'-Heptabromodiphenyl ether (PBDE-184)	pg/g	wet weight	13	11	85%	0.034	4.5	11.5	4.0	0.50	5.3	11.5	3.8
2,3,3',4,4',5',6-Heptabromodiphenyl ether (PBDE-191)	pg/g	wet weight	13	0	0%	0.058	0.14	0.48	0.12	--	--	--	--
Coelution of PBDE-200 and 203	pg/g	wet weight	13	4	31%	0.15	1.1	4.1	1.3	0.96	2.5	4.1	1.5
2,2',3,3',4,4',5,5',6-Nonabromodiphenyl ether (PBDE-206)	pg/g	wet weight	13	7	54%	1.3	2.8	5.7	1.5	2.1	3.8	5.7	1.3
Decabromodiphenyl ether (PBDE-209)	pg/g	wet weight	13	12	92%	18.1	158	415	108	66.6	170	415	103

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PAHs													
2-Methylnaphthalene	µg/kg	wet weight	13	11	85%	0.32	4.5	27.0	7.0	1.0	5.3	27.0	7.4
Acenaphthene	µg/kg	wet weight	13	11	85%	0.13	0.57	1.4	0.38	0.25	0.64	1.4	0.36
Acenaphthylene	µg/kg	wet weight	13	10	77%	0.047	3.5	28.0	8.0	0.15	4.5	28.0	9.0
Anthracene	µg/kg	wet weight	13	1	8%	0.095	1.1	4.5	1.2	1.7	1.7	1.7	--
Benzo[b]fluoranthene	µg/kg	wet weight	13	0	0%	0.070	0.17	0.35	0.13	--	--	--	--
Benzo[k]fluoranthene	µg/kg	wet weight	13	1	8%	0.046	0.12	0.36	0.11	0.36	0.36	0.36	--
Benzo[a]anthracene	µg/kg	wet weight	13	0	0%	0.080	0.19	0.40	0.15	--	--	--	--
Benzo[a]pyrene	µg/kg	wet weight	13	1	8%	0.031	0.084	0.28	0.079	0.28	0.28	0.28	--
Benzo[g,h,i]perylene	µg/kg	wet weight	13	1	8%	0.029	0.11	0.48	0.14	0.31	0.31	0.31	--
Chrysene	µg/kg	wet weight	13	0	0%	0.10	1.6	9.0	3.2	--	--	--	--
Dibenzo[a,h]anthracene	µg/kg	wet weight	13	0	0%	0.023	0.081	0.47	0.12	--	--	--	--
Fluoranthene	µg/kg	wet weight	13	0	0%	0.075	0.32	1.6	0.42	--	--	--	--
Fluorene	µg/kg	wet weight	13	9	69%	0.048	0.88	4.4	1.2	0.27	1.2	4.4	1.4
Indeno[1,2,3-cd]pyrene	µg/kg	wet weight	13	1	8%	0.050	0.16	0.60	0.18	0.44	0.44	0.44	--
Naphthalene	µg/kg	wet weight	13	8	62%	0.39	7.4	50.0	14.2	0.82	11.6	50.0	17.1
Phenanthrene	µg/kg	wet weight	13	8	62%	0.22	1.6	8.8	2.3	0.44	2.2	8.8	2.9
Pyrene	µg/kg	wet weight	13	0	0%	0.060	0.30	2.2	0.57	--	--	--	--
High molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	13	1	8%	0.28	1.9	9.9	2.7	9.9	9.9	9.9	--
Low molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	13	13	100%	2.2	20.0	121	32.9	2.2	20.0	121	32.9
Total Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	13	13	100%	2.8	23.0	126	34.8	2.8	23.0	126	34.8
Pesticides													
2,4'-DDD	µg/kg	wet weight	13	0	0%	0.37	0.40	0.75	0.11	--	--	--	--
2,4'-DDE	µg/kg	wet weight	13	0	0%	0.19	0.22	0.50	0.098	--	--	--	--
2,4'-DDT	µg/kg	wet weight	13	6	46%	0.080	0.63	1.8	0.52	0.69	1.1	1.8	0.44
4,4'-DDD	µg/kg	wet weight	13	0	0%	0.28	0.30	0.55	0.076	--	--	--	--
4,4'-DDE	µg/kg	wet weight	13	9	69%	0.85	2.1	5.9	1.5	1.1	2.6	5.9	1.6
4,4'-DDT	µg/kg	wet weight	13	5	38%	0.25	0.77	2.5	0.80	0.54	1.6	2.5	0.79
Total DDT, DDD, and DDE isomers	µg/kg	wet weight	13	11	85%	1.0	4.3	11.9	3.0	2.3	4.8	11.9	2.9
Aldrin	µg/kg	wet weight	13	0	0%	0.37	0.51	1.1	0.24	--	--	--	--
alpha-Chlordane	µg/kg	wet weight	13	1	8%	0.13	0.19	0.78	0.18	0.78	0.78	0.78	--
gamma-Chlordane	µg/kg	wet weight	13	0	0%	0.13	0.14	0.26	0.036	--	--	--	--
Chlordane	µg/kg	wet weight	13	0	0%	1.7	3.4	8.0	2.2	--	--	--	--
cis-Nonachlor	µg/kg	wet weight	13	0	0%	0.15	0.16	0.29	0.040	--	--	--	--
delta-BHC	µg/kg	wet weight	13	0	0%	0.10	0.12	0.21	0.039	--	--	--	--
Dieldrin	µg/kg	wet weight	13	1	8%	0.10	0.11	0.20	0.029	0.15	0.15	0.15	--
Endosulfan sulfate	µg/kg	wet weight	8	0	0%	0.27	0.30	0.55	0.10	--	--	--	--
Endrin	µg/kg	wet weight	13	0	0%	0.14	0.15	0.28	0.039	--	--	--	--
Endrin ketone	µg/kg	wet weight	13	0	0%	0.20	0.24	0.55	0.11	--	--	--	--
Endrin aldehyde	µg/kg	wet weight	13	0	0%	0.31	0.34	0.65	0.094	--	--	--	--
Heptachlor epoxide	µg/kg	wet weight	13	3	23%	0.090	0.20	1.1	0.28	0.19	0.52	1.1	0.51
Heptachlor	µg/kg	wet weight	13	1	8%	0.14	0.25	0.50	0.13	0.41	0.41	0.41	--
Methoxychlor	µg/kg	wet weight	13	0	0%	0.24	0.26	0.48	0.067	--	--	--	--
Pesticides (continued)													
Oxychlorane	µg/kg	wet weight	13	0	0%	0.20	0.21	0.39	0.054	--	--	--	--
Toxaphene	µg/kg	wet weight	13	0	0%	10.0	13.9	20.5	3.1	--	--	--	--

Table 5-4. Summary Statistics of Concentrations Measured in Medium Whole and Whole-calculated Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
trans-Nonachlor	µg/kg	wet weight	13	0	0%	0.14	0.25	0.50	0.17	--	--	--	--
SVOCs													
1,1'-Biphenyl	µg/kg	wet weight	13	0	0%	0.18	0.31	0.85	0.18	--	--	--	--
1,2,4-Trichlorobenzene	µg/kg	wet weight	13	0	0%	3.2	3.2	3.2	0	--	--	--	--
4-Bromophenyl-phenylether	µg/kg	wet weight	13	1	8%	2.1	2.2	3.7	0.46	3.7	3.7	3.7	--
4-Chlorophenyl-phenyl ether	µg/kg	wet weight	13	0	0%	2.3	2.3	2.3	0	--	--	--	--
Pentachlorophenol	µg/kg	wet weight	13	0	0%	2.3	2.3	2.3	0	--	--	--	--
Hexachlorobenzene	µg/kg	wet weight	13	5	38%	0.19	1.4	5.0	1.5	1.1	2.8	5.0	1.5
Hexachlorobutadiene	µg/kg	wet weight	13	0	0%	0.15	0.34	1.0	0.26	--	--	--	--
Hexachloroethane	µg/kg	wet weight	13	0	0%	8.0	8.0	8.0	0	--	--	--	--
bis(2-Ethylhexyl)phthalate	µg/kg	wet weight	13	2	15%	105	130	370	73.6	152	260	370	154
Benzyl n-butyl phthalate	µg/kg	wet weight	13	0	0%	105	105	105	0	--	--	--	--
Dibenzofuran	µg/kg	wet weight	13	2	15%	2.2	2.3	3.2	0.30	2.7	3.0	3.2	0.40
Di-n-butyl phthalate	µg/kg	wet weight	13	1	8%	10.0	140	1,210	326	1,210	1,210	1,210	--
Di-n-octylphthalate	µg/kg	wet weight	13	0	0%	4.5	26.0	285	77.8	--	--	--	--
Perchlorocyclopentadiene	µg/kg	wet weight	13	0	0%	175	175	175	0	--	--	--	--

Notes:

^a Concentrations have been rounded to two significant figures for values less than 10, 3 significant figures for values greater than or equal to 10.

SD - standard deviation

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Conventional Parameters													
Fluoride	mg/kg	wet weight	34	1	3%	0.10	0.26	1.6	0.27	0.42	0.42	0.42	--
Lipid	%	wet weight	32	32	100%	1.8	3.4	6.0	0.87	1.8	3.4	6.0	0.87
Solids	%	dry weight	34	34	100%	21.1	24.6	27.6	1.3	21.1	24.6	27.6	1.3
Metals/Metalloids													
Aluminum	mg/kg	dry weight	34	34	100%	9.3	95.0	554	111	9.3	95.0	554	111
Antimony	mg/kg	dry weight	34	25	74%	0.0050	0.098	0.79	0.15	0.016	0.13	0.79	0.17
Arsenic	mg/kg	dry weight	34	33	97%	0.10	0.55	1.3	0.29	0.10	0.56	1.3	0.29
Barium	mg/kg	dry weight	34	34	100%	2.1	8.9	51.2	9.1	2.1	8.9	51.2	9.1
Beryllium	mg/kg	dry weight	34	11	32%	0.0020	0.0045	0.025	0.0049	0.0050	0.0098	0.025	0.0059
Bismuth	mg/kg	dry weight	12	4	33%	0.0015	0.0026	0.0060	0.0018	0.0030	0.0048	0.0060	0.0015
Boron	mg/kg	dry weight	12	2	17%	0.15	0.74	2.4	0.65	0.29	1.3	2.4	1.5
Cadmium	mg/kg	dry weight	34	34	100%	0.058	0.28	1.3	0.22	0.058	0.28	1.3	0.22
Calcium	mg/kg	dry weight	34	34	100%	17,300	34,900	50,800	7,350	17,300	34,900	50,800	7,350
Cerium	mg/kg	dry weight	12	12	100%	0.018	0.30	1.2	0.41	0.018	0.30	1.2	0.41
Cesium	mg/kg	dry weight	12	12	100%	0.057	0.10	0.19	0.038	0.057	0.10	0.19	0.038
Chromium	mg/kg	dry weight	34	34	100%	0.52	3.7	26.1	5.9	0.52	3.7	26.1	5.9
Cobalt	mg/kg	dry weight	34	32	94%	0.092	0.20	0.62	0.12	0.092	0.21	0.62	0.12
Copper	mg/kg	dry weight	34	34	100%	2.1	5.4	12.4	2.7	2.1	5.4	12.4	2.7
Dysprosium	mg/kg	dry weight	12	6	50%	0.0015	0.013	0.047	0.018	0.0030	0.025	0.047	0.019
Erbium	mg/kg	dry weight	12	5	42%	0.0015	0.0078	0.027	0.0099	0.0030	0.017	0.027	0.010
Europium	mg/kg	dry weight	12	5	42%	0.0015	0.0066	0.020	0.0076	0.0040	0.014	0.020	0.0070
Gadolinium	mg/kg	dry weight	12	5	42%	0.0035	0.022	0.079	0.030	0.0090	0.049	0.079	0.030
Gallium	mg/kg	dry weight	12	12	100%	0.014	0.057	0.18	0.057	0.014	0.057	0.18	0.057
Germanium	mg/kg	dry weight	12	12	100%	1.9	2.8	5.0	0.90	1.9	2.8	5.0	0.90
Gold	mg/kg	dry weight	12	1	8%	0.015	0.016	0.021	0.0018	0.021	0.021	0.021	--
Holmium	mg/kg	dry weight	12	4	33%	0.0010	0.0029	0.0090	0.0031	0.0030	0.0067	0.0090	0.0026
Indium	mg/kg	dry weight	12	4	33%	0.0015	0.0050	0.032	0.0088	0.0030	0.012	0.032	0.014
Iron	mg/kg	dry weight	34	34	100%	39.0	180	1,080	227	39.0	180	1,080	227
Lanthanum	mg/kg	dry weight	12	12	100%	0.011	0.16	0.63	0.22	0.011	0.16	0.63	0.22
Lead	mg/kg	dry weight	34	32	94%	0.037	1.0	9.4	1.9	0.041	1.1	9.4	2.0
Lithium	mg/kg	dry weight	12	0	0%	0.15	0.15	0.15	0	--	--	--	--
Lutetium	mg/kg	dry weight	12	3	25%	0.0010	0.0014	0.0030	0.00079	0.0020	0.0027	0.0030	0.00058
Magnesium	mg/kg	dry weight	34	34	100%	1,200	1,590	2,790	296	1,200	1,590	2,790	296
Manganese	mg/kg	dry weight	34	34	100%	4.7	13.5	42.6	10.6	4.7	13.5	42.6	10.6
Mercury	ng/g	dry weight	34	34	100%	56.9	156	546	108	56.9	156	546	108
Molybdenum	mg/kg	dry weight	34	18	53%	0.035	0.16	1.6	0.28	0.060	0.25	1.6	0.36
Neodymium	mg/kg	dry weight	12	12	100%	0.0090	0.13	0.50	0.18	0.0090	0.13	0.50	0.18
Nickel	mg/kg	dry weight	34	33	97%	0.69	2.3	12.8	3.0	0.69	2.3	12.8	3.1
Niobium	mg/kg	dry weight	12	4	33%	0.0050	0.036	0.14	0.049	0.020	0.087	0.14	0.057
Potassium	mg/kg	dry weight	34	34	100%	10,200	12,600	22,600	2,120	10,200	12,600	22,600	2,120
Praseodymium	mg/kg	dry weight	12	10	83%	0.0015	0.035	0.14	0.048	0.0040	0.042	0.14	0.050
Rubidium	mg/kg	dry weight	12	12	100%	10.9	16.8	36.7	7.1	10.9	16.8	36.7	7.1
Samarium	mg/kg	dry weight	12	5	42%	0.0030	0.024	0.093	0.033	0.013	0.054	0.093	0.032
Scandium	mg/kg	dry weight	12	12	100%	0.050	0.092	0.22	0.049	0.050	0.092	0.22	0.049
Selenium	mg/kg	dry weight	34	34	100%	1.0	1.8	3.4	0.51	1.0	1.8	3.4	0.51
Silver	mg/kg	dry weight	34	13	38%	0.0010	0.011	0.095	0.020	0.0050	0.026	0.095	0.027
Sodium	mg/kg	dry weight	34	34	100%	2,200	3,490	5,620	598	2,200	3,490	5,620	598
Strontium	mg/kg	dry weight	12	12	100%	19.5	56.4	86.7	18.0	19.5	56.4	86.7	18.0
Tellurium	mg/kg	dry weight	12	0	0%	0.015	0.015	0.015	0	--	--	--	--
Terbium	mg/kg	dry weight	12	4	33%	0.0015	0.0033	0.010	0.0031	0.0030	0.0070	0.010	0.0029

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
Metals/Metalloids (continued)													
Thallium	mg/kg	dry weight	34	34	100%	0.036	0.14	0.25	0.055	0.036	0.14	0.25	0.055
Thorium	mg/kg	dry weight	12	10	83%	0.0025	0.067	0.35	0.10	0.0060	0.079	0.35	0.11
Thulium	mg/kg	dry weight	8	0	0%	0.0015	0.0015	0.0015	0	--	--	--	--
Tin	mg/kg	dry weight	12	7	58%	0.010	0.14	0.78	0.22	0.030	0.22	0.78	0.27
Titanium	mg/kg	dry weight	12	12	100%	0.54	7.3	25.0	9.6	0.54	7.3	25.0	9.6
Tungsten	mg/kg	dry weight	12	2	17%	0.010	0.033	0.095	0.031	0.090	0.093	0.095	0.0035
Uranium	mg/kg	dry weight	34	33	97%	0.0010	0.021	0.16	0.031	0.0020	0.022	0.16	0.031
Vanadium	mg/kg	dry weight	34	29	85%	0.035	0.36	1.9	0.45	0.062	0.41	1.9	0.47
Ytterbium	mg/kg	dry weight	12	4	33%	0.0025	0.0067	0.020	0.0071	0.0060	0.015	0.020	0.0066
Yttrium	mg/kg	dry weight	12	12	100%	0.0080	0.075	0.25	0.097	0.0080	0.075	0.25	0.097
Zinc	mg/kg	dry weight	34	34	100%	54.1	97.0	185	31.2	54.1	97.0	185	31.2
Zirconium	mg/kg	dry weight	12	12	100%	0.018	0.11	0.31	0.10	0.018	0.11	0.31	0.10
Dioxins/Furans													
2,3,7,8-Tetrachlorodibenzodioxin	pg/g	wet weight	32	0	0%	0.024	0.13	0.49	0.16	--	--	--	--
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	pg/g	wet weight	32	0	0%	0.021	0.13	0.76	0.18	--	--	--	--
1,2,3,4,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	32	1	3%	0.025	0.19	0.94	0.27	0.13	0.13	0.13	--
1,2,3,6,7,8-Hexachlorodibenzodioxin	pg/g	wet weight	32	0	0%	0.026	0.20	0.99	0.29	--	--	--	--
1,2,3,7,8,9-Hexachlorodibenzodioxin	pg/g	wet weight	32	0	0%	0.025	0.20	0.96	0.28	--	--	--	--
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	pg/g	wet weight	32	13	41%	0.040	0.26	1.0	0.27	0.092	0.18	0.36	0.093
Octachlorodibenzodioxin	pg/g	wet weight	32	2	6%	0.22	0.63	1.8	0.46	0.72	1.0	1.3	0.40
2,3,7,8-Tetrachlorodibenzofuran	pg/g	wet weight	32	21	66%	0.088	0.34	1.1	0.22	0.14	0.38	1.1	0.24
1,2,3,7,8-Pentachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.020	0.16	0.89	0.23	--	--	--	--
2,3,4,7,8-Pentachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.018	0.15	0.90	0.23	--	--	--	--
1,2,3,4,7,8-Hexachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.013	0.084	0.52	0.12	--	--	--	--
1,2,3,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	32	2	6%	0.012	0.087	0.52	0.12	0.047	0.068	0.088	0.029
1,2,3,7,8,9-Hexachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.018	0.12	0.73	0.17	--	--	--	--
2,3,4,6,7,8-Hexachlorodibenzofuran	pg/g	wet weight	32	3	9%	0.014	0.098	0.51	0.12	0.090	0.10	0.11	0.012
1,2,3,4,6,7,8-Heptachlorodibenzofuran	pg/g	wet weight	32	3	9%	0.017	0.12	0.77	0.17	0.035	0.048	0.063	0.014
1,2,3,4,7,8,9-Heptachlorodibenzofuran	pg/g	wet weight	32	0	0%	0.017	0.12	0.75	0.18	--	--	--	--
Octachlorodibenzofuran	pg/g	wet weight	32	3	9%	0.040	0.30	1.4	0.40	0.13	0.18	0.24	0.054
Tetrachlorodibenzodioxin (Total)	pg/g	wet weight	32	0	0%	0.024	0.13	0.64	0.18	--	--	--	--
Pentachlorodibenzodioxin (Total)	pg/g	wet weight	32	0	0%	0.021	0.14	0.76	0.18	--	--	--	--
Hexachlorodibenzodioxin (Total)	pg/g	wet weight	32	1	3%	0.025	0.20	0.95	0.28	0.13	0.13	0.13	--
Heptachlorodibenzodioxin (Total)	pg/g	wet weight	32	20	63%	0.087	0.38	1.0	0.28	0.092	0.33	0.87	0.21
Tetrachlorodibenzofuran (Total)	pg/g	wet weight	32	24	75%	0.10	0.48	1.4	0.28	0.28	0.53	1.4	0.30
Pentachlorodibenzofuran (Total)	pg/g	wet weight	32	6	19%	0.019	0.17	0.89	0.22	0.074	0.14	0.22	0.055
Hexachlorodibenzofuran (Total)	pg/g	wet weight	32	6	19%	0.014	0.12	0.56	0.14	0.076	0.16	0.38	0.11
Heptachlorodibenzofuran (Total)	pg/g	wet weight	32	3	9%	0.018	0.12	0.76	0.17	0.035	0.048	0.063	0.014
Dioxin/furan TEQ, bird, WHO98	pg/g	wet weight	32	24	75%	0.11	0.64	2.0	0.45	0.20	0.57	2.0	0.43
Dioxin/furan TEQ, Fish, WHO98	pg/g	wet weight	32	24	75%	0.060	0.35	1.1	0.34	0.089	0.25	1.1	0.26
Dioxin/furan TEQ, mammals, WHO05	pg/g	wet weight	32	24	75%	0.054	0.32	1.0	0.29	0.089	0.23	1.0	0.23
PCB Congeners													
2-Monochlorobiphenyl (PCB-1)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3-Monochlorobiphenyl (PCB-2)	pg/g	wet weight	32	0	0%	2.0	2.0	2.0	0	--	--	--	--
4-Monochlorobiphenyl (PCB-3)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2'-Dichlorobiphenyl (PCB-4)	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--
2,3-Dichlorobiphenyl (PCB-5)	pg/g	wet weight	32	0	0%	9.8	10.0	10.0	0.054	--	--	--	--
2,3'-Dichlorobiphenyl (PCB-6)	pg/g	wet weight	32	0	0%	9.8	10.0	10.0	0.054	--	--	--	--
2,4-Dichlorobiphenyl (PCB-7)	pg/g	wet weight	32	0	0%	9.8	10.0	10.0	0.054	--	--	--	--
2,4'-Dichlorobiphenyl (PCB-8)	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,5-Dichlorobiphenyl (PCB-9)	pg/g	wet weight	32	0	0%	9.8	10.0	10.0	0.054	--	--	--	--
2,6-Dichlorobiphenyl (PCB-10)	pg/g	wet weight	32	0	0%	9.8	10.0	10.0	0.054	--	--	--	--
3,3'-Dichlorobiphenyl (PCB-11)	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--
Coelution of PCB-12 and 13	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--
3,5-Dichlorobiphenyl (PCB-14)	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--
4,4'-Dichlorobiphenyl (PCB-15)	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--
2,2',3-Trichlorobiphenyl (PCB-16)	pg/g	wet weight	32	4	13%	2.6	5.5	10.9	1.8	2.6	4.0	7.0	2.0
2,2',4-Trichlorobiphenyl (PCB-17)	pg/g	wet weight	32	12	38%	2.5	5.3	10.9	2.0	2.5	4.2	7.8	1.7
Coelution of PCB-18 and 30	pg/g	wet weight	32	25	78%	3.9	7.4	14.5	2.4	3.9	7.6	14.5	2.4
2,2',6-Trichlorobiphenyl (PCB-19)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-20 and 28	pg/g	wet weight	32	32	100%	12.5	23.1	39.2	6.8	12.5	23.1	39.2	6.8
Coelution of PCB-21 and 33	pg/g	wet weight	32	21	66%	2.7	5.4	10.9	2.0	2.7	5.0	9.3	1.8
2,3,4'-Trichlorobiphenyl (PCB-22)	pg/g	wet weight	32	27	84%	3.0	6.0	10.9	2.1	3.0	5.8	9.8	1.8
2,3,5-Trichlorobiphenyl (PCB-23)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,6-Trichlorobiphenyl (PCB-24)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3',4-Trichlorobiphenyl (PCB-25)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-26 and 29	pg/g	wet weight	32	17	53%	2.8	5.3	10.9	1.8	2.8	4.7	7.5	1.4
2,3',6-Trichlorobiphenyl (PCB-27)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,4',5-Trichlorobiphenyl (PCB-31)	pg/g	wet weight	32	32	100%	7.0	14.5	25.0	4.3	7.0	14.5	25.0	4.3
2,4',6-Trichlorobiphenyl (PCB-32)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3',5'-Trichlorobiphenyl (PCB-34)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3,3',4-Trichlorobiphenyl (PCB-35)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3,3',5-Trichlorobiphenyl (PCB-36)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3,4,4'-Trichlorobiphenyl (PCB-37)	pg/g	wet weight	32	10	31%	2.6	5.4	10.9	1.9	2.6	4.3	6.5	1.4
3,4,5-Trichlorobiphenyl (PCB-38)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3,4',5-Trichlorobiphenyl (PCB-39)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-40, 41, and 71	pg/g	wet weight	32	26	81%	4.6	9.7	18.1	3.1	4.6	10.1	18.1	3.1
2,2',3,4'-Tetrachlorobiphenyl (PCB-42)	pg/g	wet weight	32	26	81%	4.0	8.5	11.7	2.3	4.0	8.7	11.7	2.3
2,2',3,5-Tetrachlorobiphenyl (PCB-43)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-44, 47, and 65	pg/g	wet weight	32	19	59%	16.8	48.5	93.5	18.3	37.1	55.5	93.5	15.0
Coelution of PCB-45 and 51	pg/g	wet weight	32	7	22%	3.5	5.5	10.9	1.4	4.7	5.9	7.4	1.0
2,2',3,6'-Tetrachlorobiphenyl (PCB-46)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',4,5-Tetrachlorobiphenyl (PCB-48)	pg/g	wet weight	32	21	66%	3.3	6.2	10.9	1.9	3.3	6.1	10.2	1.8
Coelution of PCB-49 and 69	pg/g	wet weight	32	32	100%	19.5	36.6	84.9	15.8	19.5	36.6	84.9	15.8
Coelution of PCB-50 and 53	pg/g	wet weight	32	6	19%	3.1	5.3	10.9	1.5	3.1	4.0	4.5	0.50
2,2',5,5'-Tetrachlorobiphenyl (PCB-52)	pg/g	wet weight	32	32	100%	35.5	84.0	156	31.2	35.5	84.0	156	31.2
2,2',6,6'-Tetrachlorobiphenyl (PCB-54)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',4-Tetrachlorobiphenyl (PCB-55)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',4'-Tetrachlorobiphenyl (PCB-56)	pg/g	wet weight	32	32	100%	3.0	9.8	16.1	3.3	3.0	9.8	16.1	3.3
2,3,3',5-Tetrachlorobiphenyl (PCB-57)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',5'-Tetrachlorobiphenyl (PCB-58)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-59, 62, and 75	pg/g	wet weight	32	20	63%	2.9	5.4	10.9	2.0	2.9	4.8	8.5	1.7
2,3,4,4'-Tetrachlorobiphenyl (PCB-60)	pg/g	wet weight	32	32	100%	6.0	12.2	24.7	4.1	6.0	12.2	24.7	4.1
Coelution of PCB-61, 70, 74, and 76	pg/g	wet weight	32	31	97%	5.0	105	189	38.3	52.0	108	189	34.3
2,3,4',5-Tetrachlorobiphenyl (PCB-63)	pg/g	wet weight	32	23	72%	2.8	5.1	10.9	1.8	2.8	4.8	8.4	1.7
2,3,4',6-Tetrachlorobiphenyl (PCB-64)	pg/g	wet weight	32	32	100%	13.0	23.9	43.8	6.8	13.0	23.9	43.8	6.8
2,3',4,4'-Tetrachlorobiphenyl (PCB-66)	pg/g	wet weight	32	32	100%	31.5	63.0	151	27.7	31.5	63.0	151	27.7
2,3',4,5-Tetrachlorobiphenyl (PCB-67)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3',4,5'-Tetrachlorobiphenyl (PCB-68)	pg/g	wet weight	32	14	44%	2.3	5.0	10.9	1.7	2.8	4.6	7.6	1.3
2,3',5,5'-Tetrachlorobiphenyl (PCB-72)	pg/g	wet weight	32	13	41%	2.8	5.3	10.9	1.7	2.8	4.4	7.2	1.2

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,3',5',6'-Tetrachlorobiphenyl (PCB-73)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3,3',4,4'-Tetrachlorobiphenyl (PCB-77)	pg/g	wet weight	32	28	88%	3.3	6.1	10.9	1.9	3.3	5.9	9.9	1.8
3,3',4,5'-Tetrachlorobiphenyl (PCB-78)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
3,3',4,5'-Tetrachlorobiphenyl (PCB-79)	pg/g	wet weight	32	10	31%	2.9	5.5	10.9	1.8	2.9	4.6	8.0	1.4
3,3',5,5'-Tetrachlorobiphenyl (PCB-80)	pg/g	wet weight	32	1	3%	4.4	5.8	10.9	1.8	4.4	4.4	4.4	--
3,4,4',5'-Tetrachlorobiphenyl (PCB-81)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',3,3',4'-Pentachlorobiphenyl (PCB-82)	pg/g	wet weight	32	26	81%	5.0	15.4	32.9	7.3	8.1	17.6	32.9	6.2
Coelution of PCB-83 and 99	pg/g	wet weight	32	32	100%	118	304	819	162	118	304	819	162
2,2',3,3',6'-Pentachlorobiphenyl (PCB-84)	pg/g	wet weight	32	31	97%	9.6	27.4	44.5	10.4	9.6	27.9	44.5	10.1
Coelution of PCB-85, 116, and 117	pg/g	wet weight	32	32	100%	28.1	73.0	169	35.0	28.1	73.0	169	35.0
Coelution of PCB-86, 87, 97, 108, 119, and 125	pg/g	wet weight	32	32	100%	76.7	167	312	62.7	76.7	167	312	62.7
Coelution of PCB-88 and 91	pg/g	wet weight	32	32	100%	13.7	23.0	35.2	6.3	13.7	23.0	35.2	6.3
2,2',3,4,6'-Pentachlorobiphenyl (PCB-89)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-90, 101, and 113	pg/g	wet weight	32	32	100%	156	328	585	119	156	328	585	119
2,2',3,5,5'-Pentachlorobiphenyl (PCB-92)	pg/g	wet weight	32	32	100%	28.3	69.0	149	30.1	28.3	69.0	149	30.1
Coelution of PCB-93, 98, 100, and 102	pg/g	wet weight	32	10	31%	3.5	6.3	21.8	3.4	3.5	6.4	21.8	5.5
2,2',3,5,6'-Pentachlorobiphenyl (PCB-94)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',3,5',6'-Pentachlorobiphenyl (PCB-95)	pg/g	wet weight	32	32	100%	74.9	124	202	30.0	74.9	124	202	30.0
2,2',3,6,6'-Pentachlorobiphenyl (PCB-96)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',4,5',6'-Pentachlorobiphenyl (PCB-103)	pg/g	wet weight	32	7	22%	2.7	5.5	10.9	1.8	2.7	4.2	7.1	1.5
2,2',4,6,6'-Pentachlorobiphenyl (PCB-104)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',4,4'-Pentachlorobiphenyl (PCB-105)	pg/g	wet weight	32	31	97%	6.6	114	267	58.9	39.8	117	267	56.5
2,3,3',4,5'-Pentachlorobiphenyl (PCB-106)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-107 and 124	pg/g	wet weight	32	25	78%	5.0	10.6	19.8	3.7	5.0	11.5	19.8	3.4
2,3,3',4,6'-Pentachlorobiphenyl (PCB-109)	pg/g	wet weight	32	32	100%	13.5	36.4	84.7	17.9	13.5	36.4	84.7	17.9
Coelution of PCB-110 and 115	pg/g	wet weight	32	32	100%	156	297	481	94.9	156	297	481	94.9
2,3,3',5,5'-Pentachlorobiphenyl (PCB-111)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',5,6'-Pentachlorobiphenyl (PCB-112)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,4,4',5'-Pentachlorobiphenyl (PCB-114)	pg/g	wet weight	32	26	81%	2.6	8.4	17.0	3.6	2.6	8.6	17.0	3.8
2,3',4,4',5'-Pentachlorobiphenyl (PCB-118)	pg/g	wet weight	32	32	100%	111	358	945	190	111	358	945	190
2,3',4,5,5'-Pentachlorobiphenyl (PCB-120)	pg/g	wet weight	32	16	50%	2.8	6.4	12.8	2.4	2.8	6.4	12.8	2.7
2,3',4,5',6'-Pentachlorobiphenyl (PCB-121)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',4',5'-Pentachlorobiphenyl (PCB-122)	pg/g	wet weight	32	6	19%	2.5	18.0	226	49.3	2.5	72.0	226	104
2,3',4,4',5'-Pentachlorobiphenyl (PCB-123)	pg/g	wet weight	32	18	56%	3.5	6.4	10.9	2.0	3.5	6.0	8.5	1.6
3,3',4,4',5'-Pentachlorobiphenyl (PCB-126)	pg/g	wet weight	32	6	19%	2.6	5.3	10.9	1.8	2.6	3.4	4.3	0.70
3,3',4,5,5'-Pentachlorobiphenyl (PCB-127)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-128 and 166	pg/g	wet weight	32	32	100%	40.1	116	307	59.7	40.1	116	307	59.7
Coelution of PCB-129, 138, 160, and 163	pg/g	wet weight	32	32	100%	305	790	1,940	402	305	790	1,940	402
2,2',3,3',4,5'-Hexachlorobiphenyl (PCB-130)	pg/g	wet weight	32	32	100%	15.8	37.2	73.5	15.4	15.8	37.2	73.5	15.4
2,2',3,3',4,6'-Hexachlorobiphenyl (PCB-131)	pg/g	wet weight	32	7	22%	3.1	5.8	10.9	1.9	3.1	5.4	8.7	2.0
2,2',3,3',4,6'-Hexachlorobiphenyl (PCB-132)	pg/g	wet weight	32	32	100%	29.3	97.0	167	38.3	29.3	97.0	167	38.3
2,2',3,3',5,5'-Hexachlorobiphenyl (PCB-133)	pg/g	wet weight	32	30	94%	5.0	14.7	36.8	7.8	5.7	15.3	36.8	7.6
Coelution of PCB-134 and 143	pg/g	wet weight	32	28	88%	5.0	16.4	29.5	6.7	8.6	17.9	29.5	5.7
Coelution of PCB-135 and 151	pg/g	wet weight	32	32	100%	77.6	159	320	57.9	77.6	159	320	57.9
2,2',3,3',6,6'-Hexachlorobiphenyl (PCB-136)	pg/g	wet weight	32	31	97%	11.5	29.7	55.9	12.0	11.5	30.2	55.9	11.7
2,2',3,4,4',5'-Hexachlorobiphenyl (PCB-137)	pg/g	wet weight	32	32	100%	10.8	32.0	92.0	18.2	10.8	32.0	92.0	18.2
Coelution of PCB-139 and 140	pg/g	wet weight	32	27	84%	5.0	13.0	32.5	6.6	6.5	14.1	32.5	6.5
2,2',3,4,5,5'-Hexachlorobiphenyl (PCB-141)	pg/g	wet weight	32	32	100%	36.7	104	221	46.1	36.7	104	221	46.1
2,2',3,4,5,6'-Hexachlorobiphenyl (PCB-142)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',3,4,5',6'-Hexachlorobiphenyl (PCB-144)	pg/g	wet weight	32	31	97%	5.0	15.8	28.2	6.1	7.5	16.2	28.2	5.9

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,2',3,4,6,6'-Hexachlorobiphenyl (PCB-145)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',3,4',5,5'-Hexachlorobiphenyl (PCB-146)	pg/g	wet weight	32	32	100%	54.6	140	325	69.2	54.6	140	325	69.2
Coelution of PCB-147 and 149	pg/g	wet weight	32	31	97%	9.8	314	668	151	81.6	324	668	143
2,2',3,4',5,6'-Hexachlorobiphenyl (PCB-148)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',3,4',6,6'-Hexachlorobiphenyl (PCB-150)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,2',3,5,6,6'-Hexachlorobiphenyl (PCB-152)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-153 and 168	pg/g	wet weight	32	32	100%	295	830	2,230	444	295	830	2,230	444
2,2',4,4',5,6'-Hexachlorobiphenyl (PCB-154)	pg/g	wet weight	32	26	81%	4.0	10.1	32.1	6.3	4.0	10.9	32.1	6.6
2,2',4,4',6,6'-Hexachlorobiphenyl (PCB-155)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Coelution of PCB-156 and 157	pg/g	wet weight	32	32	100%	19.0	64.0	175	36.5	19.0	64.0	175	36.5
2,3,3',4,4',6-Hexachlorobiphenyl (PCB-158)	pg/g	wet weight	32	32	100%	21.4	68.0	194	38.3	21.4	68.0	194	38.3
2,3,3',4,5,5'-Hexachlorobiphenyl (PCB-159)	pg/g	wet weight	32	25	78%	2.5	5.0	9.3	1.6	2.5	4.8	9.3	1.8
2,3,3',4,5',6-Hexachlorobiphenyl (PCB-161)	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
2,3,3',4',5,5'-Hexachlorobiphenyl (PCB-162)	pg/g	wet weight	32	21	66%	1.2	7.4	96.6	16.4	1.2	8.1	96.6	20.3
2,3,3',4',5',6-Hexachlorobiphenyl (PCB-164)	pg/g	wet weight	32	32	100%	17.1	37.9	75.5	15.2	17.1	37.9	75.5	15.2
2,3,3',5,5',6-Hexachlorobiphenyl (PCB-165)	pg/g	wet weight	32	2	6%	3.1	5.7	10.9	1.8	3.1	3.7	4.2	0.74
2,3',4,4',5,5'-Hexachlorobiphenyl (PCB-167)	pg/g	wet weight	32	32	100%	8.7	60.0	1,170	203	8.7	60.0	1,170	203
3,3',4,4',5,5'-Hexachlorobiphenyl (PCB-169)	pg/g	wet weight	32	4	13%	0.74	5.5	10.9	2.1	0.74	3.0	4.8	1.9
2,2',3,3',4,4',5-Heptachlorobiphenyl (PCB-170)	pg/g	wet weight	32	32	100%	53.4	159	433	89.4	53.4	159	433	89.4
Coelution of PCB-171 and 173	pg/g	wet weight	32	32	100%	16.6	47.0	117	23.7	16.6	47.0	117	23.7
2,2',3,3',4,5,5'-Heptachlorobiphenyl (PCB-172)	pg/g	wet weight	32	32	100%	12.0	33.6	76.2	17.4	12.0	33.6	76.2	17.4
2,2',3,3',4,5,6'-Heptachlorobiphenyl (PCB-174)	pg/g	wet weight	32	31	97%	6.9	80.0	197	41.6	29.5	82.0	197	40.1
2,2',3,3',4,5',6-Heptachlorobiphenyl (PCB-175)	pg/g	wet weight	32	27	84%	2.8	7.0	12.2	2.8	2.8	6.9	12.2	2.8
2,2',3,3',4,6,6'-Heptachlorobiphenyl (PCB-176)	pg/g	wet weight	32	29	91%	3.9	10.0	30.7	5.7	3.9	10.3	30.7	5.8
2,2',3,3',4,5',6-Heptachlorobiphenyl (PCB-177)	pg/g	wet weight	32	32	100%	33.2	75.0	171	34.0	33.2	75.0	171	34.0
2,2',3,3',5,5',6-Heptachlorobiphenyl (PCB-178)	pg/g	wet weight	32	31	97%	8.1	46.0	103	22.6	17.3	48.0	103	21.8
2,2',3,3',5,6,6'-Heptachlorobiphenyl (PCB-179)	pg/g	wet weight	32	32	100%	24.4	55.0	127	25.8	24.4	55.0	127	25.8
Coelution of PCB-180 and 193	pg/g	wet weight	32	32	100%	131	410	1,080	237	131	410	1,080	237
2,2',3,4,4',5,6-Heptachlorobiphenyl (PCB-181)	pg/g	wet weight	32	6	19%	0.48	5.2	10.9	1.8	0.48	3.1	4.3	1.4
2,2',3,4,4',5,6'-Heptachlorobiphenyl (PCB-182)	pg/g	wet weight	32	3	9%	0.52	10.0	162	27.7	0.52	55.0	162	92.8
Coelution of PCB-183 and 185	pg/g	wet weight	32	32	100%	24.5	126	277	62.9	24.5	126	277	62.9
2,2',3,4,4',6,6'-Heptachlorobiphenyl (PCB-184)	pg/g	wet weight	32	3	9%	0.76	5.4	10.9	1.9	0.76	2.2	3.2	1.3
2,2',3,4,5,6,6'-Heptachlorobiphenyl (PCB-186)	pg/g	wet weight	32	1	3%	0.10	5.7	10.9	2.0	0.10	0.10	0.10	--
2,2',3,4',5,5',6-Heptachlorobiphenyl (PCB-187)	pg/g	wet weight	32	32	100%	89.8	258	515	117	89.8	258	515	117
2,2',3,4',5,6,6'-Heptachlorobiphenyl (PCB-188)	pg/g	wet weight	32	1	3%	0.12	5.7	10.9	2.0	0.12	0.12	0.12	--
2,3,3',4,4',5,5'-Heptachlorobiphenyl (PCB-189)	pg/g	wet weight	32	26	81%	1.5	6.0	13.1	2.5	1.5	6.2	13.1	2.8
2,3,3',4,4',5,6-Heptachlorobiphenyl (PCB-190)	pg/g	wet weight	32	32	100%	8.8	33.0	87.1	18.9	8.8	33.0	87.1	18.9
2,3,3',4,4',5',6-Heptachlorobiphenyl (PCB-191)	pg/g	wet weight	32	28	88%	2.4	6.7	15.1	3.1	2.4	7.0	15.1	3.2
2,3,3',4,5,5',6-Heptachlorobiphenyl (PCB-192)	pg/g	wet weight	32	1	3%	4.9	6.5	27.4	4.2	27.4	27.4	27.4	--
2,2',3,3',4,4',5,5'-Octachlorobiphenyl (PCB-194)	pg/g	wet weight	32	32	100%	19.1	67.0	194	43.4	19.1	67.0	194	43.4
2,2',3,3',4,4',5,6-Octachlorobiphenyl (PCB-195)	pg/g	wet weight	32	31	97%	5.2	25.4	73.2	15.6	6.2	26.1	73.2	15.4
2,2',3,3',4,4',5,6'-Octachlorobiphenyl (PCB-196)	pg/g	wet weight	32	31	97%	5.0	38.7	88.5	20.4	15.1	39.8	88.5	19.8
2,2',3,3',4,4',6,6'-Octachlorobiphenyl (PCB-197)	pg/g	wet weight	32	17	53%	2.5	5.3	10.9	1.9	2.5	4.7	8.9	1.7
Coelution of PCB-198 and 199	pg/g	wet weight	32	32	100%	38.4	103	223	48.7	38.4	103	223	48.7
2,2',3,3',4,5,6,6'-Octachlorobiphenyl (PCB-200)	pg/g	wet weight	32	25	78%	1.9	6.1	19.0	3.5	1.9	6.4	19.0	3.9
2,2',3,3',4,5',6,6'-Octachlorobiphenyl (PCB-201)	pg/g	wet weight	32	31	97%	3.8	9.5	19.8	4.3	3.8	9.7	19.8	4.3
2,2',3,3',5,5',6,6'-Octachlorobiphenyl (PCB-202)	pg/g	wet weight	32	32	100%	9.4	25.4	58.7	12.6	9.4	25.4	58.7	12.6
2,2',3,4,4',5,5',6-Octachlorobiphenyl (PCB-203)	pg/g	wet weight	32	30	94%	5.2	70.0	191	44.9	23.1	75.0	191	43.0
2,2',3,4,4',5,6,6'-Octachlorobiphenyl (PCB-204)	pg/g	wet weight	32	1	3%	0.11	5.7	10.9	2.0	0.11	0.11	0.11	--
2,3,3',4,4',5,5',6-Octachlorobiphenyl (PCB-205)	pg/g	wet weight	32	19	59%	0.85	5.3	10.9	2.1	0.85	5.1	10.5	2.4

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PCB Congeners (continued)													
2,2',3,3',4,4',5,5',6-Nonachlorobiphenyl (PCB-206)	pg/g	wet weight	32	29	91%	5.0	32.1	85.9	19.6	9.5	34.9	85.9	18.5
2,2',3,3',4,4',5,6,6'-Nonachlorobiphenyl (PCB-207)	pg/g	wet weight	32	12	38%	4.3	6.1	10.9	1.8	4.3	5.9	8.8	1.4
2,2',3,3',4,5,5',6,6'-Nonachlorobiphenyl (PCB-208)	pg/g	wet weight	32	26	81%	4.9	10.3	20.0	4.5	4.9	11.4	20.0	4.2
Decachlorobiphenyl (PCB-209)	pg/g	wet weight	32	29	91%	1.5	7.4	20.0	4.6	1.5	7.7	20.0	4.8
Monochlorobiphenyl homologs	pg/g	wet weight	32	0	0%	4.9	5.8	10.9	1.8	--	--	--	--
Dichlorobiphenyl homologs	pg/g	wet weight	32	0	0%	9.8	11.6	21.9	3.6	--	--	--	--
Trichlorobiphenyl homologs	pg/g	wet weight	32	32	100%	23.0	55.9	89.7	18.5	23.0	55.9	89.7	18.5
Tetrachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	232	439	827	159	232	439	827	159
Pentachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	892	1,970	3,980	768	892	1,970	3,980	768
Hexachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	1,220	2,950	6,360	1,260	1,220	2,950	6,360	1,260
Heptachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	517	1,350	2,880	651	517	1,350	2,880	651
Octachlorobiphenyl homologs	pg/g	wet weight	32	32	100%	107	348	804	189	107	348	804	189
Nonachlorobiphenyl homologs	pg/g	wet weight	32	29	91%	5.0	43.0	110	26.9	11.0	47.0	110	25.2
Total PCBs (reported)	pg/g	wet weight	32	32	100%	3,030	7,200	15,100	2,920	3,030	7,200	15,100	2,920
PCB congeners TEQ, Bird, WHO98	pg/g	wet weight	32	32	100%	1.1	1.5	2.8	0.42	1.1	1.5	2.8	0.42
PCB congeners TEQ, Fish, WHO98	pg/g	wet weight	32	32	100%	0.021	0.034	0.064	0.010	0.021	0.034	0.064	0.010
PCB congeners TEQ, mammals, WHO05	pg/g	wet weight	32	32	100%	0.34	0.74	1.4	0.25	0.34	0.74	1.4	0.25
PBDEs													
2,2',4-Tribromodiphenyl ether (PBDE-17)	pg/g	wet weight	12	12	100%	2.7	7.2	11.0	2.8	2.7	7.2	11.0	2.8
Coelution of PBDE-28 and 33	pg/g	wet weight	12	12	100%	50.6	86.0	195	37.2	50.6	86.0	195	37.2
2,2',4,4'-Tetrabromodiphenyl ether (PBDE-47)	pg/g	wet weight	12	12	100%	1,940	3,560	8,150	2,220	1,940	3,560	8,150	2,220
2,2',4,5'-Tetrabromodiphenyl ether (PBDE-49)	pg/g	wet weight	12	12	100%	62.6	152	322	85.8	62.6	152	322	85.8
2,3',4,4'-Tetrabromodiphenyl ether (PBDE-66)	pg/g	wet weight	12	12	100%	1.1	55.0	131	47.3	1.1	55.0	131	47.3
2,3',4,6'-Tetrabromodiphenyl ether (PBDE-71)	pg/g	wet weight	12	0	0%	0.023	0.051	0.094	0.023	--	--	--	--
2,2',3,4,4'-Pentabromodiphenyl ether (PBDE-85)	pg/g	wet weight	12	5	42%	0.35	2.2	9.3	2.9	0.78	4.4	9.3	3.5
2,2',4,4',5-Pentabromodiphenyl ether (PBDE-99)	pg/g	wet weight	12	9	75%	6.1	750	2,830	818	28.7	990	2,830	805
2,2',4,4',6-Pentabromodiphenyl ether (PBDE-100)	pg/g	wet weight	12	12	100%	268	570	1,430	334	268	570	1,430	334
2,2',3,3',4,4'-Hexabromodiphenyl ether (PBDE-128)	pg/g	wet weight	12	0	0%	0.11	0.19	0.37	0.073	--	--	--	--
2,2',3,4,4',5'-Hexabromodiphenyl ether (PBDE-138)	pg/g	wet weight	12	11	92%	0.12	0.87	4.3	1.1	0.36	0.94	4.3	1.2
2,2',4,4',5,5'-Hexabromodiphenyl ether (PBDE-153)	pg/g	wet weight	12	12	100%	31.8	126	321	95.2	31.8	126	321	95.2
2,2',4,4',5,6'-Hexabromodiphenyl ether (PBDE-154)	pg/g	wet weight	12	12	100%	68.8	143	366	84.2	68.8	143	366	84.2
Coelution of PBDE-171 and 190	pg/g	wet weight	12	0	0%	0.073	0.15	0.37	0.076	--	--	--	--
Coelution of PBDE-183 and 176	pg/g	wet weight	12	1	8%	0.55	1.8	4.5	1.2	4.5	4.5	4.5	--
2,2',3,4,4',6,6'-Heptabromodiphenyl ether (PBDE-184)	pg/g	wet weight	12	11	92%	0.27	0.77	1.4	0.36	0.27	0.78	1.4	0.37
2,3,3',4,4',5',6-Heptabromodiphenyl ether (PBDE-191)	pg/g	wet weight	12	0	0%	0.063	0.13	0.32	0.066	--	--	--	--
Coelution of PBDE-200 and 203	pg/g	wet weight	12	6	50%	0.14	0.87	2.8	0.83	0.48	1.5	2.8	0.83
2,2',3,3',4,4',5,5',6-Nonabromodiphenyl ether (PBDE-206)	pg/g	wet weight	12	11	92%	0.61	11.3	25.0	7.5	5.8	12.3	25.0	7.0
Decabromodiphenyl ether (PBDE-209)	pg/g	wet weight	12	12	100%	83.3	650	1,580	502	83.3	650	1,580	502
PAHs													
2-Methylnaphthalene	µg/kg	wet weight	12	11	92%	0.77	10.9	48.0	14.5	0.77	11.8	48.0	14.9
Acenaphthene	µg/kg	wet weight	12	11	92%	0.055	0.69	2.0	0.55	0.21	0.74	2.0	0.54
Acenaphthylene	µg/kg	wet weight	12	10	83%	0.047	7.5	45.0	14.1	0.27	8.9	45.0	15.2
Anthracene	µg/kg	wet weight	12	3	25%	0.19	1.2	5.2	1.5	0.43	2.5	5.2	2.4
Benzo[b]fluoranthene	µg/kg	wet weight	12	0	0%	0.070	0.19	0.35	0.10	--	--	--	--
Benzo[k]fluoranthene	µg/kg	wet weight	12	0	0%	0.046	0.13	0.23	0.065	--	--	--	--
Benzo[a]anthracene	µg/kg	wet weight	12	0	0%	0.080	0.21	0.40	0.11	--	--	--	--
Benzo[a]pyrene	µg/kg	wet weight	12	0	0%	0.031	0.085	0.16	0.044	--	--	--	--
Benzo[g,h,i]perylene	µg/kg	wet weight	12	0	0%	0.029	0.079	0.15	0.041	--	--	--	--
Chrysene	µg/kg	wet weight	12	0	0%	0.10	0.27	0.50	0.14	--	--	--	--
Dibenzo[a,h]anthracene	µg/kg	wet weight	12	0	0%	0.023	0.061	0.12	0.033	--	--	--	--
Fluoranthene	µg/kg	wet weight	12	0	0%	0.075	0.51	2.8	0.81	--	--	--	--

Table 5-5. Summary Statistics of Concentrations Measured in Small Whole Fish

Analyte	Units	Basis	Count of Results		% Detect	All Sample Results ^a				Detected Results Only ^a			
			All	Detect		Min	Mean	Max	SD	Min	Mean	Max	SD
PAHs (continued)													
Fluorene	µg/kg	wet weight	12	9	75%	0.095	1.3	6.4	2.0	0.37	1.7	6.4	2.2
Indeno[1,2,3-cd]pyrene	µg/kg	wet weight	12	0	0%	0.050	0.13	0.25	0.072	--	--	--	--
Naphthalene	µg/kg	wet weight	12	9	75%	0.70	17.5	99.0	28.7	1.4	23.0	99.0	31.6
Phenanthrene	µg/kg	wet weight	12	6	50%	0.32	2.6	13.0	4.0	1.1	4.6	13.0	5.0
Pyrene	µg/kg	wet weight	12	0	0%	0.060	0.18	0.30	0.094	--	--	--	--
High molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	12	0	0%	0.28	0.97	2.6	0.72	--	--	--	--
Low molecular weight Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	12	12	100%	2.4	42.0	219	64.7	2.4	42.0	219	64.7
Total Polycyclic Aromatic Hydrocarbon	µg/kg	wet weight	12	12	100%	3.5	44.0	224	65.8	3.5	44.0	224	65.8
Pesticides													
2,4'-DDD	µg/kg	wet weight	12	0	0%	0.37	0.98	1.9	0.66	--	--	--	--
2,4'-DDE	µg/kg	wet weight	12	0	0%	0.19	0.52	0.95	0.33	--	--	--	--
2,4'-DDT	µg/kg	wet weight	12	4	33%	0.080	0.61	2.1	0.55	0.49	1.1	2.1	0.70
4,4'-DDD	µg/kg	wet weight	12	0	0%	0.28	0.74	1.4	0.50	--	--	--	--
4,4'-DDE	µg/kg	wet weight	12	8	67%	0.44	1.7	4.7	1.2	0.82	1.8	4.7	1.3
4,4'-DDT	µg/kg	wet weight	12	0	0%	0.25	0.66	1.3	0.44	--	--	--	--
Total DDT, DDD, and DDE isomers	µg/kg	wet weight	12	8	67%	1.1	4.4	12.3	3.1	2.6	5.2	12.3	3.4
Aldrin	µg/kg	wet weight	12	0	0%	0.37	0.98	1.9	0.66	--	--	--	--
alpha-Chlordane	µg/kg	wet weight	12	1	8%	0.13	0.48	2.4	0.64	2.4	2.4	2.4	--
gamma-Chlordane	µg/kg	wet weight	12	0	0%	0.13	0.36	0.75	0.24	--	--	--	--
Chlordane	µg/kg	wet weight	12	0	0%	2.0	7.3	20.0	4.7	--	--	--	--
cis-Nonachlor	µg/kg	wet weight	12	1	8%	0.15	0.55	2.2	0.58	2.2	2.2	2.2	--
delta-BHC	µg/kg	wet weight	12	0	0%	0.10	0.27	0.50	0.17	--	--	--	--
Dieldrin	µg/kg	wet weight	12	3	25%	0.10	0.41	0.84	0.25	0.28	0.63	0.84	0.31
Endrin	µg/kg	wet weight	12	0	0%	0.14	0.37	0.70	0.25	--	--	--	--
Endrin ketone	µg/kg	wet weight	12	0	0%	0.20	0.52	1.0	0.36	--	--	--	--
Endrin aldehyde	µg/kg	wet weight	12	0	0%	0.31	0.82	1.6	0.55	--	--	--	--
Heptachlor epoxide	µg/kg	wet weight	12	1	8%	0.090	0.26	0.45	0.15	0.29	0.29	0.29	--
Heptachlor	µg/kg	wet weight	12	0	0%	0.14	0.48	0.95	0.28	--	--	--	--
Methoxychlor	µg/kg	wet weight	12	0	0%	0.24	0.63	1.2	0.43	--	--	--	--
Oxychlorane	µg/kg	wet weight	12	0	0%	0.20	0.99	6.0	1.6	--	--	--	--
Toxaphene	µg/kg	wet weight	12	0	0%	8.0	22.5	32.5	9.9	--	--	--	--
trans-Nonachlor	µg/kg	wet weight	12	0	0%	0.14	0.37	0.70	0.25	--	--	--	--
SVOCs													
1,1'-Biphenyl	µg/kg	wet weight	12	2	17%	0.12	0.53	1.9	0.55	0.42	1.2	1.9	1.0
1,2,4-Trichlorobenzene	µg/kg	wet weight	12	0	0%	3.2	3.2	3.2	0	--	--	--	--
4-Bromophenyl-phenylether	µg/kg	wet weight	12	0	0%	2.1	2.1	2.1	0	--	--	--	--
4-Chlorophenyl-phenyl ether	µg/kg	wet weight	12	0	0%	2.3	2.3	2.3	0	--	--	--	--
Pentachlorophenol	µg/kg	wet weight	12	0	0%	2.3	2.3	2.3	0	--	--	--	--
Hexachlorobenzene	µg/kg	wet weight	12	7	58%	0.36	0.97	1.8	0.43	0.51	1.1	1.8	0.51
Hexachlorobutadiene	µg/kg	wet weight	12	1	8%	0.15	0.45	0.75	0.25	0.48	0.48	0.48	--
Hexachloroethane	µg/kg	wet weight	12	0	0%	8.0	8.0	8.0	0	--	--	--	--
bis(2-Ethylhexyl)phthalate	µg/kg	wet weight	12	0	0%	105	105	105	0	--	--	--	--
Benzyl n-butyl phthalate	µg/kg	wet weight	12	0	0%	105	105	105	0	--	--	--	--
Dibenzofuran	µg/kg	wet weight	12	0	0%	2.2	2.2	2.2	0	--	--	--	--
Di-n-butyl phthalate	µg/kg	wet weight	12	0	0%	10.0	110	330	91.4	--	--	--	--
Di-n-octylphthalate	µg/kg	wet weight	12	0	0%	4.5	20.0	185	52.1	--	--	--	--
Perchlorocyclopentadiene	µg/kg	wet weight	12	0	0%	175	175	175	0	--	--	--	--

Notes:

^a Concentrations have been rounded to two significant figures for values less than 10, 3 significant figures for values greater than or equal to 10.

SD - standard deviation

Table 5-6. Comparison of Planned and Actual Analyses for the 2009 Fish Tissue Sampling for all FSCAs

Species	Number of Samples																							
	TAL Metals/ Metalloids + Uranium		Total Mercury Analysis on Additional Individual Fillets ^a		Non-TAL Metals/ Metalloids		Inorganic Arsenic ^b		Dioxins/Furans (17 Congeners)		PCBs (209 Congeners, including 12 Dioxin-like Congeners)		PAHs		Chlorinated Pesticides		PBDEs		SVOCs		% Lipids		% Moisture	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
<15 cm Size Class																								
Whole body composites ^c	36	34	0	0	12	12	0	0	36	32	36	32	12	12	12	12	12	12	12	12	36	32	36	34
>15 – ≤ 30 cm Size Class																								
Whole body composites ^d	36	32	0	0	12	18	0	0	36	32	36	32	12	13	12	13	12	13	12	13	36	31	36	32
>30 cm Size Class																								
Burbot																								
(Fillet)	36	26	0	0	12	10	36	26	36	26	36	26	12	10	12	10	12	10	12	10	36	26	36	26
(Remainder)	36	26	0	0	12	10	0	0	36	26	36	26	12	10	12	10	12	10	12	10	36	26	36	26
Kokanee																								
(Fillet)	36	35	0	0	12	12	12	13	36	35	36	35	12	12	12	12	12	12	12	12	36	35	36	35
(Remainder)	36	35	0	0	12	12	0	0	36	35	36	35	12	12	12	12	12	11	12	12	36	35	36	35
Smallmouth bass																								
(Fillet)	36	24	180	66	12	10	12	10	36	24	36	24	12	10	12	10	12	9	12	10	36	24	36	90
(Remainder)	36	24	0	0	12	10	0	0	36	24	36	24	12	10	12	10	12	9	12	10	36	24	36	24
Largescale/Longnose sucker																								
(Fillet)	36	43	0	0	12	16	12	16	36	43	36	43	12	16	12	16	12	16	12	16	36	42	36	43
(Remainder, w/out gut contents)	36	43	0	0	12	16	0	0	36	43	36	43	12	16	12	16	12	16	12	16	36	42	36	43
Rainbow trout																								
(Fillet)	36	36	0	0	12	12	12	12	36	36	36	36	12	12	12	12	12	12	12	12	36	36	36	36
(Remainder)	36	36	0	0	12	12	0	0	36	36	36	36	12	12	12	12	12	12	12	12	36	36	36	36
Walleye																								
(Fillet)	36	35	180	215	12	12	12	12	36	35	36	35	12	12	12	12	12	12	12	12	36	35	36	249
(Remainder)	36	34	0	0	12	12	0	0	36	34	36	34	12	12	12	12	12	12	12	12	36	34	36	34
Whitefish																								
(Fillet)	36	23	0	0	12	9	12	9	36	23	36	23	12	9	12	9	12	9	12	9	36	23	36	23
(Remainder)	36	23	0	0	12	9	0	0	36	23	36	23	12	9	12	9	12	9	12	9	36	23	36	23
Total	576	509	360	281	192	192	108	98	576	507	576	507	192	187	192	187	192	184	192	187	576	504	576	789

Notes:

PAHs - polycyclic aromatic hydrocarbons

PCBs - polychlorinated biphenyls

PBDEs - polybrominated diphenylethers

SVOCs - semivolatile organic compounds

TAL - target analyte list for metals, include aluminum, antimony, arsenic, barium, beryllium, cadmium, calcium, chromium, cobalt, copper, iron, lead, magnesium, manganese, mercury, molybdenum, nickel, potassium, selenium, silver, sodium, thallium, vanadium, and zinc.

^a Additional total mercury analyses were conducted on individual fillets from smallmouth bass and walleye, after sufficient number are collected for creating required composites.

^b Inorganic arsenic analysis is important for human health assessments, therefore, speciation is limited to large-sized fish that are likely to be consumed by people.

^c At least one composite will be formed for each of the three general feeding guilds - benthic, invertivorous, and omnivorous fish.

^d At least one composite will be formed for each of the three general feeding guilds - benthic, omnivorous, and piscivorous fish.

Highlighted actual number of samples are less than planned number of samples.

Table 5-7. Comparison of Analytical Concentration Goals and Method Detection Limits to Actual Detection Limits for Metals and Metalloids

Chemical	ACG (mg/kg, dw)	5X ACG (mg/kg, dw)	Planned MDL (mg/kg, dw)	Actual MDL (mg/kg, dw) (min-max)																							
				Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch	
				Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Tungsten	0.05	0.25	TBD	0.02	0.38	0.02	0.2	0.02	0.09	0.02	0.21	0.02	0.15	0.02	0.03	--	--	0.02	0.07	0.02	0.02	0.02	0.23	0.02	0.16	--	--
Uranium	0.002	0.01	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.015	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002
Vanadium	0.07	0.35	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.19	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.33	0.06	0.2	0.07	0.07
Ytterbium	0.05	0.25	TBD	0.005	0.005	0.005	0.005	0.005	0.005	0.005	0.005	0.005	0.005	0.005	0.005	--	--	0.005	0.005	0.005	0.005	0.005	0.005	0.005	0.005	--	--
Yttrium	0.05	0.25	TBD	0.006	0.006	0.006	0.006	0.006	0.006	0.006	0.006	0.006	0.006	0.006	0.006	--	--	0.006	0.006	0.006	0.006	0.006	0.006	0.006	0.006	--	--
Zinc	0.08	0.4	0.08	0.06	0.06	0.06	0.06	0.06	0.1	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06
Zirconium	0.05	0.25	TBD	0	0.085	0.003	0.05	0.003	0.027	0.003	0.48	0.003	0.05	0.003	0.003	--	--	0.003	0.016	0.003	0.003	0.003	0.029	0.003	0.038	--	--

Notes:

ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), then the MRL will be used as the ACGs.

dw - dry weight

MDL - method detection limit

n/a - not available

TBD - To Be Determined; please note the laboratory determined the Planned MDL for each analyte as required by EPA.

Highlighted values exceed the ACG, and values in red exceed five times the ACG.

-- not analyzed

Table 5-8. Comparison of Analytical Concentration Goals and Planned Method Detection Limits to Actual Detection Limits for Dioxins and Furan Congeners

Analyte	ACG (pg/g, ww)	Planned MDL (pg/g, ww)	Actual MDL (pg/g, ww) (min-max)																							
			Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch	
			Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1,2,3,4,6,7,8-Heptachlorodibenzodioxin	5	0.429	0.05	0.65	0.08	0.76	0.18	0.84	0.05	1.2	0.07	1.7	0.15	0.15	0.14	0.19	0.05	0.58	0.17	0.17	0.04	0.68	0.04	1.3	0.94	2.4
1,2,3,4,6,7,8-Heptachlorodibenzofuran	5	0.573	0.03	0.38	0.05	0.24	0.04	0.36	0.02	0.61	0.03	0.73	0.04	0.13	0.05	0.14	0.02	0.19	0.05	0.09	0.03	0.41	0.02	0.68	0.57	1.5
1,2,3,4,7,8,9-Heptachlorodibenzofuran	5	0.593	0.03	0.31	0.04	0.26	0.01	0.24	0.01	0.66	0.03	0.77	0.04	0.12	0.05	0.17	0.02	0.2	0.05	0.09	0.02	0.4	0.02	0.63	0.65	1.5
1,2,3,4,7,8-Hexachlorodibenzodioxin	5	0.407	0.04	0.72	0.07	0.69	0.04	0.56	0.03	0.89	0.05	1.8	0.04	0.17	0.08	0.18	0.04	0.47	0.06	0.09	0.01	0.71	0.04	1.4	0.91	1.9
1,2,3,4,7,8-Hexachlorodibenzofuran	5	0.573	0.03	0.31	0.04	0.28	0.02	0.23	0.02	0.37	0.02	0.57	0.03	0.06	0.04	0.1	0.02	0.26	0.04	0.05	0.02	0.32	0.02	0.41	0.4	1.0
1,2,3,6,7,8-Hexachlorodibenzodioxin	5	0.429	0.04	0.96	0.07	0.69	0.09	1.1	0.03	0.86	0.05	1.8	0.07	0.1	0.08	0.2	0.05	0.5	0.06	0.09	0.04	0.74	0.04	1.4	0.98	2.2
1,2,3,6,7,8-Hexachlorodibenzofuran	5	0.138	0.03	0.3	0.04	0.28	0.04	0.38	0.02	0.46	0.02	0.53	0.03	0.06	0.04	0.1	0.02	0.27	0.04	0.05	0.02	0.33	0.02	0.44	0.4	1.04
1,2,3,7,8,9-Hexachlorodibenzodioxin	5	0.235	0.04	0.78	0.07	0.73	0.07	1.1	0.03	0.95	0.05	2.0	0.06	0.12	0.08	0.19	0.04	0.52	0.06	0.09	0.04	0.74	0.04	1.3	0.93	2.0
1,2,3,7,8,9-Hexachlorodibenzofuran	5	0.265	0.04	0.28	0.07	0.4	0.01	0.3	0.02	0.56	0.04	0.83	0.04	0.08	0.06	0.16	0.02	0.39	0.05	0.07	0.02	0.47	0.02	0.56	0.57	1.5
1,2,3,7,8-Pentachlorodibenzofuran	5	0.277	0.04	0.64	0.05	0.43	0.08	0.41	0.03	0.88	0.04	0.8	0.05	0.19	0.06	0.14	0.03	0.41	0.05	0.07	0.03	0.81	0.04	1.1	0.64	2.2
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	5	0.319	0.04	0.95	0.04	0.38	0.11	0.36	0.03	0.64	0.05	0.87	0.08	0.08	0.05	0.14	0.04	0.33	0.05	0.06	0.04	0.51	0.05	0.69	0.74	1.8
2,3,4,6,7,8-Hexachlorodibenzofuran	5	0.313	0.03	0.21	0.05	0.32	0.02	0.27	0.02	0.4	0.03	0.61	0.03	0.07	0.04	0.12	0.02	0.31	0.04	0.05	0.02	0.36	0.02	0.45	0.4	1.1
2,3,4,7,8-Pentachlorodibenzofuran	5	0.261	0.03	0.67	0.05	0.64	0.1	0.44	0.03	0.79	0.04	0.77	0.08	0.15	0.06	0.14	0.03	0.33	0.05	0.06	0.03	0.72	0.04	1.1	0.6	2.0
2,3,7,8-Tetrachlorodibenzodioxin	1	0.119	0.03	0.38	0.04	0.33	0.05	0.3	0.03	0.59	0.04	1.01	0.05	0.18	0.04	0.18	0.03	0.24	0.06	0.08	0.02	0.57	0.02	0.83	0.61	0.99
2,3,7,8-Tetrachlorodibenzofuran	1	0.113	0.06	0.23	0.7	0.7	--	--	0.31	0.64	0.3	0.9	0.03	0.03	0.25	0.28	0.2	0.48	--	--	0.09	0.27	0.1	0.79	0.55	0.98
Octachlorodibenzodioxin	10	0.831	0.14	1.7	0.08	1.2	0.18	1.3	0.12	2.5	0.18	7.0	0.26	0.52	0.6	1.3	0.12	1.0	0.58	0.84	0.12	1.1	0.1	1.8	2.0	4.5
Octachlorodibenzofuran	10	0.738	0.03	0.99	0.09	0.87	0.05	0.56	0.02	1.5	0.05	2.6	0.06	0.32	0.1	0.28	0.03	0.45	0.1	0.2	0.04	0.98	0.05	1.6	1.9	4.1

Notes:

ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), than the MRL will be used as the ACGs.

MDL - method detection limit

ww - wet weight

Highlighted values exceed the ACG.

-- not analyzed

Table 5-9. Comparison of Analytical Concentration Goals and Method Detection Limits to Actual Detection Limits for Polychlorinated Biphenyl Congeners

Analyte	ACG (pg/g, ww)	Planned MDL (pg/g, ww)	Actual MDL (pg/g, ww) (min-max)																							
			Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch	
			Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Coelution of PCB 90, 101, and 113	400	24	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Coelution of PCB 135 and 151	200	11	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Coelution of PCB 49 and 69	200	11	2.3	14	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Coelution of PCB 59, 62, and 75	80	6	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Coelution of PCB 61, 70, 74 and 76	200	17	2.3	37	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Coelution of PCB 93, 98, 100 and 102	200	22	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Decachlorobiphenyl	200	15	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Dichlorobiphenyl homologs	n/a	n/a	4.7	24	4.6	5.0	4.9	5.0	4.9	46	20	44	4.9	20	4.9	20	4.9	40	20	20	4.9	39	4.9	39	20	20
Heptachlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Hexachlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Monochlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Nonachlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Octachlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
PCB Congener 14	40	3	4.7	24	4.6	5.0	4.9	5.0	4.9	46	20	44	4.9	20	4.9	20	4.9	40	20	20	4.9	39	4.9	39	20	20
PCB Congener 15	200	18	4.7	24	4.6	5.0	4.9	10	4.9	46	20	44	4.9	20	4.9	20	4.9	40	20	20	4.9	39	4.9	39	20	20
Pentachlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Tetrachlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9
Total PCBs	n/a	n/a	4.7	24	4.6	5.0	4.9	5.0	4.9	46	20	44	4.9	20	4.9	20	4.9	40	20	20	4.9	39	4.9	39	20	20
Trichlorobiphenyl homologs	n/a	n/a	2.3	12	2.3	2.5	2.5	2.5	2.4	23	9.8	22	2.5	9.9	2.5	10	2.4	20	9.9	10	2.4	20	2.4	20	9.8	9.9

Notes:

ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), then the MRL will be used as the ACGs.

MDL - method detection limit

ww - wet weight

n/a - not available

Highlighted values exceed the ACG.

Table 5-10. Comparison of Analytical Concentration Goals and Method Detection Limits to Actual Detection Limits for Polybrominated Diphenylether Congeners

Analyte	ACG (pg/g, ww)	5X ACG (pg/g, ww)	Planned MDL (pg/g, ww)	Actual MDL (pg/g, ww) (min-max)																								
				Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch		
				Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min
2,2',4-TriBDE (BDE-17)	2	10	TBD	0.16	7.8	--	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	1.6	1.6	--	--	n/a	n/a
2,4,4'-TriBDE (BDE-28)	2	10	TBD	7.3	216	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	--	--	--	--	--	n/a	n/a
2,2',4,4'-TetraBDE (BDE-47)	2	10	TBD	384	470	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	--	--	0.08	0.08	n/a	n/a	
2,2',4,5'-TetraBDE (BDE-49)	2	10	TBD	7.2	14	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	--	--	--	--	n/a	n/a	
2,3',4,4'-TetraBDE (BDE-66)	2	10	TBD	8.6	12	--	--	--	--	0.1	2.0	0.07	0.11	--	--	n/a	n/a	--	--	--	--	--	--	--	--	n/a	n/a	
2,3',4',6-TetraBDE (BDE-71)	2	10	TBD	0.04	0.81	0.05	1.2	0.08	1.5	0.04	9.0	0.07	0.16	0.07	0.15	n/a	n/a	0.08	1.0	0.05	0.05	0.04	2.3	0.04	0.63	n/a	n/a	
2,2',3,4,4'-PentaBDE (BDE-85)	2	10	TBD	4.8	7.2	0.15	1.4	0.24	1.5	0.13	1.2	0.89	0.89	--	--	n/a	n/a	0.2	2.0	--	--	0.12	2.0	0.97	1.5	n/a	n/a	
2,2',4,4',5-PentaBDE (BDE-99)	2	10	TBD	131	280	--	--	--	--	0.19	69	4.3	14	--	--	n/a	n/a	--	--	--	--	--	--	--	--	n/a	n/a	
2,2',4,4',6-PentaBDE (BDE-100)	2	10	TBD	73	90	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	--	--	--	--	n/a	n/a	
2,2',3,3',4,4'-HexaBDE (BDE-128)	2	10	TBD	0.17	2.3	0.26	1.8	0.49	0.96	0.17	0.74	0.22	0.54	0.28	0.66	n/a	n/a	0.35	1.2	0.22	0.22	0.15	2.0	0.25	2.5	n/a	n/a	
2,2',3,4,4',5'-HexaBDE (BDE-138)	2	10	TBD	--	--	0.62	1.3	0.32	1.2	0.11	0.33	0.11	0.31	0.51	0.51	n/a	n/a	0.26	1.4	--	--	0.08	1.4	0.14	0.74	n/a	n/a	
2,2',4,4',5,5'-HexaBDE (BDE-153)	2	10	TBD	13	14	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	--	--	--	--	n/a	n/a	
2,2',4,4',5,6'-HexaBDE (BDE-154)	2	10	TBD	18	19	--	--	--	--	--	--	--	--	--	--	n/a	n/a	--	--	--	--	--	--	--	--	n/a	n/a	
2,2',3,4,4',5,6'-HeptaBDE (BDE-183)	2	10	TBD	0.94	27	--	--	--	--	0.35	4.1	0.49	1.6	--	--	n/a	n/a	2.7	14	--	--	0.52	26	0.7	29	n/a	n/a	
2,2',3,4,4',6,6'-HeptaBDE (BDE-184)	2	10	TBD	0.08	1.2	--	--	--	--	0.21	1.5	0.07	0.99	--	--	n/a	n/a	--	--	--	--	0.24	0.29	0.83	1.2	n/a	n/a	
2,3,3',4,4',5,6-HeptaBDE (BDE-190)	2	10	TBD	0.11	1.6	0.23	1	0.26	0.77	0.09	0.73	0.1	0.4	0.24	0.49	n/a	n/a	0.28	1.3	0.2	0.2	0.07	0.97	0.15	1.7	n/a	n/a	
2,3,3',4,4',5,6-HeptaBDE (BDE-191)	2	10	TBD	0.09	1.9	0.19	0.89	0.22	0.71	0.08	0.63	0.09	0.35	0.2	0.42	n/a	n/a	0.24	1.3	0.17	0.17	0.06	0.91	0.14	1.6	n/a	n/a	
2,2',3,4,4',5,5',6-OctaBDE (BDE-203)	2	10	TBD	0.29	9.3	0.54	5.2	0.49	3.5	0.14	0.88	0.2	0.48	--	--	n/a	n/a	0.54	4.3	0.57	0.57	0.14	1.5	0.39	3.7	n/a	n/a	
2,2',3,3',4,4',5,5',6-NonaBDE (BDE-206)	2	10	TBD	0.93	12	1.9	12	1.8	3.9	1.2	4.2	3.0	3.0	1.3	2.1	n/a	n/a	2.0	21	--	--	0.37	5.7	1.7	13	n/a	n/a	
Decabromodiphenyl ether (BDE-209)	20	100	TBD	32	723	77	166	24	239	40	317	--	--	41	136	n/a	n/a	36	575	--	--	17	94	27	366	n/a	n/a	

Notes:

ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), than the MRL will be used as the ACGs.

MDL - method detection limit

n/a - not available

TBD - To Be Determined; please note the laboratory determined the Planned MDL for each analyte as required by EPA.

ww - wet weight

Highlighted values exceed the ACG, and values in red exceed five times the ACG.

-- not analyzed

Table 5-11. Comparison of Analytical Concentration Goals and Method Detection Limits to Actual Detection Limits for Organochlorine Pesticides

Analyte	ACG (µg/kg, ww)	5X ACG (µg/kg, ww)	Planned MDL (µg/kg, ww)	Actual MDL (µg/kg, ww) (min-max)																							
				Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch	
				Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
2,4'-DDD	0.38	1.9	0.38	0.73	3.7	0.73	7.3	0.73	3.7	0.73	3.7	0.73	1.5	0.73	3.7	n/a	n/a	0.73	7.3	0.73	0.73	0.73	3.7	0.73	3.7	n/a	n/a
4,4'-DDD	0.11	0.55	0.11	0.55	2.8	0.55	5.5	0.55	2.8	0.55	2.8	0.55	1.1	0.55	2.8	n/a	n/a	0.55	5.5	0.55	0.55	0.55	2.8	0.55	2.8	n/a	n/a
2,4'-DDE	0.21	1.05	0.21	0.37	1.9	0.37	3.7	0.37	5	0.37	3.3	0.37	1	0.37	1.9	n/a	n/a	0.37	3.7	0.37	0.37	0.37	1.9	0.37	5	n/a	n/a
4,4'-DDE	0.16	0.8	0.16	0.45	4.9	0.45	4.5	0.45	2.7	0.45	2.3	0.45	0.9	0.45	2.3	n/a	n/a	0.45	4.5	2	2	0.45	6.7	0.45	2.3	n/a	n/a
2,4'-DDT	0.21	1.05	0.21	0.16	4.9	0.16	1.6	0.16	0.8	0.16	5.8	0.16	2	0.16	0.8	n/a	n/a	0.16	1.6	0.29	0.29	0.16	4.5	0.16	2.2	n/a	n/a
4,4'-DDT	0.43	2.15	0.43	0.49	3	0.49	4.9	0.49	2.5	0.49	21	0.49	0.98	0.49	2.5	n/a	n/a	0.49	9.2	0.49	0.49	0.49	2.5	0.49	4.8	n/a	n/a
Total DDT	1	5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Aldrin	0.23	1.15	0.23	0.74	4.9	0.74	7.4	0.74	6.2	0.74	3.7	0.74	1.5	0.74	3.7	n/a	n/a	0.74	7.4	0.74	0.74	0.74	3.7	0.74	3.9	n/a	n/a
delta-BHC	0.16	0.8	0.16	0.2	4.9	0.2	9.6	0.2	5	0.2	2.6	0.2	0.97	0.2	2.2	n/a	n/a	0.2	3.2	0.38	0.38	0.2	4.9	0.2	1.3	n/a	n/a
alpha-Chlordane (cis-)	0.15	0.75	0.15	0.25	1.3	0.25	2.5	0.25	5	0.25	1.3	0.25	0.5	0.25	1.3	n/a	n/a	0.25	5	0.25	0.25	0.25	1.3	0.25	1.3	n/a	n/a
gamma-Chlordane (trans-)	0.26	1.3	0.26	0.26	1.3	0.26	2.6	0.26	1.3	0.26	2	0.26	0.99	0.26	1.3	n/a	n/a	0.26	2.6	0.26	0.26	0.26	1.5	0.26	1.3	n/a	n/a
cis-Nonachlor	0.19	0.95	0.19	0.29	1.5	0.29	2.9	0.29	1.5	0.29	4.6	0.29	1	0.75	1.5	n/a	n/a	0.29	2.9	0.29	0.29	0.29	1.5	0.29	3.2	n/a	n/a
trans-Nonachlor	0.14	0.7	0.14	0.27	1.4	0.27	2.7	0.27	5	0.27	1.4	0.27	0.99	0.27	1.4	n/a	n/a	0.27	2.7	0.27	0.27	0.27	1.4	0.27	1.4	n/a	n/a
Oxychlordane	0.19	0.95	0.19	0.39	2	0.39	3.9	0.39	3.4	0.39	2.8	0.39	1.2	0.39	2	n/a	n/a	0.39	3.9	0.39	0.39	0.39	12	0.39	2	n/a	n/a
Total Chlordane	1	5	n/a	3.3	55	3.3	86	3.3	59	3.3	39	3.3	20	5.5	38	n/a	n/a	3.3	110	11	11	3.3	40	3.3	49	n/a	n/a
Dieldrin	0.25	1.25	0.25	0.2	1	0.2	2	0.2	1	0.2	2	0.2	0.4	0.2	1	n/a	n/a	0.2	2	0.2	0.2	0.2	1	0.2	1	n/a	n/a
Endrin	0.22	1.1	0.22	0.28	1.4	0.28	2.8	0.28	1.4	0.28	1.4	0.28	0.56	0.28	1.4	n/a	n/a	0.28	2.8	0.28	0.28	0.28	1.4	0.28	1.4	n/a	n/a
Endrin aldehyde	0.25	1.25	0.25	0.62	3.1	0.62	6.2	0.62	3.1	0.62	3.1	0.62	1.3	0.62	3.1	n/a	n/a	0.62	6.2	0.62	0.62	0.62	3.1	0.62	3.1	n/a	n/a
Endrin ketone	0.28	1.4	0.28	0.39	2	0.39	3.9	0.39	2	0.39	2	0.39	0.78	0.39	2	n/a	n/a	0.39	3.9	0.39	0.39	0.39	2	0.39	5	n/a	n/a
Endosulfan sulfate	n/a	n/a	n/a	0.53	0.53	0.53	5.3	0.53	2.7	0.53	1.1	--	--	--	--	n/a	n/a	0.53	5.3	--	--	0.53	2.7	0.53	2.7	n/a	n/a
Heptachlor	0.66	3.3	0.66	0.27	1.4	0.27	5.4	0.27	5.8	0.27	3.6	0.27	0.83	0.27	1.4	n/a	n/a	0.27	9.8	0.27	0.27	0.27	1.4	0.27	2.1	n/a	n/a
Heptachlor epoxide	0.38	1.9	0.38	0.18	0.96	0.18	1.8	0.18	1.2	0.18	1.7	0.18	1	0.18	0.9	n/a	n/a	0.18	4	0.18	0.18	0.18	1.9	0.18	1.6	n/a	n/a
Hexachlorobenzene	0.31	1.55	0.31	0.37	7.3	0.37	4.8	0.37	5.5	0.37	8.7	0.37	3.8	0.37	1.9	n/a	n/a	0.37	15	0.37	0.37	0.37	3.8	0.37	7.5	n/a	n/a
Hexachlorobutadiene	0.13	0.65	0.13	0.3	1.5	0.3	10	0.3	5	0.3	4.9	0.3	1.5	0.3	5	n/a	n/a	0.3	9.8	1	1	0.3	2.3	0.3	5	n/a	n/a
Methoxychlor	1	5	1	0.48	2.4	0.48	4.8	0.48	2.4	0.48	2.4	0.48	0.96	0.48	2.4	n/a	n/a	0.48	4.8	0.48	0.48	0.48	2.4	0.48	2.4	n/a	n/a
Toxaphene	21	105	21	13	98	13	140	13	230	13	200	13	110	19	160	n/a	n/a	13	160	21	21	13	130	13	140	n/a	n/a

Notes:
 ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), than the MRL will be used as the ACGs.
 MDL - method detection limit
 ww - wet weight
 n/a - not available
 Highlighted values exceed the ACG, and values in red exceed five times the ACG.
 -- not analyzed

Table 5-12. Comparison of Analytical Concentration Goals and Method Detection Limits to Actual Detection Limits for Polycyclic Aromatic Hydrocarbons

Analyte	ACG (µg/kg, ww)	5X ACG (µg/kg, ww)	Planned MDL (µg/kg, ww)	Actual MDL (µg/kg, ww) (min-max)																							
				Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch	
				Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
2-Methylnaphthalene	0.44	2.2	0.44	0.06	1.3	0.06	0.83	0.06	0.9	0.06	3.3	0.06	0.3	0.06	0.3	n/a	n/a	0.06	4.6	0.12	0.12	0.06	1.6	0.06	1.5	n/a	n/a
Acenaphthene	0.11	0.55	0.11	0.05	1.3	0.05	0.65	0.05	1.2	0.05	0.52	0.05	0.26	0.05	0.26	n/a	n/a	0.05	0.52	0.11	0.11	0.05	0.52	0.05	0.99	n/a	n/a
Acenaphthylene	0.069	0.345	0.069	0.05	0.24	0.05	0.79	0.05	0.47	0.05	1.7	0.05	0.24	0.05	0.24	n/a	n/a	0.05	0.47	0.09	0.09	0.05	0.47	0.05	0.86	n/a	n/a
Anthracene	0.065	0.325	0.065	0.19	1.5	0.19	3.4	0.19	17	0.19	7.6	0.19	16	0.19	0.94	n/a	n/a	0.19	29	0.38	0.38	0.19	7.3	0.19	3.8	n/a	n/a
Benzo(a)anthracene	0.066	0.33	0.066	0.16	0.8	0.16	2	0.16	20	0.16	13	0.16	1.6	0.16	0.79	n/a	n/a	0.16	37	0.32	0.32	0.16	8.3	0.16	19	n/a	n/a
Benzo(a)pyrene	0.081	0.405	0.081	0.06	3	0.06	0.06	0.06	0.61	0.06	0.61	0.06	0.31	0.06	0.3	n/a	n/a	0.06	0.61	0.13	0.13	0.06	1.3	0.06	0.61	n/a	n/a
Benzo(b)fluoranthene	0.07	0.35	0.07	0.14	0.7	0.14	0.14	0.14	1.4	0.14	1.4	0.14	0.7	0.14	0.69	n/a	n/a	0.14	1.4	0.28	0.28	0.14	2.8	0.14	2.7	n/a	n/a
Benzo(ghi)perylene	0.073	0.365	0.073	0.06	0.29	0.06	0.06	0.06	0.58	0.06	0.58	0.06	0.95	0.06	0.29	n/a	n/a	0.06	0.58	0.12	0.12	0.06	1.2	0.06	2.6	n/a	n/a
Benzo(k)fluoranthene	0.056	0.28	0.056	0.09	0.46	0.09	0.09	0.09	0.92	0.09	0.92	0.09	0.46	0.09	0.46	n/a	n/a	0.09	0.92	0.19	0.19	0.09	1.9	0.09	3	n/a	n/a
Chrysene	0.076	0.38	0.076	0.2	1	0.2	3.8	0.2	5.5	0.2	3.5	0.2	2	0.2	0.99	n/a	n/a	0.2	30	0.4	0.4	0.2	17	0.2	3.5	n/a	n/a
Dibenzo(a,h)anthracene	0.059	0.295	0.059	0.04	0.23	0.04	0.04	0.04	0.45	0.04	0.45	0.04	0.93	0.04	0.23	n/a	n/a	0.04	0.45	0.09	0.09	0.04	0.9	0.04	3.5	n/a	n/a
Fluoranthene	0.09	0.45	0.09	0.15	0.75	0.15	0.62	0.15	1.5	0.15	3.1	0.15	3.2	0.15	0.74	n/a	n/a	0.15	5.6	0.3	0.3	0.15	3.8	0.15	4.6	n/a	n/a
Fluorene	0.15	0.75	0.15	0.1	0.48	0.1	0.1	0.1	0.95	0.1	0.95	0.1	0.48	0.1	0.47	n/a	n/a	0.1	0.95	0.19	0.19	0.1	4.3	0.1	0.95	n/a	n/a
Indeno[1,2,3-cd]pyrene	0.064	0.32	0.064	0.1	0.5	0.1	0.1	0.1	1	0.1	1	0.1	1.2	0.1	0.5	n/a	n/a	0.1	1	0.2	0.2	0.1	2	0.1	3.2	n/a	n/a
Naphthalene	0.4	2	0.4	0.08	1.4	0.08	1.9	0.16	9.5	0.08	5.5	0.08	2.5	0.08	0.62	n/a	n/a	0.08	6.8	0.16	0.16	0.08	2.3	0.08	2.3	n/a	n/a
Phenanthrene	0.36	1.8	0.36	0.32	2.5	0.32	1.1	0.32	4.9	0.32	3.2	0.32	3.2	0.32	1.6	n/a	n/a	0.32	18	0.64	0.64	0.32	6.4	0.32	3.2	n/a	n/a
Pyrene	0.098	0.49	0.098	0.12	0.6	0.12	1.2	0.12	1.2	0.12	3.6	0.12	4.3	0.12	0.59	n/a	n/a	0.12	9.3	0.24	0.24	0.12	2.4	0.12	1.2	n/a	n/a

Notes:

ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), then the MRL will be used as the ACGs.

MDL - method detection limit

ww - wet weight

n/a - not available

Highlighted values exceed the ACG, and values in red exceed five times the ACG.

Table 5-13. Comparison of Analytical Concentration Goals and Method Detection Limits to Actual Detection Limits for Semi-volatile Organic Compounds

Analyte	ACG (µg/kg, ww)	5X ACG (µg/kg, ww)	Planned MDL (µg/kg, ww)	Actual MDL (µg/kg, ww) (min-max)																							
				Burbot		Kokanee		Lake Whitefish		Largescale Sucker		Longnose Sucker		Mountain Whitefish		Pikeminnow		Rainbow Trout		Sculpin		Smallmouth Bass		Walleye		Yellow Perch	
				Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1,1'-Biphenyl	0.17	0.85	0.17	0.12	0.62	0.43	0.7	0.24	1.2	0.12	1.2	0.23	1.7	0.12	0.59	n/a	n/a	0.35	4.3	0.7	0.7	0.23	1.2	0.44	1.4	n/a	n/a
1,2,4-Trichlorobenzene	4.2	21	4.2	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	n/a	n/a	6.3	6.3	6.3	6.3	6.3	6.3	6.3	6.3	n/a	n/a
4-Bromophenyl-phenylether	4.1	20.5	4.1	4.1	4.3	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	n/a	n/a	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	n/a	n/a
4-Chlorophenyl-phenyl ether	3	15	3	4.6	11	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	n/a	n/a	4.6	4.6	4.6	4.6	4.6	11	4.6	14	n/a	n/a
bis(2-Ethylhexyl)phthalate	66	330	66	210	320	210	210	210	210	210	210	210	210	210	210	n/a	n/a	210	540	210	210	210	3700	210	210	n/a	n/a
Butyl benzyl phthalate	7.3	36.5	7.3	210	210	210	210	210	210	210	210	210	210	210	210	n/a	n/a	210	210	210	210	210	210	210	210	n/a	n/a
Dibenzofuran	2.6	13	2.6	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	n/a	n/a	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	n/a	n/a
Di-n-butyl phthalate	100	500	100	16	410	190	2800	16	11000	20	13000	20	420	55	130	n/a	n/a	20	16000	83	83	16	7600	16	1700	n/a	n/a
Di-n-octylphthalate	11	55	11	9	9	9	9	9	40	9	9	9	570	9	9	n/a	n/a	9	370	9	9	9	9	9	9	n/a	n/a
Hexachlorocyclopentadiene	330	1650	330	300	350	300	300	300	300	300	350	350	350	350	350	n/a	n/a	300	350	350	350	300	350	300	350	n/a	n/a
Hexachloroethane	12	60	12	16	16	16	16	16	16	16	16	16	16	16	16	n/a	n/a	16	16	16	16	16	16	16	16	n/a	n/a
Pentachlorophenol	0.4	2	0.4	4.5	4.5	4.5	4.5	4.5	18	4.5	4.5	4.5	4.5	4.5	4.5	n/a	n/a	4.5	18	4.5	4.5	4.5	4.5	4.5	4.5	n/a	n/a

Notes:
 ACG - analytical concentration goal, represent the lowest risk-based concentration (RBC) value for human health or 1/5th of the fish or wildlife RBCs. If the RBC is lower than the method reporting limit (MRL), than the MRL will be used as the ACGs.
 MDL - method detection limit
 ww - wet weight
 n/a - not available
 Highlighted values exceed the ACG, and values in red exceed five times the ACG.

Table 5-14. Number of 2009 Fish Samples Analyzed for TAL Metals/Metalloids + Uranium

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
≤15 cm	Benthivore	WHOLEFISH	3	3	3	2	1	1	13
	Insectivore	WHOLEFISH	2	2	2	0	0	0	6
	Omnivore	WHOLEFISH	1	2	3	3	3	3	15
≤15 cm Total			6	7	8	5	4	4	34
	Benthivore	WHOLEFISH	1	2	2	1	1	0	7
	Insectivore	WHOLEFISH	2	1	2	1	2	2	10
	Omnivore	WHOLEFISH	1	1	1	1	0	0	4
	Piscivore	WHOLEFISH	0	1	3	2	2	3	11
>15 – ≤ 30 Total			4	5	8	5	5	5	32
>30 cm	Burbot	FILLETSKIN	1	3	5	6	6	5	26
		REMAINDER	1	3	5	6	6	5	26
Burbot Total			2	6	10	12	12	10	52
	Kokanee	FILLETSKIN	6	6	6	6	6	5	35
		REMAINDER	6	6	6	6	6	5	35
Kokanee Total			12	12	12	12	12	10	70
	Smallmouth bass	FILLETSKIN	0	1	9	2	3	9	24
		REMAINDER	0	1	9	2	3	9	24
Smallmouth bass Total			0	2	18	4	6	18	48
	Sucker	FILLETSKIN	3	11	5	14	4	6	43
		REMAINDER	3	11	5	14	4	6	43
Sucker Total			6	22	10	28	8	12	86
	Trout	FILLETSKIN	6	6	6	6	6	6	36
		REMAINDER	6	6	6	6	6	6	36
Trout Total			12	12	12	12	12	12	72
	Walleye	FILLETSKIN	5	6	6	6	6	6	35
		REMAINDER	5	5	6	6	6	6	34
Walleye Total			10	11	12	12	12	12	69
	Whitefish	FILLETSKIN	3	4	6	6	4	0	23
		REMAINDER	3	4	6	6	4	0	23
Whitefish Total			6	8	12	12	8	0	46
>30 cm Total			48	73	86	92	70	74	443
Grand Total			58	85	102	102	79	83	509

Table 5-15. Number of Additional 2009 Fish Individual Fillet Samples Analyzed for Total Mercury

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
>30 cm	Burbot	FILLETSKIN	0	0	0	0	0	0	0
	Kokanee	FILLETSKIN	0	0	0	0	0	0	0
	Smallmouth bass	FILLETSKIN	0	1	0	2	13	50	66
	Sucker	FILLETSKIN	0	0	0	0	0	0	0
	Trout	FILLETSKIN	0	0	0	0	0	0	0
	Walleye	FILLETSKIN	24	43	45	37	32	34	215
	Whitefish	FILLETSKIN	0	0	0	0	0	0	0
Grand Total			24	44	45	39	45	84	281

Table 5-16. Number of 2009 Fish Samples Analyzed for Non-TAL Metals/Metalloids

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
≤15 cm	Benthivore	WHOLEFISH	1	1	1	1	1	0	5
	Insectivore	WHOLEFISH	1	0	0	0	0	0	1
	Omnivore	WHOLEFISH	0	1	1	1	1	2	6
≤15 cm Total			2	2	2	2	2	2	12
>15 – ≤ 30 cm	Benthivore	WHOLEFISH	1	1	1	1	1	0	5
	Insectivore	WHOLEFISH	0	0	0	0	0	0	0
	Omnivore	WHOLEFISH	1	1	1	1	0	0	4
	Piscivore	WHOLEFISH	0	0	2	2	2	3	9
>15 – ≤ 30 Total			2	2	4	4	3	3	18
>30 cm	Burbot	FILLETSKIN	1	1	2	2	2	2	10
		REMAINDER	1	1	2	2	2	2	10
Burbot Total			2	2	4	4	4	4	20
Kokanee		FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Kokanee Total			4	4	4	4	4	4	24
Smallmouth bass		FILLETSKIN	0	1	3	2	1	3	10
		REMAINDER	0	1	3	2	1	3	10
Smallmouth bass Total			0	2	6	4	2	6	20
Sucker		FILLETSKIN	1	4	2	5	2	2	16
		REMAINDER	1	4	2	5	2	2	16
Sucker Total			2	8	4	10	4	4	32
Trout		FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Trout Total			4	4	4	4	4	4	24
Walleye		FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Walleye Total			4	4	4	4	4	4	24
Whitefish		FILLETSKIN	1	2	2	2	2	0	9
		REMAINDER	1	2	2	2	2	0	9
Whitefish Total			2	4	4	4	4	0	18
>30 cm Total			18	28	30	34	26	26	162
Grand Total			22	32	36	40	31	31	192

Notes:

TAL - target analyte list

Table 5-17. Number of 2009 Fish Fillet Samples Analyzed for Inorganic Arsenic

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
>30 cm	Burbot	FILLETSKIN	1	3	5	6	6	5	26
	Kokanee	FILLETSKIN	2	2	2	2	3	2	13
	Smallmouth bass	FILLETSKIN	0	1	3	2	1	3	10
	Sucker	FILLETSKIN	1	4	2	5	2	2	16
	Trout	FILLETSKIN	2	2	2	2	2	2	12
	Walleye	FILLETSKIN	2	2	2	2	2	2	12
	Whitefish	FILLETSKIN	1	2	2	2	2	0	9
Grand Total			9	16	18	21	18	16	98

Table 5-18. Number of 2009 Fish Samples Analyzed for Dioxins, Furans and Polychlorinated Biphenyl Congeners

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
<15 cm	Benthivore	WHOLEFISH	3	3	3	1	1	0	11
	Insectivore	WHOLEFISH	2	2	2	0	0	0	6
	Omnivore	WHOLEFISH	1	2	3	3	3	3	15
<15 cm Total			6	7	8	4	4	3	32
>15 – ≤ 30 cm	Benthivore	WHOLEFISH	1	2	2	1	1	0	7
	Insectivore	WHOLEFISH	2	1	2	1	2	2	10
	Omnivore	WHOLEFISH	1	1	1	1	0	0	4
	Piscivore	WHOLEFISH	0	1	3	2	2	3	11
>15 – ≤ 30 cm Total			4	5	8	5	5	5	32
>30 cm	Burbot	FILLETSKIN	1	3	5	6	6	5	26
		REMAINDER	1	3	5	6	6	5	26
	Burbot Total		2	6	10	12	12	10	52
	Kokanee	FILLETSKIN	6	6	6	6	6	5	35
		REMAINDER	6	6	6	6	6	5	35
	Kokanee Total		12	12	12	12	12	10	70
	Smallmouth bass	FILLETSKIN	0	1	9	2	3	9	24
		REMAINDER	0	1	9	2	3	9	24
	Smallmouth bass Total		0	2	18	4	6	18	48
	Sucker	FILLETSKIN	3	11	5	14	4	6	43
		REMAINDER	3	11	5	14	4	6	43
	Sucker Total		6	22	10	28	8	12	86
	Trout	FILLETSKIN	6	6	6	6	6	6	36
		REMAINDER	6	6	6	6	6	6	36
	Trout Total		12	12	12	12	12	12	72
	Walleye	FILLETSKIN	5	6	6	6	6	6	35
		REMAINDER	5	5	6	6	6	6	34
	Walleye Total		10	11	12	12	12	12	69
	Whitefish	FILLETSKIN	3	4	6	6	4	0	23
		REMAINDER	3	4	6	6	4	0	23
	Whitefish Total		6	8	12	12	8	0	46
>30 cm Total			48	73	86	92	70	74	443
Grand Total			58	85	102	101	79	82	507

Table 5-19. Number of 2009 Fish Samples Analyzed for Polybrominated Diphenylether Congeners

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
<15 cm	Benthivore	WHOLEFISH	1	1	1	1	1	0	5
	Insectivore	WHOLEFISH	1	0	0	0	0	0	1
	Omnivore	WHOLEFISH	0	1	1	1	1	2	6
<15 cm Total			2	2	2	2	2	2	12
>15 – ≤ 30 cm	Benthivore	WHOLEFISH	1	1	1	1	1	0	5
	Omnivore	WHOLEFISH	1	1	0	0	0	0	2
	Piscivore	WHOLEFISH	0	0	1	1	1	3	6
>15 – ≤ 30 cm Total			2	2	2	2	2	3	13
>30 cm	Burbot	FILLETSKIN	1	1	2	2	2	2	10
		REMAINDER	1	1	2	2	2	2	10
Burbot Total			2	2	4	4	4	4	20
	Kokanee	FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	1	2	2	2	2	2	11
Kokanee Total			3	4	4	4	4	4	23
	Smallmouth bass	FILLETSKIN	0	1	3	1	1	3	9
		REMAINDER	0	1	3	1	1	3	9
Smallmouth bass Total			0	2	6	2	2	6	18
	Sucker	FILLETSKIN	1	4	2	5	2	2	16
		REMAINDER	1	4	2	5	2	2	16
Sucker Total			2	8	4	10	4	4	32
	Trout	FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Trout Total			4	4	4	4	4	4	24
	Walleye	FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Walleye Total			4	4	4	4	4	4	24
	Whitefish	FILLETSKIN	1	2	2	2	2	0	9
		REMAINDER	1	2	2	2	2	0	9
Whitefish Total			2	4	4	4	4	0	18
>30 cm Total			17	28	30	32	26	26	159
Grand Total			21	32	34	36	30	31	184

Table 5-20. Number of 2009 Fish Samples Analyzed for Organochlorine Pesticides, Polycyclic Aromatic Hydrocarbons, and Semi-volatile Organic Compounds

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
<15 cm	Benthivore	WHOLEFISH	1	1	1	1	1	0	5
	Insectivore	WHOLEFISH	1	0	0	0	0	0	1
	Omnivore	WHOLEFISH	0	1	1	1	1	2	6
<15 cm Total			2	2	2	2	2	2	12
>15 – ≤ 30 cm	Benthivore	WHOLEFISH	1	1	1	1	1	0	5
	Omnivore	WHOLEFISH	1	1	0	0	0	0	2
	Piscivore	WHOLEFISH	0	0	1	1	1	3	6
>15 – ≤ 30 cm Total			2	2	2	2	2	3	13
>30 cm	Burbot	FILLETSKIN	1	1	2	2	2	2	10
		REMAINDER	1	1	2	2	2	2	10
Burbot Total			2	2	4	4	4	4	20
	Kokanee	FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Kokanee Total			4	4	4	4	4	4	24
	Smallmouth bass	FILLETSKIN	0	1	3	2	1	3	10
		REMAINDER	0	1	3	2	1	3	10
Smallmouth bass Total			0	2	6	4	2	6	20
	Sucker	FILLETSKIN	1	4	2	5	2	2	16
		REMAINDER	1	4	2	5	2	2	16
Sucker Total			2	8	4	10	4	4	32
	Trout	FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Trout Total			4	4	4	4	4	4	24
	Walleye	FILLETSKIN	2	2	2	2	2	2	12
		REMAINDER	2	2	2	2	2	2	12
Walleye Total			4	4	4	4	4	4	24
	Whitefish	FILLETSKIN	1	2	2	2	2	0	9
		REMAINDER	1	2	2	2	2	0	9
Whitefish Total			2	4	4	4	4	0	18
>30 cm Total			18	28	30	34	26	26	162
Grand Total			22	32	34	38	30	31	187

Table 5-21. Number of 2009 Fish Samples Analyzed for Lipid Content

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
<15 cm	Benthivore	WHOLEFISH	3	3	3	1	1	0	11
	Insectivore	WHOLEFISH	2	2	2	0	0	0	6
	Omnivore	WHOLEFISH	1	2	3	3	3	3	15
<15 cm Total			6	7	8	4	4	3	32
>15 – ≤ 30 cm	Benthivore	WHOLEFISH	1	2	2	1	1	0	7
	Insectivore	WHOLEFISH	1	1	2	1	2	2	9
	Omnivore	WHOLEFISH	1	1	1	1	0	0	4
	Piscivore	WHOLEFISH	0	1	3	2	2	3	11
>15 – ≤ 30 cm Total			3	5	8	5	5	5	31
>30 cm	Burbot	FILLETSKIN	1	3	5	6	6	5	26
		REMAINDER	1	3	5	6	6	5	26
Burbot Total			2	6	10	12	12	10	52
	Kokanee	FILLETSKIN	6	6	6	6	6	5	35
		REMAINDER	6	6	6	6	6	5	35
Kokanee Total			12	12	12	12	12	10	70
	Smallmouth bass	FILLETSKIN	0	1	9	2	3	9	24
		REMAINDER	0	1	9	2	3	9	24
Smallmouth bass Total			0	2	18	4	6	18	48
	Sucker	FILLETSKIN	3	11	5	13	4	6	42
		REMAINDER	3	11	5	13	4	6	42
Sucker Total			6	22	10	26	8	12	84
	Trout	FILLETSKIN	6	6	6	6	6	6	36
		REMAINDER	6	6	6	6	6	6	36
Trout Total			12	12	12	12	12	12	72
	Walleye	FILLETSKIN	5	6	6	6	6	6	35
		REMAINDER	5	5	6	6	6	6	34
Walleye Total			10	11	12	12	12	12	69
	Whitefish	FILLETSKIN	3	4	6	6	4	0	23
		REMAINDER	3	4	6	6	4	0	23
Whitefish Total			6	8	12	12	8	0	46
>30 cm Total			48	73	86	90	70	74	441
Grand Total			57	85	102	99	79	82	504

Table 5-22. Number of 2009 Fish Samples Analyzed for Moisture Content

Size	Group	Type	FSCA						Grand Total
			1	2	3	4	5	6	
<15 cm	Benthivore	WHOLEFISH	3	3	3	2	1	1	13
	Insectivore	WHOLEFISH	2	2	2	0	0	0	6
	Omnivore	WHOLEFISH	1	2	3	3	3	3	15
<15 cm Total			6	7	8	5	4	4	34
>15 – ≤ 30 cm	Benthivore	WHOLEFISH	1	2	2	1	1	0	7
	Insectivore	WHOLEFISH	2	1	2	1	2	2	10
	Omnivore	WHOLEFISH	1	1	1	1	0	0	4
	Piscivore	WHOLEFISH	0	1	3	2	2	3	11
>15 – ≤ 30 cm Total			4	5	8	5	5	5	32
>30 cm	Burbot	FILLETSKIN	1	3	5	6	6	5	26
		REMAINDER	1	3	5	6	6	5	26
Burbot Total			2	6	10	12	12	10	52
Kokanee	FILLETSKIN	FILLETSKIN*	6	6	6	6	6	5	35
		REMAINDER	6	6	6	6	6	5	35
Kokanee Total			12	12	12	12	12	10	70
Smallmouth bass	FILLETSKIN*	FILLETSKIN*	0	2	9	4	16	59	90
		REMAINDER	0	1	9	2	3	9	24
Smallmouth bass Total			0	3	18	6	19	68	114
Sucker	FILLETSKIN	FILLETSKIN	3	11	5	14	4	6	43
		REMAINDER	3	11	5	14	4	6	43
Sucker Total			6	22	10	28	8	12	86
Trout	FILLETSKIN	FILLETSKIN	6	6	6	6	6	6	36
		REMAINDER	6	6	6	6	6	6	36
Trout Total			12	12	12	12	12	12	72
Walleye	FILLETSKIN*	FILLETSKIN*	29	48	51	43	38	40	249
		REMAINDER	5	5	6	6	6	6	34
Walleye Total			34	53	57	49	44	46	283
Whitefish	FILLETSKIN	FILLETSKIN	3	4	6	6	4	0	23
		REMAINDER	3	4	6	6	4	0	23
Whitefish Total			6	8	12	12	8	0	46
>30 cm Total			72	116	131	131	115	158	723
Grand Total			82	128	147	141	124	167	789

Note:

* includes additional fillets analyzed for mercury and total solids only

APPENDIX A

PHOTOGRAPHS OF FISH SAMPLING



Photograph A-1. Deploying a Gill Net



Photograph A-2. Deployed Gill Net



Photograph A-3. Electrofishing Vessel



Photograph A-4. Burbot Trap Deployment



a



b



c



d

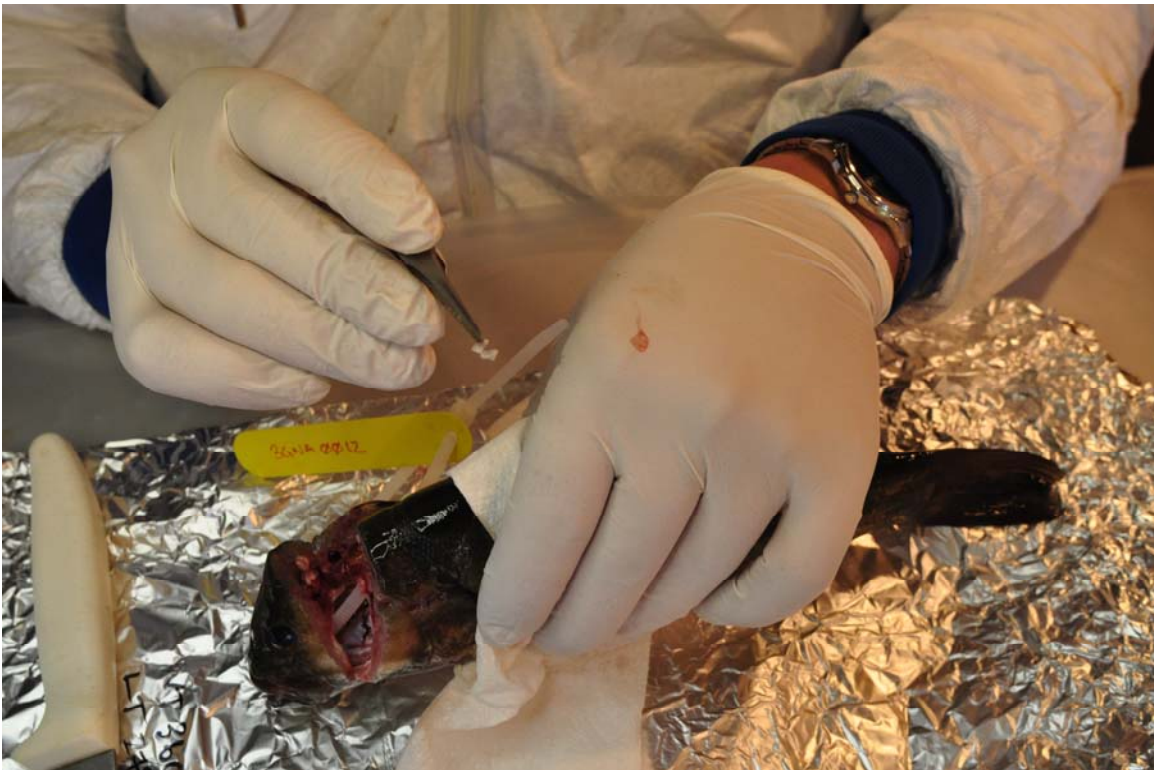
Photograph A-5a-d. Example of a Beach Seine Haul



Photograph A-6. Deployed Hoop Net



Photograph A-7. Fish Length, Weight, and Photograph Station



Photograph A-8. Example of Otolith Removal



Photograph A-9. Example of Large Scale Sucker Gut Content Removal



Photograph A-10. Example of Large Scale Sucker Gut Content Transfer for Analytical Archive

APPENDIX B

COMPLETED LENGTH-WEIGHT FORMS

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species BLACK CRAPPIE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	1E10034	56	21	✓	10/01/2009	1744
2						
3						
4						
5						
6						
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Black Crappie

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
0 1	3ED0133 3ED0133	95	12.5	✓	10/6/09	1013
0 2	3ED0187	94	10.0	✓	↓	16:40
0 3	3ED0232	83	8.3	✓	10/7/09	0840
0 4	3ED0158	70	5.1	✓	✓	0843
0 5	3ED0114	99	12.8	✓	10/7/09	0845
0 6	3ED0233	88	9.1	✓	10/7/09	0847
0 7	3ED0274	76	5.1	✓	10/7/09	0850
0 8	3ED0159	86	9.4	✓	10/7/09	0853
0 9	3ED0166	85	7.8	✓	10/7/09	0855
0 10	3ED0161	90	9.8	✓	10/7/09	0858
0 11	3ED0115	80	6.3	✓	10/7/09	0900
0 12	3ED0116	82	6.9	✓	10/7/09	0905
0 13	3ED0164	90	9.5	✓	10/7/09	0909
0 14	3ED0235	60	2.0	✓	10/7/09	0912
0 15	3ED0234	94	11.2	✓	10/7/09	0913
0 16	3ED0162	89	9.8	✓	10/7/09	0916
0 17	3ED0163	92	11.0	✓	10/7/09	0920
0 18	3ED0165	82	7.6	✓	10/7/09	0921
0 19	3ED0160	104	16.8	✓	10/7/09	0924
0 20	3ED0134	87 ^{5/10/09}	8.8	✓	10/7/09	0930
0 21	3ED0132	11.0 ⁹²	11.0	✓	10/7/09	0932
0 22	3ED0117	85	8.0	✓	10/7/09	0937 ✓
0 23	3EF0034	80	5.7	✓	10/7/09	1413
0 24	3ED0311	87 ⁸⁸	10.3	✓	10/7/09	1500
0 25	3ED0312	105	12.2	✓	10/7/09	1540

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Black Crayfish

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	3ED0315	104	10.4	✓	10/7/09	1555
① 2	3ED0310	107	15.4	✓	10/7/09	1627
① 3	3ED0337	77	5.6	✓	10/7/09	1645
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Black Crappie

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5ED0194	115	19.8	✓	10/14/09	1227
2						
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species black crappie

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6ED0066	99	13.0	✓	10/17/09	1454
2						
3						
4						
5						
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Blue Gills

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Pictures
①	2A0006	35	<1	✓	9/30/09	1204	✓
②	2A0007	36	<1	✓	9/30/09	1207	✓
③	2A0076	38	1	✓	9/30/09	1617	✓
④	2A0021	36	<1		9/30/09	1903	✓
5	2A0021						
⑥	2A0048	36	<1	✓	9/30/09	1906	✓
⑦	2A0081	33	1	✓	9/30/09	1910	✓
⑧	2A0080	28	<1	✓	9/30/09	1915	✓
⑨	2GN10097	26	0.3	✓	10/3/09	1538	✓
⑩	2GN10098	28	0.3	✓	10/3/09	1540	✓
⑪	2GN10101	28	0.5	✓	10/3/09	1543	✓
⑫	2GN10102	26	0.3	✓	10/3/09	1549	✓
⑬	2GN10099	29	0.4	✓	10/3/09	1559	✓
⑭	2GN10100	28	0.4	✓	10/3/09	1610	✓
⑮	C2GN0120	26	0.5	✓	10/3/09	1744	✓
⑯	C2GN0121	26	0.6	✓	10/3/09		✓
17	C2GN0119	40	0.6				
18	C2GN0116	56	1.4	✓	10/3/09	1803	
19							
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species blue gill

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	6SE0003	50	1.9	✓	10/16/09	1705
✓ ②	6SE0004	45	1.3	✓	10/16/09	1708
✓ ③	6SE0001	45	1.3	✓	10/16/09	1713
✓ ④	6SE0015	47	1.5	✓	10/16/09	1715
✓ ⑤	6SE0016	40	1.0	✓	10/16/09	1716
✓ ⑥	6SE0017	50	1.7	✓	10/16/09	1718
✓ ⑦	6SE0018	40	0.9	✓	10/16/09	1720
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Burbot

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	GBT2105 (15)					
2	1BTC0001	555	645	✓	10/3/09	1640
3						
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species BulBOT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	2GN60028	561	1137	✓	10/2/09	1424
②	2CBT2105	479	609	✓	10/3/09	0930
3						1630
④	2BTL0004	unknown	unknown	none	10/6/09	late entry
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6						
7						
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9						
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Burbot

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	2BTC0004	623	1366g	✓	10/6/09	0906
2						
3						
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5						
6						
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Burbot

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⑥
⑦
⑧
⑨

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3ED0105	510	541	✓	10/6/09	0924
2	3BTC0005	570	718	✓	10/6/09	1630
3	3BTC0006	522	730	✓	10/6/09	1635
④	3GNA0020	461	493	✓	10/07/2009	1341
⑥	3GNA0069	436	511	✓	10/07/2009	1344
⑦	3GNA0021	465	566	✓	10/07/2009	1352
⑧	3GNA0070	570	1085	✓	10/07/2009	1357
⑧	3GNL0039	W Form			10/11/09	0000
⑨	3GNL0040	ll	ll		10/11/09	0000
10	3GNL0039	ll	ll		10/13/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Burbot

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	3BTC0007	480	541	✓	10/8/9	0943
② 2	3BTC0008	470	662	✓	10/8/9	0947
③ 3	3BTC0009	530	857	✓	10/8/9	0953
④ 4	3BTC0010	600	927	✓	10/8/9	0957
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Burbot

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	4ED0397	605	978	✓	10/8/09	1817
②	4ED0398	623	624	✓	10/8/09	1800
③	4ED0399	590	845	✓	10/8/09	1800
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species BURBOT

Fish No	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	4TF0007	475	666	✓	10/9/09	0937
2	4TF0008	540	796	✓	10/9/09	0941
3	4TF0004	540	828	✓	10/9/09	1005
4	4TF0001	570	944	✓	10/9/09	1012
5	4TF0002	525	781	✓	10/9/09	1015
6	4TF0003	420	448	✓	10/9/09	1019
7	46NA0010	475	538	✓	10/9/09	1542
8	4TF0004	475	475	✓	10/9/09	0937
9	4TF0004	475	475	✓	10/9/09	0937
10	4TF0004	475	475	✓	10/9/09	0937
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Burbot BU

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0461	433	424	✓	10/10/09	08:51
②	4GNA0099	493	753	✓	10/10/09	10:08
③	4EB0064	441	400	✓	10/10/09	1050
④	4EB0065	450	437	✓	10/10/09	1054
⑤	4EB0063	513	632	✓	10/10/09	1056
6	4EB0066	360	457	✓	10/10/09	1103
7	4EB0067	375	472	✓	10/10/09	1107
8	4GNE0021	243	146	✓	10/10/09	1109
⑨	4TF0010	585	888	✓	10/10/09	1317
⑩	4EB0031	539	600	✓	10/10/09	1339
11	3GNL0039	540	790	✓	10/10/09	1349
⑫	4BTFO012	620	1194	✓	10/10/09	1607
13	4BTFO001			✓	10/10/09	1614
⑭	4BTFO011	845	845 ⁵⁹⁰	✓	10/10/09	1613
⑮	4BTFO013	591	775	✓	10/10/09	1625
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species BWDF

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
(1)	4ED0605	511	401	✓	10/15/09	1327
(2)	4ED0612	523	789	✓	10/15/09	1330
(3)	4ED0607	467	502	✓	10/15/09	1336
(4)	4ED0604	555	709	✓	10/15/09	1337
(5)	4ED0606	545	886	✓	10/15/09	1339
(6)	4ED0600	483	710	✓	10/15/09	1340
(7)	4ED0602	522	800	✓	10/15/09	1343
(8)	4ED0601	480	471	✓	10/15/09	1345
(9)	4ED0608	558	866	✓	10/15/09	1347
(10)	4ED0603	570	1090	✓	10/15/09	1349
(11)	4ED0611	552	833	✓	10/15/09	1352
(12)	4ED0609	420	393	✓	10/15/09	1355
(13)	4ED0610	486	641	✓	10/15/09	1358
(14)	4ED0614	547	806	✓	10/15/09	1400
(15)	4ED0613	518	779	✓	10/15/09	1403
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species BURBOT

✓

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNE0611	500	645	✓	10/16/09	0935
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Burbot

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNE0613	573	1034	✓	10/16/09	939
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species BURBOT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
(1)	5BC0002	522	863	✓	10/13/09	0951
(2)	5BC0001	612	948	✓	10/13/09	0955
(3)	5BC0004	549	750	✓	10/13/09	1000
(4)	5BC0003	586	571	✓	10/13/09	1005
5				✓	10/13/09	1010 1010 8 10/13/09
(6)	5TF0007	580	1017	✓	10/13/09	1138
(7)	5TF0001	591	1072	✓	10/13/09	1153
(8)	5TF0003	624	1172	✓	10/13/09	1154
(9)	5EB0105	510	534	✓	10/13/09	1200
(10)	5EB0103	549	651	✓	10/13/09	1301
(11)	5EB0104	556	664	✓	10/13/09	1304
(12)	5ED0120	594	993	✓	10/13/09	1310
(13)	5ED0121	508	500	✓	10/13/09	1316
(14)	5TC0007	530	730	✓	10/13/09	1453
(15)	5TC0005	578	877	✓	10/13/09	1459
(16)	5TC0006	561	920	✓	10/13/09	1500
(17)	5TC0008	556	698	✓	10/13/09	1504
(18)	5TF0007	586	1064	✓	10/13/09	1506
(19)	5TF0006			✓	10/13/09	1510
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species BURBOT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5G-NA 0053	440	545	✓	8/10/12 10/13/12	1732
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species BURBOT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	STC0015	601	940	✓	10/14/09	1422
②	STC0012	562	722	✓	10/14/09	1447
③	STC0010	520	522	✓	10/14/09	1452
④	STC0011	586	870	✓	10/14/09	1456
⑤	STC0013	616	943	✓	10/14/09	1501
⑥	STC0016	495	448	✓	10/14/09	1510
⑦	STC0014	537	692	✓	10/14/09	1526
⑧	STF0016	507	713	✓	10/14/09	1529
⑨	STF0013	509	741	✓	10/14/09	1532
⑩	STF0011	523	604	✓	10/14/09	1535
⑪	STF0010	555	676	✓	10/14/09	1538
⑫	STF0012	590	901	✓	10/14/09	1547
13	SGNE00069	514	8			
⑭	SGNE00044	540	852	✓	10/14/09	1601
⑮	SGNE00046	475	571	✓	10/14/09	1609
⑯	SGNE00045	570	1073	✓	10/14/09	1615
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species BURBOT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	6BTC0001	528	634	✓	10/16/09	1255
✓ ②	6GNA0021	475	591	✓	10/16/09	1300
✓ ③	6GNA0020	463	515	✓	10/16/09	1309
✓ ④	6GNA0041	445	572	✓	10/16/09	1313
✓ ⑤	6EB0178	524	543	✓	10/16/09	1451
✓ ⑥	6GNA0081	515	653	✓	10/16/09	1730
✓ ⑦	6TC0019	520	623	✓	10/16/09	1732
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species BURBOT

✓
✓
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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	WEB0180	540	708	✓	10/16/09	1622
②	WED0018	525	669	✓	10/16/09	1629
③	WEB0179	565	850	✓	10/16/09	1632
④	WED0016	490	733	✓	10/16/09	1637
⑤	WED0017	490	532	✓	10/16/09	1640
⑥	WTF0021	567	978	✓	10/16/09	1642
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Burbot

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	6EB0223	494	673	✓	10/17/09	0950
②	6ED0041	424	381	✓	10/17/09	1057
③	6ENA0129	532	1044	✓	10/17/09	1101
④	6ED0040	478	481	✓	10/17/09	1106
⑤	6ED0039	478	488	✓	10/17/09	1110
⑥	6ED0038	520	532	✓	10/17/09	1114
⑦	6ED0044	555	616	✓	10/17/09	1122
⑧	6ED0042	504	439	✓	10/17/09	1128
⑨	6ED0045	502	543	✓	10/17/09	1135
⑩	6BNE0003	473	549	✓	10/17/09	1337
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species BURBOT

10/30

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	06NE0001	536	848	✓	10/17/09	1343
②	06NE0005	535	449	✓	10/17/09	1348
③	06NE0002	570	1202	✓	10/17/09	1352
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species BURBOT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6TR0020	514	532	✓	10/17/09	1412
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A = hatchery
B = wild

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
0	✓ 1N0003 (H)	304	332 g	✓	9/30/09	1255
	⊖ 1N0005 (H)	311	377 g	✓	9/30/09	1301
0	⊖ 1N0002 (H)	313	339 g	✓	9/30/09	1309
0	⊖ 1N0001 (H)	336	383 g	✓	9/30/09	1323
	✓ 1E0019 (H)	265	204 g	✓	9/30/09	1531
	✓ 1E0002 (H)	273	200	✓	9/30/09	1545
	✓ 1GN10031 (H)	287	299	✓	9/30/09	1640
	✓ 1GN10028 (H)	311	328	✓	9/30/09	1653
	✓ 1GN10008 (H)	337	366	✓	9/30/09	1658
	✓ 1GN10001 (H)	339	469	✓	9/30/09	1704
	✓ 1GN10019 (H)	323	384	✓	9/30/09	1707
0	✓ 1GN10029 (H)	319	431	✓	9/30/09	1713
	✓ 1GN10009 (H)	310	307	✓	9/30/09	1718
0	✓ 1GN10002 (H)	320	377	✓	9/30/09	1722
	✓ 1GN10021 (H)	304	283	✓	9/30/09	1728
	✓ 1GN10007 (H)	321	438	✓	9/30/09	1731
	✓ 1GN10003 (H)	302	340	✓	9/30/09	1739
	✓ 1GN10015 (H)	308	349	✓	9/30/09	1741
	✓ 1N0019 (W)	302	319	✓	09/30/09	17:47
missing	✓ 1N0013 (H)	294	328	✓	09/30/09	17:55
	✓ 1N0010 (H)	485	1235	✓	09/30/09	18:04
	✓ 1N0008 (H)	315	326	✓	09/30/09	18:16
Q	✓ 1N0009 (W)	314	333	✓	09/30/09	18:14
	✓ 1N0007 (H)	285	342	✓	09/30/09	18:21
missing	✓ 01N0016 (H)	294	313	✓	09/30/09	19:28

A = hatchery
B = wild

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Kokanee

missing

missing form

missing form

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1N0031 (H)	291	281	✓	10/01/2009	1140
2	1N0033 (H)	327	399	✓	10/01/2009	1145
3	1N0032 (H)	321	368	✓	10/01/2009	1147
4	1N0046 (H)	309	274	✓	10/01/2009	1155
5	1N0035 (H)	315	322	✓	10/01/2009	11:59
6	1N0053 (H)	355	438	✓	10/01/2009	12:05
7	1N0098 (H)	309	274	✓	10/01/2009	Late Entry
8	1N10058 (H)	272	268	✓	10/01/2009	Late Entry
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A = hatchery
B = wild

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species KOKANEE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Pic	
1	1E10052 (H)	288	235	✓	10/1/09	1613 PS	Discarded too short	
2	1E10029	DISCARDED - PUT IN - PHOTO TAKEN						
3	1E10045 (H)	320	528 ³²⁸ PS	✓	10/1/09	1714	✓	
4	1E10053 (H) <small>CH 11/1/09</small>	314	358	✓	10/1/09	1716	✓	
5	1E10036 (H)	306	315	✓	10/1/09	1737	✓	
6	1N10034 (H)	313	301	✓	10/1/09	1800	✓	
7	1N10038 (H)	313	348	✓	10/1/09	1804	✓	
8	1N10041 (H)	305	309	✓	10/1/09	1807	✓	
9	1N10040 (H)	304	279	✓	10/1/09	1811	✓	
10	1N10037 (H)	302	324	✓	10/1/09	1815	✓	
11	1N10039 (H) <small>EMB 10/1/09</small>	300	312	✓	10/1/09	1818	✓	
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A = hatchery

B = wild

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	
0	16N10027 (H)	300	308	✓	10/1/09	0850	✓
	16N10024 (H)	315	327	✓	10/1/09	0909	✓
0	16N10032 (H)	327	384	✓	10/1/09	0912	✓
0	16N10022 (H)	308 303 ⁵⁰ 16/11/09	323	✓	10/1/09	0924	✓
missing	16N10020 (H)	292 303 ¹⁰ 10/1/09	303	✓	10/1/09	0932	✓
0	16N10034 (H)	315	378	✓	10/1/09	0940	✓
	16N10030 (H)	319	365	✓	10/1/09	0952	✓
missing	16N10058 (H)	272	268	✓	10/1/09	1051	✓
	16N10051 (H)	332	427	✓	10/1/09	1108	✓
	16N10052 (CW)	334	339	✓	10/1/09	1113	✓
	16N10054 (H)	306	297	✓	10/1/09	1120	✓
	16N10051 (CW)	315	324	✓	10/1/09	1124	✓
missing	16N10053 (H)	293	250	✓	10/1/09	1134	✓
	16N10055 (H)	323	365	✓	10/1/09	1142	✓
missing	16N10038 (H)	292	278	✓	10/1/09	1405	✓
	16N10046 (H)	329	382	✓	10/1/09	1410	✓
	16N10036 (H)	303	305	✓	10/1/09	1435	✓
	16N10041 (H)	282	263	✓	10/1/09	1435	✓
	16N10040 (H)	303	346	✓	10/1/09	1440	✓
	16N10042 (H)	312	337	✓	10/1/09	1443	✓
	16N10039 (H)	331	354	✓	10/1/09	1505	✓
0	16N10037 (H)	308	358	✓	10/1/09	1511	✓
	16N10043 (H)	335	406	✓	10/1/09	1517	✓
0	1E10030 (H)	325	390	✓	10/1/09	1602	✓
	1E10054 (H)	278	222	✓	10/1/09	1609	✓

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time	Pic
0 (V)	1 2E0006 (H)	350	504	✓	10/01/2009	1100	
(V)	2 2E0005 (H)	288	287	✓	10/01/2009	11:03	
(V)	3 2E0004 (H)	314	396	✓	10/01/2009	11:15	
(V)	4 2GN10039 (H)	331	419	✓	10/02/2009	14.30	
MISSING (V)	5 2GN10041 (H)	289	302	✓	10/02/09	1433	✓
(V)	6 2GN10040 (H)	283	298	✓	10/02/09	1438	✓
(V)	7 2GN40020 (H)	347	457	✓	10/02/09	1443	✓
(V)	8 2GN10038 (H)	322	363	✓	10/02/09	1447	✓
(V)	9 2GN90071 (H)	336	421	✓	10/02/09	1633	✓
(V)	10 2GN0072 (H)	341	414	✓	10/02/09	1734	✓
(V)	11 2GN0067 (H)	319	330	✓	10/02/09	1736	
(V)	12 2GN0071 (H)	310	353	✓	10/02/09	1742	
MISSING (V)	13 2GN0073 (H)	288	307	✓	10/02/09	1746	
(V)	14 2GN0069 (H)	313	350	✓	10/02/09	1749	
(V)	15 2GN0066 (H)	263	234	✓	10/02/09	1752	
MISSING (V)	16 2GN0068 (H)	284	294	✓	10/02/09	1754	
(V)	17 2GN0070 (H)	293	301	✓	10/02/09	1757	
(V)	18 2GN0098 (H)	330	400	✓	10/3/09	0912	✓
(V)	19 C2GN0097 (H)	321	422	✓	10/3/09	0917	✓
(V)	20 C2GN0092 (H)	342	452	✓	10/3/09	0925	✓
(V)	21 A21N0018 (H)	317	333	✓	10/3/09	0950	✓
(V)	22 A21N0016 (H)	294	310	✓	10/3/09	1002	✓
(V)	23 A21N0009 (H)	342	455	✓	10/3/09	1005	✓
Barb removed (V)	24 A21N0021 (H)	291	333	✓	10/3/09	1009	✓
(V)	25 A21N0006 (H)	314	321	✓	10/3/09	1013	✓

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Kokanee LW

Reach 2

Species ~~longnose sucker~~

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	C2GN0100 (W)	485	1207	✓	10/3/09	1245
②	A21N0004 (H)	324	363	✓	10/3/09	1247
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Kohanece

10/13/09
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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Pre
1	A21N0017(H)	311	342	✓	10/3/09	1015	✓
2	A21N0008(H)	332	316	✓	10/3/09	1018	✓
3	A21N0012(H)	290	278	✓	10/3/09	1023	✓
4	A21N0005(H)	342	469	✓	10/3/09	1026	✓
5	A21N0020(H)	296	336	✓	10/3/09	1033	✓
6	A21N0019(H)	311	366	✓	10/3/09	1047	✓
7	A21N0013(H)	315	341	✓	10/3/09	1050	✓
8	A21N0002(H)	306	357	✓	10/3/09	1055	✓
9	A21N 2GNA0074(H)	333	479	✓	10/3/09	1058	✓
10	2GNA0077(H)	325	376	✓	10/3/09	1122	✓
11	2GNA0075(H)	309	343	✓	10/3/09	1134	✓
12	2GNA0076(H)	304	30318	✓	10/3/09	1140	✓
13	2GNA0073(H)	309	339	✓	10/3/09	1144	✓
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
01	3E0100 ^H	321	369	✓	10/6/09	0915
02	3GNE0004 ^H	337	368	✓	10/6/09	1332
03	3GNE0009 ^H	318	396	✓	10/6/09	1336
04	3GNE0003 ^H	338	418	✓	10/6/09	1340
05	3GNE0010 ^H	321	384	✓	10/6/09	1344
06	3GNE0005 ^H	330	378	✓	10/6/09	1349
07	3GNE0015 ^W	318	337	✓	10/6/09	1354
08	3GNE0033 ^H	324	366	✓	10/6/09	1357
09	3GNE0031 ^H	341	415	✓	10/6/09	15:02
10	3GNE0043 ^H	314	322	✓	10/6/09	1517
11	3GNE0001 ^H	319	357	✓	10/6/09	1521
12	3GNE0041 ^H	324	421	✓	10/6/09	1523
13	3GNE0035 ^H	351	420	✓	10/6/09	1527
14	3GNE0024 ^H	333	460	✓	10/6/09	1617
15	3GNE0036 ^H	295	293	✓	10/6/09	1650
16	3GNE0042 ^H	313	365	✓	10/6/09	1710
17	3GNE0044 ^H	311	370	✓	10/6/09	1712
18	3GNE0051 ^H	294	304	✓	10/7/09	0840
19	3GNE0047 ^H	301	329	✓	10/7/09	0845
20	3GNE0061 ^H	320	333	✓	10/7/09	0850
21	3GNE0050 ^H	330	389	✓	10/7/09	0855
22	3GNE0063 ^H	292	336	✓	10/7/09	0900
23	3GNE0053 ^H	329	446	✓	10/7/09	0903
24	3GNE0062 ^H	339	418	✓	10/7/09	0906
25	3GNE0046 ^H	299	284	✓	10/7/09	0910

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	3GNA0006H	392	691	✓	10/7/2009	1026
○	3GNA0003H	291	294	✓	10/7/2009	1130
○	3GNE0017	269	181.9	✓	10/7/2009	1449
○	3E00230H	331	372.9	✓	10/7/09	1611
○	3EB0036H	328	406	✓	10/7/09	1706
○	3EB0037H	^{1810 for} 389 331	331 ³⁸⁹	✓	10/7/2009	1710
○	3EB0038 ⁴	288	293	✓	10/7/2009	1712
○	3GNA0124	305	332	✓	10/8/9	0922
○	⑨ 3GNA 0120H	297	302	✓	10/8/9	0926
○	10 3GNA 0124H	303	385	✓	10/8/9	0929
○	11 3GNA 0123H	307	314	✓	10/8/9	0933
○	⑫ 3GNA 0125H	283	273	✓	10/8/9	0936
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	36NA 01304	332	460	✓	10/8/09	0439
②	36NA0044 ^H	336	471	✓	10/8/09	1120
③	36NA0045 ^H	330	404	✓	10/8/09	1126
④	36NA0042 ^H	336	296	✓	10/8/09	1131
⑤	36NA0040 ^H	314	317	✓	10/8/09	1134
6	36NA0039 ^H	319	390	✓	10/8/09	1137
⑦	36NA0043 ^H	281	282	✓	10/8/09	1140
⑧	36NA0046 ^H	336	437	✓	10/8/09	1143
⑨	36NA0041 ^H	325	403	✓	10/8/09	1147
⑩	36NE0075H	299	317	✓	10/8/09	1419
⑪	36NE0076H	294	276	✓	10/8/09	1427
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species KOKANOE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	3GNE0067H	308	324	✓	10/8/09	1448
②	3GNE0083H	296	327	✓	10/8/09	1452
③	3GNE0074H	316	355	✓	10/8/09	1500
④	3GNE0069H	345	465	✓	10/8/09	1511
⑤	3GNE0066H	316	362	✓	10/8/09	1516
⑥	3GNE0068H	317	366	✓	10/8/09	1518
⑦	3ETD0298H	No form	No form		10/12/09	1044
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Kolcanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EB0023 H	388	604	✓	10/8/09	1819
②	4EB0024 H	286	282	✓	10/8/09	1853
③	46NA0082 ^H	418	924	✓	10/9/09	1636
④	46NA0083 ^H	298	322	✓	10/9/09	1649
⑤	46NA0084 ^H	328	375	✓	10/9/09	1659
⑥	46NA0087 ^H	342	414	✓	10/9/09	1703
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species KOKANEE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EB0021H	300	322	✓	10/9/09	0908
②	4EB0020H	295	280	✓	10/9/09	0913
③	4GNA0057H	300	315	✓	10/9/09	1409
④	4GNA0056H	299	334	✓	10/9/09	1416
⑤	4GNA0055H	323	396	✓	10/9/09	1429
⑥	4GNA0060H	321	368	✓	10/9/09	1435
⑦	4GNA0054H	329	390	✓	10/9/09	1438
⑧	4GNA0061H	396	38 298	✓	10/9/09	1441
⑨	4GNA0059H	304	346	✓	10/9/09	1445
⑩	4GNA0058H	322	389	✓	10/9/09	1451
11	4GNA0044H	330	417		10/9/09	1452
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15-30 : 11

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species kokanee

Fish No	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	46NA0081 ^v	381	340	✓	10/10/09	0945
②	46NA0085 ["]	334 ^{AD} 315	339	✓	10/10/09	0950
③	46NA0080 ^w	334	393	✓	10/10/09	0954
④	46NA0086 ["]	311	353	✓	10/10/09	1000
5	46NA0099 ^{RS}	497 RS				
⑥	46ED0458	317	411	✓	10/10/09	1015
⑦	46NE0016 ["]	379	695	✓	10/10/09	1113
⑧	46NE0009 ["]	351	461	✓	10/10/09	1120
⑨	46NE0012 ["]	302	345	✓	10/10/09	1125
⑩	46NE0003 ["]	321	350	✓	10/10/09	1130
⑪	46NE0010 ["]	311	337	✓	10/10/09	1133
⑫	46NE0017 ["]	362	526	✓	10/10/09	1135
⑬	46NA0113 ["]	308	304	✓	10/10/09	1138
⑭	46NE0018 ["]	295	277	✓	10/10/09	1142
⑮	46NE0001 ["]	316	344	✓	10/10/09	1148
⑯	46NE0005 ["]	335	421	✓	10/10/09	1153
⑰	46NA0119 ["]	341	463	✓	10/10/09	1310
⑱	46NA0117 ["]	318	357	✓	10/10/09	1313
⑲	46-NA0107 ["]	279	205	✓	10/10/09	1441
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species KOKANEE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	46NA0110 ^H	325	435	✓	10/10/09	1134
2	46NA0111 ^H	320	443	✓	10/10/09	1136
3	46NA0112 ^H	302	340	✓	10/10/09	1137
4	46NA0116 ^H	310	316	✓	10/10/09	1140
5	46NA0120 ^H	285	295	✓	10/10/09	1143
6	46NA0118 ^H	299	347	✓	10/10/09	1147
7	46NA0115 ^H	293	305	✓	10/10/09	1149
8	46NA0114 ^H	350	457	✓	10/10/09	1153
9	46NA0108 ^H	325	420	✓	10/10/09	1157
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5EB0019H	335	356	✓	10/12/09	1045
②	5EB0021H	341	510	✓	10/12/09	1055
3	5EB0020H	310	372	✓	10/12/09	1216
④	5ED0012H	300	331	✓	10/12/09	1237
⑤	5GNA0002H	321	400	✓	10/12/09	1456
⑥	5GNA0004H	³⁴² 340 ^{LB}	440	✓	10/12/09	1457
⑦	5GNA0014H	323	349	✓	10/12/09	1502
⑧	5GNA0013H	313	359	✓	10/12/09	1507
⑨	5GNA0001H	329	378	✓	10/12/09	1510
⑩	5GNA0010H	325	404	✓	10/12/09	1516
11	5GNA0027	179	44.0	✓		
⑫	5GNA0012W	441	981	✓	10/12/09	1534
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5ED0013H	280	303	✓	10/12/09	1331
②	5ED0011H	295	320	✓	10/12/09	1336
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5GNA0011 H	341	429	✓	10/13/09	1129
②	5GNA0003 H	293	285	✓	10/13/09	1300
③	5GNA0015 H	299	278	✓	10/13/09	1304
④	5GNA0005 H	245	143	✓	10/13/09	1308
⑤	5EB0092 H	321	344	✓	10/13/09	1313
⑥	5EB0093 H	333	425	✓	10/13/09	1318
⑦	5EB0104 H	341	459	✓	10/13/09	1324
⑧	5ED0102 H	353	465	✓	10/13/09	1329
⑨	5ED0106 H	269	203	✓	10/13/09	1333
⑩	5ED0107 H	270	222	✓	10/13/09	1337
⑪	5ED0110 H	302	311	✓	10/13/09	1343
⑫	5ED0105 H	334	422	✓	10/13/09	1347
⑬	5ED0108 H	311	333	✓	10/13/09	1353
⑭	5ED0109 H	323	343	✓	10/13/09	1358
⑮	5ED0100 H	299	318	✓	10/13/09	1402
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Kokanee - H ^{CR}

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	SEDO141-H	357	542	✓	10/13/09	1324
②	SEDO111-H	345	448	✓	10/13/09	1329
③	SEDO103-H	345	493	✓	10/13/09	1333
④	SEDO101-H	291	326	✓	10/13/09	1340
⑤	SEDO142-H	347	424	✓	10/13/09	1343
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5GNE0001H	320	398	✓	10/13/09	1543
②	5GNE0008H	271	270	✓	10/13/09	1552
③	5GNE0023H	288 285	268	✓	10/13/09	1558
④	5GNE0022H	291	294	✓	10/13/09	1603
5	5GNE0018 ^H	305	323	✓	10/13/09	1614
⑥	5GNE0019H	308	372	✓	10/13/09	1705
⑦	5GNE0027	360	512	✓	10/13/09	1714
⑧	5GNE0020H	341	393	✓	10/13/09	1719
⑨	5GNE0025H	320	382	✓	10/13/09	1719
10	5GNE0021	307	331	✓	10/13/09	1723
⑩	5GNE0029	318	315	✓	10/13/09	1725
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**Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study**

Reach 6

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	WEB00064	271	200	✓	10/15/09	1317
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach W

Species Kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	WGNAD0060H	350	454	✓	10/16/09	1130
✓ 2	WGNAD0061H	330	395	✓	10/16/09	1142
✓ 3	WGNAD0062H	334	352	✓	10/16/09	1148
✓ 4	WGNAD0064H	331	329	✓	10/16/09	1150
✓ 5	WGNAD0065H	251	169	✓	10/16/09	1153
✓ 6	WGNAD0063H	280	279	✓	10/16/09	1158
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach C

Species kokanee

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	GEBO183H	324 324	375	✓	10/16/09	1634
✓ ②	GED0015H	258	188	✓	10/16/09	1638
✓ ③	GEBO182H	316	352	✓	10/16/09	1640
✓ ④	GEBO181H	270	205	✓	10/16/09	1642
✓ ⑤	GEBO014H	355	493	✓	10/16/09	1646
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species KOKANEE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	6GNA0100H	300	301	✓	10/17/09	0902
2	6GNA0097H	315	352	✓	10/17/09	0909
3	6GNA0104(H)	301	330	✓	10/17/09	0912
4	6GNA0095(H)	298	286	✓	10/17/09	0917
5	6GNA0101(H)	295	349	✓	10/17/09	0925
6	6GNA0083(H)	311	344	✓	10/17/09	0928
7	6GNA0096(H)	353	453	✓	10/17/09	0930
8	6GNA0087(H)	319	357	✓	10/17/09	0933
9	6GNA0085(H)	320	403	✓	10/17/09	0936
10	6GNA0084(H)	331	422	✓	10/17/09	0939
11	6GNA0086(H)	298	338	✓	10/17/09	0942
12	6GNA0088(H)	309	341	✓	10/17/09	0945
13	6EB0225(H)	308	331	✓	10/17/09	0958
14	6EB0224(H)	288	223	✓	10/17/09	1003
15	6EB0226(H)	329	397	✓	10/17/09	1007
16	6GNA0099H	331	408	✓	10/17/09	1018
17	6GNA0102H	320	385	✓	10/17/09	1024
18	6GNA0098H	340	448	✓	10/17/09	1029
19	6GNA0103H	311	364	✓	10/17/09	1032
20	6GNA0105H	339	501	✓	10/17/09	1036
21	6GNA0106W	334	381	✓	10/17/09	1041
22	6GNA0107H	245	151	✓	10/17/09	1043
23	6ED0043H	296	305	✓	10/17/09	1144
24	6GNA0130H	329	403	✓	10/17/09	1146
25	6GNA0131H	305	329	✓	10/17/09	1152

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach C0

Species Cokanee#

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	06NA0132H	278	184	✓	10/17/09	1154
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Kokanee

DW
10/17/09

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	66NE0008H	330	375	✓	10/17/09	1406
②	66NE0006H	325	395	✓	10/17/09	1408
③	66NE0004H	250	186	✓	10/17/09	1417
④	66NE0007H	324	420	✓	10/17/09	1422
⑤	66NE0009H	295	272	✓	10/17/09	1426
⑥	66NA0060H	356	454	✓	10/17/09	0000
⑦	66NA0062H	334	352	✓	10/17/09	0000
⑧	66NA0061H	336	395	✓	10/17/09	0000
⑨	66NA0063H	280	279	✓	10/17/09	0000
⑩	66NA0065H	258	169	✓	10/17/09	0000
11	66NA0064H					
12	66NA00					
13	66NA0064H	331	329	✓	10/17/09	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Largescale sucker

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1E0021	63	2	✓	09/30/2009	1435
2	1E0007	78	2	✓	9/30/2009	17:15
3	1E12100	98	7	✓	10/3/09	1258
4	1E10089	109	12	✓	10/3/09	1305
5	1E10088	102	7	✓	10/3/09	1307
6	1E10090	113	12	✓	10/3/09	1310
7	1E10096	115	12.4	✓	10/3/09	1402
8	1E10083	109	10.8	✓	10/3/09	1410
9	1E10082	120	16.3	✓	10/3/09	1414
10	1E10080	144	25.0	✓	10/3/09	1418
11	1E10078	97	7.3	✓	10/3/09	1422
12	1E10072	122	14.8	✓	10/3/09	1500
13	1E10079	197	82.4	✓	10/3/09	1504
14	1E10098	112	12.1	✓	10/3/09	1348
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Discarded

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Large scale sucker

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②
③
④

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✓
✓
⑤ 10/1/09
✓

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1E10056	577	1715	✓	10/1/09	1320
2	1E10048	508	1492	✓	10/1/09	1336
3	1E10050	493	1218	✓	10/1/09	1342
4	2GN10081	493	1248		10/1/09	1415
5	1E10073	117	13.7	✓	10/2/09	1427
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study (15) 9/30/09

Reach 2

Species ^{large scale} ~~long nose sucker~~

? crabs

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Scale min. weight = 18 Weight (g)	External Exam (V)	Date	Time
1 ✓	2A0003	59	3	✓	9/30/09	1022
2 ✓	2A0005	43	< 1	✓	9/30/09	1053
3 ✓	2A0015	65	3	✓	9/30/09	1100
4 ✓	2A0029	55	1	✓	9/30/09	1310
5 ✓	2A0028	52	< 1	✓	9/30/09	1323
6 ✓	2A0047	208	77	✓	9/30/09	1332
7 ✓	2A0025	76	5	✓	9/30/09	1407
8 ✓	2A0022	115	14	✓	9/30/09	1430
9 ✓	2A0044	221	(sw) 44 107	✓	9/30/09	1508
10 ✓	2A0023	112	14	✓	9/30/09	1655
11 ✓	2A0032	69	2	✓	9/30/09	1725
12 ✓	2A0024	70	4	✓	9/30/09	1934
Discarded 13	2A0027	—	Busted Gut	—	9/30/09	—
(sw) 14 ✓	2GN10081	493	1248	✓	10/1/09	1415
15 ✓	2E10098	112	12.1	✓	10/3/09	1348
16 ✓	2GN10092	62	1.7	✓	10/3/09	1529
17 ✓	2GN10095	62	1.8	✓	10/3/09	1553
18 ✓	2GNAC0079	212	97.3	✓	10/3/09	1633
19 ✓	C2GN0118	47	0.9	✓	10/3/09	1650
20 ✓	C2GN0117	55	1.3	✓	10/3/09	1741
21 ✓	C2GN0115	60	1.9	✓	10/3/09	1749
22 ✓	C2GN0116	56	1.4	✓	10/3/09	1753
23 ✓	2ED0042	232	127.8	✓	10/3/09	1808
24 ✓	2ED0041	310	304.3	✓	10/3/09	1816
25 ✓	2ED0015	117	12.8	✓	10/3/09	1855

Discarded (sw)

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species CATTLE SCALE SUCKER

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	PIC
✓1	C2GN0102	418	925	✓	10/2/09	1556	✓
✓2	C2GN0095	332	439	✓	10/2/09	1600	✓
✓3	2ED0044	51	0.9	✓	10/3/09	1903	✓
✓4	2ED0014	115	2.8	✓	10/3/09	1904	✓
✓5	2ED0045	52	1.0	✓	10/3/09	1905	✓
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Large scale sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	2ED0013	130	18.1	✓	10/3/09	1904
②	C2GN20114 #Y	unknown	unknown	no	10/16/09	late entry
③	2A0045 #Y	unknown	unknown	no	10/16/09	late entry
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Photo ✓

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Large scale sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
⊙ (4)	2EB0013	562	1804	✓	10/5/09	0926
⊙ (5)	2EB0012	510	1437	✓	10/5/09	0931
⊙ (6)	2EB0021	110	9.2	✓	10/5/09	0953
⊙ (7)	2ED0078	441	1026	✓	10/5/09	0958
⊙ (8)	2ED0080	468	1429	✓	10/5/09	1002
⊙ (9)	2ED0072	583	2125	✓	10/5/09	1009
⊙ (10)	2ED0074	519	1573	✓	10/5/09	1033
⊙ (11)	2ED0073	496	1519	✓	10/5/09	1037
⊙ (12)	2ED0075	444	948	✓	10/5/09	1050
⊙ (13)	2EB0017	129	16.0	✓	10/5/09	1102
⊙ (14)	2EB0019	136	21.0	✓	10/5/09	1111
⊙ (15)	2ED0079	275	260	✓	10/5/09	1133
⊙ (16)	2ED0086	81	3.5	✓	10/5/09	1140
⊙ (17)	2ED0085	51	0.8	✓	10/5/09	1158
⊙ (18)	2ED0081	440	692	✓	10/5/09	1048
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Large Scale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	3EF0005	511	1846	✓	10/6/09	0912
① 2	3EF0009	570	1903	✓	"	0922
① 3	3EF0007	594	2116	✓	"	0934
① 4	3EF0006	495	1362	✓	"	0940
0 5	3ED0127	171	56	✓	"	1009
0 6	3ED0137	154	33	✓	10/6/09	1045
0 7	3ED0109	181	56	✓	10/6/09	1050
0 8	3ED0125	178	60.2	✓	10/6/09	1115
0 9	3ED0241	122	18	✓	10/6/09	1154
0 10	3ED0256	149	29.5	✓	10/6/09	1320
0 11	3ED0290	68	2.1	✓	10/6/09	1324
0 12	3ED0143	108	10.5	✓	10/6/09	1338
0 13	3ED0153	156	36.3	✓	10/6/09	1347
① 14	3GNE0020	497	1440	✓	10/6/09	1451
① 15	3GNE0021	472	1280	✓	10/6/09	1458
① 16	3GNE0028	542	1932	✓	10/6/09	1509
① 17	3GNE0025	538	1635	✓	10/6/09	1515
0 18	3EB0046	180	61	✓	10/7/09	1742
0 19	3EB0056	187	79	✓	10/7/09	1755
0 20	3EB0057	153	29	✓	10/7/09	1757
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Large scale sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3EF0008	502	1445	✓	10/6/09	0900
2	3ED0148	162	41.8	✓	10/6/09	1503
3	3GNA0023	480	1490	✓	10/6/09	1750
4	3GNA0022	474	1222	✓	10/6/09	1755
5	3GNA0068	528	1579	✓	10/6/09	1758
6	3GNA0067	423	952	✓	10/6/09	1800
7	3GNA0066	472	1236	✓	10/6/09	1803
8	3GNA0065	501	1350	✓	10/6/09	1804
9	3GNA0025	446	981	✓	10/6/09	1808
10	3GNA0024	473	1113	✓	10/6/09	1810
11	3GNA0108	391	461	✓	10/7/2009	1441
12	3GNA0111	445	1026	✓	10/7/2009	1446
13	3GNA0113	454	1175	✓	10/7/2009	1453
14	3GNA0110	471	1112	✓	10/7/2009	1458
15	3GNA0109	465	1122	✓	10/7/2009	1502
16	3GNA0112	510	1280	✓	10/7/2009	1506
17	3GNE0073	425	964	✓	10/7/2009	1816
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species large scale sucker

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Att
1	3ED0308	585	1917	✓	10/7/09	0830	✓
2	3EFO020	134	20.3	✓	10/7/09	1319	✓
3	3EFO031	170	43.1	✓	10/7/09	1333	✓
4	3EFO018	125	16.5	✓	10/7/09	1343	
5	3EFO025	275	237.1	✓	10/7/09	1421	
6	3ED0385	168	57.0	✓	10/7/09	1709 ¹⁷⁰⁹	
7	3ED0390	177	56.3	✓	10/7/09	1740	
8	3ED0391	174	54.7	✓	10/7/09	1734	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species LARGESCALE SQUALER

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	3ED0373	25.5 25	172.5	✓	10.08.09	1013
②	3ED0368	175	46.5	✓	10.08.09	1147
③	3ED0374	185	62.8	✓	10.08.09	1156
④	3ED0392	97	7.8	✓	10/8/09	1259
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Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species CALIFORNIA SUCKER

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
① 1	4E30018	930	1505	✓	10.8.09	0857
② 2	4E30025	622	2134	✓	10.8.09	0901
3	5E300373		172.5		10.8.09	1013
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Large scale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	4 EB0027	525	1656	✓	10/8/09	0856
②	4 EB0026	505	1700	✓	10/8/09	0900
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Largescale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	HE00405	114	12.5	✓	10/8/09	1713
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Largescale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNAC044	457	1044	✓	10/8/09	1813
②	4GNE0603	430	1072	✓	10/16/09	0000
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206

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Large Scale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EB0032	500	1673	✓	10/9/09	0854
②	4EB0034	550	1985	✓	10/9/09	0858
③	4EB0033	530	1887	✓	10/9/09	0902
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species largescale sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	46NE0027	211	103	✓	10/10/09	1324
②	46NE0028	203	111	✓	10/10/09	1332
3	46NE0121	110	12	✓	10/10/09	1403
4	4ED0567	212	111	✓	10/10/09	1457
⑤	46NE0034	200	89	✓	10/10/09	1620
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10/14/09

15-30:3

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Largescale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5EB0094	623	2579	✓	10/13/09	0931
②	5EB0097	525	1476	✓	10/13/09	0936
③	5EB0095	500	1122	✓	10/13/09	0939
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Largescale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5EB0096	561	1542	✓	10/13/09	1124
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species largescale sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	SGNE0067	295	328	✓	10/13/09	1608
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Largescale sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	HUNE0603	430	1072	✓	10/16/09	923
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Largescale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6ED0012	572	1685	✓	10/16/09	0949
②	6ED0001	528	1571	✓	10/16/09	0953
③	6ED00003	555	2015	✓	10/16/09	0956
④	6ED0006	505	1695	✓	10/16/09	1002
⑤	6ED0010	504	1645	✓	10/16/09	1007
⑥	6ED0008	537	2121	✓	10/16/09	1014
⑦	6EB0164	574	1897	✓	10/16/09	1018
⑧	6EB0168	527	1774	✓	10/16/09	1022
⑨	6EB0169	505	1496	✓	10/16/09	1026
⑩	6EB0165	553	2150	✓	10/16/09	1030
⑪	6EB0170	615	2178 ²⁴⁷⁸ (SW)	✓	10/16/09	1036
⑫	6EB0174	518	1698	✓	10/16/09	1048
⑬	6EB0175	510	1592	✓	10/16/09	1059
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Large-scale Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	WED0011	475	1342	✓	10/16/09	0943
②	WED0004	483	1508	✓	10/16/09	0950
③	WED0002	500	1211	✓	10/16/09	0956
④	WED0007	500	1519	✓	10/16/09	1001
⑤	WED0005	494	1307	✓	10/16/09	1008
⑥	WED0009	525	1559	✓	10/16/09	1011
⑦	WEB0167	560	1993	✓	10/16/09	1015
⑧	WEB0172	550	1787	✓	10/16/09	1019
⑨	WEB0171	590	2392	✓	10/16/09	1024
⑩	WEB0166	554	1614	✓	10/16/09	1033
⑪	WEB0163	604	2360	✓	10/16/09	1036
⑫	WEB0177	520	1530	✓	10/16/09	1043
⑬	WEB0173	513	1540	✓	10/16/09	1046
⑭	WEB0170	510	1811	✓	10/16/09	1053
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Largescale Sucker

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EB0221	530	1706	✓	10/17/09	0851
②	6EB0220	550	2003	✓	10/17/09	0854
③	6EB0222	549	1850	✓	10/17/09	0856
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	1E0003	111	15	✓	09/30/2009	1350
② 2	1E0004	73	5	✓	09/30/2009	1359
③ 3	1E0013	74	4	✓	09/30/2009	1407
④ 4	1E0008	164	40	✓	9/30/2009	16:33
⑤ 5	1E0012	118	16	✓	9/30/2009	17:01
○ 6	1E0021	63	2	no normal exam	10/6/09	17:08 Late
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Longnose Sucker

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1GNI0059	360	651	✓	10/1/09	1049 ✓
2	1E10061	167	37	✓	10/1/09	1655 ✓
3	1E10063	154	39	✓	10/1/09	1703 ✓
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Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species longnose sucker

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DISCARD
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DISCARD

Picture

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Picture
① 1 ✓	2A0004	54	⁽⁵⁾ 41 9/30/09	✓	9/30/09	1047	✓
② 2 ✓	2A0002	65	3	✓	9/30/09	1057	✓
③ 3 ✓	2A0016	58	2	✓	9/30/09	1109	✓
④ 4 ✓	2A0001	132	23	✓	9/30/09	1112	✓
⑤ 5 ✓	2A0012	169	47	✓	9/30/09	1125	✓
⑥ 6 ✓	2A0010	158	43	✓	9/30/09	1136 ⁽¹⁰⁾	✓
⑦ 7 ✓	2A0008	169	45	✓	9/30/09	1136	✓
⑧ 8 ✓	2A0009	170	50	✓	9/30/09	1142	✓
⑨ 9 ✓	2A0011	165	44	✓	9/30/09	1145	✓
⑩ 10 ✓	2A0045	222	112	✓	9/30/09	1327	✓
⑪ 11 ✓	2A0030	76	6	✓	9/30/09	1413	✓
⑫ 12 ✓	2A0033	78	7	✓	9/30/09	1434	✓
⑬ 13 ✓	2A0046	235	165	✓	9/30/09	1513	✓
⑭ 14 ✓	2A0034	65	2	✓	9/30/09	1715	✓
⑮ 15 ✓	2GN50036	247	171	✓	10/02/09	1437	✓
⑯ 16 ✓	2GN10093	50	1.1	✓	10/3/09	1534	✓
⑰ 17 ✓	2GN10091	68	2.5	✓	10/3/09	1540	✓
⑱ 18 ✓	2GN10096	53	1.1	✓	10/3/09	1543	✓
⑲ 19 ✓	2GN10094	57	1.5	✓	10/3/09	1548	✓
✓ 20	C2GN20114	63	2.0	✓	10/3/09	1735	✓
⑳ 21 ✓	C2GN0119	40	0.6	✓	10/3/09	1745	✓
㉑ 22 ✓	C2GN20112	55	1.6	✓	10/3/2009	1748	✓
㉒ 23 ✓	C2GN20113	65	2.6	✓	10/3/2009	1800	✓
㉓ 24 ✓	2GD0041	310	304.3	✓	10/3/2009	1816	✓
㉔ 25 ✓	2GD0043	280	217.5	✓	10/3/2009	1830	✓
⑳ 26 ✓	2GD0012	163	38.4	✓	10/3/2009	1835	✓

cutts
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Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
2	2EN0033	60	2.2	✓	10/3/09	1915
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
00 (✓) 1	2ED0084	408	770	✓	10/5/09	1007
00 (✓) 2	2ED0083	378	670	✓	10/5/09	1012
00 (✓) 3	2ED0071	400	759	✓	10/5/09	1027
00 (✓) 4	2ED0076	401	748	✓	10/5/09	1042
00 (✓) 5	2ED0081	440	692	✓	10/5/09	1048
00 (✓) 6	2ED0077	306	321	✓	10/5/09	1053
(✓) 7	2ED0069	49	0.7	✓	10/5/09	1155
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Sily Halglator
 10/5/09

10/5/09

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species LONG NOSE SUCKER

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	3ED0131	179	56.8	✓	10/6/09	0955
2	3ED0107	227	115	✓	10/6/09	0000
3	3ED0124	197	80	✓	10/6/09	1052
4	3ED0291	62	1.8	✓	10/6/09	1056
5	3ED0136	91	5.9	✓	10/6/09	1100
6	3ED0126	191	70.9	✓	10/6/09	1105
7	3ED0144	84	4.8	✓	10/6/09	1110
8	3ED0142	103	9.5	✓	10/6/09	1112
9	3ED0146	99	8.5	✓	10/6/09	1115
10	3ED0108	81 200	81	✓	10/6/09	1118
11	3ED0130	166	44	✓	10/6/09	1137
12	3ED0128	200	69	✓	10/6/09	1140
13	3ED0135	91	6.6	✓	10/6/09	1144
14	3ED0240	86	5	✓	10/6/09	1147
15	3ED0			✓	10/6/09	1152
16	3ED0288	71	5.7	✓	10/6/09	1156
17	3ED0207	77	4.8	✓	10/6/09	1200
18	3ED0237	80	5.4	✓	10/6/09	1203
19	3ED0242	112	12.2	✓	10/6/09	1207
20	3ED0258	91	6.3	✓	10/6/09	1311
21	3ED0289	91	6.4	✓	10/6/09	1315
22	3ED0293	62	1.3	✓	10/6/09	1327
23	3ED0253	162	37.5	✓	10/6/09	1330
24	3ED0138	152	39	✓	10/6/09	1335
25	3ED0210	159	38.5	✓	10/6/09	1340

(SW)

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3ED00154	154	33.9	✓	10/6/09	1345
2	3ED00243	70	2.8	✓	10/6/09	1356
3	3ED00255	88	6.0	✓	10/6/09	1400
4	3ED00257	87	5.9	✓	10/6/09	1402
5	3ED00254	109	11.8	✓	10/6/09	1408
6	3ED00214	81	4.6	✓	10/6/09	1412
7	3ED00211	93	7.7	✓	10/6/09	1417
8	3ED00204	108	10.6	✓	10/6/09	1436
9	3ED00203	100	8	✓	10/6/09	1440
10	3ED00212	82	5.1	✓	10/6/09	1442
11	3ED00205	87	5.8	✓	10/6/09	1446
12	3ED00208	97	7.6	✓	10/6/09	1450
13	3ED00206	86	5.5	✓	10/6/09	1457
14	3ED0156	157	35.7	✓	10/6/09	1500
15	3ED0157	86	5.8	✓	10/6/09	1508
16	3ED0209	87	6.3	✓	10/6/09	1515
17	3ED0152	69	2.7	✓	10/6/09	1516
18	3ED0215	87	5.8	✓	10/6/09	1839
19	3ED0213	69	2.4	✓	10/6/09	1843
20	3ED00216	107	10.2	✓	10/6/09	1848
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species longnose sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
0 1	3EF0023	168	40.0	✓	10/7/09	1337
0 2	3GNA0026	230	120	✓	10/7/09	1405
0 3	3EF0022	201	85.7	✓	10/7/09	1427
0 4	3EF0013	209	94.3	✓	10/7/09	1444
0 5	3ED0331	170	45.5	✓	10/7/09	1447 1641
0 6	3ED0388	88	5.6	✓	10/7/09	1724
0 7	3ED0391	174	54.7	✓	10/7/09	1734
0 8	3ED0382	70	3.3	✓	10/7/09	1744
0 9	3EB0048	180	61	✓	10/7/09	1749
0 10	3EB0047	199	86	✓	10/7/09	1752
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species ~~LARGESCALE~~ LONGNOSE SUCKER

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	3SE0012	81	4.0	✓	10/8/09	1630
②	3SE0002	67	2.2	✓	10/8/09	1634
③	3SE0002	65	1.8	✓	10/8/09	1645
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	JED0383	88	4.8	✓	10/8/03	1257
②	JED0370	69	2.9	✓	10/8/03	1301
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206

Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Longnose sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
0 1	4EB0030	83	85	✓	10/08/09	1748
0 2	4ED0402	200	88.7	✓	10/08/09	1820
0 3	4EB0033					
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species longnose sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	4EB0029	100	9	✓	10/9/09	0934
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species long nose Sucker LN

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	46NE0022	432	938	✓	10/10/09	0845
2	46NE0121	110	12	✓	10/10/09	1403
3	46NA0122	110	13	✓	10/10/09	1438
4	46NA0126	91	9.0	✓	10/10/09	1443
5	46NA0124	95	7.0	✓	10/10/09	1448
6	46NA0123	90	6.0	✓	10/10/09	1451
* 7	4EED0567	212	111	✓	10/10/09	1457
8	46NA0125	86	6.0	✓	10/10/09	1502
9	46NA0127	82	5.1	✓	10/10/09	1502
10	46NA0128	81	4.6	✓	10/10/09	1504
11	4EE0006	96	7.3	✓	10/10/09	1639
12	4EE0008	87	5.5	✓	10/10/09	1641
13	4EE0007	101	9.2	✓	10/10/09	1644
14	4EE0009	90	4.8	✓	10/10/09	1646
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LN: + 730 : 1
 415 : 8 * sent to lab

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4E00615	94	7	✓	10/15/09	1408
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	46NE0600	450	1298	✓	10/16/09	0900
✓ (2)	46NE0601	405	1049	✓	10/16/09	0906
✓ (3)	46NE0605	423	932	✓	10/16/09	0913
✓ (4)	46NE0608	428	1101	✓	10/16/09	0915
✓ (5)	46NE0604	430	1203	✓	10/16/09	0924
✓ (6)	46NE0606	400	877	✓	10/16/09	0930
(7)	46NE0607	430	1072	✓	10/16/09	0900
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Longnose Sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNE0602	411	956	✓	10/16/09	0914
②	4GNE0610	384	795	✓	10/16/09	0921
③	4GNE0601	387	837	✓	10/16/09	0933
④	4GNE0608	431	1028	✓	10/16/09	0935
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species longnose sucker

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5ED0119	264	277	✓	10/13/09	0944
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species SOM LONGNOSE SUCKER

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5ED0196	260	206	✓	10/14/09	1114
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Pearmouth PE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNE0023	264	166	✓	10/10/09	1415
②	4GNE0013	277	173	✓	10/10/09	1428
③	4GNE0024	271	178	✓	10/10/09	1432
④	4GNE0032	285	213	✓	10/10/09	1630
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Northan pikeminnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1E10047	>30cm	Rejected		10/1/09	1306
✓2	1E10087	140	28	✓	10/3/09	1256
✓3	1E10102	109	9	✓	10/3/09	1327
✓4	1E10084	85	5.7	✓	10/3/09	1405
✓5	1E10075	105	8.3	✓	10/3/09	1512
✓6	1E10076	67	2.3	✓	10/3/09	1517
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Pic

✓

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Northern pike/minnow

	Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time	Remarks
(V)	1	2A0018	150	30	✓	9/30/09	1342	✓
(V)	2	2A0017	160	37	✓	9/30/09	1347	✓
(V)	3	2A0043	160	34	✓	9/30/09	1355	✓
(V)	4	2A0019	90	8	✓	9/30/09	1417	✓
(V)	5	2A0020	84	6	✓	9/30/09	1438	✓
(V)	6	2A0049	87	5	✓	9/30/09	1444	✓
(V)	7	2A0069	97	9	✓	9/30/09	1447	✓
DISCARD	8	2A0026	DISCARDED				BURIED GUTS	
(V)	9	2A0058	91	6	✓	9/30/09	1451	✓
(V)	10	2A0072	105	8	✓	9/30/09	1501	✓
(V)	11	2A0064	86	6	✓	9/30/09	1505	✓
(V)	12	2A0051	85	5	✓	9/30/09	1524	✓
(V)	13	2A0053	98	8	✓	9/30/09	1531	✓
(V)	14	2A0062	109	13	✓	9/30/09	1542	✓
(V)	15	2A0070	104	11	✓	9/30/09	1643	✓
(V)	16	2A0071	84	7	✓	9/30/09	1645	✓
(V)	17	2A0050	87	7	✓	9/30/09	1652	✓
(V)	18	2A0054	140	26	✓	9/30/09	1659	✓
(V)	19	2A0057	92	7	✓	9/30/09	1926	✓
(V)	20	2A0031	68	3	✓	9/30/09	1931	✓
(SW) 9/30/09	21	2A0024	70	4	✓	9/30/09	1934	✓
(V)	22	2A0067	99	8	✓	9/30/09	1944	✓
(V)	23	2GN0063	272	151	✓	10/2/09	1530	✓
(V)	24	2GN90072	264	175	✓	10/2/09	1644	✓
(V)	25	2GN90070	258	139	✓	10/2/09	1647	✓

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Northern Pike

✓
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PIC
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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	C26N0104	244	122.5	✓	10/3/09	1742
2	C26N0096	248	141.7	✓	10/3/09	1757
3	C26N0099	219	106.7	✓	10/3/09	1800
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Pike minnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Pic
✓ 1	A2-W-0011	243	^{1.5} 13 139.7	✓	10/03/09	1605	✓
✓ 2	A2-W-0007	280	196 212.6	✓	10/3/09	1615	✓
✓ 3	A2-W-0003	138.5 250	138.5	✓	10/3/09	1621	✓
✓ 4	A2-W-0014	254	154.2	✓	10/3/09	1623	✓
✓ 5	A2-W-0015	257	128.1	✓	10/3/09	1627	✓
✓ 6	2ED0011	155	29.1	✓	10/3/09	1700	✓
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Pileminnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	2E130024	125	23.2	✓	10/15/09	1119
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Lily Vogelator
10/05/2009

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Pike Minnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
01	3ED0190	130	16.7	✓	10/6/09	1857
02	3ED0110	129	16.4	✓	10/6/09	1859
03	3ED0275	131	16.2	✓	10/6/09	1902
04	3GNED0049	250	155	✓	10/7/09	10843
05	3ED01260	84	4.4	✓	10/07/09	10850
06	3ED0292	102	7.9	✓	10/07/09	10854
07	3ED0198	130	17.0	✓	10/07/09	10856
08	3ED0195	123	14.3	✓	10/07/09	10858
09	3ED0251	122	15.3	✓	10/07/09	1000
010	3ED0112	83	4.4	✓	10/07/09	1104
011	3GNA0004	242	127	✓	10/07/2009	1104
012	3ED0111	137	19.5	✓	10/07/09	1107
013	3EF0016	133	17.7	✓	10/7/09	1305
014	3EF0017	137	16.3	✓	10/7/09	1312
015	3EF0026	123	13.3	✓	10/7/09	1315
016	3EF0029	126	16.3	✓	10/7/09	1318
017	3EF0019	181	54	✓	10/7/09	1436
018	3EF0011	260	190.5	✓	10/7/09	1440
019	3ED0321	150	27.4	✓	10/7/09	1534
020	3ED0314	148	26.4	✓	10/7/09	1540
021	3ED0316	152	20.6	✓	10/7/09	1551
022	3ED0317	183	57.5	✓	10/7/09	1619
023	3ED0325	222	109.8	✓	10/7/09	1632
024	3ED0326	258	172.7	✓	10/7/09	1634
025	3ED0329	193	66.4	✓	10/7/09	1638

PAL

✓
✓
✓

1 of 2 

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Northern Pike-minnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
01	3ED0129	215	60	✓	10/6/09	1018
02	3ED0196			✓	10/6/09	1825
03	3ED0196	118	13.2	✓	10/6/09	1825
04	3ED0194	116	11.2	✓	10/6/09	1829
05	3ED0191	126	16.3	✓	10/6/09	1831
06	3ED0192	133	18.2	✓	10/6/09	1838
07	3ED0276	122	14.6	✓	10/6/09	1850
08	3ED0277	144	24.9	✓	10/6/09	1851
09	3ED0271	121	54 13.6	✓	10/6/09	1854
010	3ED0278	132	18	✓	10/6/09	1857
011	3ED0236	145	22	✓	10/6/09	1858
012	3ED0197	120	13	✓	10/6/09	1904
013	3GNA0005	296	237	✓	10/7/09	1136
014	3GNA0027	247	142	✓	10/7/09	1409
015	3EB0060	133	18	✓	10/7/09	1649
016	3EB0043	283	204	✓	10/7/09	1714
017	3EB0044	276	203	✓	10/7/09	1716
018	3EB0059	149	24	✓	10/7/09	1739
019	3ED0335	241	116	✓	10/7/09	1802
020	3ED0347	181	44	✓	10/7/09	1803
021	3ED0360	139	22	✓	10/7/09	1810
022	3ED0371	105	29	✓	10/8/09	0909
023	3ED0345	139	18.1	✓	10/8/09	0925
024	3ED0332	180	53	✓	10/8/09	0930
025	3ED0350	128	13	✓	10/08/09	0931

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3Species Pike minnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
01	3ED0322	246	128.5	✓	10/7/09	1653
02	3ED0333	198	67.1	✓	10/7/09	1703
03	3ED0320	174	42.5	✓	10/7/09	1706
04	3ED0385	136 168	18.6 57.0	✓	10/7/09	1712
05	3ED0374	176	18.6	✓	10/7/09	1715
06	3ED0381	138	22.8	✓	10/7/09	1718
07	3ED0339	170	37.6	✓	10/7/09	1727
08	3ED0349	149	24.5	✓	10/7/09	1804
09	3ED0348	136	18.6	✓	10/7/09	1807
010	3ED0363	124	13.9	✓	10/7/09	1811
11	3ED0354	78	4.9	✓	10/8/09	0933
012	3ED0354	No Form			10/13/09	0000
013	3GNA0127	N	N		10/13/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Pike/minnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3ED0338	17	3.7	✓	10/8/09	0941
2	3ED0340	215	79.7	✓	10-8-09	1010
3	3ED0344	70	3.0	✓	10/08/09	1020
4	3ED0359	125	13.2	✓	10/08/09	1030
5	3ED0342	128	15.5	✓	10/08/09	1035
6	3ED0365	135	18.2	✓	10/08/09	1043
7	3ED0346	145	24.0	✓	10/08/09	1050
8	3ED0302	125	14.5	✓	10/08/09	1055
9	3ED0384	95	7.7	✓	10/08/09	1141
10	3ED0364	127	14.3	✓	10/8/09	1331
11	3EE 35E0021	85	4.8	✓	10/8/09	1620
12	35E0021	85	4.8	✓	10/8/09	1620
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Miss ID

(5) Discard Permitted

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Pike minnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	3GNA0125	259	170	✓	10/8/09	1016
②	3GNA0072	285	215	✓	10/8/09	1248
③	3GNA0076	228	131	✓	10/08/09	1251
④	3GNA0074	258	158	✓	10/08/09	1254
⑤	3GNA0075	250	144	✓	10/08/09	1257
⑥	3GNA0071	272	220	✓	10/08/09	13:01
⑦	3GNA0073	271	184	✓	10/08/09	13:03
⑧	3ED0318	254	154	✓	10/08/09	1339
9	3ED0324	274	199	✓	10/08/09	1344
10	3ED0313	326	391	✓	10/08/09	1348
⑪	3GNE0078	250	133	✓	10/8/09	1524
⑫	3GNE0070	253	135	✓	10/8/09	1528
⑬	3GNE0071	244	132	✓	10/8/09	1530
⑭	3GNE0072	260	162	✓	10/8/09	1535
⑮	3GNE0079	256	173	✓	10/8/09	1542
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bait

lot

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Pikeminnow

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0910	100	7.3	✓	6/18/09	1337
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species PIKE MINNOW

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	46NE0021	277	177	✓	10/10/09	1627
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Pike minnow

✓

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	56NA0028	240	121	✓	10/13/09	1725
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	1E0026(W)	425	834	✓	09/30/09	1453
✓ 2	1E0023(W)	398	693	✓	09/30/09	1457
✓ 3	1E0022(W)	465	1206	✓	09/30/09	1503
✓ 4	1E0024(W)	463	1055	✓	09/30/09	1511
✓ 5	1E0025(W)	218	105	✓	09/30/2009	1552
✓ 6	1E0001(W)	180	65	✓	09/30/2009	1556
✓ 7	1E0011(W)	115	15	✓	09/30/2009	1610
✓ 8	1GN10012(W)	565	1819	✓	09/30/2009	1636
✓ 9	1GN10004(W)	444	882	✓	09/30/2009	1649
✓ 10	^{CRD 10/1/09} 1N0012(W)	525	1307	✓	09/30/2009	1907
✓ 11	^{CRD 10/1/09} 1N0015(W)	366	596	✓	09/30/2009	1910
No exam ✓ 12	^{CRD 10/1/09} 1N0014(W)	422	901	✓	09/30/2009	1915
✓ 13	^{CRD 10/1/09} 1N0011(W)	492	1156	✓	09/30/2009	1932
✓ 14	1E10101(W)	96	7	✓	10/3/09	1300
✓ 15	1E10071(W)	145	36.6	✓	10/3/09	1423
✓ 16	N1-B5-0010(W)	66	2.5	✓	10/3/09	1647
✓ 17	N1-B5-0001(W)	108	14.2	✓	10/3/09	1650
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓1	1GN10026(W)	365	536	✓	10/1/09	0856
✓2	1GN10018(W)	476	1267	✓	10/1/09	0901
✓3	1GN10013(W)	561	1821	✓	10/1/09	1002
✓4	1GN10017(W)	470	1230	✓	10/1/09	1006
✓5	1GN10057(W)	449	998	✓	10/1/09	1129
✓6	1GN10059(W)	408	802	✓	10/1/09	1137
✓7	1GN10056(W)	489	1246	✓	10/1/09	1146
✓8	1GN10058(W)	497	1255	✓	10/1/09	1155
✓9	1GN10049(W)	494	1218	✓	10/1/09	1308
✓10	1GN10045(W)	456	1069	✓	10/1/09	1353
✓11	1GN10048(W)	364	543	✓	10/1/09	1358
✓12	1E10043(W)	457	1148	✓	10/1/09	1550
✓13	1E10042(W)	466	1126	✓	10/1/09	1605
✓14	1E10049(W)	453	1130		10/1/09	1618
Discard	15 1E10040(W)	251				Too Small
✓16	1E10044(W)	465	1009 ¹⁰⁰⁹ _{PS} 1023 ¹⁰²³ _{PS}	✓	10/1/09	1630
✓17	1E10047(W)	452	1023	✓	10/1/09	1644
✓18	1E10046(W)	308	318	✓	10/1/09	1650
✓19	1E10058(W)	121	20	✓	10/1/09	1716 ⁽³⁷⁾ 1716 04
✓20	1E10032(W)	561	2595	✓	10/1/09	1715
✓21	1E10051a(W)	360	492	✓	10/1/09	1727
✓22	1N0049(W)	505	1254	✓	10/1/09	1807
✓23	1N0043(W)	401	747	✓	10/1/09	1811
✓24	1N0048(W)	409	624	✓	10/1/09	1814
✓25	1N0050(W)	479	1245	✓	10/1/09	1816

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Rainbow Trout

Rejected

✓
too small
✓
✓
✓
✓

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1N0042(W)	467	929	✓	10/1/09	1820
2	1N0045(W)	248	181	✓	10/1/09	1824
3	1N0052(W)	427	823	✓	10/1/09	1829
4	1N0054(W)	300	296	✓	10/1/09	1837
5	1N0051(W)	422	876	✓	10/1/09	1840
6	1N0027(W)	77	4	✓	10/1/09	1852
7	1N0028(W)	72	3		10/1/09	1857
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Pic
✓ 1	2E0001 (w)	520	1247	✓	10/1/09	1034	
✓ 2	2E0003 (w)	437	908	✓	10/01/09	1045	
✓ 3	2E0002 (w)	484	1294	✓	10/01/09	1054	
	2E0006 (sw)						
✓ 5	2GN80065 (w)	467	1064	✓	10/02/09	1535	✓
✓ 6	2GN80064 (w)	480	1027	✓	10/02/09	1550	✓
✓ 7	2GN0064 (w)	490	1083	✓	10/02/09	1655	✓
✓ 8	2GN0063 (w)	339	973 ³⁷⁹	✓	10/02/09	1705	✓
not on file form ✓ 9	2GN0082 (H)	362	580	✓	10/02/09	1719	✓
✓ 10	2GN0065 (w)	479	1157	✓	10/02/09	1803	
	A2W0010						
Tag ✓ 12	A2-IN-0010 (H)	313	364	✓	10/03/2009	0940	✓
✓ 13	2GN0085 (w)	404	568	✓	10/03/2009	0945	✓
✓ 14	2GN0083 (w)	471	1036	✓	10/03/2009	0957	✓
✓ 15	2GN0089 (w)	407	704	✓	10/03/2009	1001	✓
✓ 16	2GN0090 (w)	417	683	✓	10/03/2009	1006	✓
* ✓ 17	2GN1147 (w)	492	1151	✓	10/03/09	1009	✓
✓ 18	2GN0086 (w)	422	657	✓	10/03/09	1015	✓
✓ 19	A2IN0001 (w)	483	1137	✓	10/03/09	1025	✓
✓ 20	2GN40080 (w)	553	1484	✓	10/3/09	1057	✓
✓ 21	2GNA0078 (w)	412	623	✓	10/3/09	1119	✓
✓ 22	C2GN0094 (w)	480	1054	✓	10/3/09	1147	✓
✓ 23	C2GN00103 (w)	572	1806	✓	10/3/09	1153	✓
not filleted ✓ 24	C2GN0093 (w)	514	1502	✓	10/3/09	1201	✓
✓ 25	C2GN0101 (w)	504	1295	✓	10/3/09	1237	✓

not filleted ✓ 24
filleted, not on form 10/17/09

* sample 2GN0084

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
① 1	2ED0034(w)	88	6	✓	10/3/09	1809
② 2	2ED0036(w)	96	9.2	✓	10/3/09	1813
③ 3	2ED0035(w)	88	5.7	✓	10/3/09	1815
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Rainbow - ^{m3} ~~trout~~

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	2EB0002(w)	522	950	✓	10/05/2009	0934
2	2EB0004(w)	384	619	✓	10/05/2009	0936
3	2EB0006(w)	461	972	✓	10/05/2009	0942
4	2EB0011(w)	496	1085	✓	10/05/2009	0945
5	2EB0008(w)	530	966	✓	10/05/2009	0947
6	2EB0010(w)	531	1512	✓	10/05/2009	0953
7	2EB0009(w)	475	1058	✓	10/05/2009	0957
8	2EB0007(w)	448 484	1148	✓	10/05/2009	1001
9	2EB0003(w)	456	914	✓	10/05/2009	1005
10	2EB0005(w)	404	693	✓	10/05/2009	1008
11	2EB0014(w)	12	16.7	✓	10/05/2009	1010
12	2EB0067(w)	451	1017	✓	10/05/2009	1015
13	2ED0065(w)	415	730	✓	10/05/2009	1025
14	2ED0082(w)	222	122.4	✓	10/05/2009	1028
15	2ED0062(w)	309	309	✓	10/05/2009	1031
16	2ED0064(w)	212	94.6	✓	10/05/2009	1035
17	2ED0053(w)	399	613	✓	10/05/2009	1038
18	2ED0054(w)	256	178	✓	10/05/2009	1040
19	2ED0061(w)	332	216	✓	10/05/2009	1043
20	2ED0052(w)	461	898	✓	10/5/09	1045
21	2ED0063(w)	258	169	✓	10/5/09	1047
22	2ED0055(w)	247	137	✓	10/5/09	1055
23	2ED0058(w)	258	174	✓	10/5/09	1057
24	2ED0059(w)	441	938	✓	10/5/09	1100
25	2ED0051(w)	469	1030	✓	10/5/09	1104

RIC

✓

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Rainbow

h

Fish No.	Individual Fish Sample Number <small>(e.g.: 0056)</small>	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	W1292 2ED0049 (w)	481	1292	✓	10/5/09	1111
✓ 2	2ED0060(w)	300	269	✓	10/5/09	1115
⊙ 3	2ED0068(w)	230	142	✓	10/5/09	1120
⊙ 4	2ED0056(w)	231	138	✓	10/5/09	1123
✓ 5	2ED0057(w)	496	1178	✓	10/5/09	1125
✓ 6	2ED0050(w)	514	829	✓	10/5/09	1130
⊙ 7	2ED0057(w)	170	45	✓	10/5/09	1134
✓ 8	2ED0048(w)	491	1248	✓	10/5/09	1145
⊙ 9	2ED0066(w)	99	9.8	✓	10/5/09	1149
⊙ 10	2ED0065(w)	146	31.8	✓	10/5/09	1154
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

1 of

Reach 3

Species RAINBOW TROUT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	3GNE0030 ^H	343	430	✓	10/6/09	1439
2	3GNE0026 ^H	474	1280	✓	10/6/09	1451
3	3GNE0006 ^H	412	789	✓	10/6/09	1532
4	3GNE0008 ^W	564	1628	✓	10/6/09	1559
5	3GNE0012 ^H	458	1404	✓	10/6/09	1604
6	3GNE0014 ^W	326	376	✓	10/6/09	1610
7	3GNE0007 ^W	460	844	✓	10/6/09	1614
8	3GNE0011 ^W	380	567	✓	10/6/09	1620
9	3GNE0019 ^W	530	1463	✓	10/6/09	1629
10	3GNE0013 ^W	351	391	✓	10/06/09	1640
11	3GNE0032 ^H	323	352	✓	10/06/09	1646
12	3GNE0040 ^H	362	528	✓	10/6/09	1700
13	3GNE0037 ^W	462	1089	✓	10/6/09	1704
14	3GNE0016 ^H	326	423	✓	10/6/09	1708
15	3GNE0029 ^H	400	623	✓	10/6/09	1715
16	3GNE0002 ^H	380	651	✓	10/6/09	1717
17	3GNE0052 ^W	326	332	✓	10/7/09	0915
18	3GNE0045 ^H	301	321	✓	10/7/09	0920
19	3GNE0060 ^W	515	1616	✓	10/7/09	0922
20	3ED0279 ^W	112	14.9	✓	10/07/09	0949
21	3ED0198 ^W	138	26.4	✓	10/07/09	0956
22	3ED0145 ^W	108	11.6	✓	10/07/09	1000
23	3ED0149 ^W	116	13.1	✓	10/07/09	1005
24	3ED0151 ^W	97	10.5	✓	10/07/09	1007
25	3GNA0001 ^W	557	2121	✓	10/07/2009	1167

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Zof

Reach 3

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	3EF0010 (H)	434	1056	✓	10/6/09	0916
2	3EF0001 (W)	485	1455	✓	10/6/09	0920
3	3EF0002 (W)	527	1757	✓	10/6/09	0931
4	3EF0004 (W)	390	604	✓	10/6/09	0937
5	3EF0003 (W)	423	902	✓	10/6/09	0943
6	3ED0001 (W)	517	1302	✓	10/6/09	0949
7	3ED00106 (H)	333	424	✓	10/6/09	0955
8	3ED00103 (W)	431	980	✓	10/6/09	1005
9	3ED00102 (H)	474	1592	✓	10/6/09	1013
10	3ED00252 (W)	125	20.8	✓	10/6/09	17:27
11	36NA0002 (W)	524	1515	✓	10/7/2009	1113
12	3EB00638	94	7	✓	10/7/2009	1728
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Rainbow Trout

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3EF0012(w)	131	22.2	✓	10/7/09	1348
2	3ED0336(w)	91	7.0	✓	10/7/09	1756
3	3ED0343(w)	99	8.6	✓	10/7/09	1759
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	3SE0019W	134	22.1		10/8/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species ~~Salmon~~ Rainbow Trout ~~10/8/09~~ 10/3/09

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	3ED0354 W	12	13.3	✓	10/8/09	0950
②	3ED0358 W	155	34.6	✓	10/8/09	1041
③	36NA0047 H	423	929	✓	10/8/09	1151
④	3ED0328 W	280	228	✓	10/8/09	1400
⑤	3ED0327 W	260	178	✓	10/8/09	1403
6	36NE0075H	299	317	✓	10/3/09	1419
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species RAINBOW TROUT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	36NC0027 ^{WJ}	548	1804	✓	10/10/09	1409
②	36-NC0025 ^{WJ}	503	1406	✓	10/10/09	240 ³ 1412
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Rainbow trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
1	4EB0008 W	509	1596	✓	10/08/09	1700
2	4EB0006 W	530	1620	✓	10/08/09	1707
3	4EB0013 W	374	474 ^{OK}	✓	10/08/09	1718
4	4EB0009 H	345	590	✓	10/08/09	1727
5	4EB0003 W	299	302	✓	10/08/09	1733
6	4EB0014 W	324	434	✓	10/08/09	1736
7	4EB0011 W	301	366	✓	10/08/09	1742
8	4EB0002 H	358	602	✓	10/08/09	1752
9	4EB0022 H	335	498	✓	10/08/09	1758
10	4EB0005 W	317	455	✓	10/08/09	1812
11	4EB0004 H	322	412	✓	10/08/09	1829
12	4EB0007 H	342	474	✓	10/8/09	1838
13	4EB0019 H	344	484	✓	10/8/09	1840
14	4EB0010 H	375	556	✓	10/8/09	1846
15	4EB0018 H	346	508	✓	10/8/09	1847
16	4EB0001 H	342	600	✓	10/10/09	1850
17	4EB0030 H	326	426	✓	10/10/09	1850
18	4EB0000 H	345	578	✓	10/10/09	1850
19	4EB0008 H	309	585	✓	10/10/09	1850
20	4EB0017 W	306	539	✓	10/10/09	1850
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species RAINBOW TROUT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EB0016 ^W	545	1852	✓	10/9/09	0915
②	4EB0012 ^H	380	627	✓	10/9/09	0921
③	4EB0017 ^H	335	454	✓	10/9/09	0923
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNA0063 ^W	401	1350	✓	10/9/09	1507
②	4GNA0009^H 4GNA0064 ^H	385	611	✓	10/9/09	1515
③	4GNA0062 ^H	330	442	✓	10/9/09	1518
④	4GNA0064 ^H	400	829	✓	10/9/09	1521
⑤	4GNA0065 ^H	375	722	✓	10/9/09	1530
⑥	4GNA0066 ^W	526	1346	✓	10/9/09	15:33
⑦	4GNA0069 ^H	587 ³⁴⁵ 589	589	✓	10/9/09	1606
⑧	4GNA0067 ^H	310	479	✓	10/9/09	1612
⑨	4GNA0068 ^H	319	458	✓	10/9/09	1616
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species RAINBOW TROUT

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EB0058 [#]	372	642	✓	10/10/09	1014
②	4EB0056 [#]	340	549	✓	10/10/09	1019
③	4EB0002 [#]	350	527	✓	10/10/09	1022
④	4ED0460 ^W	275	360	✓	10/10/09	1023
⑤	4EB0061 [#]	360	610	✓	10/10/09	1027
⑥	46NE0008 [#]	369	595	✓	10/10/09	1028
⑦	4EB0054 [#]	355	536	✓	10/10/09	1030
⑧	4EB0059 [#]	372	685	✓	10/10/09	1034
⑨	46NE0006 ^W	400	712	✓	10/10/09	1035
⑩	46NE0011 [#]	367	616	✓	10/10/09	1038
⑪	46NE0019 ^W	362	539	✓	10/10/09	1050
⑫	4EB0060 [#]	345	518	✓	10/10/09	1058
⑬	4EB0050 [#]	326	426	✓	10/10/09	1103
⑭	4ED0459 ^W	252	157	✓	10/10/09	1107
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Length-Weight Form
Upper Columbia River (UCR) Fish-Tissue Study

Reach 4

Species Rainbow trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0557	161	44.6	✓	10/10/09	1454
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5EB0002H	305	381	✓	10/12/09	1100
②	5EB0018H	296 ³⁰²	355	✓	10/12/09	1127
③	5EB0014H	301	316	✓	10/12/09	1137
④	5EB0015H	314	400	✓	10/12/09	1148
⑤	5EB00005H	347	498	✓	10/12/09	1155
⑥	5EB00006H	326	444	✓	10/12/09	1158
⑦	5EB00010H	335	519	✓	10/12/09	1209
⑧	5ED00001H	335	576	✓	10/12/09	1257
⑨	5ED00009H	332	454	✓	10/12/09	1306
⑩	5ED00004H	341	482	✓	10/12/09	1312
⑪	5ED00010H	352	499	✓	10/12/09	1320
⑫	5ED00008H	334	460	✓	10/12	1324
13	5ED00012H	300	3315	LB	(Fish is a Kokanee)	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Rainbow trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5EB0008 H	349	549	✓	10/12/09	1101
②	5EB0006 H	323	430	✓	10/12/09	1107
③	5EB0011 H	306	391	✓	10/12/09	1117
④	5EB0004 H	334	488	✓	10/12/09	1120
⑤	5EB0017 H	415 ^{or} 315	435	✓	10/12/09	1123
⑥	5EB0007 H	307	404	✓	10/12/09	1131
⑦	5EB0013 H	346	563	✓	10/12/09	1143
⑧	5EB0001 H	366	577	✓	10/12/09	1144
⑨	5EB0012 H	374	646	✓	10/12/09	1148
⑩	5EB0009 H	572	363	✓	10/12/09	1153
⑪	5EB0003 H	335	465	✓	10/12/09	1159
⑫	5ED0002 ^{MC} W	365	581	✓	10/12/09	1301
⑬	5ED0007 W	358	550	✓	10/12/09	1308
⑭	5ED0003 H	398	327	✓	10/12/09	1313
⑮	5ED0005 H	325	449	✓	10/12/09	1326
⑯	5GNA0008 W	476	1289	✓	10/12/09	1459
⑰	5GNA0009 W	496	1414	✓	10/12/09	1505
⑱	5GNA0007 H	367	695	✓	10/12/09	1511
19	5GNA0012 W	441	981	✓	10/12/09	1514
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	5GNA0006H	315	416	✓	10/13/09	1309
✓ ②	5EBO101W	345	573	✓	10/13/09	1322
✓ ③	5EBO102H	353	581	✓	10/13/09	1339
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6GNA0059H	337	444	✓	10/16/09	1136
②	6GNA0057W	341	496	✓	10/16/09	1137
③	6GNA0058W	363	586	✓	10/16/09	1149
④	6GNA0056H	519	1440	✓	10/16/09	1157
⑤	6GNA0055W	514	1208	✓	10/16/09	1200
⑥	6EB0184H	332	348	✓	10/16/09	1620
⑦	6EB0185H	310	376	✓	10/16/09	1622
⑧	6EB0186H	336	485	✓	10/16/09	1626
⑨	6EB0187W	350	563	✓	10/16/09	1628
⑩	6GNA0064H	_____	_____	✓	10/16/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EB0002 ^H	342	572	✓	10/15/09	1130
②	6EB0008 ^H	352	499	✓	10/15/09	1133
③	6EB0009 ^W	320	388	✓	10/15/09	1136
④	6EB0015 ^H	340	470	✓	10/15/09	1142
⑤	6EB0010 ^H	355	485	✓	10/15/09	1146
⑥	6EB0018 ^H	365	549	✓	10/15/09	1150
⑦	6EB0005 ^H	360	609	✓	10/15/09	1152
⑧	6EB0014 ^W	370	630	✓	10/15/09	1156
⑨	6EB0011 ^W	358	554	✓	10/15/09	1204
⑩	6EB0017 ^H	343	529	✓	10/15/09	1208
⑪	6EB0022 ^W	410	798	✓	10/15/09	1213
⑫	6EB0016 ^W	364	594	✓	10/15/09	1216
13	6EB0007	344	460	✓	10/15/09	1314
14	6EB0012	332	316	✓	10/15/09	1321
⑮	6EB0017 ^W	343	529		10/16/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Rainbow Trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
(1)	6EB0003H	358	543	✓	10/15/09	1134
(2)	6EB0001H	343	452	✓	10/15/09	1141
(3)	6EB00023W	360	590	✓	10/15/09	1148
(4)	6EB0013H	329	452	✓	10/15/09	1153
(5)	6EB00020H	364	536	✓	10/15/09	1158
(6)	6EB00024W	359	521	✓	10/15/09	1205
(7)	6EB00021W	340	571	✓	10/15/09	1206
(8)	6EB00019W	348	470	✓	10/15/09	1211
(9)	6EB0004H	310	390	✓	10/15/09	1219
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Rainbow trout

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	CGED0013-H	310	453	✓	10/16/09	1648
✓ (2)	CGNA0090-H	400	1105	✓	10/16/09	1739
✓ (3)	CGNA0093-H	330	482	✓	10/16/09	1746
✓ (4)	CGNA0092-W	391	722	✓	10/16/09	1749
✓ (5)	CGNA0091-W	380	624	✓	10/16/09	1753
✓ (6)	CGNA0094-H	348	423	✓	10/16/09	1754
✓ (7)	CGNA0082-W	320	401	✓	10/16/09	1759
✓ (8)	CGNA0089-H	325	394	✓	10/16/09	1801
(9)	CGNA0106-W			✓	10/17/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Redside shiner

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	
1	1E0020	55	2	✓	09/30/2009	1432	DISCARD
✓ 2	1E10074	100	8.2	✓	10/3/09	1507	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Reidside chiner

(✓)

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	2EB0022	79	4.0	✓	10/5/09	0942
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
01	1E0009	95	12	✓	09/30/2009	1436
02	1E0010	139	32	✓	09/30/2009	1439
03	1E0015	60	2	✓	9/30/2009	16:40
04	1E0014	64	3	✓	9/30/2009	16:47
05	1E0077	92	8		9/30/2009	16:52
06	1E0085	112	16	✓	10/3/09	1041
07	1E10091	106	13	✓	10/3/09	1312
08	1E10092	99	15	✓	10/3/09	1315
09	1E10094	120	22.2	✓	10/3/09	1348
10	1E10097	116	18.8	✓	10/3/09	1351
11	1E10099	109	15.6	✓	10/3/09	1356
12	1E10081	102	15.2	✓	10/3/09	1403
13	NIBS0002	80	4.9	✓	10/3/09	1716
14	NIBS0004	80	4.8	✓	10/3/09	1721
15	NIBS0003	72	3.8	✓	10/3/09	1725
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species SCULPIN

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	1E10055	110	20	✓	10/1/09	1507
2	1N10024	92	11	✓	10/1/09	1852
3	1N10030	88	8	✓	10/1/09	1900
4	1N10029	92	9	✓	10/1/09	1903
5	1E10095	100	10.8	✓	10/2/09	1357
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	2ED0039	75	4.5	✓	10/3/09	1854
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Photo

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	2ED0038	98	11.2 11.7	✓	10/3/09	1853
2	2ED0040	108	13.3	✓	10/3/09	1856
3	2ED0037	72	3.2	✓	10/3/09	1859
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	2EB0016	99	10.5	✓	10/5/09	0947
②	2EB0018	96	11.5	✓	10/5/09	1108
③	2EB0025	89	6.2	✓	10/5/09	1121
④	2EB0015	109	18.0	✓	10/5/09	1124
⑤	2EB0023	80	4.2	✓	10/5/09	1126
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
0 1	3ED0282	82	6.0	✓	10/6/09	17:06
0 2	3ED0281	85	6.7	✓	±	17:10
0 3	3ED0283	74	4.6	✓	±	17:13
0 4	3EF0024	75	4.8	✓	10/7/09	1253
0 5	3EF0032	87	6.3	✓	10/7/09	1300
0 6	3EF0033	78	6.4	✓	10/7/09	1302
0 7	3EB0066	138	32	✓	10/7/09	1647
8	3ED0344	80	7.0	✓	10/8/09	0917
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	3SE0001	45	0.7	✓	10/8/09	1625
②	3SE0023	40	0.4	✓	10/8/09	1628
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3ED0347	105	17.0	✓	10/08/09	1037
2	3ED0386	85	8.0	✓	10/8/09	1314
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
0 1	4ED0518	58	1.8	✓	6/9/09	1314
0 2	4ED0519	50	1.5	✓	6/9/09	1356
0 3	4ED0520	52	1.2	✓	6/9/09	1400
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0484	82	6.1	✓	10/10/09	1147
②	4ED0556	77	4.2	✓	10/10/09	1458
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5EB0088	90	10.9	✓	10/13/09	1022
②	5EB0089	74	4.3	✓	10/13/09	1027
③	5EB0082	77	5.0	✓	10/13/09	1029
④	5EB0081	69	3.6	✓	10/13/09	1034
⑤	5EB0086	78	5.6	✓	10/13/09	1038
⑥	5EB0084	67	3.6	✓	10/13/09	1040
⑦	5EB0091	71	4.0	✓	10/13/09	1045
⑧	5EB0090	73	5.4	✓	10/13/09	1047
⑨	5EB0080	80	5.8	✓	10/13/09	1054
⑩	5EB0079	87	7.2	✓	10/13/09	1055
⑪	5EB0083	71	4.4	✓	10/13/09	1058
⑫	5EB0087	63	2.8	✓	10/13/09	1101
⑬	5EB0085	66	3.1	✓	10/13/09	1104
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species SCULPIN

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEB0197	100	12.6	✓	10/14/09	1118
✓ ②	SEB0191	75	5.2	✓	10/14/09	1134
✓ ③	SEB0185	70	3.5	✓	10/14/09	1144
✓ ④	SEB0195	79	4.8	✓	10/14/09	1150
✓ ⑤	SEB0192	75	5.5	✓	10/14/09	1155
✓ ⑥	SEB0194	96	7.9	✓	10/14/09	1158
✓ ⑦	SEB0007	70	3.8	✓	10/14/09	1640
✓ ⑧	SEB0006	92	7.9	✓	10/14/09	1644
✓ ⑨	SEB0004	90	6.7	✓	10/14/09	1646
⑩	SOB0198	69	3.8		10/15/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EBO125	92	8	✓	10/15/09	1440
②	6EBO162	94	7	✓	10/15/09	1452
③	6EBO161	70	3.6	✓	10/15/09	1730
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	6SE0002	59	1.5	✓	10/16/09	1659
✓ 2	6SE 0001 0010	40	0.4	✓	10/16/09	1703
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Sculpin

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	6ED0093	89	7.7	✓	10/17/09	1440
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Small mouth bass

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	IN0004	244	252	✓	09/30/2009	1334
2	GN10011	278	333	✓	09/30/2009	1747
3	IE10086	89	9	✓	10/3/2009	1318
4	IE10093	91	10	✓	10/3/2009	1319
5	IE10069	97	13	✓	10/3/09	1409
6	IE10070	85	8.8	✓	10/3/09	1413
7	IE10077	62	2.9	✓	10/3/09	1418
8	NI-BS-2006	80	7.8	✓	10/3/09	1700
9	NI-BS-0005	73	6.1	✓	10/03/09	1710
10	NI-BS-0007	62	3.6	✓	10/03/09	1718
11	NI-BS-2008	47	1.6	✓	10/03/09	1725
12	NI-BS-0009	69	5.6	✓	10/03/09	1728
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Small Mouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	IN10026	83	9	✓	10/1/09	1825
② 2	IN10025	73	6	✓	10/1/09	1829
③ 3	IN10023	68	6	✓	10/1/09	1834
④ 4	IN10022	74	5	✓	10/1/09	1846
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Photo	
✓	1	2ED0028	71	4.3	✓	10/3/09	1807	✓
✓	2	2ED0029	49	1.5	✓	10/3/09	1812	✓
✓	3	2ED0019	73	6.0	✓	10/3/09	1816	✓
✓	4	2ED0011	68	4.2	✓	10/3/09	1821	✓
✓	5	2ED0023	75	5.6	✓	10/3/09	1826	✓
✓	6	2ED0017	75	5.3	✓	10/3/09	1832	✓
✓	7	2ED0032	87	7.9	✓	10/3/09	1837	✓
✓	8	2ED0022	64	3.4	✓	10/3/09	1839	✓
✓	9	2ED0025	45	1.2	✓	10/3/09	1842	✓
✓	10	2ED0009	78	6.4	✓	10/3/09	1846	✓
✓	11	2ED0031	51	1.7	✓	10/3/09	1850	✓
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Smallmouth Bass

(✓)

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	26B0020	75	5.8	✓	10/5/09	1115
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Lily Vogelator
 10/5/2009

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species SMALL MOUTH BASS

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
0 1	3ED0181	101	14.6	✓	10/6/09	1039
0 2	3ED0170	83	8.2	✓		1045
0 3	3ED0182	111	20.4	✓		1047
0 4	3ED0173	161	56.8	✓		1052
0 5	3ED0175	88	9.7	✓		1054
0 6	3ED0167	112	20	✓		1057
0 7	3ED0174	87	9	✓		1100
0 8	3ED0176	87	9	✓		1101
0 9	3ED0169	86	9	✓		1104
0 10	3ED0168	113	15	✓		1105
0 11	3ED0171	112	14	✓		1108
0 12	3ED0285	84	7	✓		1110
0 13	3ED0220	149	45	✓		1112
0 14	3ED0177	78	6	✓		1114
0 15	3ED0185	80	7	✓		1116
0 16	3ED0246	110	19	✓		1118
0 17	3ED0270	270 ^{10/6/09} 72	5	✓		1133
0 18	3ED0247	88	9	✓		1134
0 19	3ED0230	98	7	✓		1142
0 20	3ED0221	96	11	✓		1144
0 21	3ED0245	80	8	✓		1146
0 22	3ED0244	91	10	✓		1148
0 23	3ED0287	70	4	✓		1150
0 24	3ED0229	84	8	✓		1153
0 25	3ED0231	92	10	✓	✓	1154

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Small Mouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
0 26 1	3ED0222	83	8	✓	10/6/09	1156
0 27 2	3ED0269	55	2	✓	10/6/09	1159
0 28 3	3ED0227	97	12	✓	10/6/09	1200
0 29 4	3ED0284	78	6	✓	10/6/09	1203
0 30 5	3ED0226	102	14	✓	10/6/09	1205
0 31 6	3ED0219	101	15	✓	10/6/09	1206
0 32 7	3ED0120	110	19	✓	10/6/09	1311
0 33 8	3ED0119	105	17	✓	10/6/09	1315
0 34 9	3ED0124	83	7	✓	10/6/09	1319
0 35 10	3ED0118	90	9	✓	10/6/09	1323
0 36 11	3ED0286	105	17	✓	10/6/09	1328
0 37 12	3ED0263	98	12.2	✓	10/6/09	1527
0 38 13	3ED0266	86	7.7	✓	10/6/09	1525
0 39 14	3ED0265	77	5.3	✓	10/6/09	1530
0 40 15	3ED0268	55	2.4	✓	10/6/09	1535
0 41 16	3ED0264	100	14.3	✓	10/6/09	1540
0 42 17	3ED0262	110	16	✓	10/6/09	1545
0 43 18	3ED0273	50	1.7	✓	10/6/09	1550
0 44 19	3ED0248	98	13.5	✓	10/6/09	1555
0 45 20	3GEN038	390	1018	✓	10/6/09	1600
0 46 21	3ED0172	100	15.4	✓	10/6/09	1600
0 47 22	3ED0186	108	19.8	✓	10/6/09	1605
0 48 23	3ED0224	118	21.6	✓	10/6/09	1608
0 49 24	3ED0028	85	7.4	✓	10/6/09	1609
0 50 25	3ED0028	89	9.0	✓	10/6/09	1612

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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Small mouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
0 1	3ED0225	102	14.7	✓	10/6/09	16:25
0 2	3ED0249	109	16.9	✓	10/6/09	16:18
0 3	3ED0223	100	12.5	✓	†	16:22
0 4	3ED0180	89	10.7	✓	†	16:30
0 5	3ED0188	92	12.5	✓	†	16:34
0 6	3ED0187	101	10.1	✓	†	16:36
0 7	3ED0250	79	7.2	✓	10/6/09	16:49
0 8	3ED0178	101	13.7	✓	†	16:51
0 9	3ED0261	92	10.7	✓	†	16:55
⊙ 10	3GNE0039	305	377	✓	10/6/09	1657
0 11	3ED0183	80	7.9	✓	10/07/09	1026
0 12	3ED0267	85	8.8	✓	10/07/09	1030
0 13	3ED0179	85	9.6	✓	10/07/09	1035
0 14	3ED0217	85	9.2	✓	10/07/09	1037
0 15	3ED0272	96	9.2	✓	10/07/09	1040
0 16	3ED0184	85	9.9	✓	10/07/09	1043
0 17	3ED0189	102	14	✓	10/07/09	1046
0 18	3GNA0007	251	250	✓	10/07/2009	1139
⊙ 19	3GNA0009	340	764	✓	10/07/2009	1157
⊙ 20	3GNA0012	278	360	✓	10/07/2009	1159
⊙ 21	3GNA0008	300	407	✓	10/07/2009	#4 ₁₀ 1303
⊙ 22	3GNA0010	357	785	✓	10/07/2009	1307
⊙ 23	3GNA0011	285	376	✓	10/07/2009	1312
⊙ 24	3GNA0014	259	282	✓	10/07/2009	1315
⊙ 25	3GNA0013	282	367	✓	10/07/2009	1318

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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Smallmouth

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time	
0	1	3GNA0015	258	271	✓	10/07/2009	1323
0	2	3GNA0019	250	236	✓	10/07/2009	1327
0	3	3GNA0016	250	250	✓	10/07/2009	1330
0	4	3GNA0017	193	119	✓	10/07/2009	1334
0	5	3EF0030	125	26.8	✓	10/7/2009	1355
0	6	3EF0015	103	14.9	✓	10/7/09	1358
0	7	3EF0027	121	22	✓	10/7/09	1402
0	8	3EF0028	97	11.2	✓	10/7/09	1404
0	9	3EF0035	71	4.1	✓	10/7/09	1407
0	10	3GNA0018	166	76	✓	10/7/09	1436
0	11	3ED0305	165	80.2	✓	10/7/09	1609
0	12	3ED0307	175	92.2	✓	10/7/09	1650
	13	3ED0379	885	7.0	✓	10/7/09	1656
0	14	3EB0053	116	20	✓	10/7/09	1719
0	15	3EB0050	143	39	✓	10/7/09	1722
0	16	3EB0061	111	16	✓	10/7/09	1724
0	17	3GNA0140	323	608	✓	10/8/09	0908
0	18	3GNA0128	298	441		10/8/09	0911
0	19	3GNA0141	256	306	✓	10/8/09	0916
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 8 3

Species Small mouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	3GNA0062	256	264	✓	10/8/09	1157
②	3GNA0060	260	289	✓	10/8/09	1159
③	3GNA0061	259	287	✓	10/8/09	1201
④	3ED0304	272	324	✓	10/8/09	1349
⑤	3ED0303	313	498	✓	10/8/09	1352
⑥	3ED0304	185	90	✓	10/8/09	1355
⑦	3GNE0082	359	752	✓	10/8/09	133 1434
⑧	3GNE0080	248	253	✓	10/8/09	1539
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Sm mouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	36NA0139	330	589	✓	10/8/09	1526
②	36NA0106	194	119	✓	10/8/09	1535
③	36NA0107	163	77	✓	10/8/09	1546
④	36NA0105	188	100	✓	10/8/09	1549
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	4ED0411	62	2.7	✓	10/8/09	1716
2	4ED0419	73	4.7	✓	10/8/09	1720
3	4ED0406	68	3.9	✓	10/8/09	1723
4	4ED0408	65	3.7	✓	10/8/09	1725
5	4ED0422	63	3.0	✓	10/8/09	1729
6	4ED0417	90	9.7	✓	10/8/09	1731
7	4ED0407	64	3.4	✓	10/8/09	1734
8	4ED0418	86	8.1	✓	10/8/09	1739
9	4ED0429	53	1.6	✓	10/8/09	1742
10	4ED0409	88	9.2	✓	10/8/09	1744
11	4ED0404	66	3.1	✓	10/8/09	1746
12	4ED0423	78	5.8	✓	10/8/09	1750
13	4ED0424	87	8.4	✓	10/8/09	1751
14	4ED0426	68	4	✓	10/8/09	1758
15	4ED0427	56	2.1	✓	10/8/09	1800
16	4ED0435	58	2.6	✓	10/8/09	1807
17	4ED0401	173	71.6	✓	10/8/09	1812
18	4ED0432	74	4.7	✓	10/8/09	1828
19	4ED0430	85	8.4	✓	10/8/09	1837
20	4ED0403	91	10.4	✓	10/8/09	1849
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	4ED0546	70	2.8	✓	10/9/09	1104
2	4ED0550	83	7.3	✓	10/9/09	1109
3	4ED0544	88	9.2	✓	10/9/09	1111
4	4ED0554	70	4.6	✓	10/9/09	1116
5	4ED0552	63	2.9	✓	10/9/09	1119
6	4ED0551	86	7.3	✓	10/9/09	1121
7	4ED0549	91	9.1	✓	10/9/09	1125
8	4ED0542	93	10.9	✓	10/9/09	1130
9	4ED0541	88	9.5	✓	10/9/09	1132
10	4ED0540	76	6.3	✓	10/9/09	1135
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	4ED0421	81	7.0	✓	10/9/09	0854 ✓
2	4ED0438	82	6.4	✓	10/9/09	0858
3	4ED0433	80	6.3	✓	10/9/09	0905
4	4ED0444	79	6.0	✓	10/9/09	0910
5	4ED0434	60	2.8	✓	10/9/09	0915
6	4ED0431	60	2.8	✓	10/9/09	0919
7	4ED0436	76	5.1	✓	10/9/09	0923
8	4ED0452	66	2.9	✓	10/9/09	0926
9	4ED0439	70	4.6	✓	10/9/09	0936
10	4ED0440	56	2.4	✓	10/9/09	0939
11	4ED0441	74	3.6	✓	10/9/09	0943
12	4ED0449	63	2.6	✓	10/9/09	0946
13	4ED0447	64	2.6	✓	10/9/09	0949
14	4ED0450	73	4.1	✓	10/9/09	0953
15	4ED0425	57	2.3	✓	10/9/09	0956
16	4ED0446	62	2.9	✓	10/9/09	1009
17	4ED0477	70	4.6	✓	10/9/09	1010
18	4ED0445	66	3.7	✓	10/9/09	1015
19	4ED0555	73	4.5	✓	10/9/09	1021
20	4TF0006	72	4.2	✓	10/9/09	1026
21	4ED0553	67	3.7	✓	10/9/09	1031
22	4ED0543	85	8.8	✓	10/9/09	1035
23	4ED0545	81	7.9	✓	10/9/09	1038
24	4ED0547	76	6.2	✓	10/9/09	1041
25	4ED0548	78	5.2	✓	10/9/09	1101

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	46WA0100	319	560	✓	10/10/09	1013
②	46NE0004	279	381	✓	10/10/09	1308
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SB 15-30:1
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species SMALLMOUTH BASS

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0568	162	62.9	✓	10/10/09	1421
②	4ED 0563	179	90.3	✓	10/10/09	1427
③	4ED0566	173	77.6	✓	10/10/09	1429
④	4ED0560	169	65.3	✓	10/10/09	1439
⑤	4ED0559	172	72.5	✓	10/10/09	1436
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SB: 15-30:5

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4GNE0612	305	371	✓	10/16/09	0930
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
(1)	5ED0014	275	252	✓	10/12/09	1346
(2)	5ED0020	160	65	✓	10/12/09	1349
(3)	5ED0016	178	89	✓	10/12/09	1351
(4)	5ED0018	173	77	✓	10/12/09	1354
(5)	5ED0015	174	96	✓	10/12/09	1356
(6)	5ED0021	140	44	✓	10/12/09	1400
(7)	5ED0024	158	49	✓	10/12/09	1403
(8)	5ED0023	172	71	✓	10/12/09	1406
(9)	5ED0017	205	122	✓	10/12/09	1409
(10)	5ED0022	158	59	✓	10/12/09	1414
(11)	5EB0044	171	68	✓	10/12/09	1428
(12)	5EB0048	149	43	✓	10/12/09	1432
(13)	5EB0041	171	59	✓	10/12/09	1438
(14)	5EB0053	152	46	✓	10/12/09	1440
(15)	5EB0038	217	143	✓	10/12/09	1448
(16)	SGNA0030	281	291	✓	10/12/09	1618
(17)	SGNA0028	277	267	✓	10/12/09	1622
(18)	SGNA0027	301	407	✓	10/12/09	1800
19	SGNA0031	271	257	✓	10/12/09	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species SM Annuunt Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5ED0019	174	19.7	✓	10/13/09	1006
②	5ED0036	75	5.9	✓	10/13/09	1015
③	5ED0025	113	19.4	✓	10/13/09	1019
④	5ED0024	109	188	✓	10/13/09	1024
⑤	5EB0073	100	14.2	✓	10/13/09	1031
⑥	5EB0067	102	14.3	✓	10/13/09	1037
⑦	5EB0059	135	30.5	✓	10/13/09	1041
⑧	5EB0074	94	11.8	✓	10/13/09	1042
⑨	5EB0050	143	41.7	✓	10/13/09	1050
⑩	5EB0066	131	29.5	✓	10/13/09	1053
⑪	5EB0057	131	27.8	✓	10/13/09	1055
⑫	5EB0062	142	37.3	✓	10/13/09	1059
⑬	5EB0061	142	38.5	✓	10/13/09	1110
⑭	5EB0068	145	37.6	✓	10/13/09	1113
⑮	5EB0056	142	37.8	✓	10/13/09	1130
⑯	5EB0072	95	12.2	✓	10/13/09	1136
⑰	5EB00695	126	27.9	✓	10/13/09	1139
⑱	5EB0064	133	28.8	✓	10/13/09	1148
⑲	5EB0063	146	40.6	✓	10/13/09	1150
⑳	5EB0055	135	32.1	✓	10/13/09	1154
㉑	5EB0054	127	25	✓	10/13/09	1159
㉒	5EB0069	104	15.5	✓	10/13/09	1202
㉓	5TF0005	144	37	✓	10/13/09	1205
㉔	5EB0049	142	33.4	✓	10/13/09	1208
㉕	5EB0058	123	21.5	✓	10/13/09	1211

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
✓ (1)	SEB0076	102	13.0	✓	10/13/09	1141
✓ (2)	SEB0070	103	13.0	✓	10/13/09	1149
✓ (3)	SEB0077	80	6.3	✓	10/13/09	1200
✓ (4)	SEB0075	90	9.5	✓	10/13/09	1207
✓ (5)	SEB0071	95	11.1	✓	10/13/09	1212
✓ (6)	SEB0051	111	17.8	✓	10/13/09	1216
7	5ED0138		46.2	✓	10/13/09	1406
(8)	SEB0108	142	44.9	✓	10/13/09	1413
(9)	5ED0124	70	3.9	✓	10/13/09	1416
(10)	5ED0123	83	6.0	✓	10/13/09	1420
(11)	SEB0109	82	7.2	✓	10/13/09	1424
(12)	5ED0127	79	6.0	✓	10/13/09	1428
(13)	5ED0128	98	11.2	✓	10/13/09	1432
(14)	5ED0122	88	8.2	✓	10/13/09	1435
✓ (15)	5ED0126	68	3.9	✓	10/13/09	1437
(16)	5ED0125	87	7.4	✓	10/13/09	1438
(17)	5ED0130	84	7.9	✓	10/13/09	1439
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bird

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEDO139	68	3.8	✓	10/13/09	1436
✓ ②	SEDO129	81	6.6	✓	10/13/09	1445
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species SNAPE Mouth BASS

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	5GNE0000	240	180	<input checked="" type="checkbox"/>	10/13/09	547
(2)	5GNE0009	301	405	<input checked="" type="checkbox"/>	10/13/09	1618
(3)	5GNA0058	332	505	<input checked="" type="checkbox"/>	10/13/09	1622
4	5GUE0086	317	397	<input checked="" type="checkbox"/>	10/13/09	1624
(5)	5GNE0011	301	327	<input checked="" type="checkbox"/>	10/13/09	1626
(6)	5GNA0054	300 301	406	<input checked="" type="checkbox"/>	10/13/09	1630
(7)	5GNA0056	310	385	<input checked="" type="checkbox"/>	10/13/09	1636
(8)	5GNA0057	302	344	<input checked="" type="checkbox"/>	10/13/09	1642
(9)	5GNA0055	301	300	<input checked="" type="checkbox"/>	10/13/09	1649
10	5GNE0013	320	445	<input checked="" type="checkbox"/>	10/13/09	1655
(11)	5GNA0046	324	468	<input checked="" type="checkbox"/>	10/13/09	1702
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BAT

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Small Mouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEB0144	14.0	39.2	✓	10/14/09	1012
✓ ②	SEB0133	11.0	17.5	✓	10/14/09	1017
✓ ③	SEB0144	11.5	17.9	✓	10/14/09	1021
✓ ④	SEB0144	9.0	9.0	✓	10/14/09	1020
✓ ⑤	SEB0135	10.0	11.0	✓	10/14/09	1030
✓ ⑥	SEB0130	14.0	37.3	✓	10/14/09	1030
✓ ⑦	SEB0128	10.5	14.4	✓	10/14/09	1041
✓ ⑧	SEB0127	6.5	8.3	✓	10/14/09	1045
✓ ⑨	SEB0128	10.0	13.6	✓	10/14/09	1051
✓ ⑩	SEB0137	14.0	33.6	✓	10/14/09	1226
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEDO153	60	2.6	✓	10/14/09	1118
✓ ②	SEDO147	100	12.3	✓	10/14/09	1127
✓ ③	SEDO151	72	5.1	✓	10/14/09	1138
✓ ④	SEDO144	97	12.5	✓	10/14/09	1145
✓ ⑤	SEDO150	108	15.0	✓	10/14/09	1155
✓ ⑥	SEBO178	137	32.4	✓	10/14/09	1202
✓ ⑦	SEBO176	98	12.2	✓	10/14/09	1209
✓ ⑧	SEBO143	146	39.1	✓	10/14/09	1217
✓ ⑨	SEBO161	145	34.5	✓	10/14/09	1226
✓ ⑩	SEBO149	141	32.0	✓	10/14/09	1231
✓ ⑪	SEBO157	142	37.2	✓	10/14/09	1240
⑫	SGNE0069	314	422	✓	10/14/09	1352
⑬	SGNE0070	302	415	✓	10/14/09	1354
14	SGNE0071 SGNE0071	290	350	✓	10/14/09	1357
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EB0082	204	103.6	✓	10/15/09	1417
②	6EB0065	166	53.6	✓	10/15/09	1420
③	6EB0057	170	60.1	✓	10/15/09	1422
④	6EB0028	166	60.0	✓	10/15/09	1424
⑤	6EB0072B	179	71.2	✓	10/15/09	1426
⑥	6EB0031	167	61.2	✓	10/15/09	1430
⑦	6EB0049	166	54.7	✓	10/15/09	1431
⑧	6EB0072A	199	93.4	✓	10/15/09	1444
⑨	6EB0029	159	52.2	✓	10/15/09	1448
⑩	6EB0083	166	54.4	✓	10/15/09	1449
⑪	6EB0055	161	50.8	✓	10/15/09	1452
⑫	6EB0076	151	37.5	✓	10/15/09	1454
⑬	6EB0077	160	44.2	✓	10/15/09	1456
⑭	6EB0115	155	46.0	✓	10/15/09	1458
⑮	6EB0093	152	43.0	✓	10/15/09	1500
⑯	6EB0059	155	42.2	✓	10/15/09	1503
⑰	6EB0058	160	47.6	✓	10/15/09	1505
⑱	6EB0095	151	40.9	✓	10/15/09	1509
⑲	6EB0040	166	56.6	✓	10/15/09	1512
⑳	6EB0026	307	376	✓	10/15/09	1514
㉑	6EB0037	148	36.6	✓	10/15/09	1539
㉒	6EB0066	145	35	✓	10/15/09	1541
㉓	6EB0075	103	13.2	✓	10/15/09	1542
㉔	6EB0044	139	24.9	✓	10/15/09	1545
㉕	6EB0113	96	10.2	✓	10/15/09	1546

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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
①	6EB0122	79	6.1	✓	10/15/09	1547
②	6EB0116	83	6.8	✓	10/15/09	1550
③	6EB0043	133	23	✓	10/15/09	1551
④	6EB00117	141	32.1	✓	10/15/09	1552
⑤	6EB0099	131	26.9	✓	10/15/09	1553
⑥	6EB0120	134	24.4	✓	10/15/09	1555
⑦	6EB0035	92	10.1	✓	10/15/09	1556
⑧	6EB0110	141	30.3	✓	10/15/09	1558
⑨	6EB0074	89	8.1	✓	10/15/09	1601
⑩	6EB0073	96	9.5	✓	10/15/09	1607
⑪	6EB0042	142	33.6	✓	10/15/09	1610
⑫	6EB0109	146	37.2	✓	10/15/09	1613
⑬	6EB0102	8.1	6.7	✓	10/15/09	1614
⑭	6EB0096	138	32	✓	10/15/09	1618
⑮	6EB0050	144	32.5	✓	10/15/09	1619
⑯	6EB0038	149	42.1	✓	10/15/09	1622
⑰	6EB0121	111	17.2	✓	10/15/09	1627
⑱	6EB0100	102	13.2	✓	10/15/09	1630
⑲	6EB0119	101	14.9	✓	10/15/09	1632
⑳	6EB0052	106	14.0	✓	10/15/09	1633
㉑	6EB0061	86	8.6	✓	10/15/09	1635
㉒	6EB0079	91	9.2	✓	10/15/09	1638
㉓	6EB0106	92	9.3	✓	10/15/09	1642
㉔	6EB0063	84	7.9	✓	10/15/09	1645
㉕	6EB0053	81	7.1	✓	10/15/09	1647

565.6

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EB0108	132 139	34.4	✓	10/15/09	1624
②	6EB0067	127 125	10.1	✓	10/15/09	1628
③	6EB0105	74 74	8.7	✓	10/15/09	1633
④	6EB0124	107 107	13.9	✓	10/15/09	1636
⑤	6EB0101	100 91	10.4	✓	10/15/09	1637
⑥	6EB0089	94 94	9.9	✓	10/15/09	1641
⑦	6EB0087	91 91	9.5	✓	10/15/09	1644
⑧	6EB0060A	105 105	13.2	✓	10/15/09	1650
⑨	6EB0123	86	8.6	✓	10/15/09	1653
⑩	6EB0097	89	9.0	✓	10/15/09	1658
⑪	6EB00376 ^{RS}	78	9.1	✓	10/15/09	1701
12	6EB0126 ^{RS}			✓	10/15/09	1705
⑬	6TF0015	88	8.6	✓	10/15/09	1711
⑭	6TF0016	190	75	✓	10/15/09	1714
⑮	6EB0060B	105	13.7	✓	10/15/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species Smallmouth bass

672.2

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EB0069	100	12.4	✓	10/15/09	1650
②	6EB0104	99	12.4	✓	10/15/09	1651
③	6EB 0051	90	9.6	✓	10/15/09	1654
④	6EB0047	89	9.1	✓	10/15/09	1655
⑤	6EB0103	85	8.1	✓	10/15/09	1656
⑥	6EB0088	82	7.1	✓	10/15/09	1658
⑦	6EB0080	89	7.2	✓	10/15/09	1700
⑧	6EB0062	87	6.7	✓	10/15/09	1702
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6GNA0047	312	437	✓	10/16/09	1111
②	6GNA0046	330	615	✓	10/16/09	1115
③	6GNA0044	348	705	✓	10/16/09	1121
④	6GNA0049	310	432	✓	10/16/09	1124
⑤	6GNA0053	389	980	✓	10/16/09	1128
⑥	6GNA0045	331	661	✓	10/16/09	1131
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 10

Species Smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	WGNA0051	395	955	✓	10/16/09	1101
✓ ②	WGNA0043	324	580	✓	10/16/09	1107
✓ ③	WGNA0050	308	423	✓	10/16/09	1110
✓ ④	WGNA0048	345	663	✓	10/16/09	1114
✓ ⑤	WGNA0052	318	493	✓	10/16/09	1120
✓ ⑥	WGNA0054	415	1099	✓	10/16/09	1126
✓ ⑦	WGNA0042	278	322	✓	10/16/09	1322
✓ ⑧	WGNA0024	383	296	✓	10/16/09	1326
✓ ⑨	WGNA0022a	379	908	✓	10/16/09	1336
✓ ⑩	WGNA0025	423	301	✓	10/16/09	1341
✓ ⑪	WGNA0026	303	421	✓	10/16/09	1345
✓ ⑫	WGNA0023	399	635	✓	10/16/09	1355
✓ 13	WGNA0027	185	85	✓	10/16/09	1502
✓ ⑭	WEB0214	77	5.6	✓	10/16/09	1501
✓ ⑮	WEB0213	90	7.8	✓	10/16/09	1502
✓ ⑯	WEB0196	106	14.5	✓	10/16/09	1504
✓ ⑰	WEB0194	94	10.3	✓	10/16/09	1506
✓ ⑱	WEB0195	125	23.0	✓	10/16/09	1509
✓ ⑲	WEB0204	87	7.9	✓	10/16/09	1511
✓ ⑳	WEB0203	85	9.1	✓	10/16/09	1516
✓ ㉑	WEB0208	80	5.8	✓	10/16/09	1520
✓ ㉒	WEB0205	75	5.1	✓	10/16/09	1524
✓ ㉓	WEB0207	100	13.2	✓	10/16/09	1528
✓ ㉔	WEB0206	92	8.4	✓	10/16/09	1531
✓ ㉕	WEB0212	96	10.4	✓	10/16/09	1533

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	6EB0188	63	3.0	✓	10/16/09	1602
✓ (2)	6ED0025	103	14.7	✓	10/16/09	1603
✓ (3)	6ED0027	90	8.7	✓	10/16/09	1606
✓ (4)	6ED0028	85	7.5	✓	10/16/09	1609
✓ (5)	6ED0026	90	9.4	✓	10/16/09	1610
✓ (6)	6ED0030	82	7.1	✓	10/16/09	1611
✓ (7)	6ED0029	78	6.2	✓	10/16/09	1613
✓ (8)	6GNA0109	303	482	✓	10/16/09	1742
✓ (9)	6GNA0067	304	459	✓	10/16/09	1746
✓ (10)	6GNA0076	324	456	✓	10/16/09	1748
✓ (11)	6GNA0078	350	712	✓	10/16/09	1754
✓ (12)	6GNA0034	334	498	✓	10/16/09	1756
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Smallmouth

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	6EB0210	85	8.5	✓	10/16/09	1535
✓ (2)	6EB0211	83	7.2	✓	10/16/09	1538
✓ (3)	6EB0202	104	13.8	✓	10/16/09	1543
✓ (4)	6EB0201	90	8.5	✓	10/16/09	1547
✓ (5)	6EB0199	89	8.0	✓	10/16/09	1553
✓ (6)	6EB0200	86	7.7	✓	10/16/09	1545
✓ (7)	6EB0198	75	5.3	✓	10/16/09	1547
✓ (8)	6EB0197	67	3.9	✓	10/16/09	1557
✓ (9)	6ED0024	98 ^{cm} 98	12.6	✓	10/16/09	1603
✓ (10)	6ED0023	101	13.7	✓	10/16/09	1607
✓ (11)	6ED0022	96	12.0	✓	10/16/09	1609
✓ (12)	6ED0031	71	5.2	✓	10/16/09	1613
✓ (13)	6GNA0066	420	1276	✓	10/16/09	1652
✓ (14)	6GNA0073	398	1048	✓	10/16/09	1657
✓ (15)	6GNA0070	380	1026	✓	10/16/09	1700
✓ (16)	6GNA0074	450	1487	✓	10/16/09	1704
✓ (17)	6GNA0075	360	827	✓	10/16/09	1709
✓ (18)	6GNA0072	400	1267	✓	10/16/09	1712
✓ (19)	6GNA0069	MS 55-320	557	✓	10/16/09	1716
✓ (20)	6GNA0071	395	916	✓	10/16/09	1720
21	6GNA0068	290	394	✓	10/16/09	1730
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wait

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Smallmouth Bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6GNA0035	388	928	✓	10/17/09	1023
②	6GNA0031	386	1020	✓	10/17/09	1033
3	6GNA0038	295	DISCARD		10/17/09	1035
④	6GNA0030	305	418	✓	10/17/09	1040
⑤	6GNA0029	350	663	✓	10/17/09	1046
⑥	6GNA0027	321	681	✓	10/17/09	1052
7	6GNA0123	270	DISCARD	✓	10/17/09	1106
8	6GNA0124	250	DISCARD		10/17/09	1107
9	6GNA0126	260	DISCARD		10/17/09	
10	6GNA0125	240	DISCARD		10/17/09	
11	6GNA0122	255	DISCARD DISCARD LB			
12	6GNA0127	290	DISCARD			
13	6GNA0113	240	DISCARD			
⑭	6GNA0119	348	709	✓	10/17/09	1116
⑮	6GNA0120	375	842	✓	10/17/09	1123
⑯	6GNA0121	339	590	✓	10/17/09	1127
17	6GNA0128	230	DISCARD			
18	6GNA0115	229	DISCARD			
19	6GNA0114	280	DISCARD			
⑳	6GNA0108	308	451	✓	10/17/09	1138
㉑	6GNA0110	383	838	✓	10/17/09	1140
㉒	6GNA0036	371	760	✓	10/12/09	1142
㉓	6GNA0118	336	603	✓	10/17/09	1148
㉔	6GNA0039	308	431	✓	10/17/09	1150
㉕	6GNA0111	431	1279	✓	10/17/09	1152

Discard ☆

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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species smallmouth bass

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	66NA0033	304	502	✓	10/17/09	1155
②	66NA0032	384	786	✓	10/17/09	1157
③	66NA0037	318	439	✓	10/12/09	1158
④	66NA0116	330	587	✓	10/17/09	1200
5	66NA0112	DISCARD (198)	365	✓	10/17/09	1201
⑥	66NA0117	341	675	✓	10/17/09	1202
⑦	66NA0027a	185	85	.	10/17/09	0000
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Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	PIC
1	16N10025	405	568	✓	10/1/09	0937 10/27 10/1/09	✓
2	16N10023	407	545	✓	10/1/09	0948	✓
3	16N10014	498	1106	✓	10/1/09	1024	✓
4	16N10035	400	546	✓	10/1/09	1032	✓
5	16N10064 ¹⁶ 224	381	444	✓	10/1/09	1057	✓
6	16N10044	405	504	✓	10/1/09	1332	✓
7	1E10039	343	328	✓	10/1/09	1556	✓
8	1E10041	400	583	✓	10/1/09	1626	✓
9	^{CMB 10/1/09 120051} 1E10051	674	3046	✓	10/1/09	1632	✓
10	1E10038	319	268	✓	10/1/09	1638	✓
11	1E10035	384	425	✓	10/1/09	1642	✓
12	^{CMB 10/1/09} 1E10060	345	310	✓	10/1/09	1645	✓
13	1E10059	368	426	✓	10/1/09	1649	✓
14	1E10062	330	300	✓	10/1/09	1655	✓
15	1E10057	446	783	✓	10/1/09	1659	✓
JN 16	1E10053(H)	314	358	✓	10/1/09	1716	Wrong species
17	1E10037	391	486	✓	10/1/09	1731	✓
18	1E10028	606	2236	✓	10/1/09	1734	✓
19	1N0044	393	487	✓	10/1/09	1850	✓
reject 20	1N0021		5		10/1/09	1900	too small
21							
22							
23		CH	10/15/11				
24							
25							

Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	
①	1E0017	415	592	✓	09/30/2009	1518	
②	1E0018	340	315	✓	09/30/2009	1527	
③	1N0020	460	969	✓	09/30/2009	18:26	
④	^{CMB 10/1/09} 1N0018	374	474	✓	09/30/2009	1918	
⑤	1N0017	353	389	✓	09/30/2009	1921	
⑥	^{CMB 10/1/09} 1N0006	367	412	✓	09/30/2009	1925	
7	2GN40012	403	542g	✓	10/1/2009	09:08	DM
8	2GN40009	366	432	✓	10/1/2009	09:18	DM
9	2GN40011	381	480	✓	10/01/2009	09:27	DM
10	2GN20013	473 383	473	✓	10/01/2009	09:40	DM
11	2GN40008						DM
12	2GN20014	377	421	✓	10/01/2009	09:50	DM
13	2GN20016	406	524	✓	10/01/2009	09:53	DM
14	2GN20015			✓	10/01/2009	10:00	DM
⑦	1E10065	157	31.2	✓	10/3/09	1516	
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Disard
Pond

10/5/09
CH

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Walleye

PROCESSING

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	2GN0001	536	1310	✓	9/29/09	1435 1457
2	2GN0002	389	453	✓	9/29/09	1525
3	2GN0003	425	643	✓	9/30/09	0950
4	2GN0004	391	463	✓	9/30/09	0959
5	2GN0005	350	389	✓	9/30/09	0942
6	2GN0006	380	452	✓	9/29/09	1549
7	2GN0007	372	441	✓	9/29/09	1437
8	2GN60026	371	458	✓	10/02/09	1451
9	2GN60054	345	443	✓	10/02/09	1459
10	2GN110045	364	453	✓	10/02/09	1511
11	2GN110046	382	479	✓	10/02/09	1513
12	2GN110047	374	504	✓	10/02/09	1523
13	2GN0074	387	484	✓	10/3/09	0936
14	2GN0077	391	487	✓	10/3/09	0940
15	2GN0079	407	614	✓	10/3/09	0942
16	2GN0075	369	438	✓	10/3/09	0946
17	2GN0078	353	448	✓	10/3/09	0950
18	2GN0080	505	1148	✓	10/3/09	0953
19	2GN0076	379	508	✓	10/3/09	0957
020	2GN4001	unknown	unknown	none	10/7/09	0000
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✓
✓
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✓

Note: Cable zip tie and tag included on these fish.

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	3ED0104	398	581	✓	10/6/09	1010
② 2	3GENE059	474	1049	✓	10/7/09	0930
③ 3	3GENE057	405	701	✓	10/7/09	0933
④ 4	3GNA0063	621	1976	✓	10/7/09	1052
⑤ 5	3GNA0064	359	395	✓	10/7/09	1059
⑥ 6	3GNA0030	392	550	✓	10/7/09	1413
⑦ 7	3GNA0032	370	489	✓	10/07/2009	1417
⑧ 8	3GNA0035	411	558	✓	10/07/2009	1423
⑨ 9	3GNA0031	380	461	✓	10/07/2009	1429
⑩ 10	3GNA 3EB0039	453	941	✓	10/7/09	1653
⑪ 11	3EB0040	399	599	✓	10/7/09	1656
⑫ 12	3EB0041	368	422	✓	10/7/09	1659
⑬ 13	3EB0042	431	677	✓	10/7/09	1702
⑭ 14	3EB0045	169	41	✓	10/7/09	1732
⑮ 15	3EB0049	162	29	✓	10/7/09	1737
⑯ 16	3GNA0054	missing	form		10/7/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species WAHIEYE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	PIC
①	3GNE0034	405	548	✓	10/6/09	1404	
②	3GNE0027	492	1014	✓	10/6/09	1549	
③	3GNE0055	459	840	✓	10/6/09	1734	
④	3GNE0056	545	1332	✓	10/6/09	1736	
⑤	3GNE0058	395	576	✓	10/6/09	1742	
○	3GNE0054	441	640	✓	10/6/09	1744	
○	3ED0123	168	39.4	✓	10/6/09	1817	
○	3ED0122	173	38.4	✓	10/6/09	1820	
○	3EF0014	157	29.7	✓	10/7/09	1324	✓
○	3EF0021	179	39.5	✓	10/7/09	1328	✓
○	3ED0319	124	14.8	✓	10/7/09	1543	✓
○	3ED0301	165	35.2	✓	10/7/09	1548	✓
○	3ED0302	130	19.3	✓	10/7/09	1615	
○	3ED0397	114	12.1	✓	10/7/09	1731	
○	3ED0372	102	7.4	✓	10/7/09	1747	
○	3ED0376	143	22.4	✓	10/7/09	1751	
⑥	36NA0129	360	456		10/8/09	0918	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Walleye

Pic

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	
0 1	3ED0341	149	21.8	✓	10-8-09	955	
2	3ED0351	125	13.2	✓	11	0959	
0 3	3ED0338	170	39.9	✓	11	0950	
4	3ED0377	147	24.6	✓	10/08/09	10:59	bait
5	3ED0375	—	—	—	10/08/09	—	bait
6	3ED0381				10/08/09		bait
0 7	3ED0378	149	24.2	✓	10/8/09	1319	
0 8	3GNAD103	410	563	✓	10/8/09	1346	✓
0 9	3GNAD115	439	716	✓	10/8/09	1348	✓
0 10	3GNAD117	419	348	✓	10/8/09	1351	✓
0 11	3GNAD114	381	492	✓	10/8/09	1355	✓
0 12	3GNAD102	347	419	✓	10/8/09	1359	✓
0 13	3GNAD104	264	145	✓	10/8/09	1404	✓
0 14	3GNAD099	435	785	✓	10/8/09	1408	✓
0 15	3GNAD116	459	848	✓	10/8/09	1416	✓
0 16	3GNAD097	397	523	✓	10/8/09	1422	✓
0 17	3GNAD098	550	1399	✓	10/8/09	1427	✓
0 18	3GNAD096	410 410	574	✓	10/8/09	1432	✓
0 19	3GNAD138	432	582	✓	10/8/09	1436	✓
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
① 1	3GNA0101	453	1045	✓	10/8/09	1003
2	3GNA0100	575	1753	✓	10/8/09	1009
② 3	3GNA0080	360	484	✓	10/8/09	1031
4	3GNA0036	390	574	✓	10/8/09	1035
③ 5	3GNA0079	342	389	✓	10/8/09	1038
④ 6	3GNA0078	265	162	✓	10/8/09	1042
⑤ 7	3GNA0048	370	441	✓	10/8/09	1046
⑥ 8	3GNA0033	400	588	✓	10/8/09	1054
⑦ 9	3GNA0034	391	551	✓	10/8/09	1059
⑧ 10	3GNA0077	377	453	✓	10/8/09	1106
⑨ 11	3GNA0037	364	454	✓	10/8/09	1115
⑩ 12	3GNA0038	265	159	✓	10/8/09	1117
⑪ 13	3ED0297	401	697	✓	10/8/09	1311
⑫ 14	3ED0296	470	886	✓	10/8/09	1315
15	3ED0298	351	374	✓	10/8/09	1319
⑬ 16	3ED0294	355	427	✓	10/8/09	1326
⑭ 17	3ED0299	368	475	✓	10/8/09	1331
⑮ 18	3ED0295	369	428	✓	10/8/09	1333
⑯ 19	3ED0300	276	166	✓	10/8/09	1336
20	3GNA0039	unknown	unknown	none	Late Entry	Late Entry
⑰ 21	3GNA0039	unknown	unknown	none	Late Entry	Late Entry
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Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0398	370	457	✓	10/08/09	1715
②	4GNA0098	362	440	✓	10/09/09	1634
③	4GNA0093	382	446	✓	10/09/09	1638
④	4GNA0095	384	502	✓	10/09/09	1644
⑤	4GNA0091	371	465	✓	10/09/09	1648
⑥	4GNA0096	386	492	✓	10/09/09	1652
⑦	4GNA0097	407	592	✓	10/09/09	1656
⑧	4GNA0094	422	728	✓	10/09/09	1701
9	4ED0394					
10	4ED0391					
11	4ED0398					
12	4ED0396					
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Walleye

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0399	352	390	✓	10/8/09	1710
②	4ED0400	170	33.8	✓	10/8/09	1830
③	4ED0428	165	34.6	✓	10/8/09	1835
④	4ED0067	375	472	✓	10/10/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Walleye

Fish No	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
1	46NA0071	368	429	✓	10/9/09	1054
2	4ED0539	88	4.8	✓	10/9/09	1140
3	4GNA0070	463	650	✓	10/9/09	1250
4	4GNA0016	260	170	✓	10/9/09	1255
5	4GNA0018	221	130	✓	10/9/09	1259
6	4ED0538	83	4.2	✓	10/9/09	1320
7	4ED0531	136	22.5	✓	10/9/09	1323
8	4ED0537	90	5.9	✓	10/9/09	1325
9	4ED0533	130	16.7	✓	10/9/09	1331
10	4ED0532	127	16.3	✓	10/9/09	1334
11	4ED0530	130	16.9	✓	10/9/09	1336
12	4ED0539 ^{2 cm b}	131	16.7	✓	10/9/09	1339
13	4ED0528	128	15.4	✓	10/9/09	1341
14	4ED0526	130	17.1	✓	10/9/09	1344
15	4ED0524	143	19.6	✓	10/9/09	1346
16	4ED0527	137	18.5	✓	10/9/09	1349
17	4ED0525	125	14.3	✓	10/9/09	1352
18	4GNA0015	280	190	✓	10/9/09	1450
19	4GNA0011	377	453	✓	10/9/09	1454
20	4GNA0017	287	193	✓	10/9/09	1458
21	4GNA0012	402	534	✓	10/9/09	1505
22	4GNA0045	592	2310	✓	10/9/09	1507
23	4GNA0013	456	466	✓	10/9/09	1515
24	4GNA0046	403	578	✓	10/9/09	1519
25	4GNA0014	370	424	✓	10/9/09	1523

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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species WAHIEYE

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	46NA0020	369	409	✓	10/9/09	1527
②	46NA0021	335	337	✓	10/9/09	1534
③	46NA0019	348	475	✓	10/9/09	1550
④	46NA0022	350	451	✓	10/9/09	1600
⑤	46NA0047	405	608	✓	10/9/09	1604
⑥	46NA0048	372	444	✓	10/9/09	1613
⑦	46NA0050	396	551	✓	10/9/09	1618
⑧	46NA0049	411	579	✓	10/9/09	1623
⑨	46NA0092	366	443	✓	10/9/09	1629
⑩	46NA0023	305	242	✓	10/9/09	1631
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Wall Eye

Fish No	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
1	4ED0457	363	406	✓	10/10/09	0857
2	4ED0456	361	417	✓	10/10/09	0901
3	4ED0453	339	369	✓	10/10/09	0907
4	4ED0455	376	489	✓	10/10/09	0911
5	4ED0454	387	548	✓	10/10/09	0914
6	46NA0053	280	160	✓	10/10/09	0919
7	46NA0024	263	185	✓	10/10/09	0927
8	46NA0051	302	232	✓	10/10/09	0933
9	46NA0052	349	340	✓	10/10/09	0939
10	4EB0066	360	457	✓	10/10/09	1103
11	4EB0067	375	472	✓	10/10/09	1107
12	46NE0021	243	146	✓	10/10/09	1109
13	46NA0103	355	426	✓	10/10/09	1116
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730 : 10
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	4ED0462	150	25.3	✓	10/10/09	0850
2	4ED0463	160	36.3	✓	10/10/09	0900
3	4ED0465	130	16.5	✓	10/10/09	0902
4	4ED0464	138	18.9	✓	10/10/09	0912
5	4ED0466	140	22.4	✓	10/10/09	0915
6	4ED0507	160	31	✓	10/10/09	0919
7	4ED0469	160	31.8	✓	10/10/09	0920
8	4ED0493	140	21.5	✓	10/10/09	0924
9	4ED0491	170	40	✓	10/10/09	0927
10	4ED0506	155	32	✓	10/10/09	0929
11	4ED0500	165	32.4	✓	10/10/09	0936
12	4ED0503	140	20	✓	10/10/09	0943
13	4ED0502	151	26.2	✓	10/10/09	0947
14	4ED0501	170	33	✓	10/10/09	0948
15	4ED0509	155	32.7	✓	10/10/09	0951
16	4ED0490	182	57	✓	10/10/09	0953
17	4ED0492	153	32.5	✓	10/10/09	0957
18	4ED0494	151	30	✓	10/10/09	1000
19	4ED0499	154	30.5	✓	10/10/09	1005
20	4ED0498	138	20.3	✓	10/10/09	1010
21	46NAD105	370	449	✓	10/10/09	1120
22	46NAD101	288	202	✓	10/10/09	1129
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	AED0497	130	18.0	✓	10/10/09	1023
②	AED0495	155	27.2	✓	10/10/09	1026
③	AED0496	139	22.7	✓	10/10/09	1030
④	AED0504	147	25.8	✓	10/10/09	1031
⑤	AED0508	136	21.3	✓	10/10/09	1034
⑥	AED0511	129	17.2	✓	10/10/09	1037
⑦	AED0523	135	23.0	✓	10/10/09	1057
⑧	AED0505	154	33.9	✓	10/10/09	1059
⑨	AED0510	135	20.3	✓	10/10/09	1102
⑩	AED0512	150	25.1	✓	10/10/09	1108
⑪	AED0468	142	24.4	✓	10/10/09	1112
⑫	AED0485	120	13.6	✓	10/10/09	1130
⑬	AED0467	135	19.9	✓	10/10/09	1135
⑭	AED0489	180	53.1	✓	10/10/09	1143
15	AED0484	82	6.1	✓	10/10/09	1147
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	SEB0030	160	31.0	✓	10/12/09	1357
②	SEB0025	185	56.0	✓	10/12/09	1403
③	SEB0024	181	49.0	✓	10/12/09	1408
④	SEB0028	150	30.0	✓	10/12/09	1410
⑤	SEB0023	160	30.0	✓	10/12/09	1412
⑥	SEB0026	181	42.0	✓	10/12/09	1416
⑦	SEB0031	194	53.0	✓	10/12/09	1420
⑧	SEB0033	226	104	✓	10/12/09	1422
⑨	SEB0030	176	39.0	✓	10/12/09	1428
⑩	SED0035	160	31.8	✓	10/12/09	1431
⑪	SED0032	178	41.3	✓	10/12/09	1438
⑫	SED0028	192	59.0	✓	10/12/09	1442
⑬	SED0029	162	36.0	✓	10/12/09	1443
⑭	SED0027	179	44.0	✓	10/12/09	1537
⑮	SED0031	170	36.1	✓	10/12/09	1539
16	SED0034	163	32.9	✓	10/12/09	1544
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5EB0022	328	251	✓	10/12/09	1204
②	SGNA0018	900	6500	✓	10/12/09	1637
③	SGNA0019	895	5250	✓	10/12/09	1639
④	SGNA0022	480	953	✓	10/12/09	1706
⑤	SGNA0021	408	541	✓	10/12/09	1714
⑥	SGNA0026	476	934	✓	10/12/09	1724
⑦	SGNA0023	415	602	✓	10/12/09	17:32
⑧	SGNA0024	378	478	✓	10/12/09	17:37
⑨	SGNA0025	364	368	✓	10/12/09	1742
⑩	SGNA0020	392	436	✓	10/12/09	1751
11	SGNA0027	301	407	✓	10/12/09	TS
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	5EB0032	193	59.7	✓	10/13/09	1110
✓ ②	5EB0027	189	50.2	✓	10/13/09	1120
✓ ③	5EB0035	21.8 166	31.8	✓	10/13/09	1122
✓ ④	5EB0029	164	37.6	✓	10/13/09	1126
✓ ⑤	5EB0111	143	21.7	✓	10/13/09	1429
✓ ⑥	5EB0113	118	12.0	✓	10/13/09	1434
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEB0114	137	18.4	✓	10/13/09	13:59
✓ ②	SEB0112	147	20.6	✓	10/13/09	14:11
✓ ③	SEB0115	138	20.1	✓	10/13/09	14:14
✓ ④	SEB0110	142	19.1	✓	10/13/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	56NE0005	435	740	✓	10/13/09	1632
②	56NE0003	445	749	✓	10/13/09	1635
③	56NE0010	405	523	✓	10/13/09	1640
④	56NE0004	385	526	✓	10/13/09	1644
⑤	56NA0044	498	1305	✓	10/13/09	1648
⑥	56NA0039	610	2022	✓	10/13/09	1651
⑦	56NA0050	515	1535	✓	10/13/09	1655
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	SGNA0040	390	530	✓	10/13/09	1621
✓ (2)	SGNA0036	397	490	✓	10/13/09	1625
✓ (3)	SGNA0037	365	383	✓	10/13/09	1633
✓ (4)	SGNA0038	453	830	✓	10/13/09	1636
✓ (5)	SGNA0041	368	409	✓	10/13/09	1645
✓ (6)	SGNA0048	432	635	✓	10/13/09	1646
✓ (7)	SGNA0047	372	540	✓	10/13/09	1652
✓ (8)	SGNA0051	391	480	✓	10/13/09	1656
✓ (9)	SGNA0043	443	686	✓	10/13/09	1701
✓ (10)	SGNA0049	302	234	✓	10/13/09	1706
✓ (11)	SGNA0042	435	585	✓	10/13/09	1710
12	SGNA0028					
✓ (13)	SGNA0052	514	1234	✓	10/13/09	1735
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5EB0190	98	8.3	✓	10/14/09	1111
②	5EB0188	134	16.6	✓	10/14/09	1113
③	5EB0142	92	5.1	✓	10/14/09	1115
④	5EB0147	132	16.2	✓	10/14/09	1119
⑤	5EB0158	132	15.1	✓	10/14/09	1121
⑥	5EB0185	87	4.4	✓	10/14/09	1124
⑦	5ED0159	134	18.3	✓	10/14/09	1126
⑧	5ED0181	86	4.1	✓	10/14/09	1129
⑨	5ED0179	87	4.4	✓	10/14/09	1130
10	5ED0161	165	32.2	✓	10/14/09	1133
11	5ED0166	184			10/14/09	1134
12	5ED0167	160			10/14/09	1135
13	5ED0198	165			10/14/09	1136
14	5ED0160	155			10/14/09	1137
15	5ED0165	160			10/14/09	1138
16	5ED0162	153			10/14/09	1139
⑰	5ED0163	146	22.8	✓	10/14/09	1140
⑱	5ED0184	80	3.5	✓	10/14/09	1142
⑲	5ED0178	91	5.6	✓	10/14/09	1147
⑳	5ED0164	86	5.2	✓	10/14/09	1150
㉑	5ED0169	90	4.2	✓	10/14/09	1151
㉒	5ED0168	123	14.3	✓	10/14/09	1155
㉓	5ED0177	92	4.8	✓	10/14/09	1158
㉔	5ED0172	146	24.2	✓	10/14/09	1200
㉕	5ED0171	91	4.3	✓	10/14/09	1202

179.4

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (v)	Date	Time
①	5ED0170	93	4.7	✓	10/14/09	1206
②	5ED0182	97	5.0	✓	10/14/09	1208
③	5ED0183	92	5.3	✓	10/14/09	1210
④	5ED0180	85	4.0	✓	10/14/09	1216
⑤	5ED0175	105	7.4	✓	10/14/09	1217
⑥	5ED0173	94	5.8	✓	10/14/09	1220
⑦	5ED0174	85	4.1	✓	10/14/09	1221
⑧	5ED0176	91	5.0	✓	10/14/09	1223
⑨	SGNE0040	512	1275	✓	10/14/09	1619
⑩	SGNE0041	924	464	✓	10/14/09	1621
⑪	SGNE0043	380	410	✓	10/14/09	1622
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 10/15/09

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6EB0012	332	316	✓	10/15/09	1321
②	6EB0046	173	38	✓	10/15/09	1504
③	6EB0025	365 365	434	✓	10/15/09	1514
④	6EB0092	192	64	✓	10/15/09	1520
⑤	6EB0107	192	52.5	✓	10/15/09	1551
⑥	6EB0118	151	23.8	✓	10/15/09	1559
⑦	6EB0070	163	29.1	✓	10/15/09	1651
⑧	6EB0098	197	69.4	✓	10/15/09	1658
⑨	6EB0033	191	47.0	✓	10/15/09	1704
⑩	6EB0086	280	159.4	✓	10/15/09	1709
⑪	6EB0085	189	52.2	✓	10/15/09	1711
⑫	6EB0034	170	34.1	✓	10/15/09	1729
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species walleye

ADN*

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	6EB0091	196	62	✓	10/15/09	1719
2	6EB0045	158	27.3	✓	10/15/09	1724
3	6EB0090	158	30	✓	10/15/09	1726
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	WEB0071	161	30.6	✓	10/15/09	1718
2	WEB0078	165	33.7	✓	10/15/09	1720
3	WEB0094	154	28.1	✓	10/15/09	1723
4	WEB0163	181	38.1	✓	10/15/09	1727
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	06NA0037	545	1348	✓	10/16/09	1252
✓ ②	06NA0033	498	1147	✓	10/16/09	1302
✓ ③	06NA0017	398	517	✓	10/16/09	1306
✓ ④	06NA0031	409	578	✓	10/16/09	1311
✓ ⑤	06NA0016	360	408	✓	10/16/09	1313
✓ ⑥	06NA0006	417	650	✓	10/16/09	1320
✓ ⑦	06NA0013	500	1128	✓	10/16/09	1326
✓ ⑧	06NA0001	399	577	✓	10/16/09	1332
✓ ⑨	06NA0028	377	495	✓	10/16/09	1342
✓ ⑩	06NA0036	366	522	✓	10/16/09	1349
✓ ⑪	06NA0039	429	692	✓	10/16/09	1357
✓ ⑫	06NA0014	417	657	✓	10/16/09	1401
✓ ⑬	06NA0019	382	519	✓	10/16/09	1406
✓ ⑭	06NA0010	373	446	✓	10/16/09	1410
✓ ⑮	06NA0002	384	384.54	✓	10/16/09	1416
✓ ⑯	06NA0007	391	542	✓	10/16/09	1422
✓ ⑰	06NA0029	374	454	✓	10/16/09	1429
✓ ⑱	06NA0040	333	278	✓	10/16/09	1434
✓ ⑲	06NA0005	412	577	✓	10/16/09	1439
✓ ⑳	06NA0032	398	574	✓	10/16/09	1447
✓ ㉑	06EB0192	110	9.7	✓	10/16/09	1459
✓ ㉒	06EB0190	135	17.3	✓	10/16/09	1504
✓ ㉓	06EB0189	145	20.1	✓	10/16/09	1502
✓ ㉔	06EB0191	140	18.7	✓	10/16/09	1511
✓ ㉕	06EB0038	105	8.4	✓	10/16/09	1518

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	CGNA0011	409	577	✓	10/16/09	1414
✓ (2)	CGNA0015	396	547	✓	10/16/09	1419
✓ (3)	CGNA0035	440	833	✓	10/16/09	1427
✓ (4)	CGNA0003	383	462	✓	10/16/09	1434
✓ (5)	CGNA0004	378	457	✓	10/16/09	1445
✓ (6)	CGNA0008	390	508	✓	10/16/09	1449
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Walleye

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
* ✓ ①	6ED0035	140	20.8	✓	10/16/09	1521
✓ ②	6ED0034	160	27.5	✓	10/16/09	1525
✓ ③	6ED0037	136	15.5	✓	10/16/09	1527
✓ ④	6ED0036	149	24.5	✓	10/16/09	1532
✓ ⑤	6ED0032	149	24.7	✓	10/16/09	1536
✓ ⑥	6ED0033	152	25.9	✓	10/16/09	1538
SR 7	6EB0200	86	7.7	✓	10/16/09	1545
SR 8	6EB0198	75	5.3	✓	10/16/09	1547
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8/16/09

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Walleye

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6GNA0038	354	399.1	✓	10/16/09	1314
②	6GNA0030	386	385.3	✓	10/16/09	1331
③	6GNA0018	368	423	✓	10/16/09	1350
④	6GNA0012	382	376.8	✓	10/16/09	1358
⑤	6GNA0034	406	523	✓	10/16/09	1411
⑥	6GNA0009	402	546	✓	10/16/09	1451
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Mountain white fish

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	1E0016 (MW)	424	911	✓	09/30/2009	1443
2	26N4002	480	1226	✓	10/1/2009	08:52
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species ^{UCR} Lake Whitefish
JM

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	1E10031 (MFW) (MW)	477	1397	✓	10/1/09	1544
②	1E10033 (LW) (MW)	439	1128	✓	10/1/09	1720
③	1E10068 (MFW) (MW)	175	47.1	✓	10/3/09	1445
④	1E10064 (LW)	285	250.8	✓	10/3/09	1450
⑤	1E10067 (MW)	152	30	✓	10/3/09	1457
⑥	1E10066 (MW)	151	32.3	✓	10/3/09	1519
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 2

Species Mtn. Whitefish

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	2E0008 (mm)	237	109	✓	10/01/2009	1117
2	2GN40012a (mm)	480	1226	✓	10/01/2009	0852
3	2GN110049 (mm)	468	1117	✓	10/02/09	1354
4	2GN50035 (mm)	465	1059	✓	10/02/09	1421
5	2GN110050 (mm)	444	884	✓	10/2/09	1500
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Transfer forms on

PIC

OK
 Transferred to Lake white fish

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

104

Reach 3

Species LAKE WHITEFISH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	36NE0018	512	1487	✓	10/6/09	1414
2	36NE0022	515	1515	✓	10/6/09	1421
3	36NE0023	459	1132	✓	10/6/09	1426
4	36NA0053	559	2445	✓	10/7/09	0956
5	36NA0051	515	1933	✓	10/7/09	1000
6	36NA0052	476	1103	✓	10/7/09	1007
7	36NA0058	441	987	✓	10/7/09	1015
8	36NA0059	465	1097	✓	10/7/09	1020
9	36NA0056	518	1660	✓	10/7/09	1023
10	36NA0054	467	1240	✓	10/7/09	1028
11	36NA0059	355	457	✓	10/7/09	1033
12	36NA0055	435	1082	✓	10/7/09	1037
13	36NA0057	471	1084	✓	10/7/09	1041
14	36NA0058	445	1014	✓	10/7/09	1045
15	36NA0029	376	569	✓	10/7/2009	1512
16	36NA0028	376	611	✓	10/7/2009	1518
17	36NA0085	450	1099	✓	10/7/2009	1526
18	36NA0084	457	1065	✓	10/7/2009	1529
19	36NA0083	421	968	✓	10/7/2009	1534
20	36NA0086	533	1607	✓	10/7/2009	1541
21	36NA0094	352	489	✓	10/7/2009	1545
22	36NA0092	607	2136	✓	10/7/2009	1549
23	36NA0087	476	1216	✓	10/7/2009	1556
24	36NA0093	475	1049	✓	10/7/2009	1605
25	36NA0088	475	1189	✓	10/7/2009	1607

Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species LAKE WHITEFISH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
① 1	3GNA0090	458	1073	✓	10/7/2009	1619
② 2	3GNA0095	471	342	✓	10/7/2009	1632
③ 3	3GNA0089	541	1559	✓	10/9/2009	1637
④ 4	3GNA0091	447	953	✓	10/7/2009	1641
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species ^{LAKE} WHITEFISH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (y)	Date	Time
① 1	3GNA0082	452	1200	✓	10/8/09	1021
② 2	3GNA0081	452	1140	✓	10/8/09	1026
③ 3	3GNA0037	Missing form			10/7/09	0000
④ 4	3GNA0005	"	"		10/7/09	0000
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206

Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species LAKE WHITEFISH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (V)	Date	Time
1	4EB0015	210	94	✓	10/9/09	0927
2	46NA0029	470	1171	✓	10/9/09	0947
3	46NA0028	500	1906	✓	10/9/09	0950
4	46NA0027	475	1338	✓	10/9/09	0953
5	46NA0026	465	1345	✓	10/9/09	0956
6	46NA0025	535	1733	✓	10/9/09	1001
7	46NA0007	500	1526	✓	10/9/09	1029
8	46NA0075	450	1331	✓	10/9/09	1033
9	46NA0072	500	1589	✓	10/9/09	1036
10	46NA0077	494	1183	✓	10/9/09	1047
11	46NA0078	450	1111	✓	10/9/09	1108
12	46NA0074	460	1205	✓	10/9/09	1113
13	46NA0076	490	1505	✓	10/9/09	1119
14	46NA0079	510	1750	✓	10/9/09	1112
15	46NA0089	498	1773	✓	10/9/09	1130
16	46NA0088	550	2438	✓	10/9/09	1134
17	46NA0090	580	2528	✓	10/9/09	1139
18	46NA0004	380	704	✓	10/9/09	1158
19	46NA0002	509	1370	✓	10/9/09	1303
20	46NA0003	463	992	✓	10/9/09	1306
21	46NA0001	540	1921	✓	10/9/09	1310
22	46NA0006	472	1434	✓	10/9/09	1315
23	46NA0005	441	960	✓	10/9/09	1320
24	46NA0008	464	1045	✓	10/9/09	1324
25	46NA0007	375	693		10/9/09	1328

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320

Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Lake Whitefish

Fish No	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	46NA0031	475	1319	✓	10/9/09	1153
2	46NA0032	460	1114	✓	10/9/09	1202
3	4GNA0030	575	2009	✓	10/9/09	1333
4	4GNA0033	474	1083	✓	10/9/09	1337
5	4GNA0035	455	1092	✓	10/9/09	1340
6	46NA0036	473	1296	✓	10/9/09	1350
7	46NA0039	563	2331	✓	10/9/09	1357
8	46NA0038	438	1359	✓	10/9/09	1404
9	46NA0037	550	1935	✓	10/9/09	1410
10	46NA0034	493	1393	✓	10/9/09	1419
11	46NA0041	490	1717	✓	10/9/09	1425
12	46NA0040	481	1264	✓	10/9/09	1431
13	46NA0042	474	1185	✓	10/9/09	1438
14	46NA0043	356	611	✓	10/9/09	1442
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Length-Weight Form Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species ^{Lake} Whitefish

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EB0001	519	1946	✓	10/8/09	1505
②	4GNA0073	500	1526	NO Form	10/10/09	0000
3	4GNA0074	380	904	NO Form	10/10/09	0000
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Mountain Whitefish

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	46NE0036	260	171	✓	10/10/09	1626
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Whitefish - lake

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	SGNA0016	418	904	✓	10/12/09	1341
②	SGNA0035	490	1173	✓	10/12/09	1348
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species LAKE WHITEFISH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5GNA0060	510	1700	✓	10/13/09	1558
②	5GNA0059	478	185 1515	✓	10/13/09	1608
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Lake Whitefish

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
(1)	56NE0056	532	1806	✓	10/14/09	1327
(2)	56NE0067	357	521	✓	10/14/09	1334
(3)	56NE0058	368	563	✓	10/14/09	1336
(4)	56NE0065	363	627	✓	10/14/09	1339
(5)	56NE0054	344	575	✓	10/14/09	1342
(6)	56NE0062	471	1315	✓	10/14/09	1345
(7)	56NE0060	482	1540	✓	10/14/09	1349
(8)	56NE0057	404	848	✓	10/14/09	1353
(9)	56NE0059	485	395	✓	10/14/09	1356
(10)	56NE0061	522	1616	✓	10/14/09	1400
(11)	56NE0066	489	1323	✓	10/14/09	1405
(12)	56NE0063	536	1757	✓	10/14/09	1410
(13)	56NE0064	520	1980	✓	10/14/09	1415
(14)	56NE0068	363	545	✓	10/14/09	1418
(15)	56NE0071	485	1460	✓	10/14/09	1429
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species LW

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
(1)	5GNE0053	373	607	✓	10/14/09	1346
(2)	5GNE0055	376	657	✓	10/14/09	1350
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 1

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
01	1E0006	164	62	✓	09/30/2009	16:17
02	1E0005	169	66	✓	9/30/09	#3 17:07
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reacr: FSCA2

Species Yellow perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time	Picture
① 1	2A0014	65	3	✓	9/30/09	1153	✓
② 2	2A0013	68	4	✓	9/30/09	1200	✓
③ 3	2A0042	140	35	✓	9/30/09	1337	✓
④ 4	2A0063	75	4	✓	9/30/09	1404	✓
⑤ 5	2A0074	67	4	✓	9/30/09	1425	✓
⑥ 6	2A0041	142	36	✓	9/30/09	1521	✓
⑦ 7	2A0068	68	3	✓	9/30/09	1528	✓
⑧ 8	2A0055	81	6	✓	9/30/09	1537	✓
⑨ 9	2A0073	65	3	✓	9/30/09	1637	✓
⑩ 10	2A0066	60	3	✓	9/30/09	1703	✓
⑪ 11	2A0075	61	3	✓	9/30/09	1707	✓
⑫ 12	2A0059	64	1	✓	9/30/09	1709	✓
⑬ 13	2A0056	80	6	✓	9/30/09	1713	✓
⑭ 14	2A0065	86	8	✓	9/30/09	1720	✓
✓ 15	2A0060	74	6	✓	9/30/09	1740	✓
⑮ 16	2A0061	68	3	✓	9/30/09	1939	✓
⑯ 17	2A0052	66	3	✓	9/30/09	1950	✓
too big bright ⑰ 18	2GN60055	218	142		10/02/2009	1403	
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3ED0201	83	7.2	✓	10/6/09	17:00
2	3ED0048	288	300	✓	10/6/09	17:48
3	3ED0151w	97	10.5	✓	10/07/09	10:07
4	3ED0141w	84	6.6	✓	10/07/09	10:15
5	3ED0150w	82	5.1	✓	10/07/09	10:17
6	3ED0259w	82	6.2	✓	10/07/09	10:19
7	3ED0155w	74	4.2	✓	10/07/09	10:21
8	3ED0199	99	12.1	✓	10/07/09	10:24-11:10
9	3ED0140	78	4.1	✓	10/07/09	11:14
10	3ED0280	79	4.4	✓	10/07/09	11:16
11	3ED0238	71	3.8	✓	10/07/09	11:19
12	3ED0200	109	14.3	✓	10/07/09	11:22
13	3ED0147	88	8.1	✓	10/07/09	11:25
14	3ED0239	89	7.2	✓	10/07/09	11:27
15	3ED0179	80	5.5	✓	10/07/09	11:29
16	3ED0202	109	15.9	✓	10/07/09	11:35
17	3ED0113	87	6.0	✓	10/07/09	11:39
18	3ED0395	65	3.2	✓	10/7/09	17:00
19	3ED0379	885	7.0	✓	10/7/09	16:56
20	3ED0380	90	6.3	✓	10/7/09	17:20
21	3ED0360	96	8.2	✓	10/8/09	09:14
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	3GNE0077	294	386	✓	10/8/09	1444 BAIT
②	3SE0020	69	3.5	✓	10/8/09	1555
③	3SE0005	75	4.4	✓	10/8/09	1600
④	3SE0004	76	4.0	✓	10/8/09	1604
⑤	3SE0018	79	5.1	✓	10/8/09	1608
⑥	3SE0007	76	3.6	✓	10/8/09	1614
⑦	3SE0003	44	0.6	✓	10/8/09	1616
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 3

Species YELLOW PERCH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (y)	Date	Time
①	3ED0355	90	6.1	✓	10/08/09	10:26
②	3ED0353	80	5.1	✓	10/08/09	10:47
③	3ED0350	90	7.5	✓	10/08/09	11:52
④	3ED0352	85	6.3	✓	10/08/09	11:58
⑤	3ED0369	72	3.2	✓	10/8/09	1310
⑥	3ED0389	80	6.7	✓	10/8/09	1529
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	4ED0413	105	11.7	✓	10/8/09	1840
2	4ED0420	80	4.3	✓	10/8/09	1843
3	4ED0412	93	7.5	✓	10/8/09	1845
4	4ED0443	86	6.0	✓	10/8/09	1847
5	4ED0451	87	6.0	✓	10/8/09	1852
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species yellow perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
0 1	4ED0443B	79	44	✓	10/9/09	0930
0 2	4ED0443A	71	3.7	✓	10/9/09	1012
0 3	4TF0005	105	12	✓	10/9/09	1023
0 4	4ED0521	81	4.6	✓	10/9/09	1203
0 5	4ED0522	79	3.8	✓	10/9/09	1250
0 6	4ED0514	87	6.1	✓	10/9/09	1254
0 7	4ED0515	81	5.1	✓	10/9/09	1256
0 8	4ED0516	91	8.1	✓	10/9/09	1300
0 9	4ED0534	63	2.2	✓	10/9/09	1302
0 10	4ED0535	80	5.2	✓	10/9/09	1305
0 11	4ED0536	72	3.5	✓	10/9/09	1309
0 12	4BE0002	84	5.9	✓	10/9/09	1458
0 13	4BE0001	75	4.3	✓	10/9/09	1502
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4ED0476	82.5	4.8	✓	10/10/09	1130
②	4ED0474	100	10.7	✓	10/10/09	1153
③	4ED0472	100	13.0	✓	10/10/09	1157
④	4GNE0029	242	186	✓	10/10/09	1157
⑤	4ED0740 ⁴⁷⁰	110	17.8	✓	10/10/09	1308
⑥	4ED0482	90	7.0	✓	10/10/09	1316
⑦	4ED0471	80	5.2	✓	10/10/09	1337
⑧	4ED0486	91	7.2	✓	10/10/09	1340
⑨	4ED0488	92	8.0	✓	10/10/09	1341
⑩	4ED0481	89	8.3	✓	10/10/09	1342
⑪	4ED0487	72	3.4	✓	10/10/09	1344
⑫	4ED0473	75	4.0	✓	10/10/09	1350
⑬	4ED0478	82	5.2	✓	10/10/09	1352
⑭	4E1D0477	74	3.0	✓	10/10/09	1355
⑮	4ED0513	88	6.3	✓	10/10/09	1357
⑯	4ED0517	88	6.5	✓	10/10/09	1359
⑰	4ED0480	93	7.6	✓	10/10/09	1402
⑱	4ED0483	108	13.4	✓	10/10/09	1404
⑲	4ED00471	99	11.1	✓	10/10/09	1407
⑳	4ED0475	107	13.1	✓	10/10/09	1410
㉑	4EB0037	102	10.4	✓	10/10/09	1413
㉒	4GNE0035	197	89	✓	10/10/09	1629
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 4

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	4EE0005	100	9.7	✓	10/10/09	1637
②	4EE00012 ^⑤	77	3.8	✓	10/10/09	1638
③	4EE0010	75	3.5	✓	10/10/09	1640
④	4EE0011	78	4.0	✓	10/10/09	1642 ^⑤
⑤	4EE0004	87	5.3	✓	10/10/09	1644
⑥	4EE0020	73	3.4	✓	10/10/09	1646
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species YELLOW PERCH

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	5ED0033	111	15.5	✓	10/13/09	0958
②	5ED0034	100	11.7	✓	10/13/09	1004
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEB0078	105	11	✓	10/13/09	1140
✓ ②	5TF0004	104	9.8	✓	10/13/09	1249
✓ ③	SEDD0135	102	11.6	✓	10/13/09	1409
✓ ④	SEDD0134	97	9.2	✓	10/13/09	1413
✓ ⑤	SEDD0132	66	3.0	✓	10/13/09	1418
✓ ⑥	SEB0116	90	7.8	✓	10/13/09	1421
✓ ⑦	SEDD0131	76	3.7	✓	10/13/09	1424
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ (1)	5EB0186	106	11.8	✓	10/14/09	0950
✓ (2)	5EB0184	94	7.6	✓	10/14/09	0956
✓ (3)	5EB0141	103	11.2	✓	10/14/09	1001
✓ (4)	5EB0155	79	4.2	✓	10/14/09	1008
✓ (5)	5EB0131	84	6.0	✓	10/14/09	1011
✓ (6)	5EB0130	107	13.1	✓	10/14/09	1017
✓ (7)	5EB0184	88	6.4	✓	10/14/09	1019
✓ (8)	5EB0154	91	6.6	✓	10/14/09	1023
✓ (9)	5EB0150	126	22.7	✓	10/14/09	1030
✓ (10)	5EB0189	94	7.9	✓	10/14/09	1034
✓ (11)	5EB0196	95	7.6	✓	10/14/09	1037
✓ (12)	5ED0187	107	12.6	✓	10/14/09	1039
✓ (13)	5ED0189	100	10.2	✓	10/14/09	1043
✓ (14)	5ED0188	105	13.3	✓	10/14/09	1047
✓ (15)	5ED0190	77	3.6	✓	10/14/09	1050
✓ (16)	5ED0192	105	13.4	✓	10/14/09	1053
✓ (17)	5ED0193	88	6.6	✓	10/14/09	1058
18	5EB0132 10/14/09 5EB0130	100	10.8	✓	10/14/09	1058
✓ (19)	5EB0132	100	10.8	✓	10/14/09	1058
✓ (20)	5EB0193	80	4.6	✓	10/14/09	1102
✓ (21)	5ED0195	77	3.9	✓	10/14/09	1106
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 5

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ ①	SEB0127	87	6.2	✓	10/14/09	0953
✓ ②	SEB0148	96	8.7	✓	10/14/09	1008
✓ ③	SEB0151	107	12.5	✓	10/14/09	1017
✓ ④	SEB0159	99	10.4	✓	10/14/09	1025
✓ ⑤	SEB0153	97	9.1	✓	10/14/09	1029
✓ ⑥	SEB0152	95	8.6	✓	10/14/09	1034
✓ ⑦	SEB0187	106	11.5	✓	10/14/09	1039
✓ ⑧	SEB0199	110	13.7	✓	10/14/09	1043
✓ ⑨	SEB0191	98	8.2	✓	10/14/09	1048
✓ ⑩	SEB0186	105	12.6	✓	10/14/09	1101
✓ ⑪	STF0015	124	22.7	✓	10/14/09	1625
✓ ⑫	STF0014	198	102.4	✓	10/14/09	1634
✓ ⑬	SGNE0047	264	272	✓	10/14/09	1637
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	0EB0160	87	5.7	✓	10/15/09 10/18/09 (S.D.)	1414
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 10

Species Yellow Perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	10EB0193	100	107	✓	10/16/09	1450
2	10EB008 10EB0109					
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species yellow perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
✓ 1	60SE0007	81	5.1	✓	10/16/09	1653
✓ 2	60SE0008	81	5.1	✓	10/16/09	1654
✓ 3	60SE0006	89	7.1	✓	10/16/09	1656
✓ 4	60SE0005	85	6.1	✓	10/16/09	1657
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species Yellow perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
1	6EB0227	94	7	✓	10/17/09	1009
2	6ED0099	100	9.6	✓	10/17/09	1300
3	6ED0067	116	16.7	✓	10/17/09	1305
4	6ED0068b	102	10.6	✓	10/17/09	1309
5	6ED0068a	99	8.8	✓	10/17/09	1313
6	6ED0047	95	9.9	✓	10/17/09	1316
7	6ED0046	84	6.0	✓	10/17/09	1319
8	6ED0049	94	7.5	✓	10/17/09	1323
9	6ED0054	119	20.5	✓	10/17/09	1326
10	6ED0055	96	9.0	✓	10/17/09	1330
11	6ED0065	104	11.5	✓	10/17/09	1333
12	6ED0061	96	8.9	✓	10/17/09	1339
13	6ED0073	101	10.2	✓	10/17/09	1344
14	6ED0092	104	10.1	✓	10/17/09	1348
15	6ED0059	102	10.7	✓	10/17/09	1352
16	6ED0057	95	7.2	✓	10/17/09	1356
17	6ED0083	108	13.2	✓	10/17/09	1400
18	6ED0084	91	7.1	✓	10/17/09	1404
19	6ED0088	105	12.0	✓	10/17/09	1409
20	6ED0086	102	11.3	✓	10/17/09	1414
21	6ED0075	96	8.0	✓	10/17/09	1418
22	6ED0080	98	10.8	✓	10/17/09	1422
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 6

Species yellow perch

Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6ED0053	110	13.5	✓	10/17/09	1304
②	6ED0117	120	19	✓	10/17/09	1310
③	6ED0109	91	7.0	✓	10/17/09	1312
④	6ED0050	10.7 104	10.4 10.7	✓	10/17/09	1316
⑤	6ED0048	113	14.3	✓	10/17/09	1320
⑥	6ED0051	115	17	✓	10/17/09	1323
⑦	6ED0052	109	13.8	✓	10/17/09	1324
⑧	6ED0056	95	8.3	✓	10/17/09	1328
⑨	6ED0074	98	8.5	✓	10/17/09	1333
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Length-Weight Form
Upper Columbia River (UCR) Fish Tissue Study

Reach 60

Species yellow perch

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Fish No.	Individual Fish Sample Number (e.g.: 0056)	Total Length (mm)	Weight (g)	External Exam (✓)	Date	Time
①	6ED0082	110	12.9	✓	10/17/09	1429
②	6ED0081	96	8.6	✓	10/17/09	1435
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APPENDIX C

COMPLETED FISH EXAMINATION FORMS

LIST OF TABLES

- C-1. 2009 Fish Examination Codes
- C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)
- C-3. 2009 Fish Examination Data (Gills and Fins)

Table C-1. 2009 Fish Examination Codes

Organ	Code	Definition
Body Surface	BFG	Body fungus
	FDC	Focal discoloration
	HMRB	Hemorrhagic body
	PRST	Parasites
	RGR	Raised growth
	RLSN	Reddened lesion
	SPDF	Spinal deformity
Head/Oral Cavity		
Head	DEF	Deformed
Mouth	ULG	Upper lip growth
	LLG	Lower lip growth
Nare	SLN	Swollen
Barbel (burbot only)	NORM	Normal
Eyes	EMB	Emboli
	EXTH	Exophthalmic
	HMR	Hemorrhagic
	MIS	Missing
	OPQ	Opaque
Opercula	SLSH	Slight shortening
Gills	FRAY	Frayed
	MRGN	Marginate
	PALE	Pale
Fins	ERS	Erosion
	FRAY	Frayed
	HMR	Hemorrhagic
	EMB	Emboli

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0003	Body Surface	RGR	Absent	
1E0003	Body Surface	RLSN	Absent	
1E0003	Body Surface	SPDF	Absent	
1E0003	Body Surface	HMRB	Absent	
1E0003	Body Surface	FDC	Absent	
1E0003	Body Surface	BFG	Absent	
1E0003	Body Surface	PRST	Absent	
1E0003	Body Surface	OTHER	Present	Laceration on abdomen
1E0003	Head	DFM	Absent	
1E0003	Mouth	ULR	Absent	
1E0003	Mouth	LLG	Absent	
1E0003	Nare	SLN	Absent	
1E0003	Eye, left	EXPTH	Absent	
1E0003	Eye, left	OPQ	Absent	
1E0003	Eye, left	MIS	Absent	
1E0003	Eye, left	HMR	Absent	
1E0003	Eye, left	EMB	Absent	
1E0003	Eye, right	EXPTH	Absent	
1E0003	Eye, right	OPQ	Absent	
1E0003	Eye, right	MIS	Absent	
1E0003	Eye, right	HMR	Absent	
1E0003	Eye, right	EMB	Absent	
1E0003	Opercula	SLSH	Absent	
1E0004	Body Surface	RGR	Absent	
1E0004	Body Surface	RLSN	Absent	
1E0004	Body Surface	SPDF	Absent	
1E0004	Body Surface	HMRB	Absent	
1E0004	Body Surface	FDC	Absent	
1E0004	Body Surface	BFG	Absent	
1E0004	Body Surface	PRST	Absent	
1E0004	Body Surface	OTHER	Present	Laceration on abdomen
1E0004	Head	DFM	Absent	
1E0004	Mouth	ULR	Absent	
1E0004	Mouth	LLG	Absent	
1E0004	Nare	SLN	Absent	
1E0004	Eye, left	EXPTH	Absent	
1E0004	Eye, left	OPQ	Absent	
1E0004	Eye, left	MIS	Absent	
1E0004	Eye, left	HMR	Absent	
1E0004	Eye, left	EMB	Absent	
1E0004	Eye, right	EXPTH	Absent	
1E0004	Eye, right	OPQ	Absent	
1E0004	Eye, right	MIS	Absent	
1E0004	Eye, right	HMR	Absent	
1E0004	Eye, right	EMB	Absent	
1E0004	Opercula	SLSH	Absent	
1E0005	Body Surface	RGR	Absent	
1E0005	Body Surface	RLSN	Absent	
1E0005	Body Surface	SPDF	Absent	
1E0005	Body Surface	HMRB	Absent	
1E0005	Body Surface	FDC	Absent	
1E0005	Body Surface	BFG	Absent	
1E0005	Body Surface	PRST	Absent	
1E0005	Head	DFM	Absent	
1E0005	Mouth	ULR	Absent	
1E0005	Mouth	LLG	Absent	
1E0005	Nare	SLN	Absent	
1E0005	Eye, left	EXPTH	Absent	
1E0005	Eye, left	OPQ	Absent	
1E0005	Eye, left	MIS	Absent	
1E0005	Eye, left	HMR	Absent	
1E0005	Eye, left	EMB	Absent	
1E0005	Eye, right	EXPTH	Absent	
1E0005	Eye, right	OPQ	Absent	
1E0005	Eye, right	MIS	Absent	
1E0005	Eye, right	HMR	Absent	
1E0005	Eye, right	EMB	Absent	
1E0005	Opercula	SLSH	Absent	
1E0006	Body Surface	RGR	Absent	
1E0006	Body Surface	RLSN	Absent	
1E0006	Body Surface	SPDF	Absent	
1E0006	Body Surface	HMRB	Absent	
1E0006	Body Surface	FDC	Absent	
1E0006	Body Surface	BFG	Absent	
1E0006	Body Surface	PRST	Absent	
1E0006	Head	DFM	Absent	
1E0006	Mouth	ULR	Absent	
1E0006	Mouth	LLG	Absent	
1E0006	Nare	SLN	Absent	
1E0006	Eye, left	EXPTH	Absent	
1E0006	Eye, left	OPQ	Absent	
1E0006	Eye, left	MIS	Absent	
1E0006	Eye, left	HMR	Absent	
1E0006	Eye, left	EMB	Absent	
1E0006	Eye, right	EXPTH	Absent	
1E0006	Eye, right	OPQ	Absent	
1E0006	Eye, right	MIS	Absent	
1E0006	Eye, right	HMR	Absent	
1E0006	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0006	Opercula	SLSH	Absent	
1E0008	Body Surface	RGR	Absent	
1E0008	Body Surface	RLSN	Absent	
1E0008	Body Surface	SPDF	Absent	
1E0008	Body Surface	HMRB	Absent	
1E0008	Body Surface	FDC	Absent	
1E0008	Body Surface	BFG	Absent	
1E0008	Body Surface	PRST	Absent	
1E0008	Head	DFM	Absent	
1E0008	Mouth	ULR	Absent	
1E0008	Mouth	LLG	Absent	
1E0008	Nare	SLN	Absent	
1E0008	Eye, left	EXPTH	Absent	
1E0008	Eye, left	OPQ	Absent	
1E0008	Eye, left	MIS	Absent	
1E0008	Eye, left	HMR	Absent	
1E0008	Eye, left	EMB	Absent	
1E0008	Eye, right	EXPTH	Absent	
1E0008	Eye, right	OPQ	Absent	
1E0008	Eye, right	MIS	Absent	
1E0008	Eye, right	HMR	Absent	
1E0008	Eye, right	EMB	Absent	
1E0008	Opercula	SLSH	Absent	
1E0009	Body Surface	RGR	Absent	
1E0009	Body Surface	RLSN	Absent	
1E0009	Body Surface	SPDF	Absent	
1E0009	Body Surface	HMRB	Absent	
1E0009	Body Surface	FDC	Absent	
1E0009	Body Surface	BFG	Absent	
1E0009	Body Surface	PRST	Absent	
1E0009	Head	DFM	Absent	
1E0009	Mouth	ULR	Absent	
1E0009	Mouth	LLG	Absent	
1E0009	Nare	SLN	Absent	
1E0009	Eye, left	EXPTH	Absent	
1E0009	Eye, left	OPQ	Absent	
1E0009	Eye, left	MIS	Absent	
1E0009	Eye, left	HMR	Absent	
1E0009	Eye, left	EMB	Absent	
1E0009	Eye, right	EXPTH	Absent	
1E0009	Eye, right	OPQ	Absent	
1E0009	Eye, right	MIS	Absent	
1E0009	Eye, right	HMR	Absent	
1E0009	Eye, right	EMB	Absent	
1E0009	Opercula	SLSH	Absent	
1E0010	Body Surface	RGR	Absent	
1E0010	Body Surface	RLSN	Absent	
1E0010	Body Surface	SPDF	Absent	
1E0010	Body Surface	HMRB	Absent	
1E0010	Body Surface	FDC	Absent	
1E0010	Body Surface	BFG	Absent	
1E0010	Body Surface	PRST	Absent	
1E0010	Head	DFM	Absent	
1E0010	Mouth	ULR	Absent	
1E0010	Mouth	LLG	Absent	
1E0010	Nare	SLN	Absent	
1E0010	Eye, left	EXPTH	Absent	
1E0010	Eye, left	OPQ	Absent	
1E0010	Eye, left	MIS	Absent	
1E0010	Eye, left	HMR	Absent	
1E0010	Eye, left	EMB	Absent	
1E0010	Eye, right	EXPTH	Absent	
1E0010	Eye, right	OPQ	Absent	
1E0010	Eye, right	MIS	Absent	
1E0010	Eye, right	HMR	Absent	
1E0010	Eye, right	EMB	Absent	
1E0010	Opercula	SLSH	Absent	
1E0012	Body Surface	RGR	Absent	
1E0012	Body Surface	RLSN	Absent	
1E0012	Body Surface	SPDF	Absent	
1E0012	Body Surface	HMRB	Absent	
1E0012	Body Surface	FDC	Absent	
1E0012	Body Surface	BFG	Absent	
1E0012	Body Surface	PRST	Absent	
1E0012	Body Surface	OTHER	Present	Laceration on abdomen
1E0012	Head	DFM	Absent	
1E0012	Mouth	ULR	Absent	
1E0012	Mouth	LLG	Absent	
1E0012	Nare	SLN	Absent	
1E0012	Eye, left	EXPTH	Absent	
1E0012	Eye, left	OPQ	Absent	
1E0012	Eye, left	MIS	Absent	
1E0012	Eye, left	HMR	Absent	
1E0012	Eye, left	EMB	Absent	
1E0012	Eye, right	EXPTH	Absent	
1E0012	Eye, right	OPQ	Absent	
1E0012	Eye, right	MIS	Absent	
1E0012	Eye, right	HMR	Absent	
1E0012	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0012	Opercula	SLSH	Absent	
1E0013	Body Surface	RGR	Absent	
1E0013	Body Surface	RLSN	Absent	
1E0013	Body Surface	SPDF	Absent	
1E0013	Body Surface	HMRB	Absent	
1E0013	Body Surface	FDC	Absent	
1E0013	Body Surface	BFG	Absent	
1E0013	Body Surface	PRST	Absent	
1E0013	Body Surface	OTHER	Present	Laceration on abdomen
1E0013	Head	DFM	Absent	
1E0013	Mouth	ULR	Absent	
1E0013	Mouth	LLG	Absent	
1E0013	Nare	SLN	Absent	
1E0013	Eye, left	EXPTH	Absent	
1E0013	Eye, left	OPQ	Absent	
1E0013	Eye, left	MIS	Absent	
1E0013	Eye, left	HMR	Absent	
1E0013	Eye, left	EMB	Absent	
1E0013	Eye, right	EXPTH	Absent	
1E0013	Eye, right	OPQ	Absent	
1E0013	Eye, right	MIS	Absent	
1E0013	Eye, right	HMR	Absent	
1E0013	Eye, right	EMB	Absent	
1E0013	Opercula	SLSH	Present	
1E0014	Body Surface	RGR	Absent	
1E0014	Body Surface	RLSN	Absent	
1E0014	Body Surface	SPDF	Absent	
1E0014	Body Surface	HMRB	Absent	
1E0014	Body Surface	FDC	Absent	
1E0014	Body Surface	BFG	Absent	
1E0014	Body Surface	PRST	Absent	
1E0014	Head	DFM	Absent	
1E0014	Mouth	ULR	Absent	
1E0014	Mouth	LLG	Absent	
1E0014	Nare	SLN	Absent	
1E0014	Eye, left	EXPTH	Absent	
1E0014	Eye, left	OPQ	Absent	
1E0014	Eye, left	MIS	Absent	
1E0014	Eye, left	HMR	Absent	
1E0014	Eye, left	EMB	Absent	
1E0014	Eye, right	EXPTH	Absent	
1E0014	Eye, right	OPQ	Absent	
1E0014	Eye, right	MIS	Absent	
1E0014	Eye, right	HMR	Absent	
1E0014	Eye, right	EMB	Absent	
1E0014	Opercula	SLSH	Absent	
1E0015	Body Surface	RGR	Absent	
1E0015	Body Surface	RLSN	Absent	
1E0015	Body Surface	SPDF	Absent	
1E0015	Body Surface	HMRB	Absent	
1E0015	Body Surface	FDC	Absent	
1E0015	Body Surface	BFG	Absent	
1E0015	Body Surface	PRST	Absent	
1E0015	Head	DFM	Absent	
1E0015	Mouth	ULR	Absent	
1E0015	Mouth	LLG	Absent	
1E0015	Nare	SLN	Absent	
1E0015	Eye, left	EXPTH	Absent	
1E0015	Eye, left	OPQ	Absent	
1E0015	Eye, left	MIS	Absent	
1E0015	Eye, left	HMR	Absent	
1E0015	Eye, left	EMB	Absent	
1E0015	Eye, right	EXPTH	Absent	
1E0015	Eye, right	OPQ	Absent	
1E0015	Eye, right	MIS	Absent	
1E0015	Eye, right	HMR	Absent	
1E0015	Eye, right	EMB	Absent	
1E0015	Opercula	SLSH	Absent	
1E0016	Body Surface	RGR	Absent	
1E0016	Body Surface	RLSN	Absent	
1E0016	Body Surface	SPDF	Absent	
1E0016	Body Surface	HMRB	Absent	
1E0016	Body Surface	FDC	Absent	
1E0016	Body Surface	BFG	Absent	
1E0016	Body Surface	PRST	Absent	
1E0016	Head	DFM	Absent	
1E0016	Mouth	ULR	Absent	
1E0016	Mouth	LLG	Absent	
1E0016	Nare	SLN	Absent	
1E0016	Eye, left	EXPTH	Absent	
1E0016	Eye, left	OPQ	Absent	
1E0016	Eye, left	MIS	Absent	
1E0016	Eye, left	HMR	Absent	
1E0016	Eye, left	EMB	Absent	
1E0016	Eye, right	EXPTH	Absent	
1E0016	Eye, right	OPQ	Absent	
1E0016	Eye, right	MIS	Absent	
1E0016	Eye, right	HMR	Absent	
1E0016	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0016	Opercula	SLSH	Absent	
1E0017	Body Surface	RGR	Absent	
1E0017	Body Surface	RLSN	Absent	
1E0017	Body Surface	SPDF	Absent	
1E0017	Body Surface	HMRB	Absent	
1E0017	Body Surface	FDC	Absent	
1E0017	Body Surface	BFG	Absent	
1E0017	Body Surface	PRST	Absent	
1E0017	Head	DFM	Absent	
1E0017	Mouth	ULR	Absent	
1E0017	Mouth	LLG	Absent	
1E0017	Nare	SLN	Absent	
1E0017	Eye, left	EXPTH	Absent	
1E0017	Eye, left	OPQ	Absent	
1E0017	Eye, left	MIS	Absent	
1E0017	Eye, left	HMR	Absent	
1E0017	Eye, left	EMB	Absent	
1E0017	Eye, right	EXPTH	Absent	
1E0017	Eye, right	OPQ	Absent	
1E0017	Eye, right	MIS	Absent	
1E0017	Eye, right	HMR	Absent	
1E0017	Eye, right	EMB	Absent	
1E0017	Opercula	SLSH	Absent	
1E0018	Body Surface	RGR	Absent	
1E0018	Body Surface	RLSN	Absent	
1E0018	Body Surface	SPDF	Absent	
1E0018	Body Surface	HMRB	Absent	
1E0018	Body Surface	FDC	Absent	
1E0018	Body Surface	BFG	Absent	
1E0018	Body Surface	PRST	Absent	
1E0018	Head	DFM	Absent	
1E0018	Mouth	ULR	Absent	
1E0018	Mouth	LLG	Absent	
1E0018	Nare	SLN	Absent	
1E0018	Eye, left	EXPTH	Absent	
1E0018	Eye, left	OPQ	Absent	
1E0018	Eye, left	MIS	Absent	
1E0018	Eye, left	HMR	Absent	
1E0018	Eye, left	EMB	Absent	
1E0018	Eye, right	EXPTH	Absent	
1E0018	Eye, right	OPQ	Absent	
1E0018	Eye, right	MIS	Absent	
1E0018	Eye, right	HMR	Absent	
1E0018	Eye, right	EMB	Absent	
1E0018	Opercula	SLSH	Absent	
1E0021	Body Surface	RGR	Absent	
1E0021	Body Surface	RLSN	Absent	
1E0021	Body Surface	SPDF	Absent	
1E0021	Body Surface	HMRB	Absent	
1E0021	Body Surface	FDC	Absent	
1E0021	Body Surface	BFG	Absent	
1E0021	Body Surface	PRST	Absent	
1E0021	Head	DFM	Absent	
1E0021	Mouth	ULR	Absent	
1E0021	Mouth	LLG	Absent	
1E0021	Nare	SLN	Absent	
1E0021	Eye, left	EXPTH	Absent	
1E0021	Eye, left	OPQ	Absent	
1E0021	Eye, left	MIS	Absent	
1E0021	Eye, left	HMR	Absent	
1E0021	Eye, left	EMB	Absent	
1E0021	Eye, right	EXPTH	Absent	
1E0021	Eye, right	OPQ	Absent	
1E0021	Eye, right	MIS	Absent	
1E0021	Eye, right	HMR	Absent	
1E0021	Eye, right	EMB	Absent	
1E0021	Opercula	SLSH	Absent	
1E0027	Body Surface	RGR	Absent	
1E0027	Body Surface	RLSN	Absent	
1E0027	Body Surface	SPDF	Absent	
1E0027	Body Surface	HMRB	Absent	
1E0027	Body Surface	FDC	Absent	
1E0027	Body Surface	BFG	Absent	
1E0027	Body Surface	PRST	Absent	
1E0027	Head	DFM	Absent	
1E0027	Mouth	ULR	Absent	
1E0027	Mouth	LLG	Absent	
1E0027	Nare	SLN	Absent	
1E0027	Eye, left	EXPTH	Absent	
1E0027	Eye, left	OPQ	Absent	
1E0027	Eye, left	MIS	Absent	
1E0027	Eye, left	HMR	Absent	
1E0027	Eye, left	EMB	Absent	
1E0027	Eye, right	EXPTH	Absent	
1E0027	Eye, right	OPQ	Absent	
1E0027	Eye, right	MIS	Absent	
1E0027	Eye, right	HMR	Absent	
1E0027	Eye, right	EMB	Absent	
1E0027	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0051	Body Surface	RGR	Absent	
1E0051	Body Surface	RLSN	Absent	
1E0051	Body Surface	SPDF	Absent	
1E0051	Body Surface	HMRB	Absent	
1E0051	Body Surface	FDC	Absent	
1E0051	Body Surface	BFG	Absent	
1E0051	Body Surface	PRST	Absent	
1E0051	Head	DFM	Absent	
1E0051	Mouth	ULR	Absent	
1E0051	Mouth	LLG	Absent	
1E0051	Nare	SLN	Absent	
1E0051	Eye, left	EXPTH	Present	
1E0051	Eye, left	OPQ	Absent	
1E0051	Eye, left	MIS	Absent	
1E0051	Eye, left	HMR	Absent	
1E0051	Eye, left	EMB	Absent	
1E0051	Eye, right	EXPTH	Absent	
1E0051	Eye, right	OPQ	Absent	
1E0051	Eye, right	MIS	Absent	
1E0051	Eye, right	HMR	Absent	
1E0051	Eye, right	EMB	Absent	
1E0051	Opercula	SLSH	Absent	
1E0060	Body Surface	RGR	Absent	
1E0060	Body Surface	RLSN	Absent	
1E0060	Body Surface	SPDF	Absent	
1E0060	Body Surface	HMRB	Absent	
1E0060	Body Surface	FDC	Absent	
1E0060	Body Surface	BFG	Absent	
1E0060	Body Surface	PRST	Absent	
1E0060	Head	DFM	Absent	
1E0060	Mouth	ULR	Absent	
1E0060	Mouth	LLG	Absent	
1E0060	Nare	SLN	Absent	
1E0060	Eye, left	EXPTH	Absent	
1E0060	Eye, left	OPQ	Absent	
1E0060	Eye, left	MIS	Absent	
1E0060	Eye, left	HMR	Absent	
1E0060	Eye, left	EMB	Absent	
1E0060	Eye, right	EXPTH	Absent	
1E0060	Eye, right	OPQ	Absent	
1E0060	Eye, right	MIS	Absent	
1E0060	Eye, right	HMR	Absent	
1E0060	Eye, right	EMB	Absent	
1E0060	Opercula	SLSH	Absent	
1BTC0001	Body Surface	RGR	Absent	
1BTC0001	Body Surface	RLSN	Absent	
1BTC0001	Body Surface	SPDF	Absent	
1BTC0001	Body Surface	HMRB	Absent	
1BTC0001	Body Surface	FDC	Absent	
1BTC0001	Body Surface	BFG	Absent	
1BTC0001	Body Surface	PRST	Absent	
1BTC0001	Barbel	NORM	Present	
1BTC0001	Head	DFM	Absent	
1BTC0001	Mouth	ULR	Absent	
1BTC0001	Mouth	LLG	Absent	
1BTC0001	Nare	SLN	Absent	
1BTC0001	Eye, left	EXPTH	Absent	
1BTC0001	Eye, left	OPQ	Absent	
1BTC0001	Eye, left	MIS	Absent	
1BTC0001	Eye, left	HMR	Absent	
1BTC0001	Eye, left	EMB	Absent	
1BTC0001	Eye, right	EXPTH	Absent	
1BTC0001	Eye, right	OPQ	Absent	
1BTC0001	Eye, right	MIS	Absent	
1BTC0001	Eye, right	HMR	Absent	
1BTC0001	Eye, right	EMB	Absent	
1BTC0001	Opercula	SLSH	Absent	
1E0001W	Body Surface	RGR	Absent	
1E0001W	Body Surface	RLSN	Absent	
1E0001W	Body Surface	SPDF	Absent	
1E0001W	Body Surface	HMRB	Absent	
1E0001W	Body Surface	FDC	Absent	
1E0001W	Body Surface	BFG	Absent	
1E0001W	Body Surface	PRST	Absent	
1E0001W	Head	DFM	Absent	
1E0001W	Mouth	ULR	Absent	
1E0001W	Mouth	LLG	Absent	
1E0001W	Nare	SLN	Absent	
1E0001W	Eye, left	EXPTH	Absent	
1E0001W	Eye, left	OPQ	Absent	
1E0001W	Eye, left	MIS	Absent	
1E0001W	Eye, left	HMR	Absent	
1E0001W	Eye, left	EMB	Absent	
1E0001W	Eye, right	EXPTH	Absent	
1E0001W	Eye, right	OPQ	Absent	
1E0001W	Eye, right	MIS	Absent	
1E0001W	Eye, right	HMR	Absent	
1E0001W	Eye, right	EMB	Absent	
1E0001W	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0002H	Body Surface	RGR	Absent	
1E0002H	Body Surface	RLSN	Absent	
1E0002H	Body Surface	SPDF	Absent	
1E0002H	Body Surface	HMRB	Absent	
1E0002H	Body Surface	FDC	Absent	
1E0002H	Body Surface	BFG	Absent	
1E0002H	Body Surface	PRST	Absent	
1E0002H	Head	DFM	Absent	
1E0002H	Mouth	ULR	Absent	
1E0002H	Mouth	LLG	Absent	
1E0002H	Nare	SLN	Absent	
1E0002H	Eye, left	EXPTH	Absent	
1E0002H	Eye, left	OPQ	Absent	
1E0002H	Eye, left	MIS	Absent	
1E0002H	Eye, left	HMR	Absent	
1E0002H	Eye, left	EMB	Absent	
1E0002H	Eye, right	EXPTH	Absent	
1E0002H	Eye, right	OPQ	Absent	
1E0002H	Eye, right	MIS	Absent	
1E0002H	Eye, right	HMR	Absent	
1E0002H	Eye, right	EMB	Absent	
1E0002H	Opercula	SLSH	Absent	
1E0011W	Body Surface	RGR	Absent	
1E0011W	Body Surface	RLSN	Absent	
1E0011W	Body Surface	SPDF	Absent	
1E0011W	Body Surface	HMRB	Absent	
1E0011W	Body Surface	FDC	Absent	
1E0011W	Body Surface	BFG	Absent	
1E0011W	Body Surface	PRST	Absent	
1E0011W	Head	DFM	Absent	
1E0011W	Mouth	ULR	Absent	
1E0011W	Mouth	LLG	Absent	
1E0011W	Nare	SLN	Absent	
1E0011W	Eye, left	EXPTH	Absent	
1E0011W	Eye, left	OPQ	Absent	
1E0011W	Eye, left	MIS	Absent	
1E0011W	Eye, left	HMR	Absent	
1E0011W	Eye, left	EMB	Absent	
1E0011W	Eye, right	EXPTH	Absent	
1E0011W	Eye, right	OPQ	Absent	
1E0011W	Eye, right	MIS	Absent	
1E0011W	Eye, right	HMR	Absent	
1E0011W	Eye, right	EMB	Absent	
1E0011W	Opercula	SLSH	Absent	
1E0019H	Body Surface	RGR	Absent	
1E0019H	Body Surface	RLSN	Absent	
1E0019H	Body Surface	SPDF	Absent	
1E0019H	Body Surface	HMRB	Absent	
1E0019H	Body Surface	FDC	Absent	
1E0019H	Body Surface	BFG	Absent	
1E0019H	Body Surface	PRST	Absent	
1E0019H	Head	DFM	Absent	
1E0019H	Mouth	ULR	Absent	
1E0019H	Mouth	LLG	Absent	
1E0019H	Nare	SLN	Absent	
1E0019H	Eye, left	EXPTH	Absent	
1E0019H	Eye, left	OPQ	Absent	
1E0019H	Eye, left	MIS	Absent	
1E0019H	Eye, left	HMR	Absent	
1E0019H	Eye, left	EMB	Absent	
1E0019H	Eye, right	EXPTH	Absent	
1E0019H	Eye, right	OPQ	Absent	
1E0019H	Eye, right	MIS	Absent	
1E0019H	Eye, right	HMR	Absent	
1E0019H	Eye, right	EMB	Absent	
1E0019H	Opercula	SLSH	Absent	
1E0022W	Body Surface	RGR	Absent	
1E0022W	Body Surface	RLSN	Absent	
1E0022W	Body Surface	SPDF	Absent	
1E0022W	Body Surface	HMRB	Absent	
1E0022W	Body Surface	FDC	Absent	
1E0022W	Body Surface	BFG	Absent	
1E0022W	Body Surface	PRST	Absent	
1E0022W	Head	DFM	Absent	
1E0022W	Mouth	ULR	Absent	
1E0022W	Mouth	LLG	Absent	
1E0022W	Nare	SLN	Absent	
1E0022W	Eye, left	EXPTH	Absent	
1E0022W	Eye, left	OPQ	Absent	
1E0022W	Eye, left	MIS	Absent	
1E0022W	Eye, left	HMR	Absent	
1E0022W	Eye, left	EMB	Absent	
1E0022W	Eye, right	EXPTH	Absent	
1E0022W	Eye, right	OPQ	Absent	
1E0022W	Eye, right	MIS	Absent	
1E0022W	Eye, right	HMR	Absent	
1E0022W	Eye, right	EMB	Absent	
1E0022W	Opercula	SLSH	Absent	
1E0023W	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0023W	Body Surface	RLSN	Absent	
1E0023W	Body Surface	SPDF	Absent	
1E0023W	Body Surface	HMRB	Absent	
1E0023W	Body Surface	FDC	Absent	
1E0023W	Body Surface	BFG	Absent	
1E0023W	Body Surface	PRST	Absent	
1E0023W	Head	DFM	Absent	
1E0023W	Mouth	ULR	Absent	
1E0023W	Mouth	LLG	Absent	
1E0023W	Nare	SLN	Absent	
1E0023W	Eye, left	EXPTH	Absent	
1E0023W	Eye, left	OPQ	Absent	
1E0023W	Eye, left	MIS	Absent	
1E0023W	Eye, left	HMR	Absent	
1E0023W	Eye, left	EMB	Absent	
1E0023W	Eye, right	EXPTH	Absent	
1E0023W	Eye, right	OPQ	Absent	
1E0023W	Eye, right	MIS	Absent	
1E0023W	Eye, right	HMR	Absent	
1E0023W	Eye, right	EMB	Absent	
1E0023W	Opercula	SLSH	Absent	
1E0024W	Body Surface	RGR	Absent	
1E0024W	Body Surface	RLSN	Absent	
1E0024W	Body Surface	SPDF	Absent	
1E0024W	Body Surface	HMRB	Absent	
1E0024W	Body Surface	FDC	Absent	
1E0024W	Body Surface	BFG	Absent	
1E0024W	Body Surface	PRST	Absent	
1E0024W	Head	DFM	Absent	
1E0024W	Mouth	ULR	Absent	
1E0024W	Mouth	LLG	Absent	
1E0024W	Nare	SLN	Absent	
1E0024W	Eye, left	EXPTH	Absent	
1E0024W	Eye, left	OPQ	Absent	
1E0024W	Eye, left	MIS	Absent	
1E0024W	Eye, left	HMR	Absent	
1E0024W	Eye, left	EMB	Absent	
1E0024W	Eye, right	EXPTH	Absent	
1E0024W	Eye, right	OPQ	Absent	
1E0024W	Eye, right	MIS	Absent	
1E0024W	Eye, right	HMR	Absent	
1E0024W	Eye, right	EMB	Absent	
1E0024W	Opercula	SLSH	Absent	
1E0025W	Body Surface	RGR	Absent	
1E0025W	Body Surface	RLSN	Absent	
1E0025W	Body Surface	SPDF	Absent	
1E0025W	Body Surface	HMRB	Absent	
1E0025W	Body Surface	FDC	Absent	
1E0025W	Body Surface	BFG	Absent	
1E0025W	Body Surface	PRST	Absent	
1E0025W	Head	DFM	Absent	
1E0025W	Mouth	ULR	Absent	
1E0025W	Mouth	LLG	Absent	
1E0025W	Nare	SLN	Absent	
1E0025W	Eye, left	EXPTH	Absent	
1E0025W	Eye, left	OPQ	Absent	
1E0025W	Eye, left	MIS	Absent	
1E0025W	Eye, left	HMR	Absent	
1E0025W	Eye, left	EMB	Absent	
1E0025W	Eye, right	EXPTH	Absent	
1E0025W	Eye, right	OPQ	Absent	
1E0025W	Eye, right	MIS	Absent	
1E0025W	Eye, right	HMR	Absent	
1E0025W	Eye, right	EMB	Absent	
1E0025W	Opercula	SLSH	Absent	
1E0026W	Body Surface	RGR	Absent	
1E0026W	Body Surface	RLSN	Absent	
1E0026W	Body Surface	SPDF	Absent	
1E0026W	Body Surface	HMRB	Absent	
1E0026W	Body Surface	FDC	Absent	
1E0026W	Body Surface	BFG	Absent	
1E0026W	Body Surface	PRST	Absent	
1E0026W	Body Surface	OTHER	Present	Gill net marks
1E0026W	Head	DFM	Absent	
1E0026W	Mouth	ULR	Absent	
1E0026W	Mouth	LLG	Absent	
1E0026W	Nare	SLN	Absent	
1E0026W	Eye, left	EXPTH	Absent	
1E0026W	Eye, left	OPQ	Absent	
1E0026W	Eye, left	MIS	Absent	
1E0026W	Eye, left	HMR	Absent	
1E0026W	Eye, left	EMB	Absent	
1E0026W	Eye, right	EXPTH	Absent	
1E0026W	Eye, right	OPQ	Absent	
1E0026W	Eye, right	MIS	Absent	
1E0026W	Eye, right	HMR	Absent	
1E0026W	Eye, right	EMB	Absent	
1E0026W	Opercula	SLSH	Absent	
1E0049W	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0049W	Body Surface	RLSN	Absent	
1E0049W	Body Surface	SPDF	Absent	
1E0049W	Body Surface	HMRB	Absent	
1E0049W	Body Surface	FDC	Absent	
1E0049W	Body Surface	BFG	Absent	
1E0049W	Body Surface	PRST	Absent	
1E0049W	Body Surface	OTHER	Present	Scarring
1E0049W	Head	DFM	Absent	
1E0049W	Mouth	ULR	Absent	
1E0049W	Mouth	LLG	Absent	
1E0049W	Nare	SLN	Absent	
1E0049W	Eye, left	EXPTH	Absent	
1E0049W	Eye, left	OPQ	Absent	
1E0049W	Eye, left	MIS	Absent	
1E0049W	Eye, left	HMR	Absent	
1E0049W	Eye, left	EMB	Absent	
1E0049W	Eye, right	EXPTH	Absent	
1E0049W	Eye, right	OPQ	Absent	
1E0049W	Eye, right	MIS	Absent	
1E0049W	Eye, right	HMR	Absent	
1E0049W	Eye, right	EMB	Absent	
1E0049W	Opercula	SLSH	Absent	
1E0053H	Body Surface	RGR	Absent	
1E0053H	Body Surface	RLSN	Absent	
1E0053H	Body Surface	SPDF	Absent	
1E0053H	Body Surface	HMRB	Absent	
1E0053H	Body Surface	FDC	Absent	
1E0053H	Body Surface	BFG	Absent	
1E0053H	Body Surface	PRST	Absent	
1E0053H	Body Surface	OTHER	Present	Gill net marks
1E0053H	Head	DFM	Absent	
1E0053H	Mouth	ULR	Absent	
1E0053H	Mouth	LLG	Absent	
1E0053H	Nare	SLN	Absent	
1E0053H	Eye, left	EXPTH	Absent	
1E0053H	Eye, left	OPQ	Absent	
1E0053H	Eye, left	MIS	Absent	
1E0053H	Eye, left	HMR	Absent	
1E0053H	Eye, left	EMB	Absent	
1E0053H	Eye, right	EXPTH	Absent	
1E0053H	Eye, right	OPQ	Absent	
1E0053H	Eye, right	MIS	Absent	
1E0053H	Eye, right	HMR	Absent	
1E0053H	Eye, right	EMB	Absent	
1E0053H	Opercula	SLSH	Absent	
1E10028	Body Surface	RGR	Absent	
1E10028	Body Surface	RLSN	Absent	
1E10028	Body Surface	SPDF	Absent	
1E10028	Body Surface	HMRB	Absent	
1E10028	Body Surface	FDC	Absent	
1E10028	Body Surface	BFG	Absent	
1E10028	Body Surface	PRST	Absent	
1E10028	Head	DFM	Absent	
1E10028	Mouth	ULR	Absent	
1E10028	Mouth	LLG	Absent	
1E10028	Nare	SLN	Absent	
1E10028	Eye, left	EXPTH	Absent	
1E10028	Eye, left	OPQ	Absent	
1E10028	Eye, left	MIS	Absent	
1E10028	Eye, left	HMR	Absent	
1E10028	Eye, left	EMB	Absent	
1E10028	Eye, right	EXPTH	Absent	
1E10028	Eye, right	OPQ	Absent	
1E10028	Eye, right	MIS	Absent	
1E10028	Eye, right	HMR	Absent	
1E10028	Eye, right	EMB	Absent	
1E10028	Opercula	SLSH	Absent	
1E10030H	Body Surface	RGR	Absent	
1E10030H	Body Surface	RLSN	Absent	
1E10030H	Body Surface	SPDF	Absent	
1E10030H	Body Surface	HMRB	Absent	
1E10030H	Body Surface	FDC	Absent	
1E10030H	Body Surface	BFG	Absent	
1E10030H	Body Surface	PRST	Absent	
1E10030H	Head	DFM	Absent	
1E10030H	Mouth	ULR	Absent	
1E10030H	Mouth	LLG	Absent	
1E10030H	Nare	SLN	Absent	
1E10030H	Eye, left	EXPTH	Absent	
1E10030H	Eye, left	OPQ	Absent	
1E10030H	Eye, left	MIS	Absent	
1E10030H	Eye, left	HMR	Absent	
1E10030H	Eye, left	EMB	Absent	
1E10030H	Eye, right	EXPTH	Absent	
1E10030H	Eye, right	OPQ	Absent	
1E10030H	Eye, right	MIS	Absent	
1E10030H	Eye, right	HMR	Absent	
1E10030H	Eye, right	EMB	Absent	
1E10030H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10031	Body Surface	RGR	Absent	
1E10031	Body Surface	RLSN	Absent	
1E10031	Body Surface	SPDF	Absent	
1E10031	Body Surface	HMRB	Present	
1E10031	Body Surface	FDC	Absent	
1E10031	Body Surface	BFG	Absent	
1E10031	Body Surface	PRST	Absent	
1E10031	Head	DFM	Absent	
1E10031	Mouth	ULR	Absent	
1E10031	Mouth	LLG	Absent	
1E10031	Nare	SLN	Absent	
1E10031	Eye, left	EXPTH	Absent	
1E10031	Eye, left	OPQ	Absent	
1E10031	Eye, left	MIS	Absent	
1E10031	Eye, left	HMR	Absent	
1E10031	Eye, left	EMB	Absent	
1E10031	Eye, right	EXPTH	Absent	
1E10031	Eye, right	OPQ	Absent	
1E10031	Eye, right	MIS	Absent	
1E10031	Eye, right	HMR	Absent	
1E10031	Eye, right	EMB	Absent	
1E10031	Opercula	SLSH	Absent	
1E10032W	Body Surface	RGR	Absent	
1E10032W	Body Surface	RLSN	Absent	
1E10032W	Body Surface	SPDF	Absent	
1E10032W	Body Surface	HMRB	Absent	
1E10032W	Body Surface	FDC	Absent	
1E10032W	Body Surface	BFG	Absent	
1E10032W	Body Surface	PRST	Absent	
1E10032W	Head	DFM	Absent	
1E10032W	Mouth	ULR	Absent	
1E10032W	Mouth	LLG	Absent	
1E10032W	Nare	SLN	Absent	
1E10032W	Eye, left	EXPTH	Absent	
1E10032W	Eye, left	OPQ	Absent	
1E10032W	Eye, left	MIS	Absent	
1E10032W	Eye, left	HMR	Absent	
1E10032W	Eye, left	EMB	Absent	
1E10032W	Eye, right	EXPTH	Absent	
1E10032W	Eye, right	OPQ	Absent	
1E10032W	Eye, right	MIS	Absent	
1E10032W	Eye, right	HMR	Absent	
1E10032W	Eye, right	EMB	Absent	
1E10032W	Opercula	SLSH	Absent	
1E10033	Body Surface	RGR	Absent	
1E10033	Body Surface	RLSN	Absent	
1E10033	Body Surface	SPDF	Absent	
1E10033	Body Surface	HMRB	Absent	
1E10033	Body Surface	FDC	Absent	
1E10033	Body Surface	BFG	Absent	
1E10033	Body Surface	PRST	Absent	
1E10033	Head	DFM	Absent	
1E10033	Mouth	ULR	Absent	
1E10033	Mouth	LLG	Absent	
1E10033	Nare	SLN	Absent	
1E10033	Eye, left	EXPTH	Absent	
1E10033	Eye, left	OPQ	Absent	
1E10033	Eye, left	MIS	Absent	
1E10033	Eye, left	HMR	Absent	
1E10033	Eye, left	EMB	Absent	
1E10033	Eye, right	EXPTH	Absent	
1E10033	Eye, right	OPQ	Absent	
1E10033	Eye, right	MIS	Absent	
1E10033	Eye, right	HMR	Absent	
1E10033	Eye, right	EMB	Absent	
1E10033	Opercula	SLSH	Absent	
1E10034	Body Surface	RGR	Absent	
1E10034	Body Surface	RLSN	Absent	
1E10034	Body Surface	SPDF	Absent	
1E10034	Body Surface	HMRB	Absent	
1E10034	Body Surface	FDC	Absent	
1E10034	Body Surface	BFG	Absent	
1E10034	Body Surface	PRST	Absent	
1E10034	Head	DFM	Absent	
1E10034	Mouth	ULR	Absent	
1E10034	Mouth	LLG	Absent	
1E10034	Nare	SLN	Absent	
1E10034	Eye, left	EXPTH	Absent	
1E10034	Eye, left	OPQ	Absent	
1E10034	Eye, left	MIS	Absent	
1E10034	Eye, left	HMR	Absent	
1E10034	Eye, left	EMB	Absent	
1E10034	Eye, right	EXPTH	Absent	
1E10034	Eye, right	OPQ	Absent	
1E10034	Eye, right	MIS	Absent	
1E10034	Eye, right	HMR	Absent	
1E10034	Eye, right	EMB	Absent	
1E10034	Opercula	SLSH	Absent	
1E10035	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10035	Body Surface	RLSN	Absent	
1E10035	Body Surface	SPDF	Absent	
1E10035	Body Surface	HMRB	Absent	
1E10035	Body Surface	FDC	Absent	
1E10035	Body Surface	BFG	Absent	
1E10035	Body Surface	PRST	Absent	
1E10035	Head	DFM	Absent	
1E10035	Mouth	ULR	Absent	
1E10035	Mouth	LLG	Absent	
1E10035	Nare	SLN	Absent	
1E10035	Eye, left	EXPTH	Absent	
1E10035	Eye, left	OPQ	Absent	
1E10035	Eye, left	MIS	Absent	
1E10035	Eye, left	HMR	Absent	
1E10035	Eye, left	EMB	Absent	
1E10035	Eye, right	EXPTH	Absent	
1E10035	Eye, right	OPQ	Absent	
1E10035	Eye, right	MIS	Absent	
1E10035	Eye, right	HMR	Absent	
1E10035	Eye, right	EMB	Absent	
1E10035	Opercula	SLSH	Absent	
1E10036H	Body Surface	RGR	Absent	
1E10036H	Body Surface	RLSN	Absent	
1E10036H	Body Surface	SPDF	Absent	
1E10036H	Body Surface	HMRB	Absent	
1E10036H	Body Surface	FDC	Absent	
1E10036H	Body Surface	BFG	Absent	
1E10036H	Body Surface	PRST	Absent	
1E10036H	Head	DFM	Absent	
1E10036H	Mouth	ULR	Absent	
1E10036H	Mouth	LLG	Absent	
1E10036H	Nare	SLN	Absent	
1E10036H	Eye, left	EXPTH	Absent	
1E10036H	Eye, left	OPQ	Absent	
1E10036H	Eye, left	MIS	Absent	
1E10036H	Eye, left	HMR	Absent	
1E10036H	Eye, left	EMB	Absent	
1E10036H	Eye, right	EXPTH	Absent	
1E10036H	Eye, right	OPQ	Absent	
1E10036H	Eye, right	MIS	Absent	
1E10036H	Eye, right	HMR	Absent	
1E10036H	Eye, right	EMB	Absent	
1E10036H	Opercula	SLSH	Absent	
1E10037	Body Surface	RGR	Absent	
1E10037	Body Surface	RLSN	Absent	
1E10037	Body Surface	SPDF	Absent	
1E10037	Body Surface	HMRB	Absent	
1E10037	Body Surface	FDC	Absent	
1E10037	Body Surface	BFG	Absent	
1E10037	Body Surface	PRST	Absent	
1E10037	Head	DFM	Absent	
1E10037	Mouth	ULR	Absent	
1E10037	Mouth	LLG	Absent	
1E10037	Nare	SLN	Absent	
1E10037	Eye, left	EXPTH	Absent	
1E10037	Eye, left	OPQ	Absent	
1E10037	Eye, left	MIS	Absent	
1E10037	Eye, left	HMR	Absent	
1E10037	Eye, left	EMB	Absent	
1E10037	Eye, right	EXPTH	Absent	
1E10037	Eye, right	OPQ	Absent	
1E10037	Eye, right	MIS	Absent	
1E10037	Eye, right	HMR	Absent	
1E10037	Eye, right	EMB	Absent	
1E10037	Opercula	SLSH	Absent	
1E10038	Body Surface	RGR	Absent	
1E10038	Body Surface	RLSN	Absent	
1E10038	Body Surface	SPDF	Absent	
1E10038	Body Surface	HMRB	Absent	
1E10038	Body Surface	FDC	Absent	
1E10038	Body Surface	BFG	Absent	
1E10038	Body Surface	PRST	Absent	
1E10038	Head	DFM	Absent	
1E10038	Mouth	ULR	Absent	
1E10038	Mouth	LLG	Absent	
1E10038	Nare	SLN	Absent	
1E10038	Eye, left	EXPTH	Absent	
1E10038	Eye, left	OPQ	Absent	
1E10038	Eye, left	MIS	Absent	
1E10038	Eye, left	HMR	Absent	
1E10038	Eye, left	EMB	Absent	
1E10038	Eye, right	EXPTH	Absent	
1E10038	Eye, right	OPQ	Absent	
1E10038	Eye, right	MIS	Absent	
1E10038	Eye, right	HMR	Absent	
1E10038	Eye, right	EMB	Absent	
1E10038	Opercula	SLSH	Absent	
1E10039	Body Surface	RGR	Absent	
1E10039	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10039	Body Surface	SPDF	Absent	
1E10039	Body Surface	HMRB	Absent	
1E10039	Body Surface	FDC	Absent	
1E10039	Body Surface	BFG	Absent	
1E10039	Body Surface	PRST	Absent	
1E10039	Head	DFM	Absent	
1E10039	Mouth	ULR	Absent	
1E10039	Mouth	LLG	Absent	
1E10039	Nare	SLN	Absent	
1E10039	Eye, left	EXPTH	Absent	
1E10039	Eye, left	OPQ	Absent	
1E10039	Eye, left	MIS	Absent	
1E10039	Eye, left	HMR	Absent	
1E10039	Eye, left	EMB	Absent	
1E10039	Eye, right	EXPTH	Absent	
1E10039	Eye, right	OPQ	Absent	
1E10039	Eye, right	MIS	Absent	
1E10039	Eye, right	HMR	Absent	
1E10039	Eye, right	EMB	Absent	
1E10039	Opercula	SLSH	Absent	
1E10041	Body Surface	RGR	Absent	
1E10041	Body Surface	RLSN	Absent	
1E10041	Body Surface	SPDF	Absent	
1E10041	Body Surface	HMRB	Absent	
1E10041	Body Surface	FDC	Absent	
1E10041	Body Surface	BFG	Absent	
1E10041	Body Surface	PRST	Absent	
1E10041	Head	DFM	Absent	
1E10041	Mouth	ULR	Absent	
1E10041	Mouth	LLG	Absent	
1E10041	Nare	SLN	Absent	
1E10041	Eye, left	EXPTH	Absent	
1E10041	Eye, left	OPQ	Absent	
1E10041	Eye, left	MIS	Absent	
1E10041	Eye, left	HMR	Absent	
1E10041	Eye, left	EMB	Absent	
1E10041	Eye, right	EXPTH	Absent	
1E10041	Eye, right	OPQ	Absent	
1E10041	Eye, right	MIS	Absent	
1E10041	Eye, right	HMR	Absent	
1E10041	Eye, right	EMB	Absent	
1E10041	Opercula	SLSH	Absent	
1E10042W	Body Surface	RGR	Absent	
1E10042W	Body Surface	RLSN	Absent	
1E10042W	Body Surface	SPDF	Absent	
1E10042W	Body Surface	HMRB	Absent	
1E10042W	Body Surface	FDC	Absent	
1E10042W	Body Surface	BFG	Absent	
1E10042W	Body Surface	PRST	Absent	
1E10042W	Head	DFM	Absent	
1E10042W	Mouth	ULR	Absent	
1E10042W	Mouth	LLG	Absent	
1E10042W	Nare	SLN	Absent	
1E10042W	Eye, left	EXPTH	Absent	
1E10042W	Eye, left	OPQ	Absent	
1E10042W	Eye, left	MIS	Absent	
1E10042W	Eye, left	HMR	Absent	
1E10042W	Eye, left	EMB	Absent	
1E10042W	Eye, right	EXPTH	Absent	
1E10042W	Eye, right	OPQ	Absent	
1E10042W	Eye, right	MIS	Absent	
1E10042W	Eye, right	HMR	Absent	
1E10042W	Eye, right	EMB	Absent	
1E10042W	Opercula	SLSH	Absent	
1E10043W	Body Surface	RGR	Absent	
1E10043W	Body Surface	RLSN	Absent	
1E10043W	Body Surface	SPDF	Absent	
1E10043W	Body Surface	HMRB	Absent	
1E10043W	Body Surface	FDC	Absent	
1E10043W	Body Surface	BFG	Absent	
1E10043W	Body Surface	PRST	Absent	
1E10043W	Head	DFM	Absent	
1E10043W	Mouth	ULR	Absent	
1E10043W	Mouth	LLG	Absent	
1E10043W	Nare	SLN	Absent	
1E10043W	Eye, left	EXPTH	Absent	
1E10043W	Eye, left	OPQ	Absent	
1E10043W	Eye, left	MIS	Absent	
1E10043W	Eye, left	HMR	Absent	
1E10043W	Eye, left	EMB	Absent	
1E10043W	Eye, right	EXPTH	Absent	
1E10043W	Eye, right	OPQ	Absent	
1E10043W	Eye, right	MIS	Absent	
1E10043W	Eye, right	HMR	Absent	
1E10043W	Eye, right	EMB	Absent	
1E10043W	Opercula	SLSH	Absent	
1E10044W	Body Surface	RGR	Absent	
1E10044W	Body Surface	RLSN	Absent	
1E10044W	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10044W	Body Surface	HMRB	Absent	
1E10044W	Body Surface	FDC	Absent	
1E10044W	Body Surface	BFG	Absent	
1E10044W	Body Surface	PRST	Absent	
1E10044W	Head	DFM	Absent	
1E10044W	Mouth	ULR	Absent	
1E10044W	Mouth	LLG	Absent	
1E10044W	Nare	SLN	Absent	
1E10044W	Eye, left	EXPTH	Absent	
1E10044W	Eye, left	OPQ	Absent	
1E10044W	Eye, left	MIS	Absent	
1E10044W	Eye, left	HMR	Absent	
1E10044W	Eye, left	EMB	Absent	
1E10044W	Eye, right	EXPTH	Absent	
1E10044W	Eye, right	OPQ	Absent	
1E10044W	Eye, right	MIS	Absent	
1E10044W	Eye, right	HMR	Absent	
1E10044W	Eye, right	EMB	Absent	
1E10044W	Opercula	SLSH	Absent	
1E10045H	Body Surface	RGR	Absent	
1E10045H	Body Surface	RLSN	Absent	
1E10045H	Body Surface	SPDF	Absent	
1E10045H	Body Surface	HMRB	Absent	
1E10045H	Body Surface	FDC	Absent	
1E10045H	Body Surface	BFG	Absent	
1E10045H	Body Surface	PRST	Absent	
1E10045H	Body Surface	OTHER	Present	Gill net marks
1E10045H	Head	DFM	Absent	
1E10045H	Mouth	ULR	Absent	
1E10045H	Mouth	LLG	Absent	
1E10045H	Nare	SLN	Absent	
1E10045H	Eye, left	EXPTH	Absent	
1E10045H	Eye, left	OPQ	Absent	
1E10045H	Eye, left	MIS	Absent	
1E10045H	Eye, left	HMR	Absent	
1E10045H	Eye, left	EMB	Absent	
1E10045H	Eye, right	EXPTH	Absent	
1E10045H	Eye, right	OPQ	Absent	
1E10045H	Eye, right	MIS	Absent	
1E10045H	Eye, right	HMR	Absent	
1E10045H	Eye, right	EMB	Absent	
1E10045H	Opercula	SLSH	Absent	
1E10046W	Body Surface	RGR	Absent	
1E10046W	Body Surface	RLSN	Absent	
1E10046W	Body Surface	SPDF	Absent	
1E10046W	Body Surface	HMRB	Absent	
1E10046W	Body Surface	FDC	Absent	
1E10046W	Body Surface	BFG	Absent	
1E10046W	Body Surface	PRST	Absent	
1E10046W	Head	DFM	Absent	
1E10046W	Mouth	ULR	Absent	
1E10046W	Mouth	LLG	Absent	
1E10046W	Nare	SLN	Absent	
1E10046W	Eye, left	EXPTH	Absent	
1E10046W	Eye, left	OPQ	Absent	
1E10046W	Eye, left	MIS	Absent	
1E10046W	Eye, left	HMR	Absent	
1E10046W	Eye, left	EMB	Absent	
1E10046W	Eye, right	EXPTH	Absent	
1E10046W	Eye, right	OPQ	Absent	
1E10046W	Eye, right	MIS	Absent	
1E10046W	Eye, right	HMR	Absent	
1E10046W	Eye, right	EMB	Absent	
1E10046W	Opercula	SLSH	Absent	
1E10047W	Body Surface	RGR	Absent	
1E10047W	Body Surface	RLSN	Absent	
1E10047W	Body Surface	SPDF	Absent	
1E10047W	Body Surface	HMRB	Absent	
1E10047W	Body Surface	FDC	Absent	
1E10047W	Body Surface	BFG	Absent	
1E10047W	Body Surface	PRST	Absent	
1E10047W	Head	DFM	Absent	
1E10047W	Mouth	ULR	Absent	
1E10047W	Mouth	LLG	Absent	
1E10047W	Nare	SLN	Absent	
1E10047W	Eye, left	EXPTH	Absent	
1E10047W	Eye, left	OPQ	Absent	
1E10047W	Eye, left	MIS	Absent	
1E10047W	Eye, left	HMR	Absent	
1E10047W	Eye, left	EMB	Absent	
1E10047W	Eye, right	EXPTH	Absent	
1E10047W	Eye, right	OPQ	Absent	
1E10047W	Eye, right	MIS	Absent	
1E10047W	Eye, right	HMR	Absent	
1E10047W	Eye, right	EMB	Absent	
1E10047W	Opercula	SLSH	Absent	
1E10048	Body Surface	RGR	Absent	
1E10048	Body Surface	RLSN	Absent	
1E10048	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10048	Body Surface	HMRB	Absent	
1E10048	Body Surface	FDC	Absent	
1E10048	Body Surface	BFG	Absent	
1E10048	Body Surface	PRST	Absent	
1E10048	Head	DFM	Absent	
1E10048	Mouth	ULR	Absent	
1E10048	Mouth	LLG	Absent	
1E10048	Nare	SLN	Absent	
1E10048	Eye, left	EXPTH	Absent	
1E10048	Eye, left	OPQ	Absent	
1E10048	Eye, left	MIS	Absent	
1E10048	Eye, left	HMR	Absent	
1E10048	Eye, left	EMB	Absent	
1E10048	Eye, right	EXPTH	Absent	
1E10048	Eye, right	OPQ	Absent	
1E10048	Eye, right	MIS	Absent	
1E10048	Eye, right	HMR	Absent	
1E10048	Eye, right	EMB	Absent	
1E10048	Opercula	SLSH	Absent	
1E10050	Body Surface	RGR	Absent	
1E10050	Body Surface	RLSN	Absent	
1E10050	Body Surface	SPDF	Absent	
1E10050	Body Surface	HMRB	Absent	
1E10050	Body Surface	FDC	Absent	
1E10050	Body Surface	BFG	Absent	
1E10050	Body Surface	PRST	Absent	
1E10050	Head	DFM	Absent	
1E10050	Mouth	ULR	Absent	
1E10050	Mouth	LLG	Absent	
1E10050	Nare	SLN	Absent	
1E10050	Eye, left	EXPTH	Absent	
1E10050	Eye, left	OPQ	Absent	
1E10050	Eye, left	MIS	Absent	
1E10050	Eye, left	HMR	Absent	
1E10050	Eye, left	EMB	Absent	
1E10050	Eye, right	EXPTH	Absent	
1E10050	Eye, right	OPQ	Absent	
1E10050	Eye, right	MIS	Absent	
1E10050	Eye, right	HMR	Absent	
1E10050	Eye, right	EMB	Absent	
1E10050	Opercula	SLSH	Absent	
1E10051aW	Body Surface	RGR	Absent	
1E10051aW	Body Surface	RLSN	Absent	
1E10051aW	Body Surface	SPDF	Absent	
1E10051aW	Body Surface	HMRB	Absent	
1E10051aW	Body Surface	FDC	Absent	
1E10051aW	Body Surface	BFG	Absent	
1E10051aW	Body Surface	PRST	Absent	
1E10051aW	Head	DFM	Absent	
1E10051aW	Mouth	ULR	Absent	
1E10051aW	Mouth	LLG	Absent	
1E10051aW	Nare	SLN	Absent	
1E10051aW	Eye, left	EXPTH	Absent	
1E10051aW	Eye, left	OPQ	Absent	
1E10051aW	Eye, left	MIS	Absent	
1E10051aW	Eye, left	HMR	Absent	
1E10051aW	Eye, left	EMB	Absent	
1E10051aW	Eye, right	EXPTH	Absent	
1E10051aW	Eye, right	OPQ	Absent	
1E10051aW	Eye, right	MIS	Absent	
1E10051aW	Eye, right	HMR	Absent	
1E10051aW	Eye, right	EMB	Absent	
1E10051aW	Opercula	SLSH	Absent	
1E10054H	Body Surface	RGR	Absent	
1E10054H	Body Surface	RLSN	Absent	
1E10054H	Body Surface	SPDF	Absent	
1E10054H	Body Surface	HMRB	Absent	
1E10054H	Body Surface	FDC	Absent	
1E10054H	Body Surface	BFG	Absent	
1E10054H	Body Surface	PRST	Absent	
1E10054H	Body Surface	OTHER	Present	Lacerations on body
1E10054H	Head	DFM	Absent	
1E10054H	Mouth	ULR	Absent	
1E10054H	Mouth	LLG	Absent	
1E10054H	Nare	SLN	Absent	
1E10054H	Eye, left	EXPTH	Absent	
1E10054H	Eye, left	OPQ	Absent	
1E10054H	Eye, left	MIS	Absent	
1E10054H	Eye, left	HMR	Absent	
1E10054H	Eye, left	EMB	Absent	
1E10054H	Eye, right	EXPTH	Absent	
1E10054H	Eye, right	OPQ	Absent	
1E10054H	Eye, right	MIS	Absent	
1E10054H	Eye, right	HMR	Absent	
1E10054H	Eye, right	EMB	Absent	
1E10054H	Opercula	SLSH	Absent	
1E10055	Body Surface	RGR	Absent	
1E10055	Body Surface	RLSN	Absent	
1E10055	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10055	Body Surface	HMRB	Absent	
1E10055	Body Surface	FDC	Absent	
1E10055	Body Surface	BFG	Absent	
1E10055	Body Surface	PRST	Absent	
1E10055	Head	DFM	Absent	
1E10055	Mouth	ULR	Absent	
1E10055	Mouth	LLG	Absent	
1E10055	Nare	SLN	Absent	
1E10055	Eye, left	EXPTH	Absent	
1E10055	Eye, left	OPQ	Absent	
1E10055	Eye, left	MIS	Absent	
1E10055	Eye, left	HMR	Absent	
1E10055	Eye, left	EMB	Absent	
1E10055	Eye, right	EXPTH	Absent	
1E10055	Eye, right	OPQ	Absent	
1E10055	Eye, right	MIS	Absent	
1E10055	Eye, right	HMR	Absent	
1E10055	Eye, right	EMB	Absent	
1E10055	Opercula	SLSH	Absent	
1E10056	Body Surface	RGR	Absent	
1E10056	Body Surface	RLSN	Absent	
1E10056	Body Surface	SPDF	Absent	
1E10056	Body Surface	HMRB	Absent	
1E10056	Body Surface	FDC	Absent	
1E10056	Body Surface	BFG	Absent	
1E10056	Body Surface	PRST	Absent	
1E10056	Body Surface	OTHER	Present	Gill net marks
1E10056	Head	DFM	Absent	
1E10056	Mouth	ULR	Absent	
1E10056	Mouth	LLG	Absent	
1E10056	Nare	SLN	Absent	
1E10056	Eye, left	EXPTH	Absent	
1E10056	Eye, left	OPQ	Absent	
1E10056	Eye, left	MIS	Absent	
1E10056	Eye, left	HMR	Absent	
1E10056	Eye, left	EMB	Absent	
1E10056	Eye, right	EXPTH	Absent	
1E10056	Eye, right	OPQ	Absent	
1E10056	Eye, right	MIS	Absent	
1E10056	Eye, right	HMR	Absent	
1E10056	Eye, right	EMB	Absent	
1E10056	Opercula	SLSH	Absent	
1E10057	Body Surface	RGR	Absent	
1E10057	Body Surface	RLSN	Absent	
1E10057	Body Surface	SPDF	Absent	
1E10057	Body Surface	HMRB	Absent	
1E10057	Body Surface	FDC	Absent	
1E10057	Body Surface	BFG	Absent	
1E10057	Body Surface	PRST	Absent	
1E10057	Head	DFM	Absent	
1E10057	Mouth	ULR	Absent	
1E10057	Mouth	LLG	Absent	
1E10057	Nare	SLN	Absent	
1E10057	Eye, left	EXPTH	Absent	
1E10057	Eye, left	OPQ	Absent	
1E10057	Eye, left	MIS	Absent	
1E10057	Eye, left	HMR	Absent	
1E10057	Eye, left	EMB	Absent	
1E10057	Eye, right	EXPTH	Absent	
1E10057	Eye, right	OPQ	Absent	
1E10057	Eye, right	MIS	Absent	
1E10057	Eye, right	HMR	Absent	
1E10057	Eye, right	EMB	Absent	
1E10057	Opercula	SLSH	Absent	
1E10058W	Body Surface	RGR	Absent	
1E10058W	Body Surface	RLSN	Absent	
1E10058W	Body Surface	SPDF	Absent	
1E10058W	Body Surface	HMRB	Absent	
1E10058W	Body Surface	FDC	Absent	
1E10058W	Body Surface	BFG	Absent	
1E10058W	Body Surface	PRST	Absent	
1E10058W	Head	DFM	Absent	
1E10058W	Mouth	ULR	Absent	
1E10058W	Mouth	LLG	Absent	
1E10058W	Nare	SLN	Absent	
1E10058W	Eye, left	EXPTH	Absent	
1E10058W	Eye, left	OPQ	Absent	
1E10058W	Eye, left	MIS	Absent	
1E10058W	Eye, left	HMR	Absent	
1E10058W	Eye, left	EMB	Absent	
1E10058W	Eye, right	EXPTH	Absent	
1E10058W	Eye, right	OPQ	Absent	
1E10058W	Eye, right	MIS	Absent	
1E10058W	Eye, right	HMR	Absent	
1E10058W	Eye, right	EMB	Absent	
1E10058W	Opercula	SLSH	Absent	
1E10059	Body Surface	RGR	Absent	
1E10059	Body Surface	RLSN	Absent	
1E10059	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10059	Body Surface	HMRB	Absent	
1E10059	Body Surface	FDC	Absent	
1E10059	Body Surface	BFG	Absent	
1E10059	Body Surface	PRST	Absent	
1E10059	Head	DFM	Absent	
1E10059	Mouth	ULR	Absent	
1E10059	Mouth	LLG	Absent	
1E10059	Nare	SLN	Absent	
1E10059	Eye, left	EXPTH	Absent	
1E10059	Eye, left	OPQ	Absent	
1E10059	Eye, left	MIS	Absent	
1E10059	Eye, left	HMR	Absent	
1E10059	Eye, left	EMB	Absent	
1E10059	Eye, right	EXPTH	Absent	
1E10059	Eye, right	OPQ	Absent	
1E10059	Eye, right	MIS	Absent	
1E10059	Eye, right	HMR	Absent	
1E10059	Eye, right	EMB	Absent	
1E10059	Opercula	SLSH	Absent	
1E10061	Body Surface	RGR	Absent	
1E10061	Body Surface	RLSN	Absent	
1E10061	Body Surface	SPDF	Absent	
1E10061	Body Surface	HMRB	Absent	
1E10061	Body Surface	FDC	Absent	
1E10061	Body Surface	BFG	Absent	
1E10061	Body Surface	PRST	Absent	
1E10061	Head	DFM	Absent	
1E10061	Mouth	ULR	Absent	
1E10061	Mouth	LLG	Absent	
1E10061	Nare	SLN	Absent	
1E10061	Eye, left	EXPTH	Absent	
1E10061	Eye, left	OPQ	Absent	
1E10061	Eye, left	MIS	Absent	
1E10061	Eye, left	HMR	Absent	
1E10061	Eye, left	EMB	Absent	
1E10061	Eye, right	EXPTH	Absent	
1E10061	Eye, right	OPQ	Absent	
1E10061	Eye, right	MIS	Absent	
1E10061	Eye, right	HMR	Absent	
1E10061	Eye, right	EMB	Absent	
1E10061	Opercula	SLSH	Absent	
1E10062	Body Surface	RGR	Absent	
1E10062	Body Surface	RLSN	Absent	
1E10062	Body Surface	SPDF	Absent	
1E10062	Body Surface	HMRB	Absent	
1E10062	Body Surface	FDC	Absent	
1E10062	Body Surface	BFG	Absent	
1E10062	Body Surface	PRST	Absent	
1E10062	Head	DFM	Absent	
1E10062	Mouth	ULR	Absent	
1E10062	Mouth	LLG	Absent	
1E10062	Nare	SLN	Absent	
1E10062	Eye, left	EXPTH	Absent	
1E10062	Eye, left	OPQ	Absent	
1E10062	Eye, left	MIS	Absent	
1E10062	Eye, left	HMR	Absent	
1E10062	Eye, left	EMB	Absent	
1E10062	Eye, right	EXPTH	Absent	
1E10062	Eye, right	OPQ	Absent	
1E10062	Eye, right	MIS	Absent	
1E10062	Eye, right	HMR	Absent	
1E10062	Eye, right	EMB	Absent	
1E10062	Opercula	SLSH	Absent	
1E10063	Body Surface	RGR	Absent	
1E10063	Body Surface	RLSN	Absent	
1E10063	Body Surface	SPDF	Absent	
1E10063	Body Surface	HMRB	Absent	
1E10063	Body Surface	FDC	Absent	
1E10063	Body Surface	BFG	Absent	
1E10063	Body Surface	PRST	Absent	
1E10063	Head	DFM	Absent	
1E10063	Mouth	ULR	Absent	
1E10063	Mouth	LLG	Absent	
1E10063	Nare	SLN	Absent	
1E10063	Eye, left	EXPTH	Absent	
1E10063	Eye, left	OPQ	Absent	
1E10063	Eye, left	MIS	Absent	
1E10063	Eye, left	HMR	Absent	
1E10063	Eye, left	EMB	Absent	
1E10063	Eye, right	EXPTH	Absent	
1E10063	Eye, right	OPQ	Absent	
1E10063	Eye, right	MIS	Absent	
1E10063	Eye, right	HMR	Absent	
1E10063	Eye, right	EMB	Absent	
1E10063	Opercula	SLSH	Absent	
1E10064	Body Surface	RGR	Absent	
1E10064	Body Surface	RLSN	Absent	
1E10064	Body Surface	SPDF	Absent	
1E10064	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10064	Body Surface	FDC	Absent	
1E10064	Body Surface	BFG	Absent	
1E10064	Body Surface	PRST	Absent	
1E10064	Head	DFM	Absent	
1E10064	Mouth	ULR	Absent	
1E10064	Mouth	LLG	Absent	
1E10064	Nare	SLN	Absent	
1E10064	Eye, left	EXPTH	Absent	
1E10064	Eye, left	OPQ	Absent	
1E10064	Eye, left	MIS	Absent	
1E10064	Eye, left	HMR	Absent	
1E10064	Eye, left	EMB	Absent	
1E10064	Eye, right	EXPTH	Absent	
1E10064	Eye, right	OPQ	Absent	
1E10064	Eye, right	MIS	Absent	
1E10064	Eye, right	HMR	Absent	
1E10064	Eye, right	EMB	Absent	
1E10064	Opercula	SLSH	Absent	
1E10065	Body Surface	RGR	Absent	
1E10065	Body Surface	RLSN	Absent	
1E10065	Body Surface	SPDF	Absent	
1E10065	Body Surface	HMRB	Absent	
1E10065	Body Surface	FDC	Absent	
1E10065	Body Surface	BFG	Absent	
1E10065	Body Surface	PRST	Absent	
1E10065	Head	DFM	Absent	
1E10065	Mouth	ULR	Absent	
1E10065	Mouth	LLG	Absent	
1E10065	Nare	SLN	Absent	
1E10065	Eye, left	EXPTH	Absent	
1E10065	Eye, left	OPQ	Absent	
1E10065	Eye, left	MIS	Absent	
1E10065	Eye, left	HMR	Absent	
1E10065	Eye, left	EMB	Absent	
1E10065	Eye, right	EXPTH	Absent	
1E10065	Eye, right	OPQ	Absent	
1E10065	Eye, right	MIS	Absent	
1E10065	Eye, right	HMR	Absent	
1E10065	Eye, right	EMB	Absent	
1E10065	Opercula	SLSH	Absent	
1E10066	Body Surface	RGR	Absent	
1E10066	Body Surface	RLSN	Absent	
1E10066	Body Surface	SPDF	Absent	
1E10066	Body Surface	HMRB	Absent	
1E10066	Body Surface	FDC	Absent	
1E10066	Body Surface	BFG	Absent	
1E10066	Body Surface	PRST	Absent	
1E10066	Head	DFM	Absent	
1E10066	Mouth	ULR	Absent	
1E10066	Mouth	LLG	Absent	
1E10066	Nare	SLN	Absent	
1E10066	Eye, left	EXPTH	Absent	
1E10066	Eye, left	OPQ	Absent	
1E10066	Eye, left	MIS	Absent	
1E10066	Eye, left	HMR	Absent	
1E10066	Eye, left	EMB	Absent	
1E10066	Eye, right	EXPTH	Absent	
1E10066	Eye, right	OPQ	Absent	
1E10066	Eye, right	MIS	Absent	
1E10066	Eye, right	HMR	Absent	
1E10066	Eye, right	EMB	Absent	
1E10066	Opercula	SLSH	Absent	
1E10067	Body Surface	RGR	Absent	
1E10067	Body Surface	RLSN	Absent	
1E10067	Body Surface	SPDF	Absent	
1E10067	Body Surface	HMRB	Absent	
1E10067	Body Surface	FDC	Absent	
1E10067	Body Surface	BFG	Absent	
1E10067	Body Surface	PRST	Absent	
1E10067	Head	DFM	Absent	
1E10067	Mouth	ULR	Absent	
1E10067	Mouth	LLG	Absent	
1E10067	Nare	SLN	Absent	
1E10067	Eye, left	EXPTH	Absent	
1E10067	Eye, left	OPQ	Absent	
1E10067	Eye, left	MIS	Absent	
1E10067	Eye, left	HMR	Absent	
1E10067	Eye, left	EMB	Absent	
1E10067	Eye, right	EXPTH	Absent	
1E10067	Eye, right	OPQ	Absent	
1E10067	Eye, right	MIS	Absent	
1E10067	Eye, right	HMR	Absent	
1E10067	Eye, right	EMB	Absent	
1E10067	Opercula	SLSH	Absent	
1E10068	Body Surface	RGR	Absent	
1E10068	Body Surface	RLSN	Absent	
1E10068	Body Surface	SPDF	Absent	
1E10068	Body Surface	HMRB	Absent	
1E10068	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10068	Body Surface	BFG	Absent	
1E10068	Body Surface	PRST	Absent	
1E10068	Head	DFM	Absent	
1E10068	Mouth	ULR	Absent	
1E10068	Mouth	LLG	Absent	
1E10068	Nare	SLN	Absent	
1E10068	Eye, left	EXPTH	Absent	
1E10068	Eye, left	OPQ	Absent	
1E10068	Eye, left	MIS	Absent	
1E10068	Eye, left	HMR	Absent	
1E10068	Eye, left	EMB	Absent	
1E10068	Eye, right	EXPTH	Absent	
1E10068	Eye, right	OPQ	Absent	
1E10068	Eye, right	MIS	Absent	
1E10068	Eye, right	HMR	Absent	
1E10068	Eye, right	EMB	Absent	
1E10068	Opercula	SLSH	Absent	
1E10069	Body Surface	RGR	Absent	
1E10069	Body Surface	RLSN	Absent	
1E10069	Body Surface	SPDF	Absent	
1E10069	Body Surface	HMRB	Absent	
1E10069	Body Surface	FDC	Absent	
1E10069	Body Surface	BFG	Absent	
1E10069	Body Surface	PRST	Absent	
1E10069	Head	DFM	Absent	
1E10069	Mouth	ULR	Absent	
1E10069	Mouth	LLG	Absent	
1E10069	Nare	SLN	Absent	
1E10069	Eye, left	EXPTH	Absent	
1E10069	Eye, left	OPQ	Absent	
1E10069	Eye, left	MIS	Absent	
1E10069	Eye, left	HMR	Absent	
1E10069	Eye, left	EMB	Absent	
1E10069	Eye, right	EXPTH	Absent	
1E10069	Eye, right	OPQ	Absent	
1E10069	Eye, right	MIS	Absent	
1E10069	Eye, right	HMR	Absent	
1E10069	Eye, right	EMB	Absent	
1E10069	Opercula	SLSH	Absent	
1E10070	Body Surface	RGR	Absent	
1E10070	Body Surface	RLSN	Absent	
1E10070	Body Surface	SPDF	Absent	
1E10070	Body Surface	HMRB	Absent	
1E10070	Body Surface	FDC	Absent	
1E10070	Body Surface	BFG	Absent	
1E10070	Body Surface	PRST	Absent	
1E10070	Head	DFM	Absent	
1E10070	Mouth	ULR	Absent	
1E10070	Mouth	LLG	Absent	
1E10070	Nare	SLN	Absent	
1E10070	Eye, left	EXPTH	Absent	
1E10070	Eye, left	OPQ	Absent	
1E10070	Eye, left	MIS	Absent	
1E10070	Eye, left	HMR	Absent	
1E10070	Eye, left	EMB	Absent	
1E10070	Eye, right	EXPTH	Absent	
1E10070	Eye, right	OPQ	Absent	
1E10070	Eye, right	MIS	Absent	
1E10070	Eye, right	HMR	Absent	
1E10070	Eye, right	EMB	Absent	
1E10070	Opercula	SLSH	Absent	
1E10071W	Body Surface	RGR	Absent	
1E10071W	Body Surface	RLSN	Absent	
1E10071W	Body Surface	SPDF	Absent	
1E10071W	Body Surface	HMRB	Absent	
1E10071W	Body Surface	FDC	Absent	
1E10071W	Body Surface	BFG	Absent	
1E10071W	Body Surface	PRST	Absent	
1E10071W	Head	DFM	Absent	
1E10071W	Mouth	ULR	Absent	
1E10071W	Mouth	LLG	Absent	
1E10071W	Nare	SLN	Absent	
1E10071W	Eye, left	EXPTH	Absent	
1E10071W	Eye, left	OPQ	Absent	
1E10071W	Eye, left	MIS	Absent	
1E10071W	Eye, left	HMR	Absent	
1E10071W	Eye, left	EMB	Absent	
1E10071W	Eye, right	EXPTH	Absent	
1E10071W	Eye, right	OPQ	Absent	
1E10071W	Eye, right	MIS	Absent	
1E10071W	Eye, right	HMR	Absent	
1E10071W	Eye, right	EMB	Absent	
1E10071W	Opercula	SLSH	Absent	
1E10072	Body Surface	RGR	Absent	
1E10072	Body Surface	RLSN	Absent	
1E10072	Body Surface	SPDF	Absent	
1E10072	Body Surface	HMRB	Absent	
1E10072	Body Surface	FDC	Absent	
1E10072	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10072	Body Surface	PRST	Absent	
1E10072	Head	DFM	Absent	
1E10072	Mouth	ULR	Absent	
1E10072	Mouth	LLG	Absent	
1E10072	Nare	SLN	Absent	
1E10072	Eye, left	EXPTH	Absent	
1E10072	Eye, left	OPQ	Absent	
1E10072	Eye, left	MIS	Absent	
1E10072	Eye, left	HMR	Absent	
1E10072	Eye, left	EMB	Absent	
1E10072	Eye, right	EXPTH	Absent	
1E10072	Eye, right	OPQ	Absent	
1E10072	Eye, right	MIS	Absent	
1E10072	Eye, right	HMR	Absent	
1E10072	Eye, right	EMB	Absent	
1E10072	Opercula	SLSH	Absent	
1E10073	Body Surface	RGR	Absent	
1E10073	Body Surface	RLSN	Absent	
1E10073	Body Surface	SPDF	Absent	
1E10073	Body Surface	HMRB	Absent	
1E10073	Body Surface	FDC	Absent	
1E10073	Body Surface	BFG	Absent	
1E10073	Body Surface	PRST	Absent	
1E10073	Head	DFM	Absent	
1E10073	Mouth	ULR	Absent	
1E10073	Mouth	LLG	Absent	
1E10073	Nare	SLN	Absent	
1E10073	Eye, left	EXPTH	Absent	
1E10073	Eye, left	OPQ	Absent	
1E10073	Eye, left	MIS	Absent	
1E10073	Eye, left	HMR	Absent	
1E10073	Eye, left	EMB	Absent	
1E10073	Eye, right	EXPTH	Absent	
1E10073	Eye, right	OPQ	Absent	
1E10073	Eye, right	MIS	Absent	
1E10073	Eye, right	HMR	Absent	
1E10073	Eye, right	EMB	Absent	
1E10073	Opercula	SLSH	Absent	
1E10074	Body Surface	RGR	Absent	
1E10074	Body Surface	RLSN	Absent	
1E10074	Body Surface	SPDF	Absent	
1E10074	Body Surface	HMRB	Absent	
1E10074	Body Surface	FDC	Absent	
1E10074	Body Surface	BFG	Absent	
1E10074	Body Surface	PRST	Absent	
1E10074	Head	DFM	Absent	
1E10074	Mouth	ULR	Absent	
1E10074	Mouth	LLG	Absent	
1E10074	Nare	SLN	Absent	
1E10074	Eye, left	EXPTH	Absent	
1E10074	Eye, left	OPQ	Absent	
1E10074	Eye, left	MIS	Absent	
1E10074	Eye, left	HMR	Absent	
1E10074	Eye, left	EMB	Absent	
1E10074	Eye, right	EXPTH	Absent	
1E10074	Eye, right	OPQ	Absent	
1E10074	Eye, right	MIS	Absent	
1E10074	Eye, right	HMR	Absent	
1E10074	Eye, right	EMB	Absent	
1E10074	Opercula	SLSH	Absent	
1E10075	Body Surface	RGR	Absent	
1E10075	Body Surface	RLSN	Absent	
1E10075	Body Surface	SPDF	Absent	
1E10075	Body Surface	HMRB	Absent	
1E10075	Body Surface	FDC	Absent	
1E10075	Body Surface	BFG	Absent	
1E10075	Body Surface	PRST	Absent	
1E10075	Head	DFM	Absent	
1E10075	Mouth	ULR	Absent	
1E10075	Mouth	LLG	Absent	
1E10075	Nare	SLN	Absent	
1E10075	Eye, left	EXPTH	Absent	
1E10075	Eye, left	OPQ	Absent	
1E10075	Eye, left	MIS	Absent	
1E10075	Eye, left	HMR	Absent	
1E10075	Eye, left	EMB	Absent	
1E10075	Eye, right	EXPTH	Absent	
1E10075	Eye, right	OPQ	Absent	
1E10075	Eye, right	MIS	Absent	
1E10075	Eye, right	HMR	Absent	
1E10075	Eye, right	EMB	Absent	
1E10075	Opercula	SLSH	Absent	
1E10076	Body Surface	RGR	Absent	
1E10076	Body Surface	RLSN	Absent	
1E10076	Body Surface	SPDF	Absent	
1E10076	Body Surface	HMRB	Absent	
1E10076	Body Surface	FDC	Absent	
1E10076	Body Surface	BFG	Absent	
1E10076	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10076	Head	DFM	Absent	
1E10076	Mouth	ULR	Absent	
1E10076	Mouth	LLG	Absent	
1E10076	Nare	SLN	Absent	
1E10076	Eye, left	EXPTH	Absent	
1E10076	Eye, left	OPQ	Absent	
1E10076	Eye, left	MIS	Absent	
1E10076	Eye, left	HMR	Absent	
1E10076	Eye, left	EMB	Absent	
1E10076	Eye, right	EXPTH	Absent	
1E10076	Eye, right	OPQ	Absent	
1E10076	Eye, right	MIS	Absent	
1E10076	Eye, right	HMR	Absent	
1E10076	Eye, right	EMB	Absent	
1E10076	Opercula	SLSH	Absent	
1E10077	Body Surface	RGR	Absent	
1E10077	Body Surface	RLSN	Absent	
1E10077	Body Surface	SPDF	Absent	
1E10077	Body Surface	HMRB	Absent	
1E10077	Body Surface	FDC	Absent	
1E10077	Body Surface	BFG	Absent	
1E10077	Body Surface	PRST	Absent	
1E10077	Head	DFM	Absent	
1E10077	Mouth	ULR	Absent	
1E10077	Mouth	LLG	Absent	
1E10077	Nare	SLN	Absent	
1E10077	Eye, left	EXPTH	Absent	
1E10077	Eye, left	OPQ	Absent	
1E10077	Eye, left	MIS	Absent	
1E10077	Eye, left	HMR	Absent	
1E10077	Eye, left	EMB	Absent	
1E10077	Eye, right	EXPTH	Absent	
1E10077	Eye, right	OPQ	Absent	
1E10077	Eye, right	MIS	Absent	
1E10077	Eye, right	HMR	Absent	
1E10077	Eye, right	EMB	Absent	
1E10077	Opercula	SLSH	Absent	
1E10078	Body Surface	RGR	Absent	
1E10078	Body Surface	RLSN	Absent	
1E10078	Body Surface	SPDF	Absent	
1E10078	Body Surface	HMRB	Absent	
1E10078	Body Surface	FDC	Absent	
1E10078	Body Surface	BFG	Absent	
1E10078	Body Surface	PRST	Absent	
1E10078	Head	DFM	Absent	
1E10078	Mouth	ULR	Absent	
1E10078	Mouth	LLG	Absent	
1E10078	Nare	SLN	Absent	
1E10078	Eye, left	EXPTH	Absent	
1E10078	Eye, left	OPQ	Absent	
1E10078	Eye, left	MIS	Absent	
1E10078	Eye, left	HMR	Absent	
1E10078	Eye, left	EMB	Absent	
1E10078	Eye, right	EXPTH	Absent	
1E10078	Eye, right	OPQ	Absent	
1E10078	Eye, right	MIS	Absent	
1E10078	Eye, right	HMR	Absent	
1E10078	Eye, right	EMB	Absent	
1E10078	Opercula	SLSH	Absent	
1E10079	Body Surface	RGR	Absent	
1E10079	Body Surface	RLSN	Absent	
1E10079	Body Surface	SPDF	Absent	
1E10079	Body Surface	HMRB	Absent	
1E10079	Body Surface	FDC	Absent	
1E10079	Body Surface	BFG	Absent	
1E10079	Body Surface	PRST	Absent	
1E10079	Head	DFM	Absent	
1E10079	Mouth	ULR	Absent	
1E10079	Mouth	LLG	Absent	
1E10079	Nare	SLN	Absent	
1E10079	Eye, left	EXPTH	Absent	
1E10079	Eye, left	OPQ	Absent	
1E10079	Eye, left	MIS	Absent	
1E10079	Eye, left	HMR	Absent	
1E10079	Eye, left	EMB	Absent	
1E10079	Eye, right	EXPTH	Absent	
1E10079	Eye, right	OPQ	Absent	
1E10079	Eye, right	MIS	Absent	
1E10079	Eye, right	HMR	Absent	
1E10079	Eye, right	EMB	Absent	
1E10079	Opercula	SLSH	Absent	
1E10080	Body Surface	RGR	Absent	
1E10080	Body Surface	RLSN	Absent	
1E10080	Body Surface	SPDF	Absent	
1E10080	Body Surface	HMRB	Absent	
1E10080	Body Surface	FDC	Absent	
1E10080	Body Surface	BFG	Absent	
1E10080	Body Surface	PRST	Absent	
1E10080	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10080	Mouth	ULR	Absent	
1E10080	Mouth	LLG	Absent	
1E10080	Nare	SLN	Absent	
1E10080	Eye, left	EXPTH	Absent	
1E10080	Eye, left	OPQ	Absent	
1E10080	Eye, left	MIS	Absent	
1E10080	Eye, left	HMR	Absent	
1E10080	Eye, left	EMB	Absent	
1E10080	Eye, right	EXPTH	Absent	
1E10080	Eye, right	OPQ	Absent	
1E10080	Eye, right	MIS	Absent	
1E10080	Eye, right	HMR	Absent	
1E10080	Eye, right	EMB	Absent	
1E10080	Opercula	SLSH	Absent	
1E10081	Body Surface	RGR	Absent	
1E10081	Body Surface	RLSN	Absent	
1E10081	Body Surface	SPDF	Absent	
1E10081	Body Surface	HMRB	Absent	
1E10081	Body Surface	FDC	Absent	
1E10081	Body Surface	BFG	Absent	
1E10081	Body Surface	PRST	Absent	
1E10081	Head	DFM	Absent	
1E10081	Mouth	ULR	Absent	
1E10081	Mouth	LLG	Absent	
1E10081	Nare	SLN	Absent	
1E10081	Eye, left	EXPTH	Absent	
1E10081	Eye, left	OPQ	Absent	
1E10081	Eye, left	MIS	Absent	
1E10081	Eye, left	HMR	Absent	
1E10081	Eye, left	EMB	Absent	
1E10081	Eye, right	EXPTH	Absent	
1E10081	Eye, right	OPQ	Absent	
1E10081	Eye, right	MIS	Absent	
1E10081	Eye, right	HMR	Absent	
1E10081	Eye, right	EMB	Absent	
1E10081	Opercula	SLSH	Absent	
1E10082	Body Surface	RGR	Absent	
1E10082	Body Surface	RLSN	Absent	
1E10082	Body Surface	SPDF	Absent	
1E10082	Body Surface	HMRB	Absent	
1E10082	Body Surface	FDC	Absent	
1E10082	Body Surface	BFG	Absent	
1E10082	Body Surface	PRST	Absent	
1E10082	Head	DFM	Absent	
1E10082	Mouth	ULR	Absent	
1E10082	Mouth	LLG	Absent	
1E10082	Nare	SLN	Absent	
1E10082	Eye, left	EXPTH	Absent	
1E10082	Eye, left	OPQ	Absent	
1E10082	Eye, left	MIS	Absent	
1E10082	Eye, left	HMR	Absent	
1E10082	Eye, left	EMB	Absent	
1E10082	Eye, right	EXPTH	Absent	
1E10082	Eye, right	OPQ	Absent	
1E10082	Eye, right	MIS	Absent	
1E10082	Eye, right	HMR	Absent	
1E10082	Eye, right	EMB	Absent	
1E10082	Opercula	SLSH	Absent	
1E10083	Body Surface	RGR	Absent	
1E10083	Body Surface	RLSN	Absent	
1E10083	Body Surface	SPDF	Absent	
1E10083	Body Surface	HMRB	Absent	
1E10083	Body Surface	FDC	Absent	
1E10083	Body Surface	BFG	Absent	
1E10083	Body Surface	PRST	Absent	
1E10083	Head	DFM	Absent	
1E10083	Mouth	ULR	Absent	
1E10083	Mouth	LLG	Absent	
1E10083	Nare	SLN	Absent	
1E10083	Eye, left	EXPTH	Absent	
1E10083	Eye, left	OPQ	Absent	
1E10083	Eye, left	MIS	Absent	
1E10083	Eye, left	HMR	Absent	
1E10083	Eye, left	EMB	Absent	
1E10083	Eye, right	EXPTH	Absent	
1E10083	Eye, right	OPQ	Absent	
1E10083	Eye, right	MIS	Absent	
1E10083	Eye, right	HMR	Absent	
1E10083	Eye, right	EMB	Absent	
1E10083	Opercula	SLSH	Absent	
1E10084	Body Surface	RGR	Absent	
1E10084	Body Surface	RLSN	Absent	
1E10084	Body Surface	SPDF	Absent	
1E10084	Body Surface	HMRB	Absent	
1E10084	Body Surface	FDC	Absent	
1E10084	Body Surface	BFG	Absent	
1E10084	Body Surface	PRST	Absent	
1E10084	Head	DFM	Absent	
1E10084	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10084	Mouth	LLG	Absent	
1E10084	Nare	SLN	Absent	
1E10084	Eye, left	EXPTH	Absent	
1E10084	Eye, left	OPQ	Absent	
1E10084	Eye, left	MIS	Absent	
1E10084	Eye, left	HMR	Absent	
1E10084	Eye, left	EMB	Absent	
1E10084	Eye, right	EXPTH	Absent	
1E10084	Eye, right	OPQ	Absent	
1E10084	Eye, right	MIS	Absent	
1E10084	Eye, right	HMR	Present	
1E10084	Eye, right	EMB	Absent	
1E10084	Opercula	SLSH	Absent	
1E10085	Body Surface	RGR	Absent	
1E10085	Body Surface	RLSN	Absent	
1E10085	Body Surface	SPDF	Absent	
1E10085	Body Surface	HMRB	Absent	
1E10085	Body Surface	FDC	Absent	
1E10085	Body Surface	BFG	Absent	
1E10085	Body Surface	PRST	Absent	
1E10085	Head	DFM	Absent	
1E10085	Mouth	ULR	Absent	
1E10085	Mouth	LLG	Absent	
1E10085	Nare	SLN	Absent	
1E10085	Eye, left	EXPTH	Absent	
1E10085	Eye, left	OPQ	Absent	
1E10085	Eye, left	MIS	Absent	
1E10085	Eye, left	HMR	Absent	
1E10085	Eye, left	EMB	Absent	
1E10085	Eye, right	EXPTH	Absent	
1E10085	Eye, right	OPQ	Absent	
1E10085	Eye, right	MIS	Absent	
1E10085	Eye, right	HMR	Absent	
1E10085	Eye, right	EMB	Absent	
1E10085	Opercula	SLSH	Absent	
1E10086	Body Surface	RGR	Absent	
1E10086	Body Surface	RLSN	Absent	
1E10086	Body Surface	SPDF	Absent	
1E10086	Body Surface	HMRB	Absent	
1E10086	Body Surface	FDC	Absent	
1E10086	Body Surface	BFG	Absent	
1E10086	Body Surface	PRST	Absent	
1E10086	Head	DFM	Absent	
1E10086	Mouth	ULR	Absent	
1E10086	Mouth	LLG	Absent	
1E10086	Nare	SLN	Absent	
1E10086	Eye, left	EXPTH	Absent	
1E10086	Eye, left	OPQ	Absent	
1E10086	Eye, left	MIS	Absent	
1E10086	Eye, left	HMR	Absent	
1E10086	Eye, left	EMB	Absent	
1E10086	Eye, right	EXPTH	Absent	
1E10086	Eye, right	OPQ	Absent	
1E10086	Eye, right	MIS	Absent	
1E10086	Eye, right	HMR	Absent	
1E10086	Eye, right	EMB	Absent	
1E10086	Opercula	SLSH	Absent	
1E10087	Body Surface	RGR	Absent	
1E10087	Body Surface	RLSN	Absent	
1E10087	Body Surface	SPDF	Absent	
1E10087	Body Surface	HMRB	Absent	
1E10087	Body Surface	FDC	Absent	
1E10087	Body Surface	BFG	Absent	
1E10087	Body Surface	PRST	Absent	
1E10087	Head	DFM	Absent	
1E10087	Mouth	ULR	Absent	
1E10087	Mouth	LLG	Absent	
1E10087	Nare	SLN	Absent	
1E10087	Eye, left	EXPTH	Absent	
1E10087	Eye, left	OPQ	Absent	
1E10087	Eye, left	MIS	Absent	
1E10087	Eye, left	HMR	Absent	
1E10087	Eye, left	EMB	Absent	
1E10087	Eye, right	EXPTH	Absent	
1E10087	Eye, right	OPQ	Absent	
1E10087	Eye, right	MIS	Absent	
1E10087	Eye, right	HMR	Absent	
1E10087	Eye, right	EMB	Absent	
1E10087	Opercula	SLSH	Absent	
1E10088	Body Surface	RGR	Absent	
1E10088	Body Surface	RLSN	Present	
1E10088	Body Surface	SPDF	Absent	
1E10088	Body Surface	HMRB	Absent	
1E10088	Body Surface	FDC	Absent	
1E10088	Body Surface	BFG	Absent	
1E10088	Body Surface	PRST	Absent	
1E10088	Head	DFM	Absent	
1E10088	Mouth	ULR	Absent	
1E10088	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10088	Nare	SLN	Absent	
1E10088	Eye, left	EXPTH	Absent	
1E10088	Eye, left	OPQ	Absent	
1E10088	Eye, left	MIS	Absent	
1E10088	Eye, left	HMR	Absent	
1E10088	Eye, left	EMB	Absent	
1E10088	Eye, right	EXPTH	Absent	
1E10088	Eye, right	OPQ	Absent	
1E10088	Eye, right	MIS	Absent	
1E10088	Eye, right	HMR	Absent	
1E10088	Eye, right	EMB	Absent	
1E10088	Opercula	SLSH	Absent	
1E10089	Body Surface	RGR	Absent	
1E10089	Body Surface	RLSN	Absent	
1E10089	Body Surface	SPDF	Absent	
1E10089	Body Surface	HMRB	Absent	
1E10089	Body Surface	FDC	Absent	
1E10089	Body Surface	BFG	Absent	
1E10089	Body Surface	PRST	Absent	
1E10089	Head	DFM	Absent	
1E10089	Mouth	ULR	Absent	
1E10089	Mouth	LLG	Absent	
1E10089	Nare	SLN	Absent	
1E10089	Eye, left	EXPTH	Absent	
1E10089	Eye, left	OPQ	Absent	
1E10089	Eye, left	MIS	Absent	
1E10089	Eye, left	HMR	Absent	
1E10089	Eye, left	EMB	Absent	
1E10089	Eye, right	EXPTH	Absent	
1E10089	Eye, right	OPQ	Absent	
1E10089	Eye, right	MIS	Absent	
1E10089	Eye, right	HMR	Absent	
1E10089	Eye, right	EMB	Absent	
1E10089	Opercula	SLSH	Absent	
1E10090	Body Surface	RGR	Absent	
1E10090	Body Surface	RLSN	Absent	
1E10090	Body Surface	SPDF	Absent	
1E10090	Body Surface	HMRB	Absent	
1E10090	Body Surface	FDC	Absent	
1E10090	Body Surface	BFG	Absent	
1E10090	Body Surface	PRST	Absent	
1E10090	Head	DFM	Absent	
1E10090	Mouth	ULR	Absent	
1E10090	Mouth	LLG	Absent	
1E10090	Nare	SLN	Absent	
1E10090	Eye, left	EXPTH	Absent	
1E10090	Eye, left	OPQ	Absent	
1E10090	Eye, left	MIS	Absent	
1E10090	Eye, left	HMR	Absent	
1E10090	Eye, left	EMB	Absent	
1E10090	Eye, right	EXPTH	Absent	
1E10090	Eye, right	OPQ	Absent	
1E10090	Eye, right	MIS	Absent	
1E10090	Eye, right	HMR	Absent	
1E10090	Eye, right	EMB	Absent	
1E10090	Opercula	SLSH	Absent	
1E10091	Body Surface	RGR	Absent	
1E10091	Body Surface	RLSN	Absent	
1E10091	Body Surface	SPDF	Absent	
1E10091	Body Surface	HMRB	Absent	
1E10091	Body Surface	FDC	Absent	
1E10091	Body Surface	BFG	Absent	
1E10091	Body Surface	PRST	Absent	
1E10091	Head	DFM	Absent	
1E10091	Mouth	ULR	Absent	
1E10091	Mouth	LLG	Absent	
1E10091	Nare	SLN	Absent	
1E10091	Eye, left	EXPTH	Absent	
1E10091	Eye, left	OPQ	Absent	
1E10091	Eye, left	MIS	Absent	
1E10091	Eye, left	HMR	Absent	
1E10091	Eye, left	EMB	Absent	
1E10091	Eye, right	EXPTH	Absent	
1E10091	Eye, right	OPQ	Absent	
1E10091	Eye, right	MIS	Absent	
1E10091	Eye, right	HMR	Absent	
1E10091	Eye, right	EMB	Absent	
1E10091	Opercula	SLSH	Absent	
1E10092	Body Surface	RGR	Absent	
1E10092	Body Surface	RLSN	Absent	
1E10092	Body Surface	SPDF	Absent	
1E10092	Body Surface	HMRB	Absent	
1E10092	Body Surface	FDC	Absent	
1E10092	Body Surface	BFG	Absent	
1E10092	Body Surface	PRST	Absent	
1E10092	Head	DFM	Absent	
1E10092	Mouth	ULR	Absent	
1E10092	Mouth	LLG	Absent	
1E10092	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10092	Eye, left	EXPTH	Absent	
1E10092	Eye, left	OPQ	Absent	
1E10092	Eye, left	MIS	Absent	
1E10092	Eye, left	HMR	Absent	
1E10092	Eye, left	EMB	Absent	
1E10092	Eye, right	EXPTH	Absent	
1E10092	Eye, right	OPQ	Absent	
1E10092	Eye, right	MIS	Absent	
1E10092	Eye, right	HMR	Absent	
1E10092	Eye, right	EMB	Absent	
1E10092	Opercula	SLSH	Absent	
1E10093	Body Surface	RGR	Absent	
1E10093	Body Surface	RLSN	Absent	
1E10093	Body Surface	SPDF	Absent	
1E10093	Body Surface	HMRB	Absent	
1E10093	Body Surface	FDC	Absent	
1E10093	Body Surface	BFG	Absent	
1E10093	Body Surface	PRST	Absent	
1E10093	Head	DFM	Absent	
1E10093	Mouth	ULR	Absent	
1E10093	Mouth	LLG	Absent	
1E10093	Nare	SLN	Absent	
1E10093	Eye, left	EXPTH	Absent	
1E10093	Eye, left	OPQ	Absent	
1E10093	Eye, left	MIS	Absent	
1E10093	Eye, left	HMR	Absent	
1E10093	Eye, left	EMB	Absent	
1E10093	Eye, right	EXPTH	Absent	
1E10093	Eye, right	OPQ	Absent	
1E10093	Eye, right	MIS	Absent	
1E10093	Eye, right	HMR	Absent	
1E10093	Eye, right	EMB	Absent	
1E10093	Opercula	SLSH	Absent	
1E10094	Body Surface	RGR	Absent	
1E10094	Body Surface	RLSN	Absent	
1E10094	Body Surface	SPDF	Absent	
1E10094	Body Surface	HMRB	Absent	
1E10094	Body Surface	FDC	Absent	
1E10094	Body Surface	BFG	Absent	
1E10094	Body Surface	PRST	Absent	
1E10094	Head	DFM	Absent	
1E10094	Mouth	ULR	Absent	
1E10094	Mouth	LLG	Absent	
1E10094	Nare	SLN	Absent	
1E10094	Eye, left	EXPTH	Absent	
1E10094	Eye, left	OPQ	Absent	
1E10094	Eye, left	MIS	Absent	
1E10094	Eye, left	HMR	Absent	
1E10094	Eye, left	EMB	Absent	
1E10094	Eye, right	EXPTH	Absent	
1E10094	Eye, right	OPQ	Absent	
1E10094	Eye, right	MIS	Absent	
1E10094	Eye, right	HMR	Absent	
1E10094	Eye, right	EMB	Absent	
1E10094	Opercula	SLSH	Absent	
1E10095	Body Surface	RGR	Absent	
1E10095	Body Surface	RLSN	Absent	
1E10095	Body Surface	SPDF	Absent	
1E10095	Body Surface	HMRB	Absent	
1E10095	Body Surface	FDC	Absent	
1E10095	Body Surface	BFG	Absent	
1E10095	Body Surface	PRST	Absent	
1E10095	Head	DFM	Absent	
1E10095	Mouth	ULR	Absent	
1E10095	Mouth	LLG	Absent	
1E10095	Nare	SLN	Absent	
1E10095	Eye, left	EXPTH	Absent	
1E10095	Eye, left	OPQ	Absent	
1E10095	Eye, left	MIS	Absent	
1E10095	Eye, left	HMR	Absent	
1E10095	Eye, left	EMB	Absent	
1E10095	Eye, right	EXPTH	Absent	
1E10095	Eye, right	OPQ	Absent	
1E10095	Eye, right	MIS	Absent	
1E10095	Eye, right	HMR	Absent	
1E10095	Eye, right	EMB	Absent	
1E10095	Opercula	SLSH	Absent	
1E10096	Body Surface	RGR	Absent	
1E10096	Body Surface	RLSN	Absent	
1E10096	Body Surface	SPDF	Absent	
1E10096	Body Surface	HMRB	Present	
1E10096	Body Surface	FDC	Absent	
1E10096	Body Surface	BFG	Absent	
1E10096	Body Surface	PRST	Absent	
1E10096	Head	DFM	Absent	
1E10096	Mouth	ULR	Absent	
1E10096	Mouth	LLG	Absent	
1E10096	Nare	SLN	Absent	
1E10096	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10096	Eye, left	OPQ	Absent	
1E10096	Eye, left	MIS	Absent	
1E10096	Eye, left	HMR	Absent	
1E10096	Eye, left	EMB	Absent	
1E10096	Eye, right	EXPTH	Absent	
1E10096	Eye, right	OPQ	Absent	
1E10096	Eye, right	MIS	Absent	
1E10096	Eye, right	HMR	Absent	
1E10096	Eye, right	EMB	Absent	
1E10096	Opercula	SLSH	Absent	
1E10097	Body Surface	RGR	Absent	
1E10097	Body Surface	RLSN	Absent	
1E10097	Body Surface	SPDF	Absent	
1E10097	Body Surface	HMRB	Absent	
1E10097	Body Surface	FDC	Absent	
1E10097	Body Surface	BFG	Absent	
1E10097	Body Surface	PRST	Absent	
1E10097	Head	DFM	Absent	
1E10097	Mouth	ULR	Absent	
1E10097	Mouth	LLG	Absent	
1E10097	Nare	SLN	Absent	
1E10097	Eye, left	EXPTH	Absent	
1E10097	Eye, left	OPQ	Absent	
1E10097	Eye, left	MIS	Absent	
1E10097	Eye, left	HMR	Absent	
1E10097	Eye, left	EMB	Absent	
1E10097	Eye, right	EXPTH	Absent	
1E10097	Eye, right	OPQ	Absent	
1E10097	Eye, right	MIS	Absent	
1E10097	Eye, right	HMR	Absent	
1E10097	Eye, right	EMB	Absent	
1E10097	Opercula	SLSH	Absent	
1E10098	Body Surface	RGR	Absent	
1E10098	Body Surface	RLSN	Absent	
1E10098	Body Surface	SPDF	Absent	
1E10098	Body Surface	HMRB	Absent	
1E10098	Body Surface	FDC	Absent	
1E10098	Body Surface	BFG	Absent	
1E10098	Body Surface	PRST	Absent	
1E10098	Head	DFM	Absent	
1E10098	Mouth	ULR	Absent	
1E10098	Mouth	LLG	Absent	
1E10098	Nare	SLN	Absent	
1E10098	Eye, left	EXPTH	Absent	
1E10098	Eye, left	OPQ	Absent	
1E10098	Eye, left	MIS	Absent	
1E10098	Eye, left	HMR	Absent	
1E10098	Eye, left	EMB	Absent	
1E10098	Eye, right	EXPTH	Absent	
1E10098	Eye, right	OPQ	Absent	
1E10098	Eye, right	MIS	Absent	
1E10098	Eye, right	HMR	Absent	
1E10098	Eye, right	EMB	Absent	
1E10098	Opercula	SLSH	Absent	
1E10099	Body Surface	RGR	Absent	
1E10099	Body Surface	RLSN	Absent	
1E10099	Body Surface	SPDF	Absent	
1E10099	Body Surface	HMRB	Absent	
1E10099	Body Surface	FDC	Absent	
1E10099	Body Surface	BFG	Absent	
1E10099	Body Surface	PRST	Absent	
1E10099	Head	DFM	Absent	
1E10099	Mouth	ULR	Absent	
1E10099	Mouth	LLG	Absent	
1E10099	Nare	SLN	Absent	
1E10099	Eye, left	EXPTH	Absent	
1E10099	Eye, left	OPQ	Absent	
1E10099	Eye, left	MIS	Absent	
1E10099	Eye, left	HMR	Absent	
1E10099	Eye, left	EMB	Absent	
1E10099	Eye, right	EXPTH	Absent	
1E10099	Eye, right	OPQ	Absent	
1E10099	Eye, right	MIS	Absent	
1E10099	Eye, right	HMR	Absent	
1E10099	Eye, right	EMB	Absent	
1E10099	Opercula	SLSH	Absent	
1E10100	Body Surface	RGR	Absent	
1E10100	Body Surface	RLSN	Absent	
1E10100	Body Surface	SPDF	Absent	
1E10100	Body Surface	HMRB	Absent	
1E10100	Body Surface	FDC	Absent	
1E10100	Body Surface	BFG	Absent	
1E10100	Body Surface	PRST	Absent	
1E10100	Head	DFM	Absent	
1E10100	Mouth	ULR	Absent	
1E10100	Mouth	LLG	Absent	
1E10100	Nare	SLN	Absent	
1E10100	Eye, left	EXPTH	Absent	
1E10100	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10100	Eye, left	MIS	Absent	
1E10100	Eye, left	HMR	Absent	
1E10100	Eye, left	EMB	Absent	
1E10100	Eye, right	EXPTH	Absent	
1E10100	Eye, right	OPQ	Absent	
1E10100	Eye, right	MIS	Absent	
1E10100	Eye, right	HMR	Absent	
1E10100	Eye, right	EMB	Absent	
1E10100	Opercula	SLSH	Absent	
1E10101W	Body Surface	RGR	Absent	
1E10101W	Body Surface	RLSN	Absent	
1E10101W	Body Surface	SPDF	Absent	
1E10101W	Body Surface	HMRB	Absent	
1E10101W	Body Surface	FDC	Absent	
1E10101W	Body Surface	BFG	Absent	
1E10101W	Body Surface	PRST	Absent	
1E10101W	Head	DFM	Absent	
1E10101W	Mouth	ULR	Absent	
1E10101W	Mouth	LLG	Absent	
1E10101W	Nare	SLN	Absent	
1E10101W	Eye, left	EXPTH	Absent	
1E10101W	Eye, left	OPQ	Absent	
1E10101W	Eye, left	MIS	Absent	
1E10101W	Eye, left	HMR	Absent	
1E10101W	Eye, left	EMB	Absent	
1E10101W	Eye, right	EXPTH	Absent	
1E10101W	Eye, right	OPQ	Absent	
1E10101W	Eye, right	MIS	Absent	
1E10101W	Eye, right	HMR	Absent	
1E10101W	Eye, right	EMB	Absent	
1E10101W	Opercula	SLSH	Absent	
1E10102	Body Surface	RGR	Absent	
1E10102	Body Surface	RLSN	Absent	
1E10102	Body Surface	SPDF	Absent	
1E10102	Body Surface	HMRB	Absent	
1E10102	Body Surface	FDC	Absent	
1E10102	Body Surface	BFG	Absent	
1E10102	Body Surface	PRST	Absent	
1E10102	Head	DFM	Absent	
1E10102	Mouth	ULR	Absent	
1E10102	Mouth	LLG	Absent	
1E10102	Nare	SLN	Absent	
1E10102	Eye, left	EXPTH	Absent	
1E10102	Eye, left	OPQ	Absent	
1E10102	Eye, left	MIS	Absent	
1E10102	Eye, left	HMR	Absent	
1E10102	Eye, left	EMB	Absent	
1E10102	Eye, right	EXPTH	Absent	
1E10102	Eye, right	OPQ	Absent	
1E10102	Eye, right	MIS	Absent	
1E10102	Eye, right	HMR	Absent	
1E10102	Eye, right	EMB	Absent	
1E10102	Opercula	SLSH	Absent	
1GN0039H	Body Surface	RGR	Absent	
1GN0039H	Body Surface	RLSN	Absent	
1GN0039H	Body Surface	SPDF	Absent	
1GN0039H	Body Surface	HMRB	Absent	
1GN0039H	Body Surface	FDC	Absent	
1GN0039H	Body Surface	BFG	Absent	
1GN0039H	Body Surface	PRST	Absent	
1GN0039H	Body Surface	OTHER	Present	Gill net marks
1GN0039H	Head	DFM	Absent	
1GN0039H	Mouth	ULR	Absent	
1GN0039H	Mouth	LLG	Absent	
1GN0039H	Nare	SLN	Absent	
1GN0039H	Eye, left	EXPTH	Absent	
1GN0039H	Eye, left	OPQ	Absent	
1GN0039H	Eye, left	MIS	Absent	
1GN0039H	Eye, left	HMR	Absent	
1GN0039H	Eye, left	EMB	Absent	
1GN0039H	Eye, right	EXPTH	Absent	
1GN0039H	Eye, right	OPQ	Absent	
1GN0039H	Eye, right	MIS	Absent	
1GN0039H	Eye, right	HMR	Absent	
1GN0039H	Eye, right	EMB	Absent	
1GN0039H	Opercula	SLSH	Absent	
1GN0044	Body Surface	RGR	Absent	
1GN0044	Body Surface	RLSN	Absent	
1GN0044	Body Surface	SPDF	Absent	
1GN0044	Body Surface	HMRB	Absent	
1GN0044	Body Surface	FDC	Absent	
1GN0044	Body Surface	BFG	Absent	
1GN0044	Body Surface	PRST	Absent	
1GN0044	Body Surface	OTHER	Present	Gill net marks
1GN0044	Head	DFM	Absent	
1GN0044	Mouth	ULR	Absent	
1GN0044	Mouth	LLG	Absent	
1GN0044	Nare	SLN	Absent	
1GN0044	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN0044	Eye, left	OPQ	Absent	
1GN0044	Eye, left	MIS	Absent	
1GN0044	Eye, left	HMR	Absent	
1GN0044	Eye, left	EMB	Absent	
1GN0044	Eye, right	EXPTH	Absent	
1GN0044	Eye, right	OPQ	Absent	
1GN0044	Eye, right	MIS	Absent	
1GN0044	Eye, right	HMR	Absent	
1GN0044	Eye, right	EMB	Absent	
1GN0044	Opercula	SLSH	Absent	
1GN10001H	Body Surface	RGR	Absent	
1GN10001H	Body Surface	RLSN	Absent	
1GN10001H	Body Surface	SPDF	Absent	
1GN10001H	Body Surface	HMRB	Absent	
1GN10001H	Body Surface	FDC	Absent	
1GN10001H	Body Surface	BFG	Absent	
1GN10001H	Body Surface	PRST	Absent	
1GN10001H	Head	DFM	Absent	
1GN10001H	Mouth	ULR	Absent	
1GN10001H	Mouth	LLG	Absent	
1GN10001H	Nare	SLN	Absent	
1GN10001H	Eye, left	EXPTH	Absent	
1GN10001H	Eye, left	OPQ	Absent	
1GN10001H	Eye, left	MIS	Absent	
1GN10001H	Eye, left	HMR	Absent	
1GN10001H	Eye, left	EMB	Absent	
1GN10001H	Eye, right	EXPTH	Absent	
1GN10001H	Eye, right	OPQ	Absent	
1GN10001H	Eye, right	MIS	Absent	
1GN10001H	Eye, right	HMR	Absent	
1GN10001H	Eye, right	EMB	Absent	
1GN10001H	Opercula	SLSH	Absent	
1GN10002H	Body Surface	RGR	Absent	
1GN10002H	Body Surface	RLSN	Absent	
1GN10002H	Body Surface	SPDF	Absent	
1GN10002H	Body Surface	HMRB	Absent	
1GN10002H	Body Surface	FDC	Absent	
1GN10002H	Body Surface	BFG	Absent	
1GN10002H	Body Surface	PRST	Absent	
1GN10002H	Head	DFM	Absent	
1GN10002H	Mouth	ULR	Absent	
1GN10002H	Mouth	LLG	Absent	
1GN10002H	Nare	SLN	Absent	
1GN10002H	Eye, left	EXPTH	Absent	
1GN10002H	Eye, left	OPQ	Absent	
1GN10002H	Eye, left	MIS	Absent	
1GN10002H	Eye, left	HMR	Absent	
1GN10002H	Eye, left	EMB	Absent	
1GN10002H	Eye, right	EXPTH	Absent	
1GN10002H	Eye, right	OPQ	Absent	
1GN10002H	Eye, right	MIS	Absent	
1GN10002H	Eye, right	HMR	Absent	
1GN10002H	Eye, right	EMB	Absent	
1GN10002H	Opercula	SLSH	Absent	
1GN10003H	Body Surface	RGR	Absent	
1GN10003H	Body Surface	RLSN	Absent	
1GN10003H	Body Surface	SPDF	Absent	
1GN10003H	Body Surface	HMRB	Absent	
1GN10003H	Body Surface	FDC	Absent	
1GN10003H	Body Surface	BFG	Absent	
1GN10003H	Body Surface	PRST	Absent	
1GN10003H	Head	DFM	Absent	
1GN10003H	Mouth	ULR	Absent	
1GN10003H	Mouth	LLG	Absent	
1GN10003H	Nare	SLN	Absent	
1GN10003H	Eye, left	EXPTH	Absent	
1GN10003H	Eye, left	OPQ	Absent	
1GN10003H	Eye, left	MIS	Absent	
1GN10003H	Eye, left	HMR	Absent	
1GN10003H	Eye, left	EMB	Absent	
1GN10003H	Eye, right	EXPTH	Absent	
1GN10003H	Eye, right	OPQ	Absent	
1GN10003H	Eye, right	MIS	Absent	
1GN10003H	Eye, right	HMR	Absent	
1GN10003H	Eye, right	EMB	Absent	
1GN10003H	Opercula	SLSH	Absent	
1GN10004W	Body Surface	RGR	Absent	
1GN10004W	Body Surface	RLSN	Absent	
1GN10004W	Body Surface	SPDF	Absent	
1GN10004W	Body Surface	HMRB	Absent	
1GN10004W	Body Surface	FDC	Absent	
1GN10004W	Body Surface	BFG	Absent	
1GN10004W	Body Surface	PRST	Absent	
1GN10004W	Head	DFM	Absent	
1GN10004W	Mouth	ULR	Absent	
1GN10004W	Mouth	LLG	Absent	
1GN10004W	Nare	SLN	Absent	
1GN10004W	Eye, left	EXPTH	Absent	
1GN10004W	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10004W	Eye, left	MIS	Absent	
1GN10004W	Eye, left	HMR	Absent	
1GN10004W	Eye, left	EMB	Absent	
1GN10004W	Eye, right	EXPTH	Absent	
1GN10004W	Eye, right	OPQ	Absent	
1GN10004W	Eye, right	MIS	Absent	
1GN10004W	Eye, right	HMR	Absent	
1GN10004W	Eye, right	EMB	Absent	
1GN10004W	Opercula	SLSH	Absent	
1GN10007H	Body Surface	RGR	Absent	
1GN10007H	Body Surface	RLSN	Absent	
1GN10007H	Body Surface	SPDF	Absent	
1GN10007H	Body Surface	HMRB	Absent	
1GN10007H	Body Surface	FDC	Absent	
1GN10007H	Body Surface	BFG	Absent	
1GN10007H	Body Surface	PRST	Absent	
1GN10007H	Head	DFM	Absent	
1GN10007H	Mouth	ULR	Absent	
1GN10007H	Mouth	LLG	Absent	
1GN10007H	Nare	SLN	Absent	
1GN10007H	Eye, left	EXPTH	Absent	
1GN10007H	Eye, left	OPQ	Absent	
1GN10007H	Eye, left	MIS	Absent	
1GN10007H	Eye, left	HMR	Absent	
1GN10007H	Eye, left	EMB	Absent	
1GN10007H	Eye, right	EXPTH	Absent	
1GN10007H	Eye, right	OPQ	Absent	
1GN10007H	Eye, right	MIS	Absent	
1GN10007H	Eye, right	HMR	Absent	
1GN10007H	Eye, right	EMB	Absent	
1GN10007H	Opercula	SLSH	Absent	
1GN10008H	Body Surface	RGR	Absent	
1GN10008H	Body Surface	RLSN	Absent	
1GN10008H	Body Surface	SPDF	Absent	
1GN10008H	Body Surface	HMRB	Absent	
1GN10008H	Body Surface	FDC	Absent	
1GN10008H	Body Surface	BFG	Absent	
1GN10008H	Body Surface	PRST	Absent	
1GN10008H	Body Surface	OTHER	Present	Gill net marks
1GN10008H	Head	DFM	Absent	
1GN10008H	Mouth	ULR	Absent	
1GN10008H	Mouth	LLG	Absent	
1GN10008H	Nare	SLN	Absent	
1GN10008H	Eye, left	EXPTH	Absent	
1GN10008H	Eye, left	OPQ	Absent	
1GN10008H	Eye, left	MIS	Absent	
1GN10008H	Eye, left	HMR	Absent	
1GN10008H	Eye, left	EMB	Absent	
1GN10008H	Eye, right	EXPTH	Absent	
1GN10008H	Eye, right	OPQ	Absent	
1GN10008H	Eye, right	MIS	Absent	
1GN10008H	Eye, right	HMR	Absent	
1GN10008H	Eye, right	EMB	Absent	
1GN10008H	Opercula	SLSH	Absent	
1GN10009H	Body Surface	RGR	Absent	
1GN10009H	Body Surface	RLSN	Absent	
1GN10009H	Body Surface	SPDF	Absent	
1GN10009H	Body Surface	HMRB	Absent	
1GN10009H	Body Surface	FDC	Absent	
1GN10009H	Body Surface	BFG	Absent	
1GN10009H	Body Surface	PRST	Absent	
1GN10009H	Body Surface	OTHER	Present	Gill net marks
1GN10009H	Head	DFM	Absent	
1GN10009H	Mouth	ULR	Absent	
1GN10009H	Mouth	LLG	Absent	
1GN10009H	Nare	SLN	Absent	
1GN10009H	Eye, left	EXPTH	Absent	
1GN10009H	Eye, left	OPQ	Absent	
1GN10009H	Eye, left	MIS	Absent	
1GN10009H	Eye, left	HMR	Absent	
1GN10009H	Eye, left	EMB	Absent	
1GN10009H	Eye, right	EXPTH	Absent	
1GN10009H	Eye, right	OPQ	Absent	
1GN10009H	Eye, right	MIS	Absent	
1GN10009H	Eye, right	HMR	Present	
1GN10009H	Eye, right	EMB	Absent	
1GN10009H	Opercula	SLSH	Absent	
1GN10011	Body Surface	RGR	Absent	
1GN10011	Body Surface	RLSN	Absent	
1GN10011	Body Surface	SPDF	Absent	
1GN10011	Body Surface	HMRB	Absent	
1GN10011	Body Surface	FDC	Absent	
1GN10011	Body Surface	BFG	Absent	
1GN10011	Body Surface	PRST	Absent	
1GN10011	Head	DFM	Absent	
1GN10011	Mouth	ULR	Absent	
1GN10011	Mouth	LLG	Absent	
1GN10011	Nare	SLN	Absent	
1GN10011	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10011	Eye, left	OPQ	Absent	
1GN10011	Eye, left	MIS	Absent	
1GN10011	Eye, left	HMR	Absent	
1GN10011	Eye, left	EMB	Absent	
1GN10011	Eye, right	EXPTH	Absent	
1GN10011	Eye, right	OPQ	Absent	
1GN10011	Eye, right	MIS	Absent	
1GN10011	Eye, right	HMR	Absent	
1GN10011	Eye, right	EMB	Absent	
1GN10011	Opercula	OTHER	Present	Gill net damage
1GN10011	Opercula	SLSH	Absent	
1GN10012W	Body Surface	RGR	Absent	
1GN10012W	Body Surface	RLSN	Absent	
1GN10012W	Body Surface	SPDF	Absent	
1GN10012W	Body Surface	HMRB	Absent	
1GN10012W	Body Surface	FDC	Absent	
1GN10012W	Body Surface	BFG	Absent	
1GN10012W	Body Surface	PRST	Absent	
1GN10012W	Head	DFM	Absent	
1GN10012W	Mouth	ULR	Absent	
1GN10012W	Mouth	LLG	Absent	
1GN10012W	Nare	SLN	Absent	
1GN10012W	Eye, left	EXPTH	Absent	
1GN10012W	Eye, left	OPQ	Absent	
1GN10012W	Eye, left	MIS	Absent	
1GN10012W	Eye, left	HMR	Absent	
1GN10012W	Eye, left	EMB	Absent	
1GN10012W	Eye, right	EXPTH	Absent	
1GN10012W	Eye, right	OPQ	Absent	
1GN10012W	Eye, right	MIS	Absent	
1GN10012W	Eye, right	HMR	Absent	
1GN10012W	Eye, right	EMB	Absent	
1GN10012W	Opercula	SLSH	Absent	
1GN10013W	Body Surface	RGR	Absent	
1GN10013W	Body Surface	RLSN	Absent	
1GN10013W	Body Surface	SPDF	Absent	
1GN10013W	Body Surface	HMRB	Absent	
1GN10013W	Body Surface	FDC	Absent	
1GN10013W	Body Surface	BFG	Absent	
1GN10013W	Body Surface	PRST	Absent	
1GN10013W	Body Surface	OTHER	Present	Gill net marks
1GN10013W	Head	DFM	Absent	
1GN10013W	Mouth	ULR	Absent	
1GN10013W	Mouth	LLG	Absent	
1GN10013W	Nare	SLN	Absent	
1GN10013W	Eye, left	EXPTH	Absent	
1GN10013W	Eye, left	OPQ	Absent	
1GN10013W	Eye, left	MIS	Absent	
1GN10013W	Eye, left	HMR	Absent	
1GN10013W	Eye, left	EMB	Absent	
1GN10013W	Eye, right	EXPTH	Absent	
1GN10013W	Eye, right	OPQ	Absent	
1GN10013W	Eye, right	MIS	Absent	
1GN10013W	Eye, right	HMR	Absent	
1GN10013W	Eye, right	EMB	Absent	
1GN10013W	Opercula	SLSH	Absent	
1GN10014	Body Surface	RGR	Absent	
1GN10014	Body Surface	RLSN	Absent	
1GN10014	Body Surface	SPDF	Absent	
1GN10014	Body Surface	HMRB	Absent	
1GN10014	Body Surface	FDC	Absent	
1GN10014	Body Surface	BFG	Absent	
1GN10014	Body Surface	PRST	Absent	
1GN10014	Body Surface	OTHER	Present	Gill net marks
1GN10014	Head	DFM	Absent	
1GN10014	Mouth	ULR	Absent	
1GN10014	Mouth	LLG	Absent	
1GN10014	Nare	SLN	Absent	
1GN10014	Eye, left	EXPTH	Absent	
1GN10014	Eye, left	OPQ	Absent	
1GN10014	Eye, left	MIS	Absent	
1GN10014	Eye, left	HMR	Absent	
1GN10014	Eye, left	EMB	Absent	
1GN10014	Eye, right	EXPTH	Absent	
1GN10014	Eye, right	OPQ	Absent	
1GN10014	Eye, right	MIS	Absent	
1GN10014	Eye, right	HMR	Absent	
1GN10014	Eye, right	EMB	Absent	
1GN10014	Opercula	SLSH	Absent	
1GN10015H	Body Surface	RGR	Absent	
1GN10015H	Body Surface	RLSN	Absent	
1GN10015H	Body Surface	SPDF	Absent	
1GN10015H	Body Surface	HMRB	Absent	
1GN10015H	Body Surface	FDC	Absent	
1GN10015H	Body Surface	BFG	Absent	
1GN10015H	Body Surface	PRST	Absent	
1GN10015H	Head	DFM	Absent	
1GN10015H	Mouth	ULR	Absent	
1GN10015H	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10015H	Nare	SLN	Absent	
1GN10015H	Eye, left	EXPTH	Absent	
1GN10015H	Eye, left	OPQ	Absent	
1GN10015H	Eye, left	MIS	Absent	
1GN10015H	Eye, left	HMR	Absent	
1GN10015H	Eye, left	EMB	Absent	
1GN10015H	Eye, right	EXPTH	Absent	
1GN10015H	Eye, right	OPQ	Absent	
1GN10015H	Eye, right	MIS	Absent	
1GN10015H	Eye, right	HMR	Absent	
1GN10015H	Eye, right	EMB	Absent	
1GN10015H	Opercula	SLSH	Absent	
1GN10016	Body Surface	RGR	Absent	
1GN10016	Body Surface	RLSN	Absent	
1GN10016	Body Surface	SPDF	Absent	
1GN10016	Body Surface	HMRB	Present	
1GN10016	Body Surface	FDC	Absent	
1GN10016	Body Surface	BFG	Absent	
1GN10016	Body Surface	PRST	Absent	
1GN10016	Head	DFM	Absent	
1GN10016	Mouth	ULR	Absent	
1GN10016	Mouth	LLG	Absent	
1GN10016	Nare	SLN	Absent	
1GN10016	Eye, left	EXPTH	Absent	
1GN10016	Eye, left	OPQ	Absent	
1GN10016	Eye, left	MIS	Absent	
1GN10016	Eye, left	HMR	Absent	
1GN10016	Eye, left	EMB	Absent	
1GN10016	Eye, right	EXPTH	Absent	
1GN10016	Eye, right	OPQ	Absent	
1GN10016	Eye, right	MIS	Absent	
1GN10016	Eye, right	HMR	Absent	
1GN10016	Eye, right	EMB	Absent	
1GN10016	Opercula	SLSH	Absent	
1GN10017W	Body Surface	RGR	Absent	
1GN10017W	Body Surface	RLSN	Absent	
1GN10017W	Body Surface	SPDF	Absent	
1GN10017W	Body Surface	HMRB	Absent	
1GN10017W	Body Surface	FDC	Absent	
1GN10017W	Body Surface	BFG	Absent	
1GN10017W	Body Surface	PRST	Absent	
1GN10017W	Body Surface	OTHER	Present	Gill net marks
1GN10017W	Head	DFM	Absent	
1GN10017W	Mouth	ULR	Absent	
1GN10017W	Mouth	LLG	Absent	
1GN10017W	Nare	SLN	Absent	
1GN10017W	Eye, left	EXPTH	Absent	
1GN10017W	Eye, left	OPQ	Absent	
1GN10017W	Eye, left	MIS	Absent	
1GN10017W	Eye, left	HMR	Absent	
1GN10017W	Eye, left	EMB	Absent	
1GN10017W	Eye, right	EXPTH	Absent	
1GN10017W	Eye, right	OPQ	Absent	
1GN10017W	Eye, right	MIS	Absent	
1GN10017W	Eye, right	HMR	Absent	
1GN10017W	Eye, right	EMB	Absent	
1GN10017W	Opercula	SLSH	Absent	
1GN10018W	Body Surface	RGR	Absent	
1GN10018W	Body Surface	RLSN	Absent	
1GN10018W	Body Surface	SPDF	Absent	
1GN10018W	Body Surface	HMRB	Absent	
1GN10018W	Body Surface	FDC	Absent	
1GN10018W	Body Surface	BFG	Absent	
1GN10018W	Body Surface	PRST	Absent	
1GN10018W	Body Surface	OTHER	Present	Gill net marks
1GN10018W	Head	DFM	Absent	
1GN10018W	Mouth	ULR	Absent	
1GN10018W	Mouth	LLG	Absent	
1GN10018W	Nare	SLN	Absent	
1GN10018W	Eye, left	EXPTH	Absent	
1GN10018W	Eye, left	OPQ	Absent	
1GN10018W	Eye, left	MIS	Absent	
1GN10018W	Eye, left	HMR	Absent	
1GN10018W	Eye, left	EMB	Absent	
1GN10018W	Eye, right	EXPTH	Absent	
1GN10018W	Eye, right	OPQ	Absent	
1GN10018W	Eye, right	MIS	Absent	
1GN10018W	Eye, right	HMR	Absent	
1GN10018W	Eye, right	EMB	Absent	
1GN10018W	Opercula	SLSH	Absent	
1GN10019H	Body Surface	RGR	Absent	
1GN10019H	Body Surface	RLSN	Absent	
1GN10019H	Body Surface	SPDF	Absent	
1GN10019H	Body Surface	HMRB	Absent	
1GN10019H	Body Surface	FDC	Absent	
1GN10019H	Body Surface	BFG	Absent	
1GN10019H	Body Surface	PRST	Absent	
1GN10019H	Body Surface	OTHER	Present	Gill net marks
1GN10019H	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10019H	Mouth	ULR	Absent	
1GN10019H	Mouth	LLG	Absent	
1GN10019H	Nare	SLN	Absent	
1GN10019H	Eye, left	EXPTH	Absent	
1GN10019H	Eye, left	OPQ	Absent	
1GN10019H	Eye, left	MIS	Absent	
1GN10019H	Eye, left	HMR	Absent	
1GN10019H	Eye, left	EMB	Absent	
1GN10019H	Eye, right	EXPTH	Absent	
1GN10019H	Eye, right	OPQ	Absent	
1GN10019H	Eye, right	MIS	Absent	
1GN10019H	Eye, right	HMR	Absent	
1GN10019H	Eye, right	EMB	Absent	
1GN10019H	Opercula	SLSH	Absent	
1GN10020H	Body Surface	RGR	Absent	
1GN10020H	Body Surface	RLSN	Absent	
1GN10020H	Body Surface	SPDF	Absent	
1GN10020H	Body Surface	HMRB	Absent	
1GN10020H	Body Surface	FDC	Absent	
1GN10020H	Body Surface	BFG	Absent	
1GN10020H	Body Surface	PRST	Absent	
1GN10020H	Body Surface	OTHER	Present	Gill net marks
1GN10020H	Head	DFM	Absent	
1GN10020H	Mouth	ULR	Absent	
1GN10020H	Mouth	LLG	Absent	
1GN10020H	Nare	SLN	Absent	
1GN10020H	Eye, left	EXPTH	Absent	
1GN10020H	Eye, left	OPQ	Absent	
1GN10020H	Eye, left	MIS	Absent	
1GN10020H	Eye, left	HMR	Absent	
1GN10020H	Eye, left	EMB	Absent	
1GN10020H	Eye, right	EXPTH	Absent	
1GN10020H	Eye, right	OPQ	Absent	
1GN10020H	Eye, right	MIS	Absent	
1GN10020H	Eye, right	HMR	Absent	
1GN10020H	Eye, right	EMB	Absent	
1GN10020H	Opercula	SLSH	Absent	
1GN10021H	Body Surface	RGR	Absent	
1GN10021H	Body Surface	RLSN	Absent	
1GN10021H	Body Surface	SPDF	Absent	
1GN10021H	Body Surface	HMRB	Absent	
1GN10021H	Body Surface	FDC	Absent	
1GN10021H	Body Surface	BFG	Absent	
1GN10021H	Body Surface	PRST	Absent	
1GN10021H	Head	DFM	Absent	
1GN10021H	Mouth	ULR	Absent	
1GN10021H	Mouth	LLG	Absent	
1GN10021H	Nare	SLN	Absent	
1GN10021H	Eye, left	EXPTH	Absent	
1GN10021H	Eye, left	OPQ	Absent	
1GN10021H	Eye, left	MIS	Absent	
1GN10021H	Eye, left	HMR	Absent	
1GN10021H	Eye, left	EMB	Absent	
1GN10021H	Eye, right	EXPTH	Absent	
1GN10021H	Eye, right	OPQ	Absent	
1GN10021H	Eye, right	MIS	Absent	
1GN10021H	Eye, right	HMR	Absent	
1GN10021H	Eye, right	EMB	Absent	
1GN10021H	Opercula	SLSH	Absent	
1GN10022H	Body Surface	RGR	Absent	
1GN10022H	Body Surface	RLSN	Absent	
1GN10022H	Body Surface	SPDF	Absent	
1GN10022H	Body Surface	HMRB	Absent	
1GN10022H	Body Surface	FDC	Absent	
1GN10022H	Body Surface	BFG	Absent	
1GN10022H	Body Surface	PRST	Absent	
1GN10022H	Body Surface	OTHER	Present	Gill net marks
1GN10022H	Head	DFM	Absent	
1GN10022H	Mouth	ULR	Absent	
1GN10022H	Mouth	LLG	Absent	
1GN10022H	Nare	SLN	Absent	
1GN10022H	Eye, left	EXPTH	Absent	
1GN10022H	Eye, left	OPQ	Absent	
1GN10022H	Eye, left	MIS	Absent	
1GN10022H	Eye, left	HMR	Absent	
1GN10022H	Eye, left	EMB	Absent	
1GN10022H	Eye, right	EXPTH	Absent	
1GN10022H	Eye, right	OPQ	Absent	
1GN10022H	Eye, right	MIS	Absent	
1GN10022H	Eye, right	HMR	Absent	
1GN10022H	Eye, right	EMB	Absent	
1GN10022H	Opercula	SLSH	Absent	
1GN10023	Body Surface	RGR	Absent	
1GN10023	Body Surface	RLSN	Absent	
1GN10023	Body Surface	SPDF	Absent	
1GN10023	Body Surface	HMRB	Absent	
1GN10023	Body Surface	FDC	Absent	
1GN10023	Body Surface	BFG	Absent	
1GN10023	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10023	Body Surface	OTHER	Present	Gill net marks
1GN10023	Head	DFM	Absent	
1GN10023	Mouth	ULR	Absent	
1GN10023	Mouth	LLG	Absent	
1GN10023	Nare	SLN	Absent	
1GN10023	Eye, left	EXPTH	Absent	
1GN10023	Eye, left	OPQ	Absent	
1GN10023	Eye, left	MIS	Absent	
1GN10023	Eye, left	HMR	Absent	
1GN10023	Eye, left	EMB	Absent	
1GN10023	Eye, right	EXPTH	Absent	
1GN10023	Eye, right	OPQ	Absent	
1GN10023	Eye, right	MIS	Absent	
1GN10023	Eye, right	HMR	Absent	
1GN10023	Eye, right	EMB	Absent	
1GN10023	Opercula	SLSH	Absent	
1GN10024H	Body Surface	RGR	Absent	
1GN10024H	Body Surface	RLSN	Absent	
1GN10024H	Body Surface	SPDF	Absent	
1GN10024H	Body Surface	HMRB	Absent	
1GN10024H	Body Surface	FDC	Absent	
1GN10024H	Body Surface	BFG	Absent	
1GN10024H	Body Surface	PRST	Absent	
1GN10024H	Body Surface	OTHER	Present	Gill net marks
1GN10024H	Head	DFM	Absent	
1GN10024H	Mouth	ULR	Absent	
1GN10024H	Mouth	LLG	Absent	
1GN10024H	Nare	SLN	Absent	
1GN10024H	Eye, left	EXPTH	Absent	
1GN10024H	Eye, left	OPQ	Absent	
1GN10024H	Eye, left	MIS	Absent	
1GN10024H	Eye, left	HMR	Absent	
1GN10024H	Eye, left	EMB	Absent	
1GN10024H	Eye, right	EXPTH	Absent	
1GN10024H	Eye, right	OPQ	Absent	
1GN10024H	Eye, right	MIS	Absent	
1GN10024H	Eye, right	HMR	Absent	
1GN10024H	Eye, right	EMB	Absent	
1GN10024H	Opercula	SLSH	Absent	
1GN10025	Body Surface	RGR	Absent	
1GN10025	Body Surface	RLSN	Absent	
1GN10025	Body Surface	SPDF	Absent	
1GN10025	Body Surface	HMRB	Absent	
1GN10025	Body Surface	FDC	Absent	
1GN10025	Body Surface	BFG	Absent	
1GN10025	Body Surface	PRST	Absent	
1GN10025	Body Surface	OTHER	Present	Gill net marks
1GN10025	Head	DFM	Absent	
1GN10025	Mouth	ULR	Absent	
1GN10025	Mouth	LLG	Absent	
1GN10025	Nare	SLN	Absent	
1GN10025	Eye, left	EXPTH	Absent	
1GN10025	Eye, left	OPQ	Absent	
1GN10025	Eye, left	MIS	Absent	
1GN10025	Eye, left	HMR	Absent	
1GN10025	Eye, left	EMB	Absent	
1GN10025	Eye, right	EXPTH	Absent	
1GN10025	Eye, right	OPQ	Absent	
1GN10025	Eye, right	MIS	Absent	
1GN10025	Eye, right	HMR	Absent	
1GN10025	Eye, right	EMB	Absent	
1GN10025	Opercula	OTHER	Present	Gill net damage
1GN10025	Opercula	SLSH	Absent	
1GN10026W	Body Surface	RGR	Absent	
1GN10026W	Body Surface	RLSN	Absent	
1GN10026W	Body Surface	SPDF	Absent	
1GN10026W	Body Surface	HMRB	Absent	
1GN10026W	Body Surface	FDC	Absent	
1GN10026W	Body Surface	BFG	Absent	
1GN10026W	Body Surface	PRST	Absent	
1GN10026W	Body Surface	OTHER	Present	Gill net marks
1GN10026W	Head	DFM	Absent	
1GN10026W	Mouth	ULR	Absent	
1GN10026W	Mouth	LLG	Absent	
1GN10026W	Nare	SLN	Absent	
1GN10026W	Eye, left	EXPTH	Absent	
1GN10026W	Eye, left	OPQ	Absent	
1GN10026W	Eye, left	MIS	Absent	
1GN10026W	Eye, left	HMR	Absent	
1GN10026W	Eye, left	EMB	Absent	
1GN10026W	Eye, right	EXPTH	Absent	
1GN10026W	Eye, right	OPQ	Absent	
1GN10026W	Eye, right	MIS	Absent	
1GN10026W	Eye, right	HMR	Absent	
1GN10026W	Eye, right	EMB	Absent	
1GN10026W	Opercula	SLSH	Absent	
1GN10027H	Body Surface	RGR	Absent	
1GN10027H	Body Surface	RLSN	Absent	
1GN10027H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10027H	Body Surface	HMRB	Present	
1GN10027H	Body Surface	FDC	Absent	
1GN10027H	Body Surface	BFG	Absent	
1GN10027H	Body Surface	PRST	Absent	
1GN10027H	Body Surface	OTHER	Present	Gill net marks
1GN10027H	Head	DFM	Absent	
1GN10027H	Mouth	ULR	Absent	
1GN10027H	Mouth	LLG	Absent	
1GN10027H	Nare	SLN	Absent	
1GN10027H	Eye, left	EXPTH	Absent	
1GN10027H	Eye, left	OPQ	Absent	
1GN10027H	Eye, left	MIS	Absent	
1GN10027H	Eye, left	HMR	Absent	
1GN10027H	Eye, left	EMB	Absent	
1GN10027H	Eye, right	EXPTH	Absent	
1GN10027H	Eye, right	OPQ	Absent	
1GN10027H	Eye, right	MIS	Absent	
1GN10027H	Eye, right	HMR	Absent	
1GN10027H	Eye, right	EMB	Absent	
1GN10027H	Opercula	SLSH	Absent	
1GN10028H	Body Surface	RGR	Absent	
1GN10028H	Body Surface	RLSN	Absent	
1GN10028H	Body Surface	SPDF	Absent	
1GN10028H	Body Surface	HMRB	Absent	
1GN10028H	Body Surface	FDC	Absent	
1GN10028H	Body Surface	BFG	Absent	
1GN10028H	Body Surface	PRST	Absent	
1GN10028H	Body Surface	OTHER	Present	Gill net marks
1GN10028H	Head	DFM	Absent	
1GN10028H	Mouth	ULR	Absent	
1GN10028H	Mouth	LLG	Absent	
1GN10028H	Nare	SLN	Absent	
1GN10028H	Eye, left	EXPTH	Absent	
1GN10028H	Eye, left	OPQ	Absent	
1GN10028H	Eye, left	MIS	Absent	
1GN10028H	Eye, left	HMR	Absent	
1GN10028H	Eye, left	EMB	Absent	
1GN10028H	Eye, right	EXPTH	Absent	
1GN10028H	Eye, right	OPQ	Absent	
1GN10028H	Eye, right	MIS	Absent	
1GN10028H	Eye, right	HMR	Absent	
1GN10028H	Eye, right	EMB	Absent	
1GN10028H	Opercula	SLSH	Absent	
1GN10029H	Body Surface	RGR	Absent	
1GN10029H	Body Surface	RLSN	Absent	
1GN10029H	Body Surface	SPDF	Absent	
1GN10029H	Body Surface	HMRB	Absent	
1GN10029H	Body Surface	FDC	Absent	
1GN10029H	Body Surface	BFG	Absent	
1GN10029H	Body Surface	PRST	Absent	
1GN10029H	Body Surface	OTHER	Present	Gill net marks
1GN10029H	Head	DFM	Absent	
1GN10029H	Mouth	ULR	Absent	
1GN10029H	Mouth	LLG	Absent	
1GN10029H	Nare	SLN	Absent	
1GN10029H	Eye, left	EXPTH	Absent	
1GN10029H	Eye, left	OPQ	Absent	
1GN10029H	Eye, left	MIS	Absent	
1GN10029H	Eye, left	HMR	Absent	
1GN10029H	Eye, left	EMB	Absent	
1GN10029H	Eye, right	EXPTH	Absent	
1GN10029H	Eye, right	OPQ	Absent	
1GN10029H	Eye, right	MIS	Absent	
1GN10029H	Eye, right	HMR	Absent	
1GN10029H	Eye, right	EMB	Absent	
1GN10029H	Opercula	SLSH	Absent	
1GN10030H	Body Surface	RGR	Absent	
1GN10030H	Body Surface	RLSN	Absent	
1GN10030H	Body Surface	SPDF	Absent	
1GN10030H	Body Surface	HMRB	Absent	
1GN10030H	Body Surface	FDC	Absent	
1GN10030H	Body Surface	BFG	Absent	
1GN10030H	Body Surface	PRST	Absent	
1GN10030H	Body Surface	OTHER	Present	Gill net marks
1GN10030H	Head	DFM	Absent	
1GN10030H	Mouth	ULR	Absent	
1GN10030H	Mouth	LLG	Absent	
1GN10030H	Nare	SLN	Absent	
1GN10030H	Eye, left	EXPTH	Absent	
1GN10030H	Eye, left	OPQ	Absent	
1GN10030H	Eye, left	MIS	Absent	
1GN10030H	Eye, left	HMR	Absent	
1GN10030H	Eye, left	EMB	Absent	
1GN10030H	Eye, right	EXPTH	Absent	
1GN10030H	Eye, right	OPQ	Absent	
1GN10030H	Eye, right	MIS	Absent	
1GN10030H	Eye, right	HMR	Absent	
1GN10030H	Eye, right	EMB	Absent	
1GN10030H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10031H	Body Surface	RGR	Absent	
1GN10031H	Body Surface	RLSN	Absent	
1GN10031H	Body Surface	SPDF	Absent	
1GN10031H	Body Surface	HMRB	Absent	
1GN10031H	Body Surface	FDC	Absent	
1GN10031H	Body Surface	BFG	Absent	
1GN10031H	Body Surface	PRST	Absent	
1GN10031H	Body Surface	OTHER	Present	Gill net marks
1GN10031H	Head	DFM	Absent	
1GN10031H	Mouth	ULR	Absent	
1GN10031H	Mouth	LLG	Absent	
1GN10031H	Nare	SLN	Absent	
1GN10031H	Eye, left	EXPTH	Absent	
1GN10031H	Eye, left	OPQ	Absent	
1GN10031H	Eye, left	MIS	Absent	
1GN10031H	Eye, left	HMR	Absent	
1GN10031H	Eye, left	EMB	Absent	
1GN10031H	Eye, right	EXPTH	Absent	
1GN10031H	Eye, right	OPQ	Absent	
1GN10031H	Eye, right	MIS	Absent	
1GN10031H	Eye, right	HMR	Absent	
1GN10031H	Eye, right	EMB	Absent	
1GN10031H	Opercula	SLSH	Absent	
1GN10032H	Body Surface	RGR	Absent	
1GN10032H	Body Surface	RLSN	Absent	
1GN10032H	Body Surface	SPDF	Absent	
1GN10032H	Body Surface	HMRB	Absent	
1GN10032H	Body Surface	FDC	Absent	
1GN10032H	Body Surface	BFG	Absent	
1GN10032H	Body Surface	PRST	Absent	
1GN10032H	Body Surface	OTHER	Present	Gill net marks
1GN10032H	Head	DFM	Absent	
1GN10032H	Mouth	ULR	Absent	
1GN10032H	Mouth	LLG	Absent	
1GN10032H	Nare	SLN	Absent	
1GN10032H	Eye, left	EXPTH	Absent	
1GN10032H	Eye, left	OPQ	Absent	
1GN10032H	Eye, left	MIS	Absent	
1GN10032H	Eye, left	HMR	Absent	
1GN10032H	Eye, left	EMB	Absent	
1GN10032H	Eye, right	EXPTH	Absent	
1GN10032H	Eye, right	OPQ	Absent	
1GN10032H	Eye, right	MIS	Absent	
1GN10032H	Eye, right	HMR	Absent	
1GN10032H	Eye, right	EMB	Absent	
1GN10032H	Opercula	SLSH	Absent	
1GN10034H	Body Surface	RGR	Absent	
1GN10034H	Body Surface	RLSN	Absent	
1GN10034H	Body Surface	SPDF	Absent	
1GN10034H	Body Surface	HMRB	Absent	
1GN10034H	Body Surface	FDC	Absent	
1GN10034H	Body Surface	BFG	Absent	
1GN10034H	Body Surface	PRST	Absent	
1GN10034H	Body Surface	OTHER	Present	Gill net marks
1GN10034H	Head	DFM	Absent	
1GN10034H	Mouth	ULR	Absent	
1GN10034H	Mouth	LLG	Absent	
1GN10034H	Nare	SLN	Absent	
1GN10034H	Eye, left	EXPTH	Absent	
1GN10034H	Eye, left	OPQ	Absent	
1GN10034H	Eye, left	MIS	Absent	
1GN10034H	Eye, left	HMR	Absent	
1GN10034H	Eye, left	EMB	Absent	
1GN10034H	Eye, right	EXPTH	Absent	
1GN10034H	Eye, right	OPQ	Absent	
1GN10034H	Eye, right	MIS	Absent	
1GN10034H	Eye, right	HMR	Absent	
1GN10034H	Eye, right	EMB	Absent	
1GN10034H	Opercula	SLSH	Absent	
1GN10035	Body Surface	RGR	Absent	
1GN10035	Body Surface	RLSN	Absent	
1GN10035	Body Surface	SPDF	Absent	
1GN10035	Body Surface	HMRB	Absent	
1GN10035	Body Surface	FDC	Absent	
1GN10035	Body Surface	BFG	Absent	
1GN10035	Body Surface	PRST	Absent	
1GN10035	Body Surface	OTHER	Present	Gill net marks
1GN10035	Head	DFM	Absent	
1GN10035	Mouth	ULR	Absent	
1GN10035	Mouth	LLG	Absent	
1GN10035	Nare	SLN	Absent	
1GN10035	Eye, left	EXPTH	Absent	
1GN10035	Eye, left	OPQ	Absent	
1GN10035	Eye, left	MIS	Absent	
1GN10035	Eye, left	HMR	Absent	
1GN10035	Eye, left	EMB	Absent	
1GN10035	Eye, right	EXPTH	Absent	
1GN10035	Eye, right	OPQ	Absent	
1GN10035	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10035	Eye, right	HMR	Absent	
1GN10035	Eye, right	EMB	Absent	
1GN10035	Opercula	SLSH	Absent	
1GN10036H	Body Surface	RGR	Absent	
1GN10036H	Body Surface	RLSN	Absent	
1GN10036H	Body Surface	SPDF	Absent	
1GN10036H	Body Surface	HMRB	Absent	
1GN10036H	Body Surface	FDC	Absent	
1GN10036H	Body Surface	BFG	Absent	
1GN10036H	Body Surface	PRST	Absent	
1GN10036H	Body Surface	OTHER	Present	Gill net marks
1GN10036H	Head	DFM	Absent	
1GN10036H	Mouth	ULR	Absent	
1GN10036H	Mouth	LLG	Absent	
1GN10036H	Nare	SLN	Absent	
1GN10036H	Eye, left	EXPTH	Absent	
1GN10036H	Eye, left	OPQ	Absent	
1GN10036H	Eye, left	MIS	Absent	
1GN10036H	Eye, left	HMR	Absent	
1GN10036H	Eye, left	EMB	Absent	
1GN10036H	Eye, right	EXPTH	Absent	
1GN10036H	Eye, right	OPQ	Absent	
1GN10036H	Eye, right	MIS	Absent	
1GN10036H	Eye, right	HMR	Absent	
1GN10036H	Eye, right	EMB	Absent	
1GN10036H	Opercula	SLSH	Absent	
1GN10037H	Body Surface	RGR	Absent	
1GN10037H	Body Surface	RLSN	Absent	
1GN10037H	Body Surface	SPDF	Absent	
1GN10037H	Body Surface	HMRB	Absent	
1GN10037H	Body Surface	FDC	Absent	
1GN10037H	Body Surface	BFG	Absent	
1GN10037H	Body Surface	PRST	Absent	
1GN10037H	Body Surface	OTHER	Present	Gill net marks
1GN10037H	Head	DFM	Absent	
1GN10037H	Mouth	ULR	Absent	
1GN10037H	Mouth	LLG	Absent	
1GN10037H	Nare	SLN	Absent	
1GN10037H	Eye, left	EXPTH	Absent	
1GN10037H	Eye, left	OPQ	Absent	
1GN10037H	Eye, left	MIS	Absent	
1GN10037H	Eye, left	HMR	Absent	
1GN10037H	Eye, left	EMB	Absent	
1GN10037H	Eye, right	EXPTH	Absent	
1GN10037H	Eye, right	OPQ	Absent	
1GN10037H	Eye, right	MIS	Absent	
1GN10037H	Eye, right	HMR	Absent	
1GN10037H	Eye, right	EMB	Absent	
1GN10037H	Opercula	SLSH	Absent	
1GN10038H	Body Surface	RGR	Absent	
1GN10038H	Body Surface	RLSN	Absent	
1GN10038H	Body Surface	SPDF	Absent	
1GN10038H	Body Surface	HMRB	Absent	
1GN10038H	Body Surface	FDC	Absent	
1GN10038H	Body Surface	BFG	Absent	
1GN10038H	Body Surface	PRST	Absent	
1GN10038H	Body Surface	OTHER	Present	Gill net marks
1GN10038H	Head	DFM	Absent	
1GN10038H	Mouth	ULR	Absent	
1GN10038H	Mouth	LLG	Absent	
1GN10038H	Nare	SLN	Absent	
1GN10038H	Eye, left	EXPTH	Absent	
1GN10038H	Eye, left	OPQ	Absent	
1GN10038H	Eye, left	MIS	Absent	
1GN10038H	Eye, left	HMR	Absent	
1GN10038H	Eye, left	EMB	Absent	
1GN10038H	Eye, right	EXPTH	Absent	
1GN10038H	Eye, right	OPQ	Absent	
1GN10038H	Eye, right	MIS	Absent	
1GN10038H	Eye, right	HMR	Absent	
1GN10038H	Eye, right	EMB	Absent	
1GN10038H	Opercula	SLSH	Absent	
1GN10040H	Body Surface	RGR	Absent	
1GN10040H	Body Surface	RLSN	Absent	
1GN10040H	Body Surface	SPDF	Absent	
1GN10040H	Body Surface	HMRB	Absent	
1GN10040H	Body Surface	FDC	Absent	
1GN10040H	Body Surface	BFG	Absent	
1GN10040H	Body Surface	PRST	Absent	
1GN10040H	Body Surface	OTHER	Present	Gill net marks
1GN10040H	Head	DFM	Absent	
1GN10040H	Mouth	ULR	Absent	
1GN10040H	Mouth	LLG	Absent	
1GN10040H	Nare	SLN	Absent	
1GN10040H	Eye, left	EXPTH	Absent	
1GN10040H	Eye, left	OPQ	Absent	
1GN10040H	Eye, left	MIS	Absent	
1GN10040H	Eye, left	HMR	Absent	
1GN10040H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10040H	Eye, right	EXPTH	Absent	
1GN10040H	Eye, right	OPQ	Absent	
1GN10040H	Eye, right	MIS	Absent	
1GN10040H	Eye, right	HMR	Absent	
1GN10040H	Eye, right	EMB	Absent	
1GN10040H	Opercula	SLSH	Absent	
1GN10041H	Body Surface	RGR	Absent	
1GN10041H	Body Surface	RLSN	Absent	
1GN10041H	Body Surface	SPDF	Absent	
1GN10041H	Body Surface	HMRB	Absent	
1GN10041H	Body Surface	FDC	Absent	
1GN10041H	Body Surface	BFG	Absent	
1GN10041H	Body Surface	PRST	Absent	
1GN10041H	Body Surface	OTHER	Present	Gill net marks
1GN10041H	Head	DFM	Absent	
1GN10041H	Mouth	ULR	Absent	
1GN10041H	Mouth	LLG	Absent	
1GN10041H	Nare	SLN	Absent	
1GN10041H	Eye, left	EXPTH	Absent	
1GN10041H	Eye, left	OPQ	Absent	
1GN10041H	Eye, left	MIS	Absent	
1GN10041H	Eye, left	HMR	Absent	
1GN10041H	Eye, left	EMB	Absent	
1GN10041H	Eye, right	EXPTH	Absent	
1GN10041H	Eye, right	OPQ	Absent	
1GN10041H	Eye, right	MIS	Absent	
1GN10041H	Eye, right	HMR	Absent	
1GN10041H	Eye, right	EMB	Absent	
1GN10041H	Opercula	SLSH	Absent	
1GN10042H	Body Surface	RGR	Absent	
1GN10042H	Body Surface	RLSN	Absent	
1GN10042H	Body Surface	SPDF	Absent	
1GN10042H	Body Surface	HMRB	Absent	
1GN10042H	Body Surface	FDC	Absent	
1GN10042H	Body Surface	BFG	Absent	
1GN10042H	Body Surface	PRST	Absent	
1GN10042H	Body Surface	OTHER	Present	Gill net marks
1GN10042H	Head	DFM	Absent	
1GN10042H	Mouth	ULR	Absent	
1GN10042H	Mouth	LLG	Absent	
1GN10042H	Nare	SLN	Absent	
1GN10042H	Eye, left	EXPTH	Absent	
1GN10042H	Eye, left	OPQ	Absent	
1GN10042H	Eye, left	MIS	Absent	
1GN10042H	Eye, left	HMR	Absent	
1GN10042H	Eye, left	EMB	Absent	
1GN10042H	Eye, right	EXPTH	Absent	
1GN10042H	Eye, right	OPQ	Absent	
1GN10042H	Eye, right	MIS	Absent	
1GN10042H	Eye, right	HMR	Absent	
1GN10042H	Eye, right	EMB	Absent	
1GN10042H	Opercula	SLSH	Absent	
1GN10043H	Body Surface	RGR	Absent	
1GN10043H	Body Surface	RLSN	Absent	
1GN10043H	Body Surface	SPDF	Absent	
1GN10043H	Body Surface	HMRB	Absent	
1GN10043H	Body Surface	FDC	Absent	
1GN10043H	Body Surface	BFG	Absent	
1GN10043H	Body Surface	PRST	Absent	
1GN10043H	Body Surface	OTHER	Present	Gill net marks
1GN10043H	Head	DFM	Absent	
1GN10043H	Mouth	ULR	Absent	
1GN10043H	Mouth	LLG	Absent	
1GN10043H	Nare	SLN	Absent	
1GN10043H	Eye, left	EXPTH	Absent	
1GN10043H	Eye, left	OPQ	Absent	
1GN10043H	Eye, left	MIS	Absent	
1GN10043H	Eye, left	HMR	Absent	
1GN10043H	Eye, left	EMB	Absent	
1GN10043H	Eye, right	EXPTH	Absent	
1GN10043H	Eye, right	OPQ	Absent	
1GN10043H	Eye, right	MIS	Absent	
1GN10043H	Eye, right	HMR	Absent	
1GN10043H	Eye, right	EMB	Absent	
1GN10043H	Opercula	SLSH	Absent	
1GN10045W	Body Surface	RGR	Absent	
1GN10045W	Body Surface	RLSN	Absent	
1GN10045W	Body Surface	SPDF	Absent	
1GN10045W	Body Surface	HMRB	Absent	
1GN10045W	Body Surface	FDC	Absent	
1GN10045W	Body Surface	BFG	Absent	
1GN10045W	Body Surface	PRST	Absent	
1GN10045W	Body Surface	OTHER	Present	Gill net marks
1GN10045W	Head	DFM	Absent	
1GN10045W	Mouth	ULR	Absent	
1GN10045W	Mouth	LLG	Absent	
1GN10045W	Nare	SLN	Absent	
1GN10045W	Eye, left	EXPTH	Absent	
1GN10045W	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10045W	Eye, left	MIS	Absent	
1GN10045W	Eye, left	HMR	Absent	
1GN10045W	Eye, left	EMB	Absent	
1GN10045W	Eye, right	EXPTH	Absent	
1GN10045W	Eye, right	OPQ	Absent	
1GN10045W	Eye, right	MIS	Absent	
1GN10045W	Eye, right	HMR	Absent	
1GN10045W	Eye, right	EMB	Absent	
1GN10045W	Opercula	SLSH	Absent	
1GN10046H	Body Surface	RGR	Absent	
1GN10046H	Body Surface	RLSN	Absent	
1GN10046H	Body Surface	SPDF	Absent	
1GN10046H	Body Surface	HMRB	Absent	
1GN10046H	Body Surface	FDC	Absent	
1GN10046H	Body Surface	BFG	Absent	
1GN10046H	Body Surface	PRST	Absent	
1GN10046H	Body Surface	OTHER	Present	Gill net marks
1GN10046H	Head	DFM	Absent	
1GN10046H	Mouth	ULR	Absent	
1GN10046H	Mouth	LLG	Absent	
1GN10046H	Nare	SLN	Absent	
1GN10046H	Eye, left	EXPTH	Absent	
1GN10046H	Eye, left	OPQ	Absent	
1GN10046H	Eye, left	MIS	Absent	
1GN10046H	Eye, left	HMR	Absent	
1GN10046H	Eye, left	EMB	Absent	
1GN10046H	Eye, right	EXPTH	Absent	
1GN10046H	Eye, right	OPQ	Absent	
1GN10046H	Eye, right	MIS	Absent	
1GN10046H	Eye, right	HMR	Absent	
1GN10046H	Eye, right	EMB	Absent	
1GN10046H	Opercula	SLSH	Absent	
1GN10048W	Body Surface	RGR	Absent	
1GN10048W	Body Surface	RLSN	Absent	
1GN10048W	Body Surface	SPDF	Absent	
1GN10048W	Body Surface	HMRB	Absent	
1GN10048W	Body Surface	FDC	Absent	
1GN10048W	Body Surface	BFG	Absent	
1GN10048W	Body Surface	PRST	Absent	
1GN10048W	Body Surface	OTHER	Present	Gill net marks
1GN10048W	Head	DFM	Absent	
1GN10048W	Mouth	ULR	Absent	
1GN10048W	Mouth	LLG	Absent	
1GN10048W	Nare	SLN	Absent	
1GN10048W	Eye, left	EXPTH	Absent	
1GN10048W	Eye, left	OPQ	Absent	
1GN10048W	Eye, left	MIS	Absent	
1GN10048W	Eye, left	HMR	Absent	
1GN10048W	Eye, left	EMB	Absent	
1GN10048W	Eye, right	EXPTH	Absent	
1GN10048W	Eye, right	OPQ	Absent	
1GN10048W	Eye, right	MIS	Absent	
1GN10048W	Eye, right	HMR	Absent	
1GN10048W	Eye, right	EMB	Absent	
1GN10048W	Opercula	SLSH	Absent	
1GN10049W	Body Surface	RGR	Absent	
1GN10049W	Body Surface	RLSN	Absent	
1GN10049W	Body Surface	SPDF	Absent	
1GN10049W	Body Surface	HMRB	Absent	
1GN10049W	Body Surface	FDC	Absent	
1GN10049W	Body Surface	BFG	Absent	
1GN10049W	Body Surface	PRST	Absent	
1GN10049W	Body Surface	OTHER	Present	Gill net marks
1GN10049W	Head	DFM	Absent	
1GN10049W	Mouth	ULR	Absent	
1GN10049W	Mouth	LLG	Absent	
1GN10049W	Nare	SLN	Absent	
1GN10049W	Eye, left	EXPTH	Absent	
1GN10049W	Eye, left	OPQ	Absent	
1GN10049W	Eye, left	MIS	Absent	
1GN10049W	Eye, left	HMR	Absent	
1GN10049W	Eye, left	EMB	Absent	
1GN10049W	Eye, right	EXPTH	Absent	
1GN10049W	Eye, right	OPQ	Absent	
1GN10049W	Eye, right	MIS	Absent	
1GN10049W	Eye, right	HMR	Absent	
1GN10049W	Eye, right	EMB	Absent	
1GN10049W	Opercula	SLSH	Absent	
1GN10051AH	Body Surface	RGR	Absent	
1GN10051AH	Body Surface	RLSN	Absent	
1GN10051AH	Body Surface	SPDF	Absent	
1GN10051AH	Body Surface	HMRB	Absent	
1GN10051AH	Body Surface	FDC	Absent	
1GN10051AH	Body Surface	BFG	Absent	
1GN10051AH	Body Surface	PRST	Absent	
1GN10051AH	Body Surface	OTHER	Present	Gill net marks
1GN10051AH	Head	DFM	Absent	
1GN10051AH	Mouth	ULR	Absent	
1GN10051AH	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10051AH	Nare	SLN	Absent	
1GN10051AH	Eye, left	EXPTH	Absent	
1GN10051AH	Eye, left	OPQ	Absent	
1GN10051AH	Eye, left	MIS	Absent	
1GN10051AH	Eye, left	HMR	Absent	
1GN10051AH	Eye, left	EMB	Absent	
1GN10051AH	Eye, right	EXPTH	Absent	
1GN10051AH	Eye, right	OPQ	Absent	
1GN10051AH	Eye, right	MIS	Absent	
1GN10051AH	Eye, right	HMR	Absent	
1GN10051AH	Eye, right	EMB	Absent	
1GN10051AH	Opercula	SLSH	Absent	
1GN10051BW	Body Surface	RGR	Absent	
1GN10051BW	Body Surface	RLSN	Absent	
1GN10051BW	Body Surface	SPDF	Absent	
1GN10051BW	Body Surface	HMRB	Absent	
1GN10051BW	Body Surface	FDC	Absent	
1GN10051BW	Body Surface	BFG	Absent	
1GN10051BW	Body Surface	PRST	Absent	
1GN10051BW	Body Surface	OTHER	Present	Gill net marks
1GN10051BW	Head	DFM	Absent	
1GN10051BW	Mouth	ULR	Absent	
1GN10051BW	Mouth	LLG	Absent	
1GN10051BW	Nare	SLN	Absent	
1GN10051BW	Eye, left	EXPTH	Absent	
1GN10051BW	Eye, left	OPQ	Absent	
1GN10051BW	Eye, left	MIS	Absent	
1GN10051BW	Eye, left	HMR	Absent	
1GN10051BW	Eye, left	EMB	Absent	
1GN10051BW	Eye, right	EXPTH	Absent	
1GN10051BW	Eye, right	OPQ	Absent	
1GN10051BW	Eye, right	MIS	Absent	
1GN10051BW	Eye, right	HMR	Absent	
1GN10051BW	Eye, right	EMB	Absent	
1GN10051BW	Opercula	SLSH	Absent	
1GN10052W	Body Surface	RGR	Absent	
1GN10052W	Body Surface	RLSN	Absent	
1GN10052W	Body Surface	SPDF	Absent	
1GN10052W	Body Surface	HMRB	Absent	
1GN10052W	Body Surface	FDC	Absent	
1GN10052W	Body Surface	BFG	Absent	
1GN10052W	Body Surface	PRST	Absent	
1GN10052W	Body Surface	OTHER	Present	Gill net marks
1GN10052W	Head	DFM	Absent	
1GN10052W	Mouth	ULR	Absent	
1GN10052W	Mouth	LLG	Absent	
1GN10052W	Nare	SLN	Absent	
1GN10052W	Eye, left	EXPTH	Absent	
1GN10052W	Eye, left	OPQ	Absent	
1GN10052W	Eye, left	MIS	Absent	
1GN10052W	Eye, left	HMR	Absent	
1GN10052W	Eye, left	EMB	Absent	
1GN10052W	Eye, right	EXPTH	Absent	
1GN10052W	Eye, right	OPQ	Absent	
1GN10052W	Eye, right	MIS	Absent	
1GN10052W	Eye, right	HMR	Absent	
1GN10052W	Eye, right	EMB	Absent	
1GN10052W	Opercula	SLSH	Absent	
1GN10053H	Body Surface	RGR	Absent	
1GN10053H	Body Surface	RLSN	Absent	
1GN10053H	Body Surface	SPDF	Absent	
1GN10053H	Body Surface	HMRB	Absent	
1GN10053H	Body Surface	FDC	Absent	
1GN10053H	Body Surface	BFG	Absent	
1GN10053H	Body Surface	PRST	Absent	
1GN10053H	Body Surface	OTHER	Present	Gill net marks
1GN10053H	Head	DFM	Absent	
1GN10053H	Mouth	ULR	Absent	
1GN10053H	Mouth	LLG	Absent	
1GN10053H	Nare	SLN	Absent	
1GN10053H	Eye, left	EXPTH	Absent	
1GN10053H	Eye, left	OPQ	Absent	
1GN10053H	Eye, left	MIS	Absent	
1GN10053H	Eye, left	HMR	Absent	
1GN10053H	Eye, left	EMB	Absent	
1GN10053H	Eye, right	EXPTH	Absent	
1GN10053H	Eye, right	OPQ	Absent	
1GN10053H	Eye, right	MIS	Absent	
1GN10053H	Eye, right	HMR	Absent	
1GN10053H	Eye, right	EMB	Absent	
1GN10053H	Opercula	SLSH	Absent	
1GN10054H	Body Surface	RGR	Absent	
1GN10054H	Body Surface	RLSN	Absent	
1GN10054H	Body Surface	SPDF	Absent	
1GN10054H	Body Surface	HMRB	Absent	
1GN10054H	Body Surface	FDC	Absent	
1GN10054H	Body Surface	BFG	Absent	
1GN10054H	Body Surface	PRST	Absent	
1GN10054H	Body Surface	OTHER	Present	Gill net marks, laceration on right side

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10054H	Head	DFM	Absent	
1GN10054H	Mouth	ULR	Absent	
1GN10054H	Mouth	LLG	Absent	
1GN10054H	Nare	SLN	Absent	
1GN10054H	Eye, left	EXPTH	Absent	
1GN10054H	Eye, left	OPQ	Absent	
1GN10054H	Eye, left	MIS	Absent	
1GN10054H	Eye, left	HMR	Absent	
1GN10054H	Eye, left	EMB	Absent	
1GN10054H	Eye, right	EXPTH	Absent	
1GN10054H	Eye, right	OPQ	Absent	
1GN10054H	Eye, right	MIS	Absent	
1GN10054H	Eye, right	HMR	Absent	
1GN10054H	Eye, right	EMB	Absent	
1GN10054H	Opercula	SLSH	Absent	
1GN10055H	Body Surface	RGR	Absent	
1GN10055H	Body Surface	RLSN	Absent	
1GN10055H	Body Surface	SPDF	Absent	
1GN10055H	Body Surface	HMRB	Absent	
1GN10055H	Body Surface	FDC	Absent	
1GN10055H	Body Surface	BFG	Absent	
1GN10055H	Body Surface	PRST	Absent	
1GN10055H	Head	DFM	Absent	
1GN10055H	Mouth	ULR	Absent	
1GN10055H	Mouth	LLG	Absent	
1GN10055H	Nare	SLN	Absent	
1GN10055H	Eye, left	EXPTH	Absent	
1GN10055H	Eye, left	OPQ	Absent	
1GN10055H	Eye, left	MIS	Absent	
1GN10055H	Eye, left	HMR	Absent	
1GN10055H	Eye, left	EMB	Absent	
1GN10055H	Eye, right	EXPTH	Absent	
1GN10055H	Eye, right	OPQ	Absent	
1GN10055H	Eye, right	MIS	Absent	
1GN10055H	Eye, right	HMR	Absent	
1GN10055H	Eye, right	EMB	Absent	
1GN10055H	Opercula	SLSH	Absent	
1GN10056W	Body Surface	RGR	Absent	
1GN10056W	Body Surface	RLSN	Absent	
1GN10056W	Body Surface	SPDF	Absent	
1GN10056W	Body Surface	HMRB	Absent	
1GN10056W	Body Surface	FDC	Absent	
1GN10056W	Body Surface	BFG	Absent	
1GN10056W	Body Surface	PRST	Absent	
1GN10056W	Body Surface	OTHER	Present	Gill net marks
1GN10056W	Head	OTHER	Present	Healed broken jaw
1GN10056W	Head	DFM	Absent	
1GN10056W	Mouth	ULR	Absent	
1GN10056W	Mouth	LLG	Absent	
1GN10056W	Nare	SLN	Absent	
1GN10056W	Eye, left	EXPTH	Absent	
1GN10056W	Eye, left	OPQ	Absent	
1GN10056W	Eye, left	MIS	Absent	
1GN10056W	Eye, left	HMR	Absent	
1GN10056W	Eye, left	EMB	Absent	
1GN10056W	Eye, right	EXPTH	Absent	
1GN10056W	Eye, right	OPQ	Absent	
1GN10056W	Eye, right	MIS	Absent	
1GN10056W	Eye, right	HMR	Absent	
1GN10056W	Eye, right	EMB	Absent	
1GN10056W	Opercula	SLSH	Absent	
1GN10057W	Body Surface	RGR	Absent	
1GN10057W	Body Surface	RLSN	Absent	
1GN10057W	Body Surface	SPDF	Absent	
1GN10057W	Body Surface	HMRB	Absent	
1GN10057W	Body Surface	FDC	Absent	
1GN10057W	Body Surface	BFG	Absent	
1GN10057W	Body Surface	PRST	Absent	
1GN10057W	Body Surface	OTHER	Present	Gill net marks
1GN10057W	Head	DFM	Absent	
1GN10057W	Mouth	ULR	Absent	
1GN10057W	Mouth	LLG	Absent	
1GN10057W	Nare	SLN	Absent	
1GN10057W	Eye, left	EXPTH	Absent	
1GN10057W	Eye, left	OPQ	Absent	
1GN10057W	Eye, left	MIS	Absent	
1GN10057W	Eye, left	HMR	Absent	
1GN10057W	Eye, left	EMB	Absent	
1GN10057W	Eye, right	EXPTH	Absent	
1GN10057W	Eye, right	OPQ	Absent	
1GN10057W	Eye, right	MIS	Absent	
1GN10057W	Eye, right	HMR	Absent	
1GN10057W	Eye, right	EMB	Absent	
1GN10057W	Opercula	SLSH	Absent	
1GN10058H	Body Surface	RGR	Absent	
1GN10058H	Body Surface	RLSN	Absent	
1GN10058H	Body Surface	SPDF	Absent	
1GN10058H	Body Surface	HMRB	Absent	
1GN10058H	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10058H	Body Surface	BFG	Absent	
1GN10058H	Body Surface	PRST	Absent	
1GN10058H	Body Surface	OTHER	Present	Gill net marks
1GN10058H	Head	DFM	Absent	
1GN10058H	Mouth	ULR	Absent	
1GN10058H	Mouth	LLG	Absent	
1GN10058H	Nare	SLN	Absent	
1GN10058H	Eye, left	EXPTH	Absent	
1GN10058H	Eye, left	OPQ	Absent	
1GN10058H	Eye, left	MIS	Absent	
1GN10058H	Eye, left	HMR	Absent	
1GN10058H	Eye, left	EMB	Absent	
1GN10058H	Eye, right	EXPTH	Absent	
1GN10058H	Eye, right	OPQ	Absent	
1GN10058H	Eye, right	MIS	Absent	
1GN10058H	Eye, right	HMR	Absent	
1GN10058H	Eye, right	EMB	Absent	
1GN10058H	Opercula	SLSH	Absent	
1GN10058W	Body Surface	RGR	Absent	
1GN10058W	Body Surface	RLSN	Absent	
1GN10058W	Body Surface	SPDF	Absent	
1GN10058W	Body Surface	HMRB	Absent	
1GN10058W	Body Surface	FDC	Absent	
1GN10058W	Body Surface	BFG	Absent	
1GN10058W	Body Surface	PRST	Absent	
1GN10058W	Body Surface	OTHER	Present	Gill net marks
1GN10058W	Head	DFM	Absent	
1GN10058W	Mouth	ULR	Absent	
1GN10058W	Mouth	LLG	Absent	
1GN10058W	Nare	SLN	Absent	
1GN10058W	Eye, left	EXPTH	Absent	
1GN10058W	Eye, left	OPQ	Absent	
1GN10058W	Eye, left	MIS	Absent	
1GN10058W	Eye, left	HMR	Absent	
1GN10058W	Eye, left	EMB	Absent	
1GN10058W	Eye, right	EXPTH	Absent	
1GN10058W	Eye, right	OPQ	Absent	
1GN10058W	Eye, right	MIS	Absent	
1GN10058W	Eye, right	HMR	Absent	
1GN10058W	Eye, right	EMB	Absent	
1GN10058W	Opercula	SLSH	Absent	
1GN10059	Body Surface	RGR	Absent	
1GN10059	Body Surface	RLSN	Absent	
1GN10059	Body Surface	SPDF	Absent	
1GN10059	Body Surface	HMRB	Absent	
1GN10059	Body Surface	FDC	Absent	
1GN10059	Body Surface	BFG	Absent	
1GN10059	Body Surface	PRST	Absent	
1GN10059	Head	DFM	Absent	
1GN10059	Mouth	ULR	Absent	
1GN10059	Mouth	LLG	Absent	
1GN10059	Nare	SLN	Absent	
1GN10059	Eye, left	EXPTH	Absent	
1GN10059	Eye, left	OPQ	Absent	
1GN10059	Eye, left	MIS	Absent	
1GN10059	Eye, left	HMR	Absent	
1GN10059	Eye, left	EMB	Absent	
1GN10059	Eye, right	EXPTH	Absent	
1GN10059	Eye, right	OPQ	Absent	
1GN10059	Eye, right	MIS	Absent	
1GN10059	Eye, right	HMR	Absent	
1GN10059	Eye, right	EMB	Absent	
1GN10059	Opercula	SLSH	Absent	
1GN10059W	Body Surface	RGR	Absent	
1GN10059W	Body Surface	RLSN	Absent	
1GN10059W	Body Surface	SPDF	Absent	
1GN10059W	Body Surface	HMRB	Absent	
1GN10059W	Body Surface	FDC	Absent	
1GN10059W	Body Surface	BFG	Absent	
1GN10059W	Body Surface	PRST	Absent	
1GN10059W	Body Surface	OTHER	Present	Gill net marks
1GN10059W	Head	DFM	Absent	
1GN10059W	Mouth	ULR	Absent	
1GN10059W	Mouth	LLG	Absent	
1GN10059W	Nare	SLN	Absent	
1GN10059W	Eye, left	EXPTH	Absent	
1GN10059W	Eye, left	OPQ	Absent	
1GN10059W	Eye, left	MIS	Absent	
1GN10059W	Eye, left	HMR	Absent	
1GN10059W	Eye, left	EMB	Absent	
1GN10059W	Eye, right	EXPTH	Absent	
1GN10059W	Eye, right	OPQ	Absent	
1GN10059W	Eye, right	MIS	Absent	
1GN10059W	Eye, right	HMR	Absent	
1GN10059W	Eye, right	EMB	Absent	
1GN10059W	Opercula	SLSH	Absent	
1N0001H	Body Surface	RGR	Absent	
1N0001H	Body Surface	RLSN	Absent	
1N0001H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0001H	Body Surface	HMRB	Absent	
1N0001H	Body Surface	FDC	Absent	
1N0001H	Body Surface	BFG	Absent	
1N0001H	Body Surface	PRST	Absent	
1N0001H	Body Surface	OTHER	Present	Gill net marks
1N0001H	Head	DFM	Absent	
1N0001H	Mouth	ULR	Absent	
1N0001H	Mouth	LLG	Absent	
1N0001H	Nare	SLN	Absent	
1N0001H	Eye, left	EXPTH	Absent	
1N0001H	Eye, left	OPQ	Absent	
1N0001H	Eye, left	MIS	Absent	
1N0001H	Eye, left	HMR	Absent	
1N0001H	Eye, left	EMB	Absent	
1N0001H	Eye, right	EXPTH	Absent	
1N0001H	Eye, right	OPQ	Absent	
1N0001H	Eye, right	MIS	Absent	
1N0001H	Eye, right	HMR	Absent	
1N0001H	Eye, right	EMB	Absent	
1N0001H	Opercula	SLSH	Absent	
1N0002H	Body Surface	RGR	Absent	
1N0002H	Body Surface	RLSN	Absent	
1N0002H	Body Surface	SPDF	Absent	
1N0002H	Body Surface	HMRB	Absent	
1N0002H	Body Surface	FDC	Absent	
1N0002H	Body Surface	BFG	Absent	
1N0002H	Body Surface	PRST	Absent	
1N0002H	Body Surface	OTHER	Present	Gill net marks
1N0002H	Head	DFM	Absent	
1N0002H	Mouth	ULR	Absent	
1N0002H	Mouth	LLG	Absent	
1N0002H	Nare	SLN	Absent	
1N0002H	Eye, left	EXPTH	Absent	
1N0002H	Eye, left	OPQ	Absent	
1N0002H	Eye, left	MIS	Absent	
1N0002H	Eye, left	HMR	Absent	
1N0002H	Eye, left	EMB	Absent	
1N0002H	Eye, right	EXPTH	Absent	
1N0002H	Eye, right	OPQ	Absent	
1N0002H	Eye, right	MIS	Absent	
1N0002H	Eye, right	HMR	Absent	
1N0002H	Eye, right	EMB	Absent	
1N0002H	Opercula	SLSH	Absent	
1N0003H	Body Surface	RGR	Absent	
1N0003H	Body Surface	RLSN	Absent	
1N0003H	Body Surface	SPDF	Absent	
1N0003H	Body Surface	HMRB	Absent	
1N0003H	Body Surface	FDC	Absent	
1N0003H	Body Surface	BFG	Absent	
1N0003H	Body Surface	PRST	Absent	
1N0003H	Body Surface	OTHER	Present	Gill net marks
1N0003H	Head	DFM	Absent	
1N0003H	Mouth	ULR	Absent	
1N0003H	Mouth	LLG	Absent	
1N0003H	Nare	SLN	Absent	
1N0003H	Eye, left	EXPTH	Absent	
1N0003H	Eye, left	OPQ	Absent	
1N0003H	Eye, left	MIS	Absent	
1N0003H	Eye, left	HMR	Absent	
1N0003H	Eye, left	EMB	Absent	
1N0003H	Eye, right	EXPTH	Absent	
1N0003H	Eye, right	OPQ	Absent	
1N0003H	Eye, right	MIS	Absent	
1N0003H	Eye, right	HMR	Absent	
1N0003H	Eye, right	EMB	Absent	
1N0003H	Opercula	SLSH	Absent	
1N0004	Body Surface	RGR	Absent	
1N0004	Body Surface	RLSN	Absent	
1N0004	Body Surface	SPDF	Absent	
1N0004	Body Surface	HMRB	Absent	
1N0004	Body Surface	FDC	Absent	
1N0004	Body Surface	BFG	Absent	
1N0004	Body Surface	PRST	Absent	
1N0004	Head	DFM	Absent	
1N0004	Mouth	ULR	Absent	
1N0004	Mouth	LLG	Absent	
1N0004	Nare	SLN	Absent	
1N0004	Eye, left	EXPTH	Absent	
1N0004	Eye, left	OPQ	Absent	
1N0004	Eye, left	MIS	Absent	
1N0004	Eye, left	HMR	Absent	
1N0004	Eye, left	EMB	Absent	
1N0004	Eye, right	EXPTH	Absent	
1N0004	Eye, right	OPQ	Absent	
1N0004	Eye, right	MIS	Absent	
1N0004	Eye, right	HMR	Absent	
1N0004	Eye, right	EMB	Absent	
1N0004	Opercula	SLSH	Absent	
1N0005H	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0005H	Body Surface	RLSN	Absent	
1N0005H	Body Surface	SPDF	Absent	
1N0005H	Body Surface	HMRB	Absent	
1N0005H	Body Surface	FDC	Absent	
1N0005H	Body Surface	BFG	Absent	
1N0005H	Body Surface	PRST	Absent	
1N0005H	Body Surface	OTHER	Present	Scar on left side
1N0005H	Head	DFM	Absent	
1N0005H	Mouth	ULR	Absent	
1N0005H	Mouth	LLG	Absent	
1N0005H	Nare	SLN	Absent	
1N0005H	Eye, left	EXPTH	Absent	
1N0005H	Eye, left	OPQ	Absent	
1N0005H	Eye, left	MIS	Absent	
1N0005H	Eye, left	HMR	Absent	
1N0005H	Eye, left	EMB	Absent	
1N0005H	Eye, right	EXPTH	Absent	
1N0005H	Eye, right	OPQ	Absent	
1N0005H	Eye, right	MIS	Absent	
1N0005H	Eye, right	HMR	Absent	
1N0005H	Eye, right	EMB	Absent	
1N0005H	Opercula	OTHER	Present	Gill net damage
1N0005H	Opercula	SLSH	Absent	
1N0006	Body Surface	RGR	Absent	
1N0006	Body Surface	RLSN	Absent	
1N0006	Body Surface	SPDF	Absent	
1N0006	Body Surface	HMRB	Absent	
1N0006	Body Surface	FDC	Absent	
1N0006	Body Surface	BFG	Absent	
1N0006	Body Surface	PRST	Absent	
1N0006	Head	DFM	Absent	
1N0006	Mouth	ULR	Present	
1N0006	Mouth	LLG	Absent	
1N0006	Nare	SLN	Absent	
1N0006	Eye, left	EXPTH	Absent	
1N0006	Eye, left	OPQ	Absent	
1N0006	Eye, left	MIS	Absent	
1N0006	Eye, left	HMR	Absent	
1N0006	Eye, left	EMB	Absent	
1N0006	Eye, right	EXPTH	Absent	
1N0006	Eye, right	OPQ	Absent	
1N0006	Eye, right	MIS	Absent	
1N0006	Eye, right	HMR	Absent	
1N0006	Eye, right	EMB	Absent	
1N0006	Opercula	SLSH	Absent	
1N0007H	Body Surface	RGR	Absent	
1N0007H	Body Surface	RLSN	Absent	
1N0007H	Body Surface	SPDF	Absent	
1N0007H	Body Surface	HMRB	Absent	
1N0007H	Body Surface	FDC	Absent	
1N0007H	Body Surface	BFG	Absent	
1N0007H	Body Surface	PRST	Absent	
1N0007H	Body Surface	OTHER	Present	Gill net marks
1N0007H	Head	DFM	Absent	
1N0007H	Mouth	ULR	Absent	
1N0007H	Mouth	LLG	Absent	
1N0007H	Nare	SLN	Absent	
1N0007H	Eye, left	EXPTH	Absent	
1N0007H	Eye, left	OPQ	Absent	
1N0007H	Eye, left	MIS	Absent	
1N0007H	Eye, left	HMR	Absent	
1N0007H	Eye, left	EMB	Absent	
1N0007H	Eye, right	EXPTH	Absent	
1N0007H	Eye, right	OPQ	Absent	
1N0007H	Eye, right	MIS	Absent	
1N0007H	Eye, right	HMR	Absent	
1N0007H	Eye, right	EMB	Absent	
1N0007H	Opercula	SLSH	Absent	
1N0008H	Body Surface	RGR	Absent	
1N0008H	Body Surface	RLSN	Absent	
1N0008H	Body Surface	SPDF	Absent	
1N0008H	Body Surface	HMRB	Absent	
1N0008H	Body Surface	FDC	Absent	
1N0008H	Body Surface	BFG	Absent	
1N0008H	Body Surface	PRST	Absent	
1N0008H	Body Surface	OTHER	Present	Gill net marks
1N0008H	Head	DFM	Absent	
1N0008H	Mouth	ULR	Absent	
1N0008H	Mouth	LLG	Absent	
1N0008H	Nare	SLN	Absent	
1N0008H	Eye, left	EXPTH	Absent	
1N0008H	Eye, left	OPQ	Absent	
1N0008H	Eye, left	MIS	Absent	
1N0008H	Eye, left	HMR	Absent	
1N0008H	Eye, left	EMB	Absent	
1N0008H	Eye, right	EXPTH	Absent	
1N0008H	Eye, right	OPQ	Absent	
1N0008H	Eye, right	MIS	Absent	
1N0008H	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0008H	Eye, right	EMB	Absent	
1N0008H	Opercula	SLSH	Absent	
1N0009W	Body Surface	RGR	Absent	
1N0009W	Body Surface	RLSN	Absent	
1N0009W	Body Surface	SPDF	Absent	
1N0009W	Body Surface	HMRB	Absent	
1N0009W	Body Surface	FDC	Absent	
1N0009W	Body Surface	BFG	Absent	
1N0009W	Body Surface	PRST	Absent	
1N0009W	Body Surface	OTHER	Present	Gill net marks
1N0009W	Head	DFM	Absent	
1N0009W	Mouth	ULR	Absent	
1N0009W	Mouth	LLG	Absent	
1N0009W	Nare	SLN	Absent	
1N0009W	Eye, left	EXPTH	Absent	
1N0009W	Eye, left	OPQ	Absent	
1N0009W	Eye, left	MIS	Absent	
1N0009W	Eye, left	HMR	Absent	
1N0009W	Eye, left	EMB	Absent	
1N0009W	Eye, right	EXPTH	Absent	
1N0009W	Eye, right	OPQ	Absent	
1N0009W	Eye, right	MIS	Absent	
1N0009W	Eye, right	HMR	Absent	
1N0009W	Eye, right	EMB	Absent	
1N0009W	Opercula	SLSH	Present	
1N0010H	Body Surface	RGR	Absent	
1N0010H	Body Surface	RLSN	Absent	
1N0010H	Body Surface	SPDF	Absent	
1N0010H	Body Surface	HMRB	Absent	
1N0010H	Body Surface	FDC	Absent	
1N0010H	Body Surface	BFG	Absent	
1N0010H	Body Surface	PRST	Absent	
1N0010H	Body Surface	OTHER	Present	Gill net marks
1N0010H	Head	DFM	Absent	
1N0010H	Mouth	ULR	Absent	
1N0010H	Mouth	LLG	Absent	
1N0010H	Nare	SLN	Absent	
1N0010H	Eye, left	EXPTH	Absent	
1N0010H	Eye, left	OPQ	Absent	
1N0010H	Eye, left	MIS	Absent	
1N0010H	Eye, left	HMR	Absent	
1N0010H	Eye, left	EMB	Absent	
1N0010H	Eye, right	EXPTH	Absent	
1N0010H	Eye, right	OPQ	Absent	
1N0010H	Eye, right	MIS	Absent	
1N0010H	Eye, right	HMR	Absent	
1N0010H	Eye, right	EMB	Absent	
1N0010H	Opercula	SLSH	Absent	
1N0011W	Body Surface	RGR	Absent	
1N0011W	Body Surface	RLSN	Absent	
1N0011W	Body Surface	SPDF	Absent	
1N0011W	Body Surface	HMRB	Absent	
1N0011W	Body Surface	FDC	Absent	
1N0011W	Body Surface	BFG	Absent	
1N0011W	Body Surface	PRST	Absent	
1N0011W	Head	DFM	Absent	
1N0011W	Mouth	ULR	Absent	
1N0011W	Mouth	LLG	Absent	
1N0011W	Nare	SLN	Absent	
1N0011W	Eye, left	EXPTH	Absent	
1N0011W	Eye, left	OPQ	Absent	
1N0011W	Eye, left	MIS	Absent	
1N0011W	Eye, left	HMR	Absent	
1N0011W	Eye, left	EMB	Absent	
1N0011W	Eye, right	EXPTH	Absent	
1N0011W	Eye, right	OPQ	Absent	
1N0011W	Eye, right	MIS	Absent	
1N0011W	Eye, right	HMR	Absent	
1N0011W	Eye, right	EMB	Absent	
1N0011W	Opercula	SLSH	Absent	
1N0012W	Body Surface	RGR	Absent	
1N0012W	Body Surface	RLSN	Absent	
1N0012W	Body Surface	SPDF	Absent	
1N0012W	Body Surface	HMRB	Absent	
1N0012W	Body Surface	FDC	Absent	
1N0012W	Body Surface	BFG	Absent	
1N0012W	Body Surface	PRST	Absent	
1N0012W	Head	OTHER	Present	Damage from clubbing
1N0012W	Head	DFM	Absent	
1N0012W	Mouth	ULR	Absent	
1N0012W	Mouth	LLG	Absent	
1N0012W	Nare	SLN	Absent	
1N0012W	Eye, left	EXPTH	Absent	
1N0012W	Eye, left	OPQ	Absent	
1N0012W	Eye, left	MIS	Absent	
1N0012W	Eye, left	HMR	Absent	
1N0012W	Eye, left	EMB	Absent	
1N0012W	Eye, right	EXPTH	Absent	
1N0012W	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0012W	Eye, right	MIS	Absent	
1N0012W	Eye, right	HMR	Absent	
1N0012W	Eye, right	EMB	Absent	
1N0012W	Opercula	SLSH	Absent	
1N0013H	Body Surface	RGR	Absent	
1N0013H	Body Surface	RLSN	Absent	
1N0013H	Body Surface	SPDF	Absent	
1N0013H	Body Surface	HMRB	Absent	
1N0013H	Body Surface	FDC	Absent	
1N0013H	Body Surface	BFG	Absent	
1N0013H	Body Surface	PRST	Absent	
1N0013H	Body Surface	OTHER	Present	Gill net marks
1N0013H	Head	DFM	Present	
1N0013H	Mouth	ULR	Absent	
1N0013H	Mouth	LLG	Absent	
1N0013H	Nare	SLN	Absent	
1N0013H	Eye, left	EXPTH	Absent	
1N0013H	Eye, left	OPQ	Absent	
1N0013H	Eye, left	MIS	Absent	
1N0013H	Eye, left	HMR	Absent	
1N0013H	Eye, left	EMB	Absent	
1N0013H	Eye, right	EXPTH	Absent	
1N0013H	Eye, right	OPQ	Absent	
1N0013H	Eye, right	MIS	Absent	
1N0013H	Eye, right	HMR	Absent	
1N0013H	Eye, right	EMB	Absent	
1N0013H	Opercula	SLSH	Absent	
1N0014W	OTHER	OTHER	Present	No examination performed
1N0015W	Body Surface	RGR	Absent	
1N0015W	Body Surface	RLSN	Absent	
1N0015W	Body Surface	SPDF	Absent	
1N0015W	Body Surface	HMRB	Absent	
1N0015W	Body Surface	FDC	Absent	
1N0015W	Body Surface	BFG	Absent	
1N0015W	Body Surface	PRST	Absent	
1N0015W	Head	DFM	Absent	
1N0015W	Mouth	ULR	Absent	
1N0015W	Mouth	LLG	Absent	
1N0015W	Nare	SLN	Absent	
1N0015W	Eye, left	EXPTH	Absent	
1N0015W	Eye, left	OPQ	Absent	
1N0015W	Eye, left	MIS	Absent	
1N0015W	Eye, left	HMR	Absent	
1N0015W	Eye, left	EMB	Absent	
1N0015W	Eye, right	EXPTH	Absent	
1N0015W	Eye, right	OPQ	Absent	
1N0015W	Eye, right	MIS	Absent	
1N0015W	Eye, right	HMR	Absent	
1N0015W	Eye, right	EMB	Absent	
1N0015W	Opercula	SLSH	Absent	
1N0016H	Body Surface	RGR	Absent	
1N0016H	Body Surface	RLSN	Absent	
1N0016H	Body Surface	SPDF	Absent	
1N0016H	Body Surface	HMRB	Absent	
1N0016H	Body Surface	FDC	Absent	
1N0016H	Body Surface	BFG	Absent	
1N0016H	Body Surface	PRST	Absent	
1N0016H	Head	DFM	Absent	
1N0016H	Mouth	ULR	Absent	
1N0016H	Mouth	LLG	Absent	
1N0016H	Nare	SLN	Absent	
1N0016H	Eye, left	EXPTH	Absent	
1N0016H	Eye, left	OPQ	Absent	
1N0016H	Eye, left	MIS	Absent	
1N0016H	Eye, left	HMR	Absent	
1N0016H	Eye, left	EMB	Absent	
1N0016H	Eye, right	EXPTH	Absent	
1N0016H	Eye, right	OPQ	Absent	
1N0016H	Eye, right	MIS	Absent	
1N0016H	Eye, right	HMR	Absent	
1N0016H	Eye, right	EMB	Absent	
1N0016H	Opercula	SLSH	Absent	
1N0017	Body Surface	RGR	Absent	
1N0017	Body Surface	RLSN	Absent	
1N0017	Body Surface	SPDF	Absent	
1N0017	Body Surface	HMRB	Absent	
1N0017	Body Surface	FDC	Absent	
1N0017	Body Surface	BFG	Absent	
1N0017	Body Surface	PRST	Absent	
1N0017	Head	DFM	Absent	
1N0017	Mouth	ULR	Absent	
1N0017	Mouth	LLG	Absent	
1N0017	Nare	SLN	Absent	
1N0017	Eye, left	EXPTH	Absent	
1N0017	Eye, left	OPQ	Absent	
1N0017	Eye, left	MIS	Absent	
1N0017	Eye, left	HMR	Absent	
1N0017	Eye, left	EMB	Absent	
1N0017	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0017	Eye, right	OPQ	Absent	
1N0017	Eye, right	MIS	Absent	
1N0017	Eye, right	HMR	Absent	
1N0017	Eye, right	EMB	Absent	
1N0017	Opercula	SLSH	Absent	
1N0018	Body Surface	RGR	Absent	
1N0018	Body Surface	RLSN	Absent	
1N0018	Body Surface	SPDF	Absent	
1N0018	Body Surface	HMRB	Absent	
1N0018	Body Surface	FDC	Absent	
1N0018	Body Surface	BFG	Absent	
1N0018	Body Surface	PRST	Absent	
1N0018	Head	DFM	Absent	
1N0018	Mouth	ULR	Absent	
1N0018	Mouth	LLG	Absent	
1N0018	Nare	SLN	Absent	
1N0018	Eye, left	EXPTH	Absent	
1N0018	Eye, left	OPQ	Absent	
1N0018	Eye, left	MIS	Absent	
1N0018	Eye, left	HMR	Absent	
1N0018	Eye, left	EMB	Absent	
1N0018	Eye, right	EXPTH	Absent	
1N0018	Eye, right	OPQ	Absent	
1N0018	Eye, right	MIS	Absent	
1N0018	Eye, right	HMR	Absent	
1N0018	Eye, right	EMB	Absent	
1N0018	Opercula	SLSH	Absent	
1N0019W	Body Surface	RGR	Absent	
1N0019W	Body Surface	RLSN	Absent	
1N0019W	Body Surface	SPDF	Absent	
1N0019W	Body Surface	HMRB	Absent	
1N0019W	Body Surface	FDC	Absent	
1N0019W	Body Surface	BFG	Absent	
1N0019W	Body Surface	PRST	Absent	
1N0019W	Head	DFM	Absent	
1N0019W	Mouth	ULR	Absent	
1N0019W	Mouth	LLG	Absent	
1N0019W	Nare	SLN	Absent	
1N0019W	Eye, left	EXPTH	Absent	
1N0019W	Eye, left	OPQ	Absent	
1N0019W	Eye, left	MIS	Absent	
1N0019W	Eye, left	HMR	Absent	
1N0019W	Eye, left	EMB	Absent	
1N0019W	Eye, right	EXPTH	Absent	
1N0019W	Eye, right	OPQ	Absent	
1N0019W	Eye, right	MIS	Absent	
1N0019W	Eye, right	HMR	Absent	
1N0019W	Eye, right	EMB	Absent	
1N0019W	Opercula	SLSH	Absent	
1N0020	Body Surface	RGR	Absent	
1N0020	Body Surface	RLSN	Absent	
1N0020	Body Surface	SPDF	Absent	
1N0020	Body Surface	HMRB	Absent	
1N0020	Body Surface	FDC	Absent	
1N0020	Body Surface	BFG	Absent	
1N0020	Body Surface	PRST	Absent	
1N0020	Body Surface	OTHER	Present	Gill net marks
1N0020	Head	DFM	Absent	
1N0020	Mouth	ULR	Absent	
1N0020	Mouth	LLG	Absent	
1N0020	Nare	SLN	Absent	
1N0020	Eye, left	EXPTH	Absent	
1N0020	Eye, left	OPQ	Absent	
1N0020	Eye, left	MIS	Absent	
1N0020	Eye, left	HMR	Absent	
1N0020	Eye, left	EMB	Absent	
1N0020	Eye, right	EXPTH	Absent	
1N0020	Eye, right	OPQ	Absent	
1N0020	Eye, right	MIS	Absent	
1N0020	Eye, right	HMR	Absent	
1N0020	Eye, right	EMB	Absent	
1N0020	Opercula	SLSH	Absent	
1N0027W	Body Surface	RGR	Absent	
1N0027W	Body Surface	RLSN	Absent	
1N0027W	Body Surface	SPDF	Absent	
1N0027W	Body Surface	HMRB	Absent	
1N0027W	Body Surface	FDC	Absent	
1N0027W	Body Surface	BFG	Absent	
1N0027W	Body Surface	PRST	Absent	
1N0027W	Head	DFM	Absent	
1N0027W	Mouth	ULR	Absent	
1N0027W	Mouth	LLG	Absent	
1N0027W	Nare	SLN	Absent	
1N0027W	Eye, left	EXPTH	Absent	
1N0027W	Eye, left	OPQ	Absent	
1N0027W	Eye, left	MIS	Absent	
1N0027W	Eye, left	HMR	Absent	
1N0027W	Eye, left	EMB	Absent	
1N0027W	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0027W	Eye, right	OPQ	Absent	
1N0027W	Eye, right	MIS	Absent	
1N0027W	Eye, right	HMR	Absent	
1N0027W	Eye, right	EMB	Absent	
1N0027W	Opercula	SLSH	Absent	
1N0028W	Body Surface	RGR	Absent	
1N0028W	Body Surface	RLSN	Absent	
1N0028W	Body Surface	SPDF	Absent	
1N0028W	Body Surface	HMRB	Absent	
1N0028W	Body Surface	FDC	Absent	
1N0028W	Body Surface	BFG	Absent	
1N0028W	Body Surface	PRST	Absent	
1N0028W	Head	DFM	Absent	
1N0028W	Mouth	ULR	Absent	
1N0028W	Mouth	LLG	Absent	
1N0028W	Nare	SLN	Absent	
1N0028W	Eye, left	EXPTH	Absent	
1N0028W	Eye, left	OPQ	Absent	
1N0028W	Eye, left	MIS	Absent	
1N0028W	Eye, left	HMR	Absent	
1N0028W	Eye, left	EMB	Absent	
1N0028W	Eye, right	EXPTH	Absent	
1N0028W	Eye, right	OPQ	Absent	
1N0028W	Eye, right	MIS	Absent	
1N0028W	Eye, right	HMR	Absent	
1N0028W	Eye, right	EMB	Absent	
1N0028W	Opercula	SLSH	Absent	
1N0031H	Body Surface	RGR	Absent	
1N0031H	Body Surface	RLSN	Absent	
1N0031H	Body Surface	SPDF	Absent	
1N0031H	Body Surface	HMRB	Absent	
1N0031H	Body Surface	FDC	Absent	
1N0031H	Body Surface	BFG	Absent	
1N0031H	Body Surface	PRST	Absent	
1N0031H	Body Surface	OTHER	Present	Gill net marks
1N0031H	Head	DFM	Absent	
1N0031H	Mouth	ULR	Absent	
1N0031H	Mouth	LLG	Absent	
1N0031H	Nare	SLN	Absent	
1N0031H	Eye, left	EXPTH	Absent	
1N0031H	Eye, left	OPQ	Absent	
1N0031H	Eye, left	MIS	Absent	
1N0031H	Eye, left	HMR	Absent	
1N0031H	Eye, left	EMB	Absent	
1N0031H	Eye, right	EXPTH	Absent	
1N0031H	Eye, right	OPQ	Absent	
1N0031H	Eye, right	MIS	Absent	
1N0031H	Eye, right	HMR	Absent	
1N0031H	Eye, right	EMB	Absent	
1N0031H	Opercula	SLSH	Absent	
1N0032H	Body Surface	RGR	Absent	
1N0032H	Body Surface	RLSN	Absent	
1N0032H	Body Surface	SPDF	Absent	
1N0032H	Body Surface	HMRB	Absent	
1N0032H	Body Surface	FDC	Absent	
1N0032H	Body Surface	BFG	Absent	
1N0032H	Body Surface	PRST	Absent	
1N0032H	Body Surface	OTHER	Present	Gill net marks
1N0032H	Head	DFM	Absent	
1N0032H	Mouth	ULR	Absent	
1N0032H	Mouth	LLG	Absent	
1N0032H	Nare	SLN	Absent	
1N0032H	Eye, left	EXPTH	Absent	
1N0032H	Eye, left	OPQ	Absent	
1N0032H	Eye, left	MIS	Absent	
1N0032H	Eye, left	HMR	Absent	
1N0032H	Eye, left	EMB	Absent	
1N0032H	Eye, right	EXPTH	Absent	
1N0032H	Eye, right	OPQ	Absent	
1N0032H	Eye, right	MIS	Absent	
1N0032H	Eye, right	HMR	Absent	
1N0032H	Eye, right	EMB	Absent	
1N0032H	Opercula	SLSH	Absent	
1N0033H	Body Surface	RGR	Absent	
1N0033H	Body Surface	RLSN	Absent	
1N0033H	Body Surface	SPDF	Absent	
1N0033H	Body Surface	HMRB	Absent	
1N0033H	Body Surface	FDC	Absent	
1N0033H	Body Surface	BFG	Absent	
1N0033H	Body Surface	PRST	Absent	
1N0033H	Body Surface	OTHER	Present	Gill net marks
1N0033H	Head	DFM	Absent	
1N0033H	Mouth	ULR	Absent	
1N0033H	Mouth	LLG	Absent	
1N0033H	Nare	SLN	Absent	
1N0033H	Eye, left	EXPTH	Absent	
1N0033H	Eye, left	OPQ	Absent	
1N0033H	Eye, left	MIS	Absent	
1N0033H	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0033H	Eye, left	EMB	Absent	
1N0033H	Eye, right	EXPTH	Absent	
1N0033H	Eye, right	OPQ	Absent	
1N0033H	Eye, right	MIS	Absent	
1N0033H	Eye, right	HMR	Absent	
1N0033H	Eye, right	EMB	Absent	
1N0033H	Opercula	SLSH	Absent	
1N0035H	Body Surface	RGR	Absent	
1N0035H	Body Surface	RLSN	Absent	
1N0035H	Body Surface	SPDF	Absent	
1N0035H	Body Surface	HMRB	Absent	
1N0035H	Body Surface	FDC	Absent	
1N0035H	Body Surface	BFG	Absent	
1N0035H	Body Surface	PRST	Absent	
1N0035H	Body Surface	OTHER	Present	Gill net marks
1N0035H	Head	DFM	Absent	
1N0035H	Mouth	ULR	Absent	
1N0035H	Mouth	LLG	Absent	
1N0035H	Nare	SLN	Absent	
1N0035H	Eye, left	EXPTH	Absent	
1N0035H	Eye, left	OPQ	Absent	
1N0035H	Eye, left	MIS	Absent	
1N0035H	Eye, left	HMR	Absent	
1N0035H	Eye, left	EMB	Absent	
1N0035H	Eye, right	EXPTH	Absent	
1N0035H	Eye, right	OPQ	Absent	
1N0035H	Eye, right	MIS	Absent	
1N0035H	Eye, right	HMR	Absent	
1N0035H	Eye, right	EMB	Absent	
1N0035H	Opercula	SLSH	Absent	
1N0038H	Body Surface	RGR	Absent	
1N0038H	Body Surface	RLSN	Absent	
1N0038H	Body Surface	SPDF	Absent	
1N0038H	Body Surface	HMRB	Absent	
1N0038H	Body Surface	FDC	Absent	
1N0038H	Body Surface	BFG	Absent	
1N0038H	Body Surface	PRST	Absent	
1N0038H	Body Surface	OTHER	Present	Gill net marks
1N0038H	Head	DFM	Absent	
1N0038H	Mouth	ULR	Absent	
1N0038H	Mouth	LLG	Absent	
1N0038H	Nare	SLN	Absent	
1N0038H	Eye, left	EXPTH	Absent	
1N0038H	Eye, left	OPQ	Absent	
1N0038H	Eye, left	MIS	Absent	
1N0038H	Eye, left	HMR	Absent	
1N0038H	Eye, left	EMB	Absent	
1N0038H	Eye, right	EXPTH	Absent	
1N0038H	Eye, right	OPQ	Absent	
1N0038H	Eye, right	MIS	Absent	
1N0038H	Eye, right	HMR	Absent	
1N0038H	Eye, right	EMB	Absent	
1N0038H	Opercula	SLSH	Absent	
1N0039H	Body Surface	RGR	Absent	
1N0039H	Body Surface	RLSN	Absent	
1N0039H	Body Surface	SPDF	Absent	
1N0039H	Body Surface	HMRB	Absent	
1N0039H	Body Surface	FDC	Absent	
1N0039H	Body Surface	BFG	Absent	
1N0039H	Body Surface	PRST	Absent	
1N0039H	Body Surface	OTHER	Present	Gill net marks
1N0039H	Head	DFM	Absent	
1N0039H	Mouth	ULR	Absent	
1N0039H	Mouth	LLG	Absent	
1N0039H	Nare	SLN	Absent	
1N0039H	Eye, left	EXPTH	Absent	
1N0039H	Eye, left	OPQ	Absent	
1N0039H	Eye, left	MIS	Absent	
1N0039H	Eye, left	HMR	Absent	
1N0039H	Eye, left	EMB	Absent	
1N0039H	Eye, right	EXPTH	Absent	
1N0039H	Eye, right	OPQ	Absent	
1N0039H	Eye, right	MIS	Absent	
1N0039H	Eye, right	HMR	Absent	
1N0039H	Eye, right	EMB	Absent	
1N0039H	Opercula	SLSH	Absent	
1N0040H	Body Surface	RGR	Absent	
1N0040H	Body Surface	RLSN	Absent	
1N0040H	Body Surface	SPDF	Absent	
1N0040H	Body Surface	HMRB	Absent	
1N0040H	Body Surface	FDC	Absent	
1N0040H	Body Surface	BFG	Absent	
1N0040H	Body Surface	PRST	Absent	
1N0040H	Body Surface	OTHER	Present	Gill net marks
1N0040H	Head	DFM	Absent	
1N0040H	Mouth	ULR	Absent	
1N0040H	Mouth	LLG	Absent	
1N0040H	Nare	SLN	Absent	
1N0040H	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0040H	Eye, left	OPQ	Absent	
1N0040H	Eye, left	MIS	Absent	
1N0040H	Eye, left	HMR	Absent	
1N0040H	Eye, left	EMB	Absent	
1N0040H	Eye, right	EXPTH	Absent	
1N0040H	Eye, right	OPQ	Absent	
1N0040H	Eye, right	MIS	Absent	
1N0040H	Eye, right	HMR	Absent	
1N0040H	Eye, right	EMB	Absent	
1N0040H	Opercula	SLSH	Absent	
1N0042W	Body Surface	RGR	Absent	
1N0042W	Body Surface	RLSN	Absent	
1N0042W	Body Surface	SPDF	Absent	
1N0042W	Body Surface	HMRB	Absent	
1N0042W	Body Surface	FDC	Absent	
1N0042W	Body Surface	BFG	Absent	
1N0042W	Body Surface	PRST	Absent	
1N0042W	Body Surface	OTHER	Present	Gill net marks
1N0042W	Head	DFM	Absent	
1N0042W	Mouth	ULR	Absent	
1N0042W	Mouth	LLG	Absent	
1N0042W	Nare	SLN	Absent	
1N0042W	Eye, left	EXPTH	Absent	
1N0042W	Eye, left	OPQ	Absent	
1N0042W	Eye, left	MIS	Absent	
1N0042W	Eye, left	HMR	Absent	
1N0042W	Eye, left	EMB	Absent	
1N0042W	Eye, right	EXPTH	Absent	
1N0042W	Eye, right	OPQ	Absent	
1N0042W	Eye, right	MIS	Absent	
1N0042W	Eye, right	HMR	Absent	
1N0042W	Eye, right	EMB	Absent	
1N0042W	Opercula	OTHER	Present	Gill net damage
1N0042W	Opercula	SLSH	Absent	
1N0043W	Body Surface	RGR	Absent	
1N0043W	Body Surface	RLSN	Absent	
1N0043W	Body Surface	SPDF	Absent	
1N0043W	Body Surface	HMRB	Absent	
1N0043W	Body Surface	FDC	Absent	
1N0043W	Body Surface	BFG	Absent	
1N0043W	Body Surface	PRST	Absent	
1N0043W	Body Surface	OTHER	Present	Gill net marks
1N0043W	Head	DFM	Absent	
1N0043W	Mouth	ULR	Absent	
1N0043W	Mouth	LLG	Absent	
1N0043W	Nare	SLN	Absent	
1N0043W	Eye, left	EXPTH	Absent	
1N0043W	Eye, left	OPQ	Absent	
1N0043W	Eye, left	MIS	Absent	
1N0043W	Eye, left	HMR	Absent	
1N0043W	Eye, left	EMB	Absent	
1N0043W	Eye, right	EXPTH	Absent	
1N0043W	Eye, right	OPQ	Absent	
1N0043W	Eye, right	MIS	Absent	
1N0043W	Eye, right	HMR	Absent	
1N0043W	Eye, right	EMB	Absent	
1N0043W	Opercula	SLSH	Absent	
1N0044	Body Surface	RGR	Absent	
1N0044	Body Surface	RLSN	Absent	
1N0044	Body Surface	SPDF	Absent	
1N0044	Body Surface	HMRB	Absent	
1N0044	Body Surface	FDC	Absent	
1N0044	Body Surface	BFG	Absent	
1N0044	Body Surface	PRST	Absent	
1N0044	Head	DFM	Absent	
1N0044	Mouth	ULR	Absent	
1N0044	Mouth	LLG	Absent	
1N0044	Nare	SLN	Absent	
1N0044	Eye, left	EXPTH	Absent	
1N0044	Eye, left	OPQ	Absent	
1N0044	Eye, left	MIS	Absent	
1N0044	Eye, left	HMR	Absent	
1N0044	Eye, left	EMB	Absent	
1N0044	Eye, right	EXPTH	Absent	
1N0044	Eye, right	OPQ	Absent	
1N0044	Eye, right	MIS	Absent	
1N0044	Eye, right	HMR	Absent	
1N0044	Eye, right	EMB	Absent	
1N0044	Opercula	OTHER	Present	Gill net damage
1N0044	Opercula	SLSH	Absent	
1N0046H	Body Surface	RGR	Absent	
1N0046H	Body Surface	RLSN	Absent	
1N0046H	Body Surface	SPDF	Absent	
1N0046H	Body Surface	HMRB	Absent	
1N0046H	Body Surface	FDC	Absent	
1N0046H	Body Surface	BFG	Absent	
1N0046H	Body Surface	PRST	Absent	
1N0046H	Body Surface	OTHER	Present	Gill net marks
1N0046H	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0046H	Mouth	ULR	Absent	
1N0046H	Mouth	LLG	Absent	
1N0046H	Nare	SLN	Absent	
1N0046H	Eye, left	EXPTH	Absent	
1N0046H	Eye, left	OPQ	Absent	
1N0046H	Eye, left	MIS	Absent	
1N0046H	Eye, left	HMR	Absent	
1N0046H	Eye, left	EMB	Absent	
1N0046H	Eye, right	EXPTH	Absent	
1N0046H	Eye, right	OPQ	Absent	
1N0046H	Eye, right	MIS	Absent	
1N0046H	Eye, right	HMR	Absent	
1N0046H	Eye, right	EMB	Absent	
1N0046H	Opercula	SLSH	Absent	
1N0048W	Body Surface	RGR	Absent	
1N0048W	Body Surface	RLSN	Absent	
1N0048W	Body Surface	SPDF	Absent	
1N0048W	Body Surface	HMRB	Absent	
1N0048W	Body Surface	FDC	Absent	
1N0048W	Body Surface	BFG	Absent	
1N0048W	Body Surface	PRST	Absent	
1N0048W	Body Surface	OTHER	Present	Gill net marks
1N0048W	Head	DFM	Absent	
1N0048W	Mouth	ULR	Absent	
1N0048W	Mouth	LLG	Absent	
1N0048W	Nare	SLN	Absent	
1N0048W	Eye, left	EXPTH	Absent	
1N0048W	Eye, left	OPQ	Absent	
1N0048W	Eye, left	MIS	Absent	
1N0048W	Eye, left	HMR	Absent	
1N0048W	Eye, left	EMB	Absent	
1N0048W	Eye, right	EXPTH	Absent	
1N0048W	Eye, right	OPQ	Absent	
1N0048W	Eye, right	MIS	Absent	
1N0048W	Eye, right	HMR	Absent	
1N0048W	Eye, right	EMB	Absent	
1N0048W	Opercula	SLSH	Absent	
1N0049W	Body Surface	RGR	Absent	
1N0049W	Body Surface	RLSN	Absent	
1N0049W	Body Surface	SPDF	Absent	
1N0049W	Body Surface	HMRB	Absent	
1N0049W	Body Surface	FDC	Absent	
1N0049W	Body Surface	BFG	Absent	
1N0049W	Body Surface	PRST	Absent	
1N0049W	Body Surface	OTHER	Present	Gill net marks
1N0049W	Head	DFM	Absent	
1N0049W	Mouth	ULR	Absent	
1N0049W	Mouth	LLG	Absent	
1N0049W	Nare	SLN	Absent	
1N0049W	Eye, left	EXPTH	Absent	
1N0049W	Eye, left	OPQ	Absent	
1N0049W	Eye, left	MIS	Absent	
1N0049W	Eye, left	HMR	Absent	
1N0049W	Eye, left	EMB	Absent	
1N0049W	Eye, right	EXPTH	Absent	
1N0049W	Eye, right	OPQ	Absent	
1N0049W	Eye, right	MIS	Absent	
1N0049W	Eye, right	HMR	Absent	
1N0049W	Eye, right	EMB	Absent	
1N0049W	Opercula	SLSH	Absent	
1N0050W	Body Surface	RGR	Absent	
1N0050W	Body Surface	RLSN	Absent	
1N0050W	Body Surface	SPDF	Absent	
1N0050W	Body Surface	HMRB	Absent	
1N0050W	Body Surface	FDC	Absent	
1N0050W	Body Surface	BFG	Absent	
1N0050W	Body Surface	PRST	Absent	
1N0050W	Body Surface	OTHER	Present	Gill net marks
1N0050W	Head	DFM	Absent	
1N0050W	Mouth	ULR	Absent	
1N0050W	Mouth	LLG	Absent	
1N0050W	Nare	SLN	Absent	
1N0050W	Eye, left	EXPTH	Absent	
1N0050W	Eye, left	OPQ	Absent	
1N0050W	Eye, left	MIS	Absent	
1N0050W	Eye, left	HMR	Absent	
1N0050W	Eye, left	EMB	Absent	
1N0050W	Eye, right	EXPTH	Absent	
1N0050W	Eye, right	OPQ	Absent	
1N0050W	Eye, right	MIS	Absent	
1N0050W	Eye, right	HMR	Absent	
1N0050W	Eye, right	EMB	Absent	
1N0050W	Opercula	SLSH	Absent	
1N0051W	Body Surface	RGR	Absent	
1N0051W	Body Surface	RLSN	Absent	
1N0051W	Body Surface	SPDF	Absent	
1N0051W	Body Surface	HMRB	Absent	
1N0051W	Body Surface	FDC	Absent	
1N0051W	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0051W	Body Surface	PRST	Absent	
1N0051W	Body Surface	OTHER	Present	Gill net marks
1N0051W	Head	DFM	Absent	
1N0051W	Mouth	ULR	Absent	
1N0051W	Mouth	LLG	Absent	
1N0051W	Nare	SLN	Absent	
1N0051W	Eye, left	EXPTH	Absent	
1N0051W	Eye, left	OPQ	Absent	
1N0051W	Eye, left	MIS	Absent	
1N0051W	Eye, left	HMR	Absent	
1N0051W	Eye, left	EMB	Absent	
1N0051W	Eye, right	EXPTH	Absent	
1N0051W	Eye, right	OPQ	Absent	
1N0051W	Eye, right	MIS	Absent	
1N0051W	Eye, right	HMR	Absent	
1N0051W	Eye, right	EMB	Absent	
1N0051W	Opercula	OTHER	Present	Gill net damage
1N0051W	Opercula	SLSH	Absent	
1N0052W	Body Surface	RGR	Absent	
1N0052W	Body Surface	RLSN	Absent	
1N0052W	Body Surface	SPDF	Absent	
1N0052W	Body Surface	HMRB	Absent	
1N0052W	Body Surface	FDC	Absent	
1N0052W	Body Surface	BFG	Absent	
1N0052W	Body Surface	PRST	Absent	
1N0052W	Body Surface	OTHER	Present	Gill net marks
1N0052W	Head	DFM	Absent	
1N0052W	Mouth	ULR	Absent	
1N0052W	Mouth	LLG	Absent	
1N0052W	Nare	SLN	Absent	
1N0052W	Eye, left	EXPTH	Absent	
1N0052W	Eye, left	OPQ	Absent	
1N0052W	Eye, left	MIS	Absent	
1N0052W	Eye, left	HMR	Absent	
1N0052W	Eye, left	EMB	Absent	
1N0052W	Eye, right	EXPTH	Absent	
1N0052W	Eye, right	OPQ	Absent	
1N0052W	Eye, right	MIS	Absent	
1N0052W	Eye, right	HMR	Absent	
1N0052W	Eye, right	EMB	Absent	
1N0052W	Opercula	SLSH	Absent	
1N0053H	Body Surface	RGR	Absent	
1N0053H	Body Surface	RLSN	Absent	
1N0053H	Body Surface	SPDF	Absent	
1N0053H	Body Surface	HMRB	Absent	
1N0053H	Body Surface	FDC	Absent	
1N0053H	Body Surface	BFG	Absent	
1N0053H	Body Surface	PRST	Absent	
1N0053H	Body Surface	OTHER	Present	Gill net marks
1N0053H	Head	DFM	Absent	
1N0053H	Mouth	ULR	Absent	
1N0053H	Mouth	LLG	Absent	
1N0053H	Nare	SLN	Absent	
1N0053H	Eye, left	EXPTH	Absent	
1N0053H	Eye, left	OPQ	Absent	
1N0053H	Eye, left	MIS	Absent	
1N0053H	Eye, left	HMR	Absent	
1N0053H	Eye, left	EMB	Absent	
1N0053H	Eye, right	EXPTH	Absent	
1N0053H	Eye, right	OPQ	Absent	
1N0053H	Eye, right	MIS	Absent	
1N0053H	Eye, right	HMR	Absent	
1N0053H	Eye, right	EMB	Absent	
1N0053H	Opercula	SLSH	Absent	
1N0054W	Body Surface	RGR	Absent	
1N0054W	Body Surface	RLSN	Absent	
1N0054W	Body Surface	SPDF	Absent	
1N0054W	Body Surface	HMRB	Absent	
1N0054W	Body Surface	FDC	Absent	
1N0054W	Body Surface	BFG	Absent	
1N0054W	Body Surface	PRST	Absent	
1N0054W	Body Surface	OTHER	Present	Gill net marks, Laceration on abdomen
1N0054W	Head	DFM	Absent	
1N0054W	Mouth	ULR	Absent	
1N0054W	Mouth	LLG	Absent	
1N0054W	Nare	SLN	Absent	
1N0054W	Eye, left	EXPTH	Absent	
1N0054W	Eye, left	OPQ	Absent	
1N0054W	Eye, left	MIS	Absent	
1N0054W	Eye, left	HMR	Absent	
1N0054W	Eye, left	EMB	Absent	
1N0054W	Eye, right	EXPTH	Absent	
1N0054W	Eye, right	OPQ	Absent	
1N0054W	Eye, right	MIS	Absent	
1N0054W	Eye, right	HMR	Absent	
1N0054W	Eye, right	EMB	Absent	
1N0054W	Opercula	SLSH	Absent	
1N10022	Body Surface	RGR	Absent	
1N10022	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N10022	Body Surface	SPDF	Absent	
1N10022	Body Surface	HMRB	Absent	
1N10022	Body Surface	FDC	Absent	
1N10022	Body Surface	BFG	Absent	
1N10022	Body Surface	PRST	Absent	
1N10022	Head	DFM	Absent	
1N10022	Mouth	ULR	Absent	
1N10022	Mouth	LLG	Absent	
1N10022	Nare	SLN	Absent	
1N10022	Eye, left	EXPTH	Absent	
1N10022	Eye, left	OPQ	Absent	
1N10022	Eye, left	MIS	Absent	
1N10022	Eye, left	HMR	Absent	
1N10022	Eye, left	EMB	Absent	
1N10022	Eye, right	EXPTH	Absent	
1N10022	Eye, right	OPQ	Absent	
1N10022	Eye, right	MIS	Absent	
1N10022	Eye, right	HMR	Absent	
1N10022	Eye, right	EMB	Absent	
1N10022	Opercula	SLSH	Absent	
1N10023	Body Surface	RGR	Absent	
1N10023	Body Surface	RLSN	Absent	
1N10023	Body Surface	SPDF	Absent	
1N10023	Body Surface	HMRB	Absent	
1N10023	Body Surface	FDC	Absent	
1N10023	Body Surface	BFG	Absent	
1N10023	Body Surface	PRST	Absent	
1N10023	Head	DFM	Absent	
1N10023	Mouth	ULR	Absent	
1N10023	Mouth	LLG	Absent	
1N10023	Nare	SLN	Absent	
1N10023	Eye, left	EXPTH	Absent	
1N10023	Eye, left	OPQ	Absent	
1N10023	Eye, left	MIS	Absent	
1N10023	Eye, left	HMR	Absent	
1N10023	Eye, left	EMB	Absent	
1N10023	Eye, right	EXPTH	Absent	
1N10023	Eye, right	OPQ	Absent	
1N10023	Eye, right	MIS	Absent	
1N10023	Eye, right	HMR	Absent	
1N10023	Eye, right	EMB	Absent	
1N10023	Opercula	SLSH	Absent	
1N10024	Body Surface	RGR	Absent	
1N10024	Body Surface	RLSN	Absent	
1N10024	Body Surface	SPDF	Absent	
1N10024	Body Surface	HMRB	Absent	
1N10024	Body Surface	FDC	Absent	
1N10024	Body Surface	BFG	Absent	
1N10024	Body Surface	PRST	Absent	
1N10024	Head	DFM	Absent	
1N10024	Mouth	ULR	Absent	
1N10024	Mouth	LLG	Absent	
1N10024	Nare	SLN	Absent	
1N10024	Eye, left	EXPTH	Absent	
1N10024	Eye, left	OPQ	Absent	
1N10024	Eye, left	MIS	Absent	
1N10024	Eye, left	HMR	Present	
1N10024	Eye, left	EMB	Absent	
1N10024	Eye, right	EXPTH	Absent	
1N10024	Eye, right	OPQ	Absent	
1N10024	Eye, right	MIS	Absent	
1N10024	Eye, right	HMR	Absent	
1N10024	Eye, right	EMB	Absent	
1N10024	Opercula	SLSH	Absent	
1N10025	Body Surface	RGR	Absent	
1N10025	Body Surface	RLSN	Absent	
1N10025	Body Surface	SPDF	Absent	
1N10025	Body Surface	HMRB	Absent	
1N10025	Body Surface	FDC	Absent	
1N10025	Body Surface	BFG	Absent	
1N10025	Body Surface	PRST	Absent	
1N10025	Head	DFM	Absent	
1N10025	Mouth	ULR	Absent	
1N10025	Mouth	LLG	Absent	
1N10025	Nare	SLN	Absent	
1N10025	Eye, left	EXPTH	Absent	
1N10025	Eye, left	OPQ	Absent	
1N10025	Eye, left	MIS	Absent	
1N10025	Eye, left	HMR	Absent	
1N10025	Eye, left	EMB	Absent	
1N10025	Eye, right	EXPTH	Absent	
1N10025	Eye, right	OPQ	Absent	
1N10025	Eye, right	MIS	Absent	
1N10025	Eye, right	HMR	Absent	
1N10025	Eye, right	EMB	Absent	
1N10025	Opercula	SLSH	Absent	
1N10026	Body Surface	RGR	Absent	
1N10026	Body Surface	RLSN	Absent	
1N10026	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N10026	Body Surface	HMRB	Absent	
1N10026	Body Surface	FDC	Absent	
1N10026	Body Surface	BFG	Absent	
1N10026	Body Surface	PRST	Absent	
1N10026	Head	DFM	Absent	
1N10026	Mouth	ULR	Absent	
1N10026	Mouth	LLG	Absent	
1N10026	Nare	SLN	Absent	
1N10026	Eye, left	EXPTH	Absent	
1N10026	Eye, left	OPQ	Absent	
1N10026	Eye, left	MIS	Absent	
1N10026	Eye, left	HMR	Absent	
1N10026	Eye, left	EMB	Absent	
1N10026	Eye, right	EXPTH	Absent	
1N10026	Eye, right	OPQ	Absent	
1N10026	Eye, right	MIS	Absent	
1N10026	Eye, right	HMR	Absent	
1N10026	Eye, right	EMB	Absent	
1N10026	Opercula	SLSH	Absent	
1N10029	Body Surface	RGR	Absent	
1N10029	Body Surface	RLSN	Absent	
1N10029	Body Surface	SPDF	Absent	
1N10029	Body Surface	HMRB	Absent	
1N10029	Body Surface	FDC	Absent	
1N10029	Body Surface	BFG	Absent	
1N10029	Body Surface	PRST	Absent	
1N10029	Head	DFM	Absent	
1N10029	Mouth	ULR	Absent	
1N10029	Mouth	LLG	Absent	
1N10029	Nare	SLN	Absent	
1N10029	Eye, left	EXPTH	Absent	
1N10029	Eye, left	OPQ	Absent	
1N10029	Eye, left	MIS	Absent	
1N10029	Eye, left	HMR	Absent	
1N10029	Eye, left	EMB	Absent	
1N10029	Eye, right	EXPTH	Absent	
1N10029	Eye, right	OPQ	Absent	
1N10029	Eye, right	MIS	Absent	
1N10029	Eye, right	HMR	Absent	
1N10029	Eye, right	EMB	Absent	
1N10029	Opercula	SLSH	Absent	
1N10030	Body Surface	RGR	Absent	
1N10030	Body Surface	RLSN	Absent	
1N10030	Body Surface	SPDF	Absent	
1N10030	Body Surface	HMRB	Absent	
1N10030	Body Surface	FDC	Absent	
1N10030	Body Surface	BFG	Absent	
1N10030	Body Surface	PRST	Absent	
1N10030	Head	DFM	Absent	
1N10030	Mouth	ULR	Absent	
1N10030	Mouth	LLG	Absent	
1N10030	Nare	SLN	Absent	
1N10030	Eye, left	EXPTH	Absent	
1N10030	Eye, left	OPQ	Absent	
1N10030	Eye, left	MIS	Absent	
1N10030	Eye, left	HMR	Absent	
1N10030	Eye, left	EMB	Absent	
1N10030	Eye, right	EXPTH	Absent	
1N10030	Eye, right	OPQ	Absent	
1N10030	Eye, right	MIS	Absent	
1N10030	Eye, right	HMR	Absent	
1N10030	Eye, right	EMB	Absent	
1N10030	Opercula	SLSH	Absent	
1N10034H	Body Surface	RGR	Absent	
1N10034H	Body Surface	RLSN	Absent	
1N10034H	Body Surface	SPDF	Absent	
1N10034H	Body Surface	HMRB	Absent	
1N10034H	Body Surface	FDC	Absent	
1N10034H	Body Surface	BFG	Absent	
1N10034H	Body Surface	PRST	Absent	
1N10034H	Body Surface	OTHER	Present	Gill net marks
1N10034H	Head	DFM	Absent	
1N10034H	Mouth	ULR	Absent	
1N10034H	Mouth	LLG	Absent	
1N10034H	Nare	SLN	Absent	
1N10034H	Eye, left	EXPTH	Absent	
1N10034H	Eye, left	OPQ	Absent	
1N10034H	Eye, left	MIS	Absent	
1N10034H	Eye, left	HMR	Absent	
1N10034H	Eye, left	EMB	Absent	
1N10034H	Eye, right	EXPTH	Absent	
1N10034H	Eye, right	OPQ	Absent	
1N10034H	Eye, right	MIS	Absent	
1N10034H	Eye, right	HMR	Absent	
1N10034H	Eye, right	EMB	Absent	
1N10034H	Opercula	SLSH	Absent	
1N10037H	Body Surface	RGR	Absent	
1N10037H	Body Surface	RLSN	Absent	
1N10037H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N10037H	Body Surface	HMRB	Absent	
1N10037H	Body Surface	FDC	Absent	
1N10037H	Body Surface	BFG	Absent	
1N10037H	Body Surface	PRST	Absent	
1N10037H	Body Surface	OTHER	Present	Gill net marks
1N10037H	Head	DFM	Absent	
1N10037H	Mouth	ULR	Absent	
1N10037H	Mouth	LLG	Absent	
1N10037H	Nare	SLN	Absent	
1N10037H	Eye, left	EXPTH	Absent	
1N10037H	Eye, left	OPQ	Absent	
1N10037H	Eye, left	MIS	Absent	
1N10037H	Eye, left	HMR	Absent	
1N10037H	Eye, left	EMB	Absent	
1N10037H	Eye, right	EXPTH	Absent	
1N10037H	Eye, right	OPQ	Absent	
1N10037H	Eye, right	MIS	Absent	
1N10037H	Eye, right	HMR	Absent	
1N10037H	Eye, right	EMB	Absent	
1N10037H	Opercula	SLSH	Absent	
1N10041H	Body Surface	RGR	Absent	
1N10041H	Body Surface	RLSN	Absent	
1N10041H	Body Surface	SPDF	Absent	
1N10041H	Body Surface	HMRB	Absent	
1N10041H	Body Surface	FDC	Absent	
1N10041H	Body Surface	BFG	Absent	
1N10041H	Body Surface	PRST	Absent	
1N10041H	Body Surface	OTHER	Present	Gill net marks
1N10041H	Head	DFM	Absent	
1N10041H	Mouth	ULR	Absent	
1N10041H	Mouth	LLG	Absent	
1N10041H	Nare	SLN	Absent	
1N10041H	Eye, left	EXPTH	Absent	
1N10041H	Eye, left	OPQ	Absent	
1N10041H	Eye, left	MIS	Absent	
1N10041H	Eye, left	HMR	Absent	
1N10041H	Eye, left	EMB	Absent	
1N10041H	Eye, right	EXPTH	Absent	
1N10041H	Eye, right	OPQ	Absent	
1N10041H	Eye, right	MIS	Absent	
1N10041H	Eye, right	HMR	Absent	
1N10041H	Eye, right	EMB	Absent	
1N10041H	Opercula	SLSH	Absent	
2A0001	Body Surface	RGR	Absent	
2A0001	Body Surface	RLSN	Absent	
2A0001	Body Surface	SPDF	Absent	
2A0001	Body Surface	HMRB	Absent	
2A0001	Body Surface	FDC	Absent	
2A0001	Body Surface	BFG	Absent	
2A0001	Body Surface	PRST	Absent	
2A0001	Head	DFM	Absent	
2A0001	Mouth	ULR	Absent	
2A0001	Mouth	LLG	Absent	
2A0001	Nare	SLN	Absent	
2A0001	Eye, left	EXPTH	Absent	
2A0001	Eye, left	OPQ	Absent	
2A0001	Eye, left	MIS	Absent	
2A0001	Eye, left	HMR	Absent	
2A0001	Eye, left	EMB	Absent	
2A0001	Eye, right	EXPTH	Absent	
2A0001	Eye, right	OPQ	Absent	
2A0001	Eye, right	MIS	Absent	
2A0001	Eye, right	HMR	Absent	
2A0001	Eye, right	EMB	Absent	
2A0001	Opercula	SLSH	Absent	
2A0002	Body Surface	RGR	Absent	
2A0002	Body Surface	RLSN	Absent	
2A0002	Body Surface	SPDF	Absent	
2A0002	Body Surface	HMRB	Absent	
2A0002	Body Surface	FDC	Absent	
2A0002	Body Surface	BFG	Absent	
2A0002	Body Surface	PRST	Absent	
2A0002	Head	DFM	Absent	
2A0002	Mouth	ULR	Absent	
2A0002	Mouth	LLG	Absent	
2A0002	Nare	SLN	Absent	
2A0002	Eye, left	EXPTH	Absent	
2A0002	Eye, left	OPQ	Absent	
2A0002	Eye, left	MIS	Absent	
2A0002	Eye, left	HMR	Absent	
2A0002	Eye, left	EMB	Absent	
2A0002	Eye, right	EXPTH	Absent	
2A0002	Eye, right	OPQ	Absent	
2A0002	Eye, right	MIS	Absent	
2A0002	Eye, right	HMR	Absent	
2A0002	Eye, right	EMB	Absent	
2A0002	Opercula	SLSH	Absent	
2A0003	Body Surface	RGR	Absent	
2A0003	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0003	Body Surface	SPDF	Absent	
2A0003	Body Surface	HMRB	Absent	
2A0003	Body Surface	FDC	Absent	
2A0003	Body Surface	BFG	Absent	
2A0003	Body Surface	PRST	Absent	
2A0003	Head	DFM	Absent	
2A0003	Mouth	ULR	Absent	
2A0003	Mouth	LLG	Absent	
2A0003	Nare	SLN	Absent	
2A0003	Eye, left	EXPTH	Absent	
2A0003	Eye, left	OPQ	Absent	
2A0003	Eye, left	MIS	Absent	
2A0003	Eye, left	HMR	Absent	
2A0003	Eye, left	EMB	Absent	
2A0003	Eye, right	EXPTH	Absent	
2A0003	Eye, right	OPQ	Absent	
2A0003	Eye, right	MIS	Absent	
2A0003	Eye, right	HMR	Absent	
2A0003	Eye, right	EMB	Absent	
2A0003	Opercula	SLSH	Absent	
2A0004	Body Surface	RGR	Absent	
2A0004	Body Surface	RLSN	Absent	
2A0004	Body Surface	SPDF	Absent	
2A0004	Body Surface	HMRB	Absent	
2A0004	Body Surface	FDC	Absent	
2A0004	Body Surface	BFG	Absent	
2A0004	Body Surface	PRST	Absent	
2A0004	Head	DFM	Absent	
2A0004	Mouth	ULR	Absent	
2A0004	Mouth	LLG	Absent	
2A0004	Nare	SLN	Absent	
2A0004	Eye, left	EXPTH	Absent	
2A0004	Eye, left	OPQ	Absent	
2A0004	Eye, left	MIS	Absent	
2A0004	Eye, left	HMR	Absent	
2A0004	Eye, left	EMB	Absent	
2A0004	Eye, right	EXPTH	Absent	
2A0004	Eye, right	OPQ	Absent	
2A0004	Eye, right	MIS	Absent	
2A0004	Eye, right	HMR	Absent	
2A0004	Eye, right	EMB	Absent	
2A0004	Opercula	SLSH	Absent	
2A0005	Body Surface	RGR	Absent	
2A0005	Body Surface	RLSN	Absent	
2A0005	Body Surface	SPDF	Absent	
2A0005	Body Surface	HMRB	Absent	
2A0005	Body Surface	FDC	Absent	
2A0005	Body Surface	BFG	Absent	
2A0005	Body Surface	PRST	Absent	
2A0005	Head	DFM	Absent	
2A0005	Mouth	ULR	Absent	
2A0005	Mouth	LLG	Absent	
2A0005	Nare	SLN	Absent	
2A0005	Eye, left	EXPTH	Absent	
2A0005	Eye, left	OPQ	Absent	
2A0005	Eye, left	MIS	Absent	
2A0005	Eye, left	HMR	Absent	
2A0005	Eye, left	EMB	Absent	
2A0005	Eye, right	EXPTH	Absent	
2A0005	Eye, right	OPQ	Absent	
2A0005	Eye, right	MIS	Absent	
2A0005	Eye, right	HMR	Absent	
2A0005	Eye, right	EMB	Absent	
2A0005	Opercula	SLSH	Absent	
2A0006	Body Surface	RGR	Absent	
2A0006	Body Surface	RLSN	Absent	
2A0006	Body Surface	SPDF	Absent	
2A0006	Body Surface	HMRB	Absent	
2A0006	Body Surface	FDC	Absent	
2A0006	Body Surface	BFG	Absent	
2A0006	Body Surface	PRST	Absent	
2A0006	Head	DFM	Absent	
2A0006	Mouth	ULR	Absent	
2A0006	Mouth	LLG	Absent	
2A0006	Nare	SLN	Absent	
2A0006	Eye, left	EXPTH	Absent	
2A0006	Eye, left	OPQ	Absent	
2A0006	Eye, left	MIS	Absent	
2A0006	Eye, left	HMR	Absent	
2A0006	Eye, left	EMB	Absent	
2A0006	Eye, right	EXPTH	Absent	
2A0006	Eye, right	OPQ	Absent	
2A0006	Eye, right	MIS	Absent	
2A0006	Eye, right	HMR	Absent	
2A0006	Eye, right	EMB	Absent	
2A0006	Opercula	SLSH	Absent	
2A0007	Body Surface	RGR	Absent	
2A0007	Body Surface	RLSN	Absent	
2A0007	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0007	Body Surface	HMRB	Present	
2A0007	Body Surface	FDC	Absent	
2A0007	Body Surface	BFG	Absent	
2A0007	Body Surface	PRST	Absent	
2A0007	Head	DFM	Absent	
2A0007	Mouth	ULR	Absent	
2A0007	Mouth	LLG	Absent	
2A0007	Nare	SLN	Absent	
2A0007	Eye, left	EXPTH	Absent	
2A0007	Eye, left	OPQ	Absent	
2A0007	Eye, left	MIS	Absent	
2A0007	Eye, left	HMR	Absent	
2A0007	Eye, left	EMB	Absent	
2A0007	Eye, right	EXPTH	Absent	
2A0007	Eye, right	OPQ	Absent	
2A0007	Eye, right	MIS	Absent	
2A0007	Eye, right	HMR	Absent	
2A0007	Eye, right	EMB	Absent	
2A0007	Opercula	SLSH	Absent	
2A0008	Body Surface	RGR	Absent	
2A0008	Body Surface	RLSN	Present	
2A0008	Body Surface	SPDF	Absent	
2A0008	Body Surface	HMRB	Absent	
2A0008	Body Surface	FDC	Absent	
2A0008	Body Surface	BFG	Absent	
2A0008	Body Surface	PRST	Absent	
2A0008	Head	DFM	Absent	
2A0008	Mouth	ULR	Absent	
2A0008	Mouth	LLG	Absent	
2A0008	Nare	SLN	Absent	
2A0008	Eye, left	EXPTH	Absent	
2A0008	Eye, left	OPQ	Absent	
2A0008	Eye, left	MIS	Absent	
2A0008	Eye, left	HMR	Absent	
2A0008	Eye, left	EMB	Absent	
2A0008	Eye, right	EXPTH	Absent	
2A0008	Eye, right	OPQ	Absent	
2A0008	Eye, right	MIS	Absent	
2A0008	Eye, right	HMR	Absent	
2A0008	Eye, right	EMB	Absent	
2A0008	Opercula	SLSH	Absent	
2A0009	Body Surface	RGR	Absent	
2A0009	Body Surface	RLSN	Absent	
2A0009	Body Surface	SPDF	Absent	
2A0009	Body Surface	HMRB	Absent	
2A0009	Body Surface	FDC	Absent	
2A0009	Body Surface	BFG	Absent	
2A0009	Body Surface	PRST	Absent	
2A0009	Head	DFM	Absent	
2A0009	Mouth	ULR	Absent	
2A0009	Mouth	LLG	Absent	
2A0009	Nare	SLN	Absent	
2A0009	Eye, left	EXPTH	Absent	
2A0009	Eye, left	OPQ	Absent	
2A0009	Eye, left	MIS	Absent	
2A0009	Eye, left	HMR	Absent	
2A0009	Eye, left	EMB	Absent	
2A0009	Eye, right	EXPTH	Absent	
2A0009	Eye, right	OPQ	Absent	
2A0009	Eye, right	MIS	Absent	
2A0009	Eye, right	HMR	Absent	
2A0009	Eye, right	EMB	Absent	
2A0009	Opercula	SLSH	Absent	
2A0010	Body Surface	RGR	Absent	
2A0010	Body Surface	RLSN	Absent	
2A0010	Body Surface	SPDF	Absent	
2A0010	Body Surface	HMRB	Absent	
2A0010	Body Surface	FDC	Absent	
2A0010	Body Surface	BFG	Absent	
2A0010	Body Surface	PRST	Absent	
2A0010	Head	DFM	Absent	
2A0010	Mouth	ULR	Absent	
2A0010	Mouth	LLG	Absent	
2A0010	Nare	SLN	Absent	
2A0010	Eye, left	EXPTH	Absent	
2A0010	Eye, left	OPQ	Absent	
2A0010	Eye, left	MIS	Absent	
2A0010	Eye, left	HMR	Absent	
2A0010	Eye, left	EMB	Absent	
2A0010	Eye, right	EXPTH	Absent	
2A0010	Eye, right	OPQ	Absent	
2A0010	Eye, right	MIS	Absent	
2A0010	Eye, right	HMR	Absent	
2A0010	Eye, right	EMB	Absent	
2A0010	Eye, right	OTHER	Present	Lesion above eye
2A0010	Opercula	SLSH	Absent	
2A0011	Body Surface	RGR	Absent	
2A0011	Body Surface	RLSN	Absent	
2A0011	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0011	Body Surface	HMRB	Absent	
2A0011	Body Surface	FDC	Absent	
2A0011	Body Surface	BFG	Absent	
2A0011	Body Surface	PRST	Absent	
2A0011	Head	DFM	Absent	
2A0011	Mouth	ULR	Absent	
2A0011	Mouth	LLG	Absent	
2A0011	Nare	SLN	Absent	
2A0011	Eye, left	EXPTH	Absent	
2A0011	Eye, left	OPQ	Absent	
2A0011	Eye, left	MIS	Absent	
2A0011	Eye, left	HMR	Absent	
2A0011	Eye, left	EMB	Absent	
2A0011	Eye, right	EXPTH	Absent	
2A0011	Eye, right	OPQ	Absent	
2A0011	Eye, right	MIS	Absent	
2A0011	Eye, right	HMR	Absent	
2A0011	Eye, right	EMB	Absent	
2A0011	Opercula	SLSH	Absent	
2A0012	Body Surface	RGR	Absent	
2A0012	Body Surface	RLSN	Absent	
2A0012	Body Surface	SPDF	Absent	
2A0012	Body Surface	HMRB	Absent	
2A0012	Body Surface	FDC	Absent	
2A0012	Body Surface	BFG	Absent	
2A0012	Body Surface	PRST	Absent	
2A0012	Head	DFM	Absent	
2A0012	Mouth	ULR	Absent	
2A0012	Mouth	LLG	Absent	
2A0012	Nare	SLN	Absent	
2A0012	Eye, left	EXPTH	Absent	
2A0012	Eye, left	OPQ	Absent	
2A0012	Eye, left	MIS	Absent	
2A0012	Eye, left	HMR	Absent	
2A0012	Eye, left	EMB	Absent	
2A0012	Eye, right	EXPTH	Absent	
2A0012	Eye, right	OPQ	Absent	
2A0012	Eye, right	MIS	Absent	
2A0012	Eye, right	HMR	Absent	
2A0012	Eye, right	EMB	Absent	
2A0012	Opercula	SLSH	Absent	
2A0013	Body Surface	RGR	Absent	
2A0013	Body Surface	RLSN	Absent	
2A0013	Body Surface	SPDF	Absent	
2A0013	Body Surface	HMRB	Absent	
2A0013	Body Surface	FDC	Absent	
2A0013	Body Surface	BFG	Absent	
2A0013	Body Surface	PRST	Absent	
2A0013	Head	DFM	Absent	
2A0013	Mouth	ULR	Absent	
2A0013	Mouth	LLG	Absent	
2A0013	Nare	SLN	Absent	
2A0013	Eye, left	EXPTH	Absent	
2A0013	Eye, left	OPQ	Absent	
2A0013	Eye, left	MIS	Absent	
2A0013	Eye, left	HMR	Absent	
2A0013	Eye, left	EMB	Absent	
2A0013	Eye, right	EXPTH	Absent	
2A0013	Eye, right	OPQ	Absent	
2A0013	Eye, right	MIS	Absent	
2A0013	Eye, right	HMR	Absent	
2A0013	Eye, right	EMB	Absent	
2A0013	Opercula	SLSH	Absent	
2A0014	Body Surface	RGR	Absent	
2A0014	Body Surface	RLSN	Absent	
2A0014	Body Surface	SPDF	Absent	
2A0014	Body Surface	HMRB	Absent	
2A0014	Body Surface	FDC	Absent	
2A0014	Body Surface	BFG	Absent	
2A0014	Body Surface	PRST	Absent	
2A0014	Head	DFM	Absent	
2A0014	Mouth	ULR	Absent	
2A0014	Mouth	LLG	Absent	
2A0014	Nare	SLN	Absent	
2A0014	Eye, left	EXPTH	Absent	
2A0014	Eye, left	OPQ	Absent	
2A0014	Eye, left	MIS	Absent	
2A0014	Eye, left	HMR	Absent	
2A0014	Eye, left	EMB	Absent	
2A0014	Eye, right	EXPTH	Absent	
2A0014	Eye, right	OPQ	Absent	
2A0014	Eye, right	MIS	Absent	
2A0014	Eye, right	HMR	Absent	
2A0014	Eye, right	EMB	Absent	
2A0014	Opercula	SLSH	Absent	
2A0015	Body Surface	RGR	Absent	
2A0015	Body Surface	RLSN	Absent	
2A0015	Body Surface	SPDF	Absent	
2A0015	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0015	Body Surface	FDC	Absent	
2A0015	Body Surface	BFG	Absent	
2A0015	Body Surface	PRST	Absent	
2A0015	Head	DFM	Absent	
2A0015	Mouth	ULR	Absent	
2A0015	Mouth	LLG	Absent	
2A0015	Nare	SLN	Absent	
2A0015	Eye, left	EXPTH	Absent	
2A0015	Eye, left	OPQ	Absent	
2A0015	Eye, left	MIS	Absent	
2A0015	Eye, left	HMR	Absent	
2A0015	Eye, left	EMB	Absent	
2A0015	Eye, right	EXPTH	Absent	
2A0015	Eye, right	OPQ	Absent	
2A0015	Eye, right	MIS	Absent	
2A0015	Eye, right	HMR	Absent	
2A0015	Eye, right	EMB	Absent	
2A0015	Opercula	SLSH	Absent	
2A0016	Body Surface	RGR	Absent	
2A0016	Body Surface	RLSN	Absent	
2A0016	Body Surface	SPDF	Absent	
2A0016	Body Surface	HMRB	Absent	
2A0016	Body Surface	FDC	Absent	
2A0016	Body Surface	BFG	Absent	
2A0016	Body Surface	PRST	Absent	
2A0016	Head	DFM	Absent	
2A0016	Mouth	ULR	Absent	
2A0016	Mouth	LLG	Absent	
2A0016	Nare	SLN	Absent	
2A0016	Eye, left	EXPTH	Absent	
2A0016	Eye, left	OPQ	Absent	
2A0016	Eye, left	MIS	Absent	
2A0016	Eye, left	HMR	Absent	
2A0016	Eye, left	EMB	Absent	
2A0016	Eye, right	EXPTH	Absent	
2A0016	Eye, right	OPQ	Absent	
2A0016	Eye, right	MIS	Absent	
2A0016	Eye, right	HMR	Absent	
2A0016	Eye, right	EMB	Absent	
2A0016	Opercula	SLSH	Absent	
2A0017	Body Surface	RGR	Absent	
2A0017	Body Surface	RLSN	Absent	
2A0017	Body Surface	SPDF	Absent	
2A0017	Body Surface	HMRB	Absent	
2A0017	Body Surface	FDC	Absent	
2A0017	Body Surface	BFG	Absent	
2A0017	Body Surface	PRST	Absent	
2A0017	Head	DFM	Absent	
2A0017	Mouth	ULR	Absent	
2A0017	Mouth	LLG	Absent	
2A0017	Nare	SLN	Absent	
2A0017	Eye, left	EXPTH	Absent	
2A0017	Eye, left	OPQ	Absent	
2A0017	Eye, left	MIS	Absent	
2A0017	Eye, left	HMR	Absent	
2A0017	Eye, left	EMB	Absent	
2A0017	Eye, right	EXPTH	Absent	
2A0017	Eye, right	OPQ	Absent	
2A0017	Eye, right	MIS	Absent	
2A0017	Eye, right	HMR	Absent	
2A0017	Eye, right	EMB	Absent	
2A0017	Opercula	SLSH	Absent	
2A0018	Body Surface	RGR	Absent	
2A0018	Body Surface	RLSN	Absent	
2A0018	Body Surface	SPDF	Absent	
2A0018	Body Surface	HMRB	Absent	
2A0018	Body Surface	FDC	Absent	
2A0018	Body Surface	BFG	Absent	
2A0018	Body Surface	PRST	Absent	
2A0018	Head	DFM	Absent	
2A0018	Mouth	ULR	Absent	
2A0018	Mouth	LLG	Absent	
2A0018	Nare	SLN	Absent	
2A0018	Eye, left	EXPTH	Absent	
2A0018	Eye, left	OPQ	Absent	
2A0018	Eye, left	MIS	Absent	
2A0018	Eye, left	HMR	Absent	
2A0018	Eye, left	EMB	Absent	
2A0018	Eye, right	EXPTH	Absent	
2A0018	Eye, right	OPQ	Absent	
2A0018	Eye, right	MIS	Absent	
2A0018	Eye, right	HMR	Absent	
2A0018	Eye, right	EMB	Absent	
2A0018	Opercula	SLSH	Absent	
2A0019	Body Surface	RGR	Absent	
2A0019	Body Surface	RLSN	Absent	
2A0019	Body Surface	SPDF	Absent	
2A0019	Body Surface	HMRB	Absent	
2A0019	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0019	Body Surface	BFG	Absent	
2A0019	Body Surface	PRST	Absent	
2A0019	Head	DFM	Absent	
2A0019	Mouth	ULR	Absent	
2A0019	Mouth	LLG	Absent	
2A0019	Nare	SLN	Absent	
2A0019	Eye, left	EXPTH	Absent	
2A0019	Eye, left	OPQ	Absent	
2A0019	Eye, left	MIS	Absent	
2A0019	Eye, left	HMR	Absent	
2A0019	Eye, left	EMB	Absent	
2A0019	Eye, right	EXPTH	Absent	
2A0019	Eye, right	OPQ	Absent	
2A0019	Eye, right	MIS	Absent	
2A0019	Eye, right	HMR	Absent	
2A0019	Eye, right	EMB	Absent	
2A0019	Opercula	SLSH	Absent	
2A0020	Body Surface	RGR	Absent	
2A0020	Body Surface	RLSN	Absent	
2A0020	Body Surface	SPDF	Absent	
2A0020	Body Surface	HMRB	Absent	
2A0020	Body Surface	FDC	Absent	
2A0020	Body Surface	BFG	Absent	
2A0020	Body Surface	PRST	Absent	
2A0020	Head	DFM	Absent	
2A0020	Mouth	ULR	Absent	
2A0020	Mouth	LLG	Absent	
2A0020	Nare	SLN	Absent	
2A0020	Eye, left	EXPTH	Absent	
2A0020	Eye, left	OPQ	Absent	
2A0020	Eye, left	MIS	Absent	
2A0020	Eye, left	HMR	Absent	
2A0020	Eye, left	EMB	Absent	
2A0020	Eye, right	EXPTH	Absent	
2A0020	Eye, right	OPQ	Absent	
2A0020	Eye, right	MIS	Absent	
2A0020	Eye, right	HMR	Absent	
2A0020	Eye, right	EMB	Absent	
2A0020	Opercula	SLSH	Absent	
2A0021	Body Surface	RGR	Absent	
2A0021	Body Surface	RLSN	Absent	
2A0021	Body Surface	SPDF	Absent	
2A0021	Body Surface	HMRB	Absent	
2A0021	Body Surface	FDC	Absent	
2A0021	Body Surface	BFG	Absent	
2A0021	Body Surface	PRST	Absent	
2A0021	Head	DFM	Absent	
2A0021	Mouth	ULR	Absent	
2A0021	Mouth	LLG	Absent	
2A0021	Nare	SLN	Absent	
2A0021	Eye, left	EXPTH	Absent	
2A0021	Eye, left	OPQ	Absent	
2A0021	Eye, left	MIS	Absent	
2A0021	Eye, left	HMR	Absent	
2A0021	Eye, left	EMB	Absent	
2A0021	Eye, right	EXPTH	Absent	
2A0021	Eye, right	OPQ	Absent	
2A0021	Eye, right	MIS	Absent	
2A0021	Eye, right	HMR	Absent	
2A0021	Eye, right	EMB	Absent	
2A0021	Opercula	SLSH	Absent	
2A0022	Body Surface	RGR	Absent	
2A0022	Body Surface	RLSN	Absent	
2A0022	Body Surface	SPDF	Absent	
2A0022	Body Surface	HMRB	Absent	
2A0022	Body Surface	FDC	Absent	
2A0022	Body Surface	BFG	Absent	
2A0022	Body Surface	PRST	Absent	
2A0022	Head	DFM	Absent	
2A0022	Mouth	ULR	Absent	
2A0022	Mouth	LLG	Absent	
2A0022	Nare	SLN	Absent	
2A0022	Eye, left	EXPTH	Absent	
2A0022	Eye, left	OPQ	Absent	
2A0022	Eye, left	MIS	Absent	
2A0022	Eye, left	HMR	Absent	
2A0022	Eye, left	EMB	Absent	
2A0022	Eye, right	EXPTH	Absent	
2A0022	Eye, right	OPQ	Absent	
2A0022	Eye, right	MIS	Absent	
2A0022	Eye, right	HMR	Absent	
2A0022	Eye, right	EMB	Absent	
2A0022	Opercula	SLSH	Absent	
2A0023	Body Surface	RGR	Absent	
2A0023	Body Surface	RLSN	Absent	
2A0023	Body Surface	SPDF	Absent	
2A0023	Body Surface	HMRB	Present	
2A0023	Body Surface	FDC	Absent	
2A0023	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0023	Body Surface	PRST	Absent	
2A0023	Head	DFM	Absent	
2A0023	Mouth	ULR	Absent	
2A0023	Mouth	LLG	Absent	
2A0023	Nare	SLN	Absent	
2A0023	Eye, left	EXPTH	Absent	
2A0023	Eye, left	OPQ	Absent	
2A0023	Eye, left	MIS	Absent	
2A0023	Eye, left	HMR	Absent	
2A0023	Eye, left	EMB	Absent	
2A0023	Eye, right	EXPTH	Absent	
2A0023	Eye, right	OPQ	Absent	
2A0023	Eye, right	MIS	Absent	
2A0023	Eye, right	HMR	Absent	
2A0023	Eye, right	EMB	Absent	
2A0023	Opercula	SLSH	Absent	
2A0024	Body Surface	RGR	Absent	
2A0024	Body Surface	RLSN	Absent	
2A0024	Body Surface	SPDF	Absent	
2A0024	Body Surface	HMRB	Absent	
2A0024	Body Surface	FDC	Absent	
2A0024	Body Surface	BFG	Absent	
2A0024	Body Surface	PRST	Absent	
2A0024	Head	DFM	Absent	
2A0024	Mouth	ULR	Absent	
2A0024	Mouth	LLG	Absent	
2A0024	Nare	SLN	Absent	
2A0024	Eye, left	EXPTH	Absent	
2A0024	Eye, left	OPQ	Absent	
2A0024	Eye, left	MIS	Absent	
2A0024	Eye, left	HMR	Absent	
2A0024	Eye, left	EMB	Absent	
2A0024	Eye, right	EXPTH	Absent	
2A0024	Eye, right	OPQ	Absent	
2A0024	Eye, right	MIS	Absent	
2A0024	Eye, right	HMR	Absent	
2A0024	Eye, right	EMB	Absent	
2A0024	Opercula	SLSH	Absent	
2A0025	Body Surface	RGR	Absent	
2A0025	Body Surface	RLSN	Absent	
2A0025	Body Surface	SPDF	Absent	
2A0025	Body Surface	HMRB	Absent	
2A0025	Body Surface	FDC	Absent	
2A0025	Body Surface	BFG	Absent	
2A0025	Body Surface	PRST	Absent	
2A0025	Head	DFM	Absent	
2A0025	Mouth	ULR	Absent	
2A0025	Mouth	LLG	Absent	
2A0025	Nare	SLN	Absent	
2A0025	Eye, left	EXPTH	Absent	
2A0025	Eye, left	OPQ	Absent	
2A0025	Eye, left	MIS	Absent	
2A0025	Eye, left	HMR	Absent	
2A0025	Eye, left	EMB	Absent	
2A0025	Eye, right	EXPTH	Absent	
2A0025	Eye, right	OPQ	Absent	
2A0025	Eye, right	MIS	Absent	
2A0025	Eye, right	HMR	Absent	
2A0025	Eye, right	EMB	Absent	
2A0025	Opercula	SLSH	Absent	
2A0028	Body Surface	RGR	Absent	
2A0028	Body Surface	RLSN	Absent	
2A0028	Body Surface	SPDF	Absent	
2A0028	Body Surface	HMRB	Absent	
2A0028	Body Surface	FDC	Absent	
2A0028	Body Surface	BFG	Absent	
2A0028	Body Surface	PRST	Absent	
2A0028	Head	DFM	Absent	
2A0028	Mouth	ULR	Absent	
2A0028	Mouth	LLG	Absent	
2A0028	Nare	SLN	Absent	
2A0028	Eye, left	EXPTH	Absent	
2A0028	Eye, left	OPQ	Absent	
2A0028	Eye, left	MIS	Absent	
2A0028	Eye, left	HMR	Absent	
2A0028	Eye, left	EMB	Absent	
2A0028	Eye, right	EXPTH	Absent	
2A0028	Eye, right	OPQ	Absent	
2A0028	Eye, right	MIS	Absent	
2A0028	Eye, right	HMR	Absent	
2A0028	Eye, right	EMB	Absent	
2A0028	Opercula	SLSH	Absent	
2A0029	Body Surface	RGR	Absent	
2A0029	Body Surface	RLSN	Absent	
2A0029	Body Surface	SPDF	Absent	
2A0029	Body Surface	HMRB	Absent	
2A0029	Body Surface	FDC	Absent	
2A0029	Body Surface	BFG	Absent	
2A0029	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0029	Head	DFM	Absent	
2A0029	Mouth	ULR	Absent	
2A0029	Mouth	LLG	Absent	
2A0029	Nare	SLN	Absent	
2A0029	Eye, left	EXPTH	Absent	
2A0029	Eye, left	OPQ	Absent	
2A0029	Eye, left	MIS	Absent	
2A0029	Eye, left	HMR	Absent	
2A0029	Eye, left	EMB	Absent	
2A0029	Eye, right	EXPTH	Absent	
2A0029	Eye, right	OPQ	Absent	
2A0029	Eye, right	MIS	Absent	
2A0029	Eye, right	HMR	Absent	
2A0029	Eye, right	EMB	Absent	
2A0029	Opercula	SLSH	Absent	
2A0030	Body Surface	RGR	Absent	
2A0030	Body Surface	RLSN	Absent	
2A0030	Body Surface	SPDF	Absent	
2A0030	Body Surface	HMRB	Absent	
2A0030	Body Surface	FDC	Absent	
2A0030	Body Surface	BFG	Absent	
2A0030	Body Surface	PRST	Absent	
2A0030	Head	DFM	Absent	
2A0030	Mouth	ULR	Absent	
2A0030	Mouth	LLG	Absent	
2A0030	Nare	SLN	Absent	
2A0030	Eye, left	EXPTH	Absent	
2A0030	Eye, left	OPQ	Absent	
2A0030	Eye, left	MIS	Absent	
2A0030	Eye, left	HMR	Absent	
2A0030	Eye, left	EMB	Absent	
2A0030	Eye, right	EXPTH	Absent	
2A0030	Eye, right	OPQ	Absent	
2A0030	Eye, right	MIS	Absent	
2A0030	Eye, right	HMR	Absent	
2A0030	Eye, right	EMB	Absent	
2A0030	Opercula	SLSH	Absent	
2A0031	Body Surface	RGR	Absent	
2A0031	Body Surface	RLSN	Absent	
2A0031	Body Surface	SPDF	Absent	
2A0031	Body Surface	HMRB	Absent	
2A0031	Body Surface	FDC	Absent	
2A0031	Body Surface	BFG	Absent	
2A0031	Body Surface	PRST	Absent	
2A0031	Head	DFM	Absent	
2A0031	Mouth	ULR	Absent	
2A0031	Mouth	LLG	Absent	
2A0031	Nare	SLN	Absent	
2A0031	Eye, left	EXPTH	Absent	
2A0031	Eye, left	OPQ	Absent	
2A0031	Eye, left	MIS	Absent	
2A0031	Eye, left	HMR	Absent	
2A0031	Eye, left	EMB	Absent	
2A0031	Eye, right	EXPTH	Absent	
2A0031	Eye, right	OPQ	Absent	
2A0031	Eye, right	MIS	Absent	
2A0031	Eye, right	HMR	Absent	
2A0031	Eye, right	EMB	Absent	
2A0031	Opercula	SLSH	Absent	
2A0032	Body Surface	RGR	Absent	
2A0032	Body Surface	RLSN	Absent	
2A0032	Body Surface	SPDF	Absent	
2A0032	Body Surface	HMRB	Absent	
2A0032	Body Surface	FDC	Absent	
2A0032	Body Surface	BFG	Absent	
2A0032	Body Surface	PRST	Absent	
2A0032	Head	DFM	Absent	
2A0032	Mouth	ULR	Absent	
2A0032	Mouth	LLG	Absent	
2A0032	Nare	SLN	Absent	
2A0032	Eye, left	EXPTH	Absent	
2A0032	Eye, left	OPQ	Absent	
2A0032	Eye, left	MIS	Absent	
2A0032	Eye, left	HMR	Absent	
2A0032	Eye, left	EMB	Absent	
2A0032	Eye, right	EXPTH	Absent	
2A0032	Eye, right	OPQ	Absent	
2A0032	Eye, right	MIS	Absent	
2A0032	Eye, right	HMR	Absent	
2A0032	Eye, right	EMB	Absent	
2A0032	Opercula	SLSH	Absent	
2A0033	Body Surface	RGR	Absent	
2A0033	Body Surface	RLSN	Absent	
2A0033	Body Surface	SPDF	Absent	
2A0033	Body Surface	HMRB	Absent	
2A0033	Body Surface	FDC	Absent	
2A0033	Body Surface	BFG	Absent	
2A0033	Body Surface	PRST	Absent	
2A0033	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0033	Mouth	ULR	Absent	
2A0033	Mouth	LLG	Absent	
2A0033	Nare	SLN	Absent	
2A0033	Eye, left	EXPTH	Absent	
2A0033	Eye, left	OPQ	Absent	
2A0033	Eye, left	MIS	Absent	
2A0033	Eye, left	HMR	Absent	
2A0033	Eye, left	EMB	Absent	
2A0033	Eye, right	EXPTH	Absent	
2A0033	Eye, right	OPQ	Absent	
2A0033	Eye, right	MIS	Absent	
2A0033	Eye, right	HMR	Absent	
2A0033	Eye, right	EMB	Absent	
2A0033	Opercula	SLSH	Absent	
2A0034	Body Surface	RGR	Absent	
2A0034	Body Surface	RLSN	Absent	
2A0034	Body Surface	SPDF	Absent	
2A0034	Body Surface	HMRB	Absent	
2A0034	Body Surface	FDC	Absent	
2A0034	Body Surface	BFG	Absent	
2A0034	Body Surface	PRST	Absent	
2A0034	Head	DFM	Absent	
2A0034	Mouth	ULR	Absent	
2A0034	Mouth	LLG	Absent	
2A0034	Nare	SLN	Absent	
2A0034	Eye, left	EXPTH	Absent	
2A0034	Eye, left	OPQ	Absent	
2A0034	Eye, left	MIS	Absent	
2A0034	Eye, left	HMR	Absent	
2A0034	Eye, left	EMB	Absent	
2A0034	Eye, right	EXPTH	Absent	
2A0034	Eye, right	OPQ	Absent	
2A0034	Eye, right	MIS	Absent	
2A0034	Eye, right	HMR	Absent	
2A0034	Eye, right	EMB	Absent	
2A0034	Opercula	SLSH	Absent	
2A0035	Body Surface	RGR	Absent	
2A0035	Body Surface	RLSN	Absent	
2A0035	Body Surface	SPDF	Absent	
2A0035	Body Surface	HMRB	Absent	
2A0035	Body Surface	FDC	Absent	
2A0035	Body Surface	BFG	Absent	
2A0035	Body Surface	PRST	Absent	
2A0035	Head	DFM	Absent	
2A0035	Mouth	ULR	Absent	
2A0035	Mouth	LLG	Absent	
2A0035	Nare	SLN	Absent	
2A0035	Eye, left	EXPTH	Absent	
2A0035	Eye, left	OPQ	Absent	
2A0035	Eye, left	MIS	Absent	
2A0035	Eye, left	HMR	Absent	
2A0035	Eye, left	EMB	Absent	
2A0035	Eye, right	EXPTH	Absent	
2A0035	Eye, right	OPQ	Absent	
2A0035	Eye, right	MIS	Absent	
2A0035	Eye, right	HMR	Absent	
2A0035	Eye, right	EMB	Absent	
2A0035	Opercula	SLSH	Absent	
2A0036	Body Surface	RGR	Absent	
2A0036	Body Surface	RLSN	Absent	
2A0036	Body Surface	SPDF	Absent	
2A0036	Body Surface	HMRB	Absent	
2A0036	Body Surface	FDC	Absent	
2A0036	Body Surface	BFG	Absent	
2A0036	Body Surface	PRST	Absent	
2A0036	Head	DFM	Absent	
2A0036	Mouth	ULR	Absent	
2A0036	Mouth	LLG	Absent	
2A0036	Nare	SLN	Absent	
2A0036	Eye, left	EXPTH	Absent	
2A0036	Eye, left	OPQ	Absent	
2A0036	Eye, left	MIS	Absent	
2A0036	Eye, left	HMR	Absent	
2A0036	Eye, left	EMB	Absent	
2A0036	Eye, right	EXPTH	Absent	
2A0036	Eye, right	OPQ	Absent	
2A0036	Eye, right	MIS	Absent	
2A0036	Eye, right	HMR	Absent	
2A0036	Eye, right	EMB	Absent	
2A0036	Opercula	SLSH	Absent	
2A0037	Body Surface	RGR	Absent	
2A0037	Body Surface	RLSN	Absent	
2A0037	Body Surface	SPDF	Absent	
2A0037	Body Surface	HMRB	Absent	
2A0037	Body Surface	FDC	Absent	
2A0037	Body Surface	BFG	Absent	
2A0037	Body Surface	PRST	Absent	
2A0037	Head	DFM	Absent	
2A0037	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0037	Mouth	LLG	Absent	
2A0037	Nare	SLN	Absent	
2A0037	Eye, left	EXPTH	Absent	
2A0037	Eye, left	OPQ	Absent	
2A0037	Eye, left	MIS	Absent	
2A0037	Eye, left	HMR	Absent	
2A0037	Eye, left	EMB	Absent	
2A0037	Eye, right	EXPTH	Absent	
2A0037	Eye, right	OPQ	Absent	
2A0037	Eye, right	MIS	Absent	
2A0037	Eye, right	HMR	Absent	
2A0037	Eye, right	EMB	Absent	
2A0037	Opercula	SLSH	Absent	
2A0038	Body Surface	RGR	Absent	
2A0038	Body Surface	RLSN	Present	
2A0038	Body Surface	SPDF	Absent	
2A0038	Body Surface	HMRB	Absent	
2A0038	Body Surface	FDC	Absent	
2A0038	Body Surface	BFG	Absent	
2A0038	Body Surface	PRST	Absent	
2A0038	Head	DFM	Absent	
2A0038	Mouth	ULR	Absent	
2A0038	Mouth	LLG	Absent	
2A0038	Nare	SLN	Absent	
2A0038	Eye, left	EXPTH	Absent	
2A0038	Eye, left	OPQ	Absent	
2A0038	Eye, left	MIS	Absent	
2A0038	Eye, left	HMR	Absent	
2A0038	Eye, left	EMB	Absent	
2A0038	Eye, right	EXPTH	Absent	
2A0038	Eye, right	OPQ	Absent	
2A0038	Eye, right	MIS	Absent	
2A0038	Eye, right	HMR	Absent	
2A0038	Eye, right	EMB	Absent	
2A0038	Opercula	SLSH	Absent	
2A0039	Body Surface	RGR	Absent	
2A0039	Body Surface	RLSN	Absent	
2A0039	Body Surface	SPDF	Absent	
2A0039	Body Surface	HMRB	Absent	
2A0039	Body Surface	FDC	Absent	
2A0039	Body Surface	BFG	Absent	
2A0039	Body Surface	PRST	Absent	
2A0039	Head	DFM	Absent	
2A0039	Mouth	ULR	Absent	
2A0039	Mouth	LLG	Absent	
2A0039	Nare	SLN	Absent	
2A0039	Eye, left	EXPTH	Absent	
2A0039	Eye, left	OPQ	Absent	
2A0039	Eye, left	MIS	Absent	
2A0039	Eye, left	HMR	Absent	
2A0039	Eye, left	EMB	Absent	
2A0039	Eye, right	EXPTH	Absent	
2A0039	Eye, right	OPQ	Absent	
2A0039	Eye, right	MIS	Absent	
2A0039	Eye, right	HMR	Absent	
2A0039	Eye, right	EMB	Absent	
2A0039	Opercula	SLSH	Absent	
2A0040	Body Surface	RGR	Absent	
2A0040	Body Surface	RLSN	Absent	
2A0040	Body Surface	SPDF	Absent	
2A0040	Body Surface	HMRB	Absent	
2A0040	Body Surface	FDC	Absent	
2A0040	Body Surface	BFG	Absent	
2A0040	Body Surface	PRST	Absent	
2A0040	Head	DFM	Absent	
2A0040	Mouth	ULR	Absent	
2A0040	Mouth	LLG	Absent	
2A0040	Nare	SLN	Absent	
2A0040	Eye, left	EXPTH	Absent	
2A0040	Eye, left	OPQ	Absent	
2A0040	Eye, left	MIS	Absent	
2A0040	Eye, left	HMR	Absent	
2A0040	Eye, left	EMB	Absent	
2A0040	Eye, right	EXPTH	Absent	
2A0040	Eye, right	OPQ	Absent	
2A0040	Eye, right	MIS	Absent	
2A0040	Eye, right	HMR	Absent	
2A0040	Eye, right	EMB	Absent	
2A0040	Opercula	SLSH	Absent	
2A0041	Body Surface	RGR	Absent	
2A0041	Body Surface	RLSN	Absent	
2A0041	Body Surface	SPDF	Absent	
2A0041	Body Surface	HMRB	Absent	
2A0041	Body Surface	FDC	Absent	
2A0041	Body Surface	BFG	Absent	
2A0041	Body Surface	PRST	Absent	
2A0041	Head	DFM	Absent	
2A0041	Mouth	ULR	Absent	
2A0041	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0041	Nare	SLN	Absent	
2A0041	Eye, left	EXPTH	Absent	
2A0041	Eye, left	OPQ	Absent	
2A0041	Eye, left	MIS	Absent	
2A0041	Eye, left	HMR	Absent	
2A0041	Eye, left	EMB	Absent	
2A0041	Eye, right	EXPTH	Absent	
2A0041	Eye, right	OPQ	Absent	
2A0041	Eye, right	MIS	Absent	
2A0041	Eye, right	HMR	Absent	
2A0041	Eye, right	EMB	Absent	
2A0041	Opercula	SLSH	Absent	
2A0042	Body Surface	RGR	Absent	
2A0042	Body Surface	RLSN	Absent	
2A0042	Body Surface	SPDF	Absent	
2A0042	Body Surface	HMRB	Absent	
2A0042	Body Surface	FDC	Absent	
2A0042	Body Surface	BFG	Absent	
2A0042	Body Surface	PRST	Absent	
2A0042	Head	DFM	Absent	
2A0042	Mouth	ULR	Absent	
2A0042	Mouth	LLG	Absent	
2A0042	Nare	SLN	Absent	
2A0042	Eye, left	EXPTH	Absent	
2A0042	Eye, left	OPQ	Absent	
2A0042	Eye, left	MIS	Absent	
2A0042	Eye, left	HMR	Absent	
2A0042	Eye, left	EMB	Absent	
2A0042	Eye, right	EXPTH	Absent	
2A0042	Eye, right	OPQ	Absent	
2A0042	Eye, right	MIS	Absent	
2A0042	Eye, right	HMR	Absent	
2A0042	Eye, right	EMB	Absent	
2A0042	Opercula	SLSH	Absent	
2A0043	Body Surface	RGR	Absent	
2A0043	Body Surface	RLSN	Absent	
2A0043	Body Surface	SPDF	Absent	
2A0043	Body Surface	HMRB	Absent	
2A0043	Body Surface	FDC	Absent	
2A0043	Body Surface	BFG	Absent	
2A0043	Body Surface	PRST	Absent	
2A0043	Head	DFM	Absent	
2A0043	Mouth	ULR	Absent	
2A0043	Mouth	LLG	Absent	
2A0043	Nare	SLN	Absent	
2A0043	Eye, left	EXPTH	Absent	
2A0043	Eye, left	OPQ	Absent	
2A0043	Eye, left	MIS	Absent	
2A0043	Eye, left	HMR	Absent	
2A0043	Eye, left	EMB	Absent	
2A0043	Eye, right	EXPTH	Absent	
2A0043	Eye, right	OPQ	Absent	
2A0043	Eye, right	MIS	Absent	
2A0043	Eye, right	HMR	Absent	
2A0043	Eye, right	EMB	Absent	
2A0043	Opercula	SLSH	Absent	
2A0044	Body Surface	RGR	Absent	
2A0044	Body Surface	RLSN	Absent	
2A0044	Body Surface	SPDF	Absent	
2A0044	Body Surface	HMRB	Present	
2A0044	Body Surface	FDC	Absent	
2A0044	Body Surface	BFG	Absent	
2A0044	Body Surface	PRST	Absent	
2A0044	Head	DFM	Absent	
2A0044	Mouth	ULR	Absent	
2A0044	Mouth	LLG	Absent	
2A0044	Nare	SLN	Absent	
2A0044	Eye, left	EXPTH	Absent	
2A0044	Eye, left	OPQ	Absent	
2A0044	Eye, left	MIS	Absent	
2A0044	Eye, left	HMR	Absent	
2A0044	Eye, left	EMB	Absent	
2A0044	Eye, right	EXPTH	Absent	
2A0044	Eye, right	OPQ	Absent	
2A0044	Eye, right	MIS	Absent	
2A0044	Eye, right	HMR	Absent	
2A0044	Eye, right	EMB	Absent	
2A0044	Opercula	SLSH	Absent	
2A0045	Body Surface	RGR	Absent	
2A0045	Body Surface	RLSN	Absent	
2A0045	Body Surface	SPDF	Absent	
2A0045	Body Surface	HMRB	Absent	
2A0045	Body Surface	FDC	Absent	
2A0045	Body Surface	BFG	Absent	
2A0045	Body Surface	PRST	Absent	
2A0045	Head	DFM	Absent	
2A0045	Mouth	ULR	Absent	
2A0045	Mouth	LLG	Absent	
2A0045	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0045	Eye, left	EXPTH	Absent	
2A0045	Eye, left	OPQ	Absent	
2A0045	Eye, left	MIS	Absent	
2A0045	Eye, left	HMR	Absent	
2A0045	Eye, left	EMB	Absent	
2A0045	Eye, right	EXPTH	Absent	
2A0045	Eye, right	OPQ	Absent	
2A0045	Eye, right	MIS	Absent	
2A0045	Eye, right	HMR	Absent	
2A0045	Eye, right	EMB	Absent	
2A0045	Opercula	SLSH	Absent	
2A0046	Body Surface	RGR	Absent	
2A0046	Body Surface	RLSN	Absent	
2A0046	Body Surface	SPDF	Absent	
2A0046	Body Surface	HMRB	Present	
2A0046	Body Surface	FDC	Absent	
2A0046	Body Surface	BFG	Absent	
2A0046	Body Surface	PRST	Absent	
2A0046	Head	DFM	Absent	
2A0046	Mouth	ULR	Absent	
2A0046	Mouth	LLG	Absent	
2A0046	Nare	SLN	Absent	
2A0046	Eye, left	EXPTH	Absent	
2A0046	Eye, left	OPQ	Absent	
2A0046	Eye, left	MIS	Absent	
2A0046	Eye, left	HMR	Absent	
2A0046	Eye, left	EMB	Absent	
2A0046	Eye, right	EXPTH	Absent	
2A0046	Eye, right	OPQ	Absent	
2A0046	Eye, right	MIS	Absent	
2A0046	Eye, right	HMR	Absent	
2A0046	Eye, right	EMB	Absent	
2A0046	Opercula	SLSH	Absent	
2A0047	Body Surface	RGR	Absent	
2A0047	Body Surface	RLSN	Absent	
2A0047	Body Surface	SPDF	Absent	
2A0047	Body Surface	HMRB	Absent	
2A0047	Body Surface	FDC	Absent	
2A0047	Body Surface	BFG	Absent	
2A0047	Body Surface	PRST	Absent	
2A0047	Head	DFM	Absent	
2A0047	Mouth	ULR	Absent	
2A0047	Mouth	LLG	Absent	
2A0047	Nare	SLN	Absent	
2A0047	Eye, left	EXPTH	Absent	
2A0047	Eye, left	OPQ	Absent	
2A0047	Eye, left	MIS	Absent	
2A0047	Eye, left	HMR	Absent	
2A0047	Eye, left	EMB	Absent	
2A0047	Eye, right	EXPTH	Absent	
2A0047	Eye, right	OPQ	Absent	
2A0047	Eye, right	MIS	Absent	
2A0047	Eye, right	HMR	Absent	
2A0047	Eye, right	EMB	Absent	
2A0047	Opercula	SLSH	Absent	
2A0048	Body Surface	RGR	Absent	
2A0048	Body Surface	RLSN	Absent	
2A0048	Body Surface	SPDF	Absent	
2A0048	Body Surface	HMRB	Absent	
2A0048	Body Surface	FDC	Absent	
2A0048	Body Surface	BFG	Absent	
2A0048	Body Surface	PRST	Absent	
2A0048	Head	DFM	Absent	
2A0048	Mouth	ULR	Absent	
2A0048	Mouth	LLG	Absent	
2A0048	Nare	SLN	Absent	
2A0048	Eye, left	EXPTH	Absent	
2A0048	Eye, left	OPQ	Absent	
2A0048	Eye, left	MIS	Absent	
2A0048	Eye, left	HMR	Absent	
2A0048	Eye, left	EMB	Absent	
2A0048	Eye, right	EXPTH	Absent	
2A0048	Eye, right	OPQ	Absent	
2A0048	Eye, right	MIS	Absent	
2A0048	Eye, right	HMR	Absent	
2A0048	Eye, right	EMB	Absent	
2A0048	Opercula	SLSH	Absent	
2A0049	Body Surface	RGR	Absent	
2A0049	Body Surface	RLSN	Absent	
2A0049	Body Surface	SPDF	Absent	
2A0049	Body Surface	HMRB	Absent	
2A0049	Body Surface	FDC	Absent	
2A0049	Body Surface	BFG	Absent	
2A0049	Body Surface	PRST	Absent	
2A0049	Head	DFM	Absent	
2A0049	Mouth	ULR	Absent	
2A0049	Mouth	LLG	Absent	
2A0049	Nare	SLN	Absent	
2A0049	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0049	Eye, left	OPQ	Absent	
2A0049	Eye, left	MIS	Absent	
2A0049	Eye, left	HMR	Absent	
2A0049	Eye, left	EMB	Absent	
2A0049	Eye, right	EXPTH	Absent	
2A0049	Eye, right	OPQ	Absent	
2A0049	Eye, right	MIS	Absent	
2A0049	Eye, right	HMR	Absent	
2A0049	Eye, right	EMB	Absent	
2A0049	Opercula	SLSH	Absent	
2A0050	Body Surface	RGR	Absent	
2A0050	Body Surface	RLSN	Absent	
2A0050	Body Surface	SPDF	Absent	
2A0050	Body Surface	HMRB	Absent	
2A0050	Body Surface	FDC	Absent	
2A0050	Body Surface	BFG	Absent	
2A0050	Body Surface	PRST	Absent	
2A0050	Head	DFM	Absent	
2A0050	Mouth	ULR	Absent	
2A0050	Mouth	LLG	Absent	
2A0050	Nare	SLN	Absent	
2A0050	Eye, left	EXPTH	Absent	
2A0050	Eye, left	OPQ	Absent	
2A0050	Eye, left	MIS	Absent	
2A0050	Eye, left	HMR	Absent	
2A0050	Eye, left	EMB	Absent	
2A0050	Eye, right	EXPTH	Absent	
2A0050	Eye, right	OPQ	Absent	
2A0050	Eye, right	MIS	Absent	
2A0050	Eye, right	HMR	Absent	
2A0050	Eye, right	EMB	Absent	
2A0050	Opercula	SLSH	Absent	
2A0051	Body Surface	RGR	Absent	
2A0051	Body Surface	RLSN	Absent	
2A0051	Body Surface	SPDF	Absent	
2A0051	Body Surface	HMRB	Absent	
2A0051	Body Surface	FDC	Absent	
2A0051	Body Surface	BFG	Absent	
2A0051	Body Surface	PRST	Absent	
2A0051	Head	DFM	Absent	
2A0051	Mouth	ULR	Absent	
2A0051	Mouth	LLG	Absent	
2A0051	Nare	SLN	Absent	
2A0051	Eye, left	EXPTH	Absent	
2A0051	Eye, left	OPQ	Absent	
2A0051	Eye, left	MIS	Absent	
2A0051	Eye, left	HMR	Absent	
2A0051	Eye, left	EMB	Absent	
2A0051	Eye, right	EXPTH	Absent	
2A0051	Eye, right	OPQ	Absent	
2A0051	Eye, right	MIS	Absent	
2A0051	Eye, right	HMR	Absent	
2A0051	Eye, right	EMB	Absent	
2A0051	Opercula	SLSH	Absent	
2A0052	Body Surface	RGR	Absent	
2A0052	Body Surface	RLSN	Absent	
2A0052	Body Surface	SPDF	Absent	
2A0052	Body Surface	HMRB	Absent	
2A0052	Body Surface	FDC	Absent	
2A0052	Body Surface	BFG	Absent	
2A0052	Body Surface	PRST	Absent	
2A0052	Head	DFM	Absent	
2A0052	Mouth	ULR	Absent	
2A0052	Mouth	LLG	Absent	
2A0052	Nare	SLN	Absent	
2A0052	Eye, left	EXPTH	Absent	
2A0052	Eye, left	OPQ	Absent	
2A0052	Eye, left	MIS	Absent	
2A0052	Eye, left	HMR	Absent	
2A0052	Eye, left	EMB	Absent	
2A0052	Eye, right	EXPTH	Absent	
2A0052	Eye, right	OPQ	Absent	
2A0052	Eye, right	MIS	Absent	
2A0052	Eye, right	HMR	Absent	
2A0052	Eye, right	EMB	Absent	
2A0052	Opercula	SLSH	Absent	
2A0053	Body Surface	RGR	Absent	
2A0053	Body Surface	RLSN	Absent	
2A0053	Body Surface	SPDF	Absent	
2A0053	Body Surface	HMRB	Absent	
2A0053	Body Surface	FDC	Absent	
2A0053	Body Surface	BFG	Absent	
2A0053	Body Surface	PRST	Absent	
2A0053	Head	DFM	Absent	
2A0053	Mouth	ULR	Absent	
2A0053	Mouth	LLG	Absent	
2A0053	Nare	SLN	Absent	
2A0053	Eye, left	EXPTH	Absent	
2A0053	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0053	Eye, left	MIS	Absent	
2A0053	Eye, left	HMR	Absent	
2A0053	Eye, left	EMB	Absent	
2A0053	Eye, right	EXPTH	Absent	
2A0053	Eye, right	OPQ	Absent	
2A0053	Eye, right	MIS	Absent	
2A0053	Eye, right	HMR	Absent	
2A0053	Eye, right	EMB	Absent	
2A0053	Opercula	SLSH	Absent	
2A0054	Body Surface	RGR	Absent	
2A0054	Body Surface	RLSN	Absent	
2A0054	Body Surface	SPDF	Absent	
2A0054	Body Surface	HMRB	Absent	
2A0054	Body Surface	FDC	Absent	
2A0054	Body Surface	BFG	Absent	
2A0054	Body Surface	PRST	Absent	
2A0054	Head	DFM	Absent	
2A0054	Mouth	ULR	Absent	
2A0054	Mouth	LLG	Absent	
2A0054	Nare	SLN	Absent	
2A0054	Eye, left	EXPTH	Absent	
2A0054	Eye, left	OPQ	Absent	
2A0054	Eye, left	MIS	Absent	
2A0054	Eye, left	HMR	Absent	
2A0054	Eye, left	EMB	Absent	
2A0054	Eye, right	EXPTH	Absent	
2A0054	Eye, right	OPQ	Absent	
2A0054	Eye, right	MIS	Absent	
2A0054	Eye, right	HMR	Absent	
2A0054	Eye, right	EMB	Absent	
2A0054	Opercula	SLSH	Absent	
2A0055	Body Surface	RGR	Absent	
2A0055	Body Surface	RLSN	Absent	
2A0055	Body Surface	SPDF	Absent	
2A0055	Body Surface	HMRB	Absent	
2A0055	Body Surface	FDC	Absent	
2A0055	Body Surface	BFG	Absent	
2A0055	Body Surface	PRST	Absent	
2A0055	Head	DFM	Absent	
2A0055	Mouth	ULR	Absent	
2A0055	Mouth	LLG	Absent	
2A0055	Nare	SLN	Absent	
2A0055	Eye, left	EXPTH	Absent	
2A0055	Eye, left	OPQ	Absent	
2A0055	Eye, left	MIS	Absent	
2A0055	Eye, left	HMR	Absent	
2A0055	Eye, left	EMB	Absent	
2A0055	Eye, right	EXPTH	Absent	
2A0055	Eye, right	OPQ	Absent	
2A0055	Eye, right	MIS	Absent	
2A0055	Eye, right	HMR	Absent	
2A0055	Eye, right	EMB	Absent	
2A0055	Opercula	SLSH	Absent	
2A0056	Body Surface	RGR	Absent	
2A0056	Body Surface	RLSN	Absent	
2A0056	Body Surface	SPDF	Absent	
2A0056	Body Surface	HMRB	Absent	
2A0056	Body Surface	FDC	Absent	
2A0056	Body Surface	BFG	Absent	
2A0056	Body Surface	PRST	Absent	
2A0056	Head	DFM	Absent	
2A0056	Mouth	ULR	Absent	
2A0056	Mouth	LLG	Absent	
2A0056	Nare	SLN	Absent	
2A0056	Eye, left	EXPTH	Absent	
2A0056	Eye, left	OPQ	Absent	
2A0056	Eye, left	MIS	Absent	
2A0056	Eye, left	HMR	Absent	
2A0056	Eye, left	EMB	Absent	
2A0056	Eye, right	EXPTH	Absent	
2A0056	Eye, right	OPQ	Absent	
2A0056	Eye, right	MIS	Absent	
2A0056	Eye, right	HMR	Absent	
2A0056	Eye, right	EMB	Absent	
2A0056	Opercula	SLSH	Absent	
2A0057	Body Surface	RGR	Absent	
2A0057	Body Surface	RLSN	Absent	
2A0057	Body Surface	SPDF	Absent	
2A0057	Body Surface	HMRB	Absent	
2A0057	Body Surface	FDC	Absent	
2A0057	Body Surface	BFG	Absent	
2A0057	Body Surface	PRST	Absent	
2A0057	Head	DFM	Absent	
2A0057	Mouth	ULR	Absent	
2A0057	Mouth	LLG	Absent	
2A0057	Nare	SLN	Absent	
2A0057	Eye, left	EXPTH	Absent	
2A0057	Eye, left	OPQ	Absent	
2A0057	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0057	Eye, left	HMR	Absent	
2A0057	Eye, left	EMB	Absent	
2A0057	Eye, right	EXPTH	Absent	
2A0057	Eye, right	OPQ	Absent	
2A0057	Eye, right	MIS	Absent	
2A0057	Eye, right	HMR	Absent	
2A0057	Eye, right	EMB	Absent	
2A0057	Opercula	SLSH	Absent	
2A0058	Body Surface	RGR	Absent	
2A0058	Body Surface	RLSN	Absent	
2A0058	Body Surface	SPDF	Absent	
2A0058	Body Surface	HMRB	Absent	
2A0058	Body Surface	FDC	Absent	
2A0058	Body Surface	BFG	Absent	
2A0058	Body Surface	PRST	Absent	
2A0058	Head	DFM	Absent	
2A0058	Mouth	ULR	Absent	
2A0058	Mouth	LLG	Absent	
2A0058	Nare	SLN	Absent	
2A0058	Eye, left	EXPTH	Absent	
2A0058	Eye, left	OPQ	Absent	
2A0058	Eye, left	MIS	Absent	
2A0058	Eye, left	HMR	Absent	
2A0058	Eye, left	EMB	Absent	
2A0058	Eye, right	EXPTH	Absent	
2A0058	Eye, right	OPQ	Absent	
2A0058	Eye, right	MIS	Absent	
2A0058	Eye, right	HMR	Absent	
2A0058	Eye, right	EMB	Absent	
2A0058	Opercula	SLSH	Absent	
2A0059	Body Surface	RGR	Absent	
2A0059	Body Surface	RLSN	Absent	
2A0059	Body Surface	SPDF	Absent	
2A0059	Body Surface	HMRB	Absent	
2A0059	Body Surface	FDC	Absent	
2A0059	Body Surface	BFG	Absent	
2A0059	Body Surface	PRST	Absent	
2A0059	Head	DFM	Absent	
2A0059	Mouth	ULR	Absent	
2A0059	Mouth	LLG	Absent	
2A0059	Nare	SLN	Absent	
2A0059	Eye, left	EXPTH	Absent	
2A0059	Eye, left	OPQ	Absent	
2A0059	Eye, left	MIS	Absent	
2A0059	Eye, left	HMR	Absent	
2A0059	Eye, left	EMB	Absent	
2A0059	Eye, right	EXPTH	Absent	
2A0059	Eye, right	OPQ	Absent	
2A0059	Eye, right	MIS	Absent	
2A0059	Eye, right	HMR	Absent	
2A0059	Eye, right	EMB	Absent	
2A0059	Opercula	SLSH	Absent	
2A0060	Body Surface	RGR	Absent	
2A0060	Body Surface	RLSN	Absent	
2A0060	Body Surface	SPDF	Absent	
2A0060	Body Surface	HMRB	Absent	
2A0060	Body Surface	FDC	Absent	
2A0060	Body Surface	BFG	Absent	
2A0060	Body Surface	PRST	Absent	
2A0060	Head	DFM	Absent	
2A0060	Mouth	ULR	Absent	
2A0060	Mouth	LLG	Absent	
2A0060	Nare	SLN	Absent	
2A0060	Eye, left	EXPTH	Absent	
2A0060	Eye, left	OPQ	Absent	
2A0060	Eye, left	MIS	Absent	
2A0060	Eye, left	HMR	Absent	
2A0060	Eye, left	EMB	Absent	
2A0060	Eye, right	EXPTH	Absent	
2A0060	Eye, right	OPQ	Absent	
2A0060	Eye, right	MIS	Absent	
2A0060	Eye, right	HMR	Absent	
2A0060	Eye, right	EMB	Absent	
2A0060	Opercula	SLSH	Absent	
2A0061	Body Surface	RGR	Absent	
2A0061	Body Surface	RLSN	Absent	
2A0061	Body Surface	SPDF	Absent	
2A0061	Body Surface	HMRB	Absent	
2A0061	Body Surface	FDC	Absent	
2A0061	Body Surface	BFG	Absent	
2A0061	Body Surface	PRST	Absent	
2A0061	Head	DFM	Absent	
2A0061	Mouth	ULR	Absent	
2A0061	Mouth	LLG	Absent	
2A0061	Nare	SLN	Absent	
2A0061	Eye, left	EXPTH	Absent	
2A0061	Eye, left	OPQ	Absent	
2A0061	Eye, left	MIS	Absent	
2A0061	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0061	Eye, left	EMB	Absent	
2A0061	Eye, right	EXPTH	Absent	
2A0061	Eye, right	OPQ	Absent	
2A0061	Eye, right	MIS	Absent	
2A0061	Eye, right	HMR	Absent	
2A0061	Eye, right	EMB	Absent	
2A0061	Opercula	SLSH	Absent	
2A0062	Body Surface	RGR	Absent	
2A0062	Body Surface	RLSN	Absent	
2A0062	Body Surface	SPDF	Absent	
2A0062	Body Surface	HMRB	Absent	
2A0062	Body Surface	FDC	Absent	
2A0062	Body Surface	BFG	Absent	
2A0062	Body Surface	PRST	Absent	
2A0062	Head	DFM	Absent	
2A0062	Mouth	ULR	Absent	
2A0062	Mouth	LLG	Absent	
2A0062	Nare	SLN	Absent	
2A0062	Eye, left	EXPTH	Absent	
2A0062	Eye, left	OPQ	Absent	
2A0062	Eye, left	MIS	Absent	
2A0062	Eye, left	HMR	Absent	
2A0062	Eye, left	EMB	Absent	
2A0062	Eye, right	EXPTH	Absent	
2A0062	Eye, right	OPQ	Absent	
2A0062	Eye, right	MIS	Absent	
2A0062	Eye, right	HMR	Absent	
2A0062	Eye, right	EMB	Absent	
2A0062	Opercula	SLSH	Absent	
2A0063	Body Surface	RGR	Absent	
2A0063	Body Surface	RLSN	Absent	
2A0063	Body Surface	SPDF	Absent	
2A0063	Body Surface	HMRB	Absent	
2A0063	Body Surface	FDC	Absent	
2A0063	Body Surface	BFG	Absent	
2A0063	Body Surface	PRST	Absent	
2A0063	Head	DFM	Absent	
2A0063	Mouth	ULR	Absent	
2A0063	Mouth	LLG	Absent	
2A0063	Nare	SLN	Absent	
2A0063	Eye, left	EXPTH	Absent	
2A0063	Eye, left	OPQ	Absent	
2A0063	Eye, left	MIS	Absent	
2A0063	Eye, left	HMR	Absent	
2A0063	Eye, left	EMB	Absent	
2A0063	Eye, right	EXPTH	Absent	
2A0063	Eye, right	OPQ	Absent	
2A0063	Eye, right	MIS	Absent	
2A0063	Eye, right	HMR	Absent	
2A0063	Eye, right	EMB	Absent	
2A0063	Opercula	SLSH	Absent	
2A0064	Body Surface	RGR	Absent	
2A0064	Body Surface	RLSN	Absent	
2A0064	Body Surface	SPDF	Absent	
2A0064	Body Surface	HMRB	Absent	
2A0064	Body Surface	FDC	Absent	
2A0064	Body Surface	BFG	Absent	
2A0064	Body Surface	PRST	Absent	
2A0064	Head	DFM	Absent	
2A0064	Mouth	ULR	Absent	
2A0064	Mouth	LLG	Absent	
2A0064	Nare	SLN	Absent	
2A0064	Eye, left	EXPTH	Absent	
2A0064	Eye, left	OPQ	Absent	
2A0064	Eye, left	MIS	Absent	
2A0064	Eye, left	HMR	Absent	
2A0064	Eye, left	EMB	Absent	
2A0064	Eye, right	EXPTH	Absent	
2A0064	Eye, right	OPQ	Absent	
2A0064	Eye, right	MIS	Absent	
2A0064	Eye, right	HMR	Absent	
2A0064	Eye, right	EMB	Absent	
2A0064	Opercula	SLSH	Absent	
2A0065	Body Surface	RGR	Absent	
2A0065	Body Surface	RLSN	Absent	
2A0065	Body Surface	SPDF	Absent	
2A0065	Body Surface	HMRB	Absent	
2A0065	Body Surface	FDC	Absent	
2A0065	Body Surface	BFG	Absent	
2A0065	Body Surface	PRST	Absent	
2A0065	Head	DFM	Absent	
2A0065	Mouth	ULR	Absent	
2A0065	Mouth	LLG	Absent	
2A0065	Nare	SLN	Absent	
2A0065	Eye, left	EXPTH	Absent	
2A0065	Eye, left	OPQ	Absent	
2A0065	Eye, left	MIS	Absent	
2A0065	Eye, left	HMR	Absent	
2A0065	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0065	Eye, right	EXPTH	Absent	
2A0065	Eye, right	OPQ	Absent	
2A0065	Eye, right	MIS	Absent	
2A0065	Eye, right	HMR	Absent	
2A0065	Eye, right	EMB	Absent	
2A0065	Opercula	SLSH	Absent	
2A0066	Body Surface	RGR	Absent	
2A0066	Body Surface	RLSN	Absent	
2A0066	Body Surface	SPDF	Absent	
2A0066	Body Surface	HMRB	Absent	
2A0066	Body Surface	FDC	Absent	
2A0066	Body Surface	BFG	Absent	
2A0066	Body Surface	PRST	Absent	
2A0066	Head	DFM	Absent	
2A0066	Mouth	ULR	Absent	
2A0066	Mouth	LLG	Absent	
2A0066	Nare	SLN	Absent	
2A0066	Eye, left	EXPTH	Absent	
2A0066	Eye, left	OPQ	Absent	
2A0066	Eye, left	MIS	Absent	
2A0066	Eye, left	HMR	Absent	
2A0066	Eye, left	EMB	Absent	
2A0066	Eye, right	EXPTH	Absent	
2A0066	Eye, right	OPQ	Absent	
2A0066	Eye, right	MIS	Absent	
2A0066	Eye, right	HMR	Absent	
2A0066	Eye, right	EMB	Absent	
2A0066	Opercula	SLSH	Absent	
2A0067	Body Surface	RGR	Absent	
2A0067	Body Surface	RLSN	Absent	
2A0067	Body Surface	SPDF	Absent	
2A0067	Body Surface	HMRB	Absent	
2A0067	Body Surface	FDC	Absent	
2A0067	Body Surface	BFG	Absent	
2A0067	Body Surface	PRST	Absent	
2A0067	Head	DFM	Absent	
2A0067	Mouth	ULR	Absent	
2A0067	Mouth	LLG	Absent	
2A0067	Nare	SLN	Absent	
2A0067	Eye, left	EXPTH	Absent	
2A0067	Eye, left	OPQ	Absent	
2A0067	Eye, left	MIS	Absent	
2A0067	Eye, left	HMR	Absent	
2A0067	Eye, left	EMB	Absent	
2A0067	Eye, right	EXPTH	Absent	
2A0067	Eye, right	OPQ	Absent	
2A0067	Eye, right	MIS	Absent	
2A0067	Eye, right	HMR	Absent	
2A0067	Eye, right	EMB	Absent	
2A0067	Opercula	SLSH	Absent	
2A0068	Body Surface	RGR	Absent	
2A0068	Body Surface	RLSN	Absent	
2A0068	Body Surface	SPDF	Absent	
2A0068	Body Surface	HMRB	Absent	
2A0068	Body Surface	FDC	Absent	
2A0068	Body Surface	BFG	Absent	
2A0068	Body Surface	PRST	Absent	
2A0068	Head	DFM	Absent	
2A0068	Mouth	ULR	Absent	
2A0068	Mouth	LLG	Absent	
2A0068	Nare	SLN	Absent	
2A0068	Eye, left	EXPTH	Absent	
2A0068	Eye, left	OPQ	Absent	
2A0068	Eye, left	MIS	Absent	
2A0068	Eye, left	HMR	Absent	
2A0068	Eye, left	EMB	Absent	
2A0068	Eye, right	EXPTH	Absent	
2A0068	Eye, right	OPQ	Absent	
2A0068	Eye, right	MIS	Absent	
2A0068	Eye, right	HMR	Absent	
2A0068	Eye, right	EMB	Absent	
2A0068	Opercula	SLSH	Absent	
2A0069	Body Surface	RGR	Absent	
2A0069	Body Surface	RLSN	Absent	
2A0069	Body Surface	SPDF	Absent	
2A0069	Body Surface	HMRB	Absent	
2A0069	Body Surface	FDC	Absent	
2A0069	Body Surface	BFG	Absent	
2A0069	Body Surface	PRST	Absent	
2A0069	Head	DFM	Absent	
2A0069	Mouth	ULR	Absent	
2A0069	Mouth	LLG	Absent	
2A0069	Nare	SLN	Absent	
2A0069	Eye, left	EXPTH	Absent	
2A0069	Eye, left	OPQ	Absent	
2A0069	Eye, left	MIS	Absent	
2A0069	Eye, left	HMR	Absent	
2A0069	Eye, left	EMB	Absent	
2A0069	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0069	Eye, right	OPQ	Absent	
2A0069	Eye, right	MIS	Absent	
2A0069	Eye, right	HMR	Absent	
2A0069	Eye, right	EMB	Absent	
2A0069	Opercula	SLSH	Absent	
2A0070	Body Surface	RGR	Absent	
2A0070	Body Surface	RLSN	Absent	
2A0070	Body Surface	SPDF	Absent	
2A0070	Body Surface	HMRB	Absent	
2A0070	Body Surface	FDC	Absent	
2A0070	Body Surface	BFG	Absent	
2A0070	Body Surface	PRST	Absent	
2A0070	Head	DFM	Absent	
2A0070	Mouth	ULR	Absent	
2A0070	Mouth	LLG	Absent	
2A0070	Nare	SLN	Absent	
2A0070	Eye, left	EXPTH	Absent	
2A0070	Eye, left	OPQ	Absent	
2A0070	Eye, left	MIS	Absent	
2A0070	Eye, left	HMR	Absent	
2A0070	Eye, left	EMB	Absent	
2A0070	Eye, right	EXPTH	Absent	
2A0070	Eye, right	OPQ	Absent	
2A0070	Eye, right	MIS	Absent	
2A0070	Eye, right	HMR	Absent	
2A0070	Eye, right	EMB	Absent	
2A0070	Opercula	SLSH	Absent	
2A0071	Body Surface	RGR	Absent	
2A0071	Body Surface	RLSN	Absent	
2A0071	Body Surface	SPDF	Absent	
2A0071	Body Surface	HMRB	Absent	
2A0071	Body Surface	FDC	Absent	
2A0071	Body Surface	BFG	Absent	
2A0071	Body Surface	PRST	Absent	
2A0071	Head	DFM	Absent	
2A0071	Mouth	ULR	Absent	
2A0071	Mouth	LLG	Absent	
2A0071	Nare	SLN	Absent	
2A0071	Eye, left	EXPTH	Absent	
2A0071	Eye, left	OPQ	Absent	
2A0071	Eye, left	MIS	Absent	
2A0071	Eye, left	HMR	Absent	
2A0071	Eye, left	EMB	Absent	
2A0071	Eye, right	EXPTH	Absent	
2A0071	Eye, right	OPQ	Absent	
2A0071	Eye, right	MIS	Absent	
2A0071	Eye, right	HMR	Absent	
2A0071	Eye, right	EMB	Absent	
2A0071	Opercula	SLSH	Absent	
2A0072	Body Surface	RGR	Absent	
2A0072	Body Surface	RLSN	Absent	
2A0072	Body Surface	SPDF	Absent	
2A0072	Body Surface	HMRB	Absent	
2A0072	Body Surface	FDC	Absent	
2A0072	Body Surface	BFG	Absent	
2A0072	Body Surface	PRST	Absent	
2A0072	Head	DFM	Absent	
2A0072	Mouth	ULR	Absent	
2A0072	Mouth	LLG	Absent	
2A0072	Nare	SLN	Absent	
2A0072	Eye, left	EXPTH	Absent	
2A0072	Eye, left	OPQ	Absent	
2A0072	Eye, left	MIS	Absent	
2A0072	Eye, left	HMR	Absent	
2A0072	Eye, left	EMB	Absent	
2A0072	Eye, right	EXPTH	Absent	
2A0072	Eye, right	OPQ	Absent	
2A0072	Eye, right	MIS	Absent	
2A0072	Eye, right	HMR	Absent	
2A0072	Eye, right	EMB	Absent	
2A0072	Opercula	SLSH	Absent	
2A0073	Body Surface	RGR	Absent	
2A0073	Body Surface	RLSN	Absent	
2A0073	Body Surface	SPDF	Absent	
2A0073	Body Surface	HMRB	Absent	
2A0073	Body Surface	FDC	Absent	
2A0073	Body Surface	BFG	Absent	
2A0073	Body Surface	PRST	Absent	
2A0073	Head	DFM	Absent	
2A0073	Mouth	ULR	Absent	
2A0073	Mouth	LLG	Absent	
2A0073	Nare	SLN	Absent	
2A0073	Eye, left	EXPTH	Absent	
2A0073	Eye, left	OPQ	Absent	
2A0073	Eye, left	MIS	Absent	
2A0073	Eye, left	HMR	Absent	
2A0073	Eye, left	EMB	Absent	
2A0073	Eye, right	EXPTH	Absent	
2A0073	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0073	Eye, right	MIS	Absent	
2A0073	Eye, right	HMR	Absent	
2A0073	Eye, right	EMB	Absent	
2A0073	Opercula	SLSH	Absent	
2A0074	Body Surface	RGR	Absent	
2A0074	Body Surface	RLSN	Absent	
2A0074	Body Surface	SPDF	Absent	
2A0074	Body Surface	HMRB	Absent	
2A0074	Body Surface	FDC	Absent	
2A0074	Body Surface	BFG	Absent	
2A0074	Body Surface	PRST	Absent	
2A0074	Head	DFM	Absent	
2A0074	Mouth	ULR	Absent	
2A0074	Mouth	LLG	Absent	
2A0074	Nare	SLN	Absent	
2A0074	Eye, left	EXPTH	Absent	
2A0074	Eye, left	OPQ	Absent	
2A0074	Eye, left	MIS	Absent	
2A0074	Eye, left	HMR	Absent	
2A0074	Eye, left	EMB	Absent	
2A0074	Eye, right	EXPTH	Absent	
2A0074	Eye, right	OPQ	Absent	
2A0074	Eye, right	MIS	Absent	
2A0074	Eye, right	HMR	Absent	
2A0074	Eye, right	EMB	Absent	
2A0074	Opercula	SLSH	Absent	
2A0075	Body Surface	RGR	Absent	
2A0075	Body Surface	RLSN	Absent	
2A0075	Body Surface	SPDF	Absent	
2A0075	Body Surface	HMRB	Absent	
2A0075	Body Surface	FDC	Absent	
2A0075	Body Surface	BFG	Absent	
2A0075	Body Surface	PRST	Absent	
2A0075	Head	DFM	Absent	
2A0075	Mouth	ULR	Absent	
2A0075	Mouth	LLG	Absent	
2A0075	Nare	SLN	Absent	
2A0075	Eye, left	EXPTH	Absent	
2A0075	Eye, left	OPQ	Absent	
2A0075	Eye, left	MIS	Absent	
2A0075	Eye, left	HMR	Absent	
2A0075	Eye, left	EMB	Absent	
2A0075	Eye, right	EXPTH	Absent	
2A0075	Eye, right	OPQ	Absent	
2A0075	Eye, right	MIS	Absent	
2A0075	Eye, right	HMR	Absent	
2A0075	Eye, right	EMB	Absent	
2A0075	Opercula	SLSH	Absent	
2A0076	Body Surface	RGR	Absent	
2A0076	Body Surface	RLSN	Absent	
2A0076	Body Surface	SPDF	Absent	
2A0076	Body Surface	HMRB	Absent	
2A0076	Body Surface	FDC	Absent	
2A0076	Body Surface	BFG	Absent	
2A0076	Body Surface	PRST	Absent	
2A0076	Head	DFM	Absent	
2A0076	Mouth	ULR	Absent	
2A0076	Mouth	LLG	Absent	
2A0076	Nare	SLN	Absent	
2A0076	Eye, left	EXPTH	Absent	
2A0076	Eye, left	OPQ	Absent	
2A0076	Eye, left	MIS	Absent	
2A0076	Eye, left	HMR	Absent	
2A0076	Eye, left	EMB	Absent	
2A0076	Eye, right	EXPTH	Absent	
2A0076	Eye, right	OPQ	Absent	
2A0076	Eye, right	MIS	Absent	
2A0076	Eye, right	HMR	Absent	
2A0076	Eye, right	EMB	Absent	
2A0076	Opercula	SLSH	Absent	
2A0077	Body Surface	RGR	Absent	
2A0077	Body Surface	RLSN	Absent	
2A0077	Body Surface	SPDF	Absent	
2A0077	Body Surface	HMRB	Absent	
2A0077	Body Surface	FDC	Absent	
2A0077	Body Surface	BFG	Absent	
2A0077	Body Surface	PRST	Absent	
2A0077	Head	DFM	Absent	
2A0077	Mouth	ULR	Absent	
2A0077	Mouth	LLG	Absent	
2A0077	Nare	SLN	Absent	
2A0077	Eye, left	EXPTH	Absent	
2A0077	Eye, left	OPQ	Absent	
2A0077	Eye, left	MIS	Absent	
2A0077	Eye, left	HMR	Absent	
2A0077	Eye, left	EMB	Absent	
2A0077	Eye, right	EXPTH	Absent	
2A0077	Eye, right	OPQ	Absent	
2A0077	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0077	Eye, right	HMR	Absent	
2A0077	Eye, right	EMB	Absent	
2A0077	Opercula	SLSH	Absent	
2A0078	Body Surface	RGR	Absent	
2A0078	Body Surface	RLSN	Absent	
2A0078	Body Surface	SPDF	Absent	
2A0078	Body Surface	HMRB	Absent	
2A0078	Body Surface	FDC	Absent	
2A0078	Body Surface	BFG	Absent	
2A0078	Body Surface	PRST	Absent	
2A0078	Head	DFM	Absent	
2A0078	Mouth	ULR	Absent	
2A0078	Mouth	LLG	Absent	
2A0078	Nare	SLN	Absent	
2A0078	Eye, left	EXPTH	Absent	
2A0078	Eye, left	OPQ	Absent	
2A0078	Eye, left	MIS	Absent	
2A0078	Eye, left	HMR	Absent	
2A0078	Eye, left	EMB	Absent	
2A0078	Eye, right	EXPTH	Absent	
2A0078	Eye, right	OPQ	Absent	
2A0078	Eye, right	MIS	Absent	
2A0078	Eye, right	HMR	Absent	
2A0078	Eye, right	EMB	Absent	
2A0078	Opercula	SLSH	Absent	
2A0079	Body Surface	RGR	Absent	
2A0079	Body Surface	RLSN	Absent	
2A0079	Body Surface	SPDF	Absent	
2A0079	Body Surface	HMRB	Absent	
2A0079	Body Surface	FDC	Absent	
2A0079	Body Surface	BFG	Absent	
2A0079	Body Surface	PRST	Absent	
2A0079	Head	DFM	Absent	
2A0079	Mouth	ULR	Absent	
2A0079	Mouth	LLG	Absent	
2A0079	Nare	SLN	Absent	
2A0079	Eye, left	EXPTH	Absent	
2A0079	Eye, left	OPQ	Absent	
2A0079	Eye, left	MIS	Absent	
2A0079	Eye, left	HMR	Absent	
2A0079	Eye, left	EMB	Absent	
2A0079	Eye, right	EXPTH	Absent	
2A0079	Eye, right	OPQ	Absent	
2A0079	Eye, right	MIS	Absent	
2A0079	Eye, right	HMR	Absent	
2A0079	Eye, right	EMB	Absent	
2A0079	Opercula	SLSH	Absent	
2A0080	Body Surface	RGR	Absent	
2A0080	Body Surface	RLSN	Absent	
2A0080	Body Surface	SPDF	Absent	
2A0080	Body Surface	HMRB	Absent	
2A0080	Body Surface	FDC	Absent	
2A0080	Body Surface	BFG	Absent	
2A0080	Body Surface	PRST	Absent	
2A0080	Head	DFM	Absent	
2A0080	Mouth	ULR	Absent	
2A0080	Mouth	LLG	Absent	
2A0080	Nare	SLN	Absent	
2A0080	Eye, left	EXPTH	Absent	
2A0080	Eye, left	OPQ	Absent	
2A0080	Eye, left	MIS	Absent	
2A0080	Eye, left	HMR	Absent	
2A0080	Eye, left	EMB	Absent	
2A0080	Eye, right	EXPTH	Absent	
2A0080	Eye, right	OPQ	Absent	
2A0080	Eye, right	MIS	Absent	
2A0080	Eye, right	HMR	Absent	
2A0080	Eye, right	EMB	Absent	
2A0080	Opercula	SLSH	Absent	
2A0081	Body Surface	RGR	Absent	
2A0081	Body Surface	RLSN	Absent	
2A0081	Body Surface	SPDF	Absent	
2A0081	Body Surface	HMRB	Absent	
2A0081	Body Surface	FDC	Absent	
2A0081	Body Surface	BFG	Absent	
2A0081	Body Surface	PRST	Absent	
2A0081	Head	DFM	Absent	
2A0081	Mouth	ULR	Absent	
2A0081	Mouth	LLG	Absent	
2A0081	Nare	SLN	Absent	
2A0081	Eye, left	EXPTH	Absent	
2A0081	Eye, left	OPQ	Absent	
2A0081	Eye, left	MIS	Absent	
2A0081	Eye, left	HMR	Absent	
2A0081	Eye, left	EMB	Absent	
2A0081	Eye, right	EXPTH	Absent	
2A0081	Eye, right	OPQ	Absent	
2A0081	Eye, right	MIS	Absent	
2A0081	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0081	Eye, right	EMB	Absent	
2A0081	Opercula	SLSH	Absent	
2A0082	Body Surface	RGR	Absent	
2A0082	Body Surface	RLSN	Absent	
2A0082	Body Surface	SPDF	Absent	
2A0082	Body Surface	HMRB	Absent	
2A0082	Body Surface	FDC	Absent	
2A0082	Body Surface	BFG	Absent	
2A0082	Body Surface	PRST	Absent	
2A0082	Head	DFM	Absent	
2A0082	Mouth	ULR	Absent	
2A0082	Mouth	LLG	Absent	
2A0082	Nare	SLN	Absent	
2A0082	Eye, left	EXPTH	Absent	
2A0082	Eye, left	OPQ	Absent	
2A0082	Eye, left	MIS	Absent	
2A0082	Eye, left	HMR	Absent	
2A0082	Eye, left	EMB	Absent	
2A0082	Eye, right	EXPTH	Absent	
2A0082	Eye, right	OPQ	Absent	
2A0082	Eye, right	MIS	Absent	
2A0082	Eye, right	HMR	Absent	
2A0082	Eye, right	EMB	Absent	
2A0082	Opercula	SLSH	Absent	
2BTC0004	Body Surface	RGR	Absent	
2BTC0004	Body Surface	RLSN	Absent	
2BTC0004	Body Surface	SPDF	Absent	
2BTC0004	Body Surface	HMRB	Present	
2BTC0004	Body Surface	FDC	Absent	
2BTC0004	Body Surface	BFG	Absent	
2BTC0004	Body Surface	PRST	Absent	
2BTC0004	Barbel	NORM	Present	
2BTC0004	Head	DFM	Absent	
2BTC0004	Mouth	ULR	Absent	
2BTC0004	Mouth	LLG	Absent	
2BTC0004	Nare	SLN	Absent	
2BTC0004	Eye, left	EXPTH	Absent	
2BTC0004	Eye, left	OPQ	Absent	
2BTC0004	Eye, left	MIS	Absent	
2BTC0004	Eye, left	HMR	Absent	
2BTC0004	Eye, left	EMB	Absent	
2BTC0004	Eye, right	EXPTH	Absent	
2BTC0004	Eye, right	OPQ	Absent	
2BTC0004	Eye, right	MIS	Absent	
2BTC0004	Eye, right	HMR	Absent	
2BTC0004	Eye, right	EMB	Absent	
2BTC0004	Opercula	SLSH	Absent	
2CBT2105	Body Surface	RGR	Absent	
2CBT2105	Body Surface	RLSN	Absent	
2CBT2105	Body Surface	SPDF	Absent	
2CBT2105	Body Surface	HMRB	Present	
2CBT2105	Body Surface	FDC	Absent	
2CBT2105	Body Surface	BFG	Absent	
2CBT2105	Body Surface	PRST	Absent	
2CBT2105	Body Surface	OTHER	Present	Gill net marks
2CBT2105	Barbel	NORM	Present	
2CBT2105	Head	DFM	Absent	
2CBT2105	Mouth	ULR	Absent	
2CBT2105	Mouth	LLG	Absent	
2CBT2105	Nare	SLN	Absent	
2CBT2105	Eye, left	EXPTH	Absent	
2CBT2105	Eye, left	OPQ	Absent	
2CBT2105	Eye, left	MIS	Absent	
2CBT2105	Eye, left	HMR	Absent	
2CBT2105	Eye, left	EMB	Absent	
2CBT2105	Eye, right	EXPTH	Absent	
2CBT2105	Eye, right	OPQ	Absent	
2CBT2105	Eye, right	MIS	Absent	
2CBT2105	Eye, right	HMR	Absent	
2CBT2105	Eye, right	EMB	Absent	
2CBT2105	Opercula	SLSH	Absent	
2E0001W	Body Surface	RGR	Absent	
2E0001W	Body Surface	RLSN	Absent	
2E0001W	Body Surface	SPDF	Absent	
2E0001W	Body Surface	HMRB	Absent	
2E0001W	Body Surface	FDC	Absent	
2E0001W	Body Surface	BFG	Absent	
2E0001W	Body Surface	PRST	Absent	
2E0001W	Head	DFM	Absent	
2E0001W	Mouth	ULR	Absent	
2E0001W	Mouth	LLG	Absent	
2E0001W	Nare	SLN	Absent	
2E0001W	Eye, left	EXPTH	Absent	
2E0001W	Eye, left	OPQ	Absent	
2E0001W	Eye, left	MIS	Absent	
2E0001W	Eye, left	HMR	Absent	
2E0001W	Eye, left	EMB	Absent	
2E0001W	Eye, right	EXPTH	Absent	
2E0001W	Eye, right	OPQ	Present	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2E0001W	Eye, right	MIS	Absent	
2E0001W	Eye, right	HMR	Present	
2E0001W	Eye, right	EMB	Absent	
2E0001W	Opercula	SLSH	Absent	
2E0002W	Body Surface	RGR	Absent	
2E0002W	Body Surface	RLSN	Absent	
2E0002W	Body Surface	SPDF	Absent	
2E0002W	Body Surface	HMRB	Absent	
2E0002W	Body Surface	FDC	Absent	
2E0002W	Body Surface	BFG	Absent	
2E0002W	Body Surface	PRST	Absent	
2E0002W	Head	DFM	Absent	
2E0002W	Mouth	ULR	Absent	
2E0002W	Mouth	LLG	Absent	
2E0002W	Nare	SLN	Absent	
2E0002W	Eye, left	EXPTH	Absent	
2E0002W	Eye, left	OPQ	Absent	
2E0002W	Eye, left	MIS	Absent	
2E0002W	Eye, left	HMR	Absent	
2E0002W	Eye, left	EMB	Absent	
2E0002W	Eye, right	EXPTH	Absent	
2E0002W	Eye, right	OPQ	Absent	
2E0002W	Eye, right	MIS	Absent	
2E0002W	Eye, right	HMR	Absent	
2E0002W	Eye, right	EMB	Absent	
2E0002W	Opercula	SLSH	Absent	
2E0003W	Body Surface	RGR	Absent	
2E0003W	Body Surface	RLSN	Absent	
2E0003W	Body Surface	SPDF	Absent	
2E0003W	Body Surface	HMRB	Absent	
2E0003W	Body Surface	FDC	Absent	
2E0003W	Body Surface	BFG	Absent	
2E0003W	Body Surface	PRST	Absent	
2E0003W	Head	DFM	Absent	
2E0003W	Mouth	ULR	Absent	
2E0003W	Mouth	LLG	Absent	
2E0003W	Nare	SLN	Absent	
2E0003W	Eye, left	EXPTH	Absent	
2E0003W	Eye, left	OPQ	Absent	
2E0003W	Eye, left	MIS	Absent	
2E0003W	Eye, left	HMR	Absent	
2E0003W	Eye, left	EMB	Absent	
2E0003W	Eye, right	EXPTH	Absent	
2E0003W	Eye, right	OPQ	Absent	
2E0003W	Eye, right	MIS	Absent	
2E0003W	Eye, right	HMR	Absent	
2E0003W	Eye, right	EMB	Absent	
2E0003W	Opercula	SLSH	Absent	
2E0004H	Body Surface	RGR	Absent	
2E0004H	Body Surface	RLSN	Absent	
2E0004H	Body Surface	SPDF	Absent	
2E0004H	Body Surface	HMRB	Absent	
2E0004H	Body Surface	FDC	Absent	
2E0004H	Body Surface	BFG	Absent	
2E0004H	Body Surface	PRST	Absent	
2E0004H	Head	DFM	Absent	
2E0004H	Mouth	ULR	Absent	
2E0004H	Mouth	LLG	Absent	
2E0004H	Nare	SLN	Absent	
2E0004H	Eye, left	EXPTH	Absent	
2E0004H	Eye, left	OPQ	Absent	
2E0004H	Eye, left	MIS	Absent	
2E0004H	Eye, left	HMR	Absent	
2E0004H	Eye, left	EMB	Absent	
2E0004H	Eye, right	EXPTH	Absent	
2E0004H	Eye, right	OPQ	Absent	
2E0004H	Eye, right	MIS	Absent	
2E0004H	Eye, right	HMR	Absent	
2E0004H	Eye, right	EMB	Absent	
2E0004H	Opercula	SLSH	Absent	
2E0005H	Body Surface	RGR	Absent	
2E0005H	Body Surface	RLSN	Absent	
2E0005H	Body Surface	SPDF	Absent	
2E0005H	Body Surface	HMRB	Absent	
2E0005H	Body Surface	FDC	Absent	
2E0005H	Body Surface	BFG	Absent	
2E0005H	Body Surface	PRST	Absent	
2E0005H	Body Surface	OTHER	Present	Lacerations on right side
2E0005H	Head	DFM	Absent	
2E0005H	Mouth	ULR	Absent	
2E0005H	Mouth	LLG	Absent	
2E0005H	Nare	SLN	Absent	
2E0005H	Eye, left	EXPTH	Absent	
2E0005H	Eye, left	OPQ	Absent	
2E0005H	Eye, left	MIS	Absent	
2E0005H	Eye, left	HMR	Absent	
2E0005H	Eye, left	EMB	Absent	
2E0005H	Eye, right	EXPTH	Absent	
2E0005H	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2E0005H	Eye, right	MIS	Absent	
2E0005H	Eye, right	HMR	Absent	
2E0005H	Eye, right	EMB	Absent	
2E0005H	Opercula	SLSH	Absent	
2E0006H	Body Surface	RGR	Absent	
2E0006H	Body Surface	RLSN	Absent	
2E0006H	Body Surface	SPDF	Absent	
2E0006H	Body Surface	HMRB	Absent	
2E0006H	Body Surface	FDC	Absent	
2E0006H	Body Surface	BFG	Absent	
2E0006H	Body Surface	PRST	Absent	
2E0006H	Head	DFM	Absent	
2E0006H	Mouth	ULR	Absent	
2E0006H	Mouth	LLG	Absent	
2E0006H	Nare	SLN	Absent	
2E0006H	Eye, left	EXPTH	Absent	
2E0006H	Eye, left	OPQ	Absent	
2E0006H	Eye, left	MIS	Absent	
2E0006H	Eye, left	HMR	Absent	
2E0006H	Eye, left	EMB	Absent	
2E0006H	Eye, right	EXPTH	Absent	
2E0006H	Eye, right	OPQ	Absent	
2E0006H	Eye, right	MIS	Absent	
2E0006H	Eye, right	HMR	Absent	
2E0006H	Eye, right	EMB	Absent	
2E0006H	Opercula	SLSH	Absent	
2EB0002W	Body Surface	RGR	Absent	
2EB0002W	Body Surface	RLSN	Absent	
2EB0002W	Body Surface	SPDF	Absent	
2EB0002W	Body Surface	HMRB	Absent	
2EB0002W	Body Surface	FDC	Absent	
2EB0002W	Body Surface	BFG	Absent	
2EB0002W	Body Surface	PRST	Absent	
2EB0002W	Head	DFM	Absent	
2EB0002W	Mouth	ULR	Absent	
2EB0002W	Mouth	LLG	Absent	
2EB0002W	Nare	SLN	Absent	
2EB0002W	Eye, left	EXPTH	Absent	
2EB0002W	Eye, left	OPQ	Absent	
2EB0002W	Eye, left	MIS	Absent	
2EB0002W	Eye, left	HMR	Absent	
2EB0002W	Eye, left	EMB	Absent	
2EB0002W	Eye, right	EXPTH	Absent	
2EB0002W	Eye, right	OPQ	Absent	
2EB0002W	Eye, right	MIS	Absent	
2EB0002W	Eye, right	HMR	Absent	
2EB0002W	Eye, right	EMB	Absent	
2EB0002W	Opercula	SLSH	Absent	
2EB0004H	Body Surface	RGR	Absent	
2EB0004H	Body Surface	RLSN	Absent	
2EB0004H	Body Surface	SPDF	Absent	
2EB0004H	Body Surface	HMRB	Absent	
2EB0004H	Body Surface	FDC	Absent	
2EB0004H	Body Surface	BFG	Absent	
2EB0004H	Body Surface	PRST	Absent	
2EB0004H	Head	DFM	Absent	
2EB0004H	Mouth	ULR	Absent	
2EB0004H	Mouth	LLG	Absent	
2EB0004H	Nare	SLN	Absent	
2EB0004H	Eye, left	EXPTH	Absent	
2EB0004H	Eye, left	OPQ	Absent	
2EB0004H	Eye, left	MIS	Absent	
2EB0004H	Eye, left	HMR	Absent	
2EB0004H	Eye, left	EMB	Absent	
2EB0004H	Eye, right	EXPTH	Absent	
2EB0004H	Eye, right	OPQ	Absent	
2EB0004H	Eye, right	MIS	Absent	
2EB0004H	Eye, right	HMR	Absent	
2EB0004H	Eye, right	EMB	Absent	
2EB0004H	Eye, right	OTHER	Present	Damage from clubbing
2EB0004H	Opercula	SLSH	Absent	
2EB0006W	Body Surface	RGR	Absent	
2EB0006W	Body Surface	RLSN	Absent	
2EB0006W	Body Surface	SPDF	Absent	
2EB0006W	Body Surface	HMRB	Absent	
2EB0006W	Body Surface	FDC	Absent	
2EB0006W	Body Surface	BFG	Absent	
2EB0006W	Body Surface	PRST	Absent	
2EB0006W	Head	DFM	Absent	
2EB0006W	Mouth	ULR	Absent	
2EB0006W	Mouth	LLG	Absent	
2EB0006W	Nare	SLN	Absent	
2EB0006W	Eye, left	EXPTH	Absent	
2EB0006W	Eye, left	OPQ	Absent	
2EB0006W	Eye, left	MIS	Absent	
2EB0006W	Eye, left	HMR	Absent	
2EB0006W	Eye, left	EMB	Absent	
2EB0006W	Eye, right	EXPTH	Absent	
2EB0006W	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0006W	Eye, right	MIS	Absent	
2EB0006W	Eye, right	HMR	Absent	
2EB0006W	Eye, right	EMB	Absent	
2EB0006W	Opercula	SLSH	Absent	
2EB0008W	Body Surface	RGR	Absent	
2EB0008W	Body Surface	RLSN	Absent	
2EB0008W	Body Surface	SPDF	Absent	
2EB0008W	Body Surface	HMRB	Absent	
2EB0008W	Body Surface	FDC	Absent	
2EB0008W	Body Surface	BFG	Absent	
2EB0008W	Body Surface	PRST	Absent	
2EB0008W	Head	DFM	Absent	
2EB0008W	Mouth	ULR	Absent	
2EB0008W	Mouth	LLG	Absent	
2EB0008W	Nare	SLN	Absent	
2EB0008W	Eye, left	EXPTH	Absent	
2EB0008W	Eye, left	OPQ	Absent	
2EB0008W	Eye, left	MIS	Absent	
2EB0008W	Eye, left	HMR	Absent	
2EB0008W	Eye, left	EMB	Absent	
2EB0008W	Eye, right	EXPTH	Absent	
2EB0008W	Eye, right	OPQ	Absent	
2EB0008W	Eye, right	MIS	Absent	
2EB0008W	Eye, right	HMR	Absent	
2EB0008W	Eye, right	EMB	Absent	
2EB0008W	Opercula	SLSH	Absent	
2EB0009W	Body Surface	RGR	Absent	
2EB0009W	Body Surface	RLSN	Absent	
2EB0009W	Body Surface	SPDF	Absent	
2EB0009W	Body Surface	HMRB	Absent	
2EB0009W	Body Surface	FDC	Absent	
2EB0009W	Body Surface	BFG	Absent	
2EB0009W	Body Surface	PRST	Absent	
2EB0009W	Head	DFM	Absent	
2EB0009W	Mouth	ULR	Absent	
2EB0009W	Mouth	LLG	Absent	
2EB0009W	Nare	SLN	Absent	
2EB0009W	Eye, left	EXPTH	Absent	
2EB0009W	Eye, left	OPQ	Absent	
2EB0009W	Eye, left	MIS	Absent	
2EB0009W	Eye, left	HMR	Absent	
2EB0009W	Eye, left	EMB	Absent	
2EB0009W	Eye, right	EXPTH	Absent	
2EB0009W	Eye, right	OPQ	Absent	
2EB0009W	Eye, right	MIS	Absent	
2EB0009W	Eye, right	HMR	Absent	
2EB0009W	Eye, right	EMB	Absent	
2EB0009W	Opercula	SLSH	Absent	
2EB0010W	Body Surface	RGR	Absent	
2EB0010W	Body Surface	RLSN	Absent	
2EB0010W	Body Surface	SPDF	Absent	
2EB0010W	Body Surface	HMRB	Present	
2EB0010W	Body Surface	FDC	Absent	
2EB0010W	Body Surface	BFG	Absent	
2EB0010W	Body Surface	PRST	Absent	
2EB0010W	Head	DFM	Absent	
2EB0010W	Mouth	ULR	Absent	
2EB0010W	Mouth	LLG	Absent	
2EB0010W	Nare	SLN	Absent	
2EB0010W	Eye, left	EXPTH	Absent	
2EB0010W	Eye, left	OPQ	Absent	
2EB0010W	Eye, left	MIS	Absent	
2EB0010W	Eye, left	HMR	Absent	
2EB0010W	Eye, left	EMB	Absent	
2EB0010W	Eye, right	EXPTH	Absent	
2EB0010W	Eye, right	OPQ	Absent	
2EB0010W	Eye, right	MIS	Absent	
2EB0010W	Eye, right	HMR	Absent	
2EB0010W	Eye, right	EMB	Absent	
2EB0010W	Eye, right	OTHER	Present	Damage from clubbing
2EB0010W	Opercula	SLSH	Absent	
2EB0011W	Body Surface	RGR	Absent	
2EB0011W	Body Surface	RLSN	Absent	
2EB0011W	Body Surface	SPDF	Absent	
2EB0011W	Body Surface	HMRB	Absent	
2EB0011W	Body Surface	FDC	Absent	
2EB0011W	Body Surface	BFG	Absent	
2EB0011W	Body Surface	PRST	Absent	
2EB0011W	Head	DFM	Absent	
2EB0011W	Mouth	ULR	Absent	
2EB0011W	Mouth	LLG	Absent	
2EB0011W	Nare	SLN	Absent	
2EB0011W	Eye, left	EXPTH	Absent	
2EB0011W	Eye, left	OPQ	Absent	
2EB0011W	Eye, left	MIS	Absent	
2EB0011W	Eye, left	HMR	Absent	
2EB0011W	Eye, left	EMB	Absent	
2EB0011W	Eye, right	EXPTH	Absent	
2EB0011W	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0011W	Eye, right	MIS	Absent	
2EB0011W	Eye, right	HMR	Absent	
2EB0011W	Eye, right	EMB	Absent	
2EB0011W	Opercula	SLSH	Absent	
2EB0012	Body Surface	RGR	Absent	
2EB0012	Body Surface	RLSN	Absent	
2EB0012	Body Surface	SPDF	Absent	
2EB0012	Body Surface	HMRB	Absent	
2EB0012	Body Surface	FDC	Absent	
2EB0012	Body Surface	BFG	Absent	
2EB0012	Body Surface	PRST	Absent	
2EB0012	Head	DFM	Absent	
2EB0012	Mouth	ULR	Absent	
2EB0012	Mouth	LLG	Absent	
2EB0012	Nare	SLN	Absent	
2EB0012	Eye, left	EXPTH	Absent	
2EB0012	Eye, left	OPQ	Absent	
2EB0012	Eye, left	MIS	Absent	
2EB0012	Eye, left	HMR	Absent	
2EB0012	Eye, left	EMB	Absent	
2EB0012	Eye, right	EXPTH	Absent	
2EB0012	Eye, right	OPQ	Absent	
2EB0012	Eye, right	MIS	Absent	
2EB0012	Eye, right	HMR	Absent	
2EB0012	Eye, right	EMB	Absent	
2EB0012	Opercula	SLSH	Absent	
2EB0013	Body Surface	RGR	Absent	
2EB0013	Body Surface	RLSN	Absent	
2EB0013	Body Surface	SPDF	Absent	
2EB0013	Body Surface	HMRB	Absent	
2EB0013	Body Surface	FDC	Absent	
2EB0013	Body Surface	BFG	Absent	
2EB0013	Body Surface	PRST	Absent	
2EB0013	Head	DFM	Absent	
2EB0013	Mouth	ULR	Absent	
2EB0013	Mouth	LLG	Absent	
2EB0013	Nare	SLN	Absent	
2EB0013	Eye, left	EXPTH	Absent	
2EB0013	Eye, left	OPQ	Absent	
2EB0013	Eye, left	MIS	Absent	
2EB0013	Eye, left	HMR	Absent	
2EB0013	Eye, left	EMB	Absent	
2EB0013	Eye, right	EXPTH	Absent	
2EB0013	Eye, right	OPQ	Absent	
2EB0013	Eye, right	MIS	Absent	
2EB0013	Eye, right	HMR	Absent	
2EB0013	Eye, right	EMB	Absent	
2EB0013	Opercula	SLSH	Absent	
2EB0014W	Body Surface	RGR	Absent	
2EB0014W	Body Surface	RLSN	Absent	
2EB0014W	Body Surface	SPDF	Absent	
2EB0014W	Body Surface	HMRB	Absent	
2EB0014W	Body Surface	FDC	Absent	
2EB0014W	Body Surface	BFG	Absent	
2EB0014W	Body Surface	PRST	Absent	
2EB0014W	Head	DFM	Absent	
2EB0014W	Mouth	ULR	Absent	
2EB0014W	Mouth	LLG	Absent	
2EB0014W	Nare	SLN	Absent	
2EB0014W	Eye, left	EXPTH	Absent	
2EB0014W	Eye, left	OPQ	Absent	
2EB0014W	Eye, left	MIS	Absent	
2EB0014W	Eye, left	HMR	Absent	
2EB0014W	Eye, left	EMB	Absent	
2EB0014W	Eye, right	EXPTH	Absent	
2EB0014W	Eye, right	OPQ	Absent	
2EB0014W	Eye, right	MIS	Absent	
2EB0014W	Eye, right	HMR	Absent	
2EB0014W	Eye, right	EMB	Absent	
2EB0014W	Opercula	SLSH	Absent	
2EB0015	Body Surface	RGR	Absent	
2EB0015	Body Surface	RLSN	Absent	
2EB0015	Body Surface	SPDF	Absent	
2EB0015	Body Surface	HMRB	Absent	
2EB0015	Body Surface	FDC	Absent	
2EB0015	Body Surface	BFG	Absent	
2EB0015	Body Surface	PRST	Absent	
2EB0015	Head	DFM	Absent	
2EB0015	Mouth	ULR	Absent	
2EB0015	Mouth	LLG	Absent	
2EB0015	Nare	SLN	Absent	
2EB0015	Eye, left	EXPTH	Absent	
2EB0015	Eye, left	OPQ	Absent	
2EB0015	Eye, left	MIS	Absent	
2EB0015	Eye, left	HMR	Absent	
2EB0015	Eye, left	EMB	Absent	
2EB0015	Eye, right	EXPTH	Absent	
2EB0015	Eye, right	OPQ	Absent	
2EB0015	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0015	Eye, right	HMR	Absent	
2EB0015	Eye, right	EMB	Absent	
2EB0015	Opercula	SLSH	Absent	
2EB0016	Body Surface	RGR	Absent	
2EB0016	Body Surface	RLSN	Absent	
2EB0016	Body Surface	SPDF	Absent	
2EB0016	Body Surface	HMRB	Absent	
2EB0016	Body Surface	FDC	Absent	
2EB0016	Body Surface	BFG	Absent	
2EB0016	Body Surface	PRST	Absent	
2EB0016	Head	DFM	Absent	
2EB0016	Mouth	ULR	Absent	
2EB0016	Mouth	LLG	Absent	
2EB0016	Nare	SLN	Absent	
2EB0016	Eye, left	EXPTH	Absent	
2EB0016	Eye, left	OPQ	Absent	
2EB0016	Eye, left	MIS	Absent	
2EB0016	Eye, left	HMR	Absent	
2EB0016	Eye, left	EMB	Absent	
2EB0016	Eye, right	EXPTH	Absent	
2EB0016	Eye, right	OPQ	Absent	
2EB0016	Eye, right	MIS	Absent	
2EB0016	Eye, right	HMR	Absent	
2EB0016	Eye, right	EMB	Absent	
2EB0016	Opercula	SLSH	Absent	
2EB0017	Body Surface	RGR	Absent	
2EB0017	Body Surface	RLSN	Absent	
2EB0017	Body Surface	SPDF	Absent	
2EB0017	Body Surface	HMRB	Absent	
2EB0017	Body Surface	FDC	Absent	
2EB0017	Body Surface	BFG	Absent	
2EB0017	Body Surface	PRST	Absent	
2EB0017	Head	DFM	Absent	
2EB0017	Mouth	ULR	Absent	
2EB0017	Mouth	LLG	Absent	
2EB0017	Nare	SLN	Absent	
2EB0017	Eye, left	EXPTH	Absent	
2EB0017	Eye, left	OPQ	Absent	
2EB0017	Eye, left	MIS	Absent	
2EB0017	Eye, left	HMR	Absent	
2EB0017	Eye, left	EMB	Absent	
2EB0017	Eye, right	EXPTH	Absent	
2EB0017	Eye, right	OPQ	Absent	
2EB0017	Eye, right	MIS	Absent	
2EB0017	Eye, right	HMR	Absent	
2EB0017	Eye, right	EMB	Absent	
2EB0017	Opercula	SLSH	Absent	
2EB0018	Body Surface	RGR	Absent	
2EB0018	Body Surface	RLSN	Absent	
2EB0018	Body Surface	SPDF	Absent	
2EB0018	Body Surface	HMRB	Absent	
2EB0018	Body Surface	FDC	Absent	
2EB0018	Body Surface	BFG	Absent	
2EB0018	Body Surface	PRST	Absent	
2EB0018	Head	DFM	Absent	
2EB0018	Mouth	ULR	Absent	
2EB0018	Mouth	LLG	Absent	
2EB0018	Nare	SLN	Absent	
2EB0018	Eye, left	EXPTH	Absent	
2EB0018	Eye, left	OPQ	Absent	
2EB0018	Eye, left	MIS	Absent	
2EB0018	Eye, left	HMR	Absent	
2EB0018	Eye, left	EMB	Absent	
2EB0018	Eye, right	EXPTH	Absent	
2EB0018	Eye, right	OPQ	Absent	
2EB0018	Eye, right	MIS	Absent	
2EB0018	Eye, right	HMR	Absent	
2EB0018	Eye, right	EMB	Absent	
2EB0018	Opercula	SLSH	Absent	
2EB0019	Body Surface	RGR	Absent	
2EB0019	Body Surface	RLSN	Absent	
2EB0019	Body Surface	SPDF	Absent	
2EB0019	Body Surface	HMRB	Absent	
2EB0019	Body Surface	FDC	Absent	
2EB0019	Body Surface	BFG	Absent	
2EB0019	Body Surface	PRST	Absent	
2EB0019	Head	DFM	Absent	
2EB0019	Mouth	ULR	Absent	
2EB0019	Mouth	LLG	Absent	
2EB0019	Nare	SLN	Absent	
2EB0019	Eye, left	EXPTH	Absent	
2EB0019	Eye, left	OPQ	Absent	
2EB0019	Eye, left	MIS	Absent	
2EB0019	Eye, left	HMR	Absent	
2EB0019	Eye, left	EMB	Absent	
2EB0019	Eye, right	EXPTH	Absent	
2EB0019	Eye, right	OPQ	Absent	
2EB0019	Eye, right	MIS	Absent	
2EB0019	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0019	Eye, right	EMB	Absent	
2EB0019	Opercula	SLSH	Absent	
2EB0020	Body Surface	RGR	Absent	
2EB0020	Body Surface	RLSN	Absent	
2EB0020	Body Surface	SPDF	Absent	
2EB0020	Body Surface	HMRB	Absent	
2EB0020	Body Surface	FDC	Absent	
2EB0020	Body Surface	BFG	Absent	
2EB0020	Body Surface	PRST	Absent	
2EB0020	Head	DFM	Absent	
2EB0020	Mouth	ULR	Absent	
2EB0020	Mouth	LLG	Absent	
2EB0020	Nare	SLN	Absent	
2EB0020	Eye, left	EXPTH	Absent	
2EB0020	Eye, left	OPQ	Absent	
2EB0020	Eye, left	MIS	Absent	
2EB0020	Eye, left	HMR	Absent	
2EB0020	Eye, left	EMB	Absent	
2EB0020	Eye, right	EXPTH	Absent	
2EB0020	Eye, right	OPQ	Absent	
2EB0020	Eye, right	MIS	Absent	
2EB0020	Eye, right	HMR	Absent	
2EB0020	Eye, right	EMB	Absent	
2EB0020	Opercula	SLSH	Absent	
2EB0021	Body Surface	RGR	Absent	
2EB0021	Body Surface	RLSN	Absent	
2EB0021	Body Surface	SPDF	Absent	
2EB0021	Body Surface	HMRB	Absent	
2EB0021	Body Surface	FDC	Absent	
2EB0021	Body Surface	BFG	Absent	
2EB0021	Body Surface	PRST	Absent	
2EB0021	Body Surface	OTHER	Present	Damage from handling
2EB0021	Head	DFM	Absent	
2EB0021	Mouth	ULR	Absent	
2EB0021	Mouth	LLG	Absent	
2EB0021	Nare	SLN	Absent	
2EB0021	Eye, left	EXPTH	Absent	
2EB0021	Eye, left	OPQ	Absent	
2EB0021	Eye, left	MIS	Absent	
2EB0021	Eye, left	HMR	Absent	
2EB0021	Eye, left	EMB	Absent	
2EB0021	Eye, right	EXPTH	Absent	
2EB0021	Eye, right	OPQ	Absent	
2EB0021	Eye, right	MIS	Absent	
2EB0021	Eye, right	HMR	Absent	
2EB0021	Eye, right	EMB	Absent	
2EB0021	Opercula	SLSH	Absent	
2EB0022	Body Surface	RGR	Absent	
2EB0022	Body Surface	RLSN	Absent	
2EB0022	Body Surface	SPDF	Absent	
2EB0022	Body Surface	HMRB	Absent	
2EB0022	Body Surface	FDC	Absent	
2EB0022	Body Surface	BFG	Absent	
2EB0022	Body Surface	PRST	Absent	
2EB0022	Body Surface	OTHER	Present	Damage from handling
2EB0022	Head	DFM	Absent	
2EB0022	Mouth	ULR	Absent	
2EB0022	Mouth	LLG	Absent	
2EB0022	Nare	SLN	Absent	
2EB0022	Eye, left	EXPTH	Absent	
2EB0022	Eye, left	OPQ	Absent	
2EB0022	Eye, left	MIS	Absent	
2EB0022	Eye, left	HMR	Absent	
2EB0022	Eye, left	EMB	Absent	
2EB0022	Eye, right	EXPTH	Absent	
2EB0022	Eye, right	OPQ	Absent	
2EB0022	Eye, right	MIS	Absent	
2EB0022	Eye, right	HMR	Absent	
2EB0022	Eye, right	EMB	Absent	
2EB0022	Opercula	SLSH	Absent	
2EB0023	Body Surface	RGR	Absent	
2EB0023	Body Surface	RLSN	Absent	
2EB0023	Body Surface	SPDF	Absent	
2EB0023	Body Surface	HMRB	Absent	
2EB0023	Body Surface	FDC	Absent	
2EB0023	Body Surface	BFG	Absent	
2EB0023	Body Surface	PRST	Absent	
2EB0023	Head	DFM	Absent	
2EB0023	Mouth	ULR	Absent	
2EB0023	Mouth	LLG	Absent	
2EB0023	Nare	SLN	Absent	
2EB0023	Eye, left	EXPTH	Absent	
2EB0023	Eye, left	OPQ	Absent	
2EB0023	Eye, left	MIS	Absent	
2EB0023	Eye, left	HMR	Absent	
2EB0023	Eye, left	EMB	Absent	
2EB0023	Eye, right	EXPTH	Absent	
2EB0023	Eye, right	OPQ	Absent	
2EB0023	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0023	Eye, right	HMR	Absent	
2EB0023	Eye, right	EMB	Absent	
2EB0023	Opercula	SLSH	Absent	
2EB0024	Body Surface	RGR	Absent	
2EB0024	Body Surface	RLSN	Absent	
2EB0024	Body Surface	SPDF	Absent	
2EB0024	Body Surface	HMRB	Absent	
2EB0024	Body Surface	FDC	Absent	
2EB0024	Body Surface	BFG	Absent	
2EB0024	Body Surface	PRST	Absent	
2EB0024	Head	DFM	Absent	
2EB0024	Mouth	ULR	Absent	
2EB0024	Mouth	LLG	Absent	
2EB0024	Nare	SLN	Absent	
2EB0024	Eye, left	EXPTH	Absent	
2EB0024	Eye, left	OPQ	Absent	
2EB0024	Eye, left	MIS	Absent	
2EB0024	Eye, left	HMR	Absent	
2EB0024	Eye, left	EMB	Absent	
2EB0024	Eye, right	EXPTH	Absent	
2EB0024	Eye, right	OPQ	Absent	
2EB0024	Eye, right	MIS	Absent	
2EB0024	Eye, right	HMR	Absent	
2EB0024	Eye, right	EMB	Absent	
2EB0024	Opercula	SLSH	Absent	
2EB0025	Body Surface	RGR	Absent	
2EB0025	Body Surface	RLSN	Absent	
2EB0025	Body Surface	SPDF	Absent	
2EB0025	Body Surface	HMRB	Absent	
2EB0025	Body Surface	FDC	Absent	
2EB0025	Body Surface	BFG	Absent	
2EB0025	Body Surface	PRST	Absent	
2EB0025	Head	DFM	Absent	
2EB0025	Mouth	ULR	Absent	
2EB0025	Mouth	LLG	Absent	
2EB0025	Nare	SLN	Absent	
2EB0025	Eye, left	EXPTH	Absent	
2EB0025	Eye, left	OPQ	Absent	
2EB0025	Eye, left	MIS	Absent	
2EB0025	Eye, left	HMR	Absent	
2EB0025	Eye, left	EMB	Absent	
2EB0025	Eye, right	EXPTH	Absent	
2EB0025	Eye, right	OPQ	Absent	
2EB0025	Eye, right	MIS	Absent	
2EB0025	Eye, right	HMR	Absent	
2EB0025	Eye, right	EMB	Absent	
2EB0025	Opercula	SLSH	Absent	
2EB0067W	Body Surface	RGR	Absent	
2EB0067W	Body Surface	RLSN	Absent	
2EB0067W	Body Surface	SPDF	Absent	
2EB0067W	Body Surface	HMRB	Absent	
2EB0067W	Body Surface	FDC	Absent	
2EB0067W	Body Surface	BFG	Absent	
2EB0067W	Body Surface	PRST	Absent	
2EB0067W	Head	DFM	Absent	
2EB0067W	Mouth	ULR	Absent	
2EB0067W	Mouth	LLG	Absent	
2EB0067W	Nare	SLN	Absent	
2EB0067W	Eye, left	EXPTH	Absent	
2EB0067W	Eye, left	OPQ	Absent	
2EB0067W	Eye, left	MIS	Absent	
2EB0067W	Eye, left	HMR	Absent	
2EB0067W	Eye, left	EMB	Absent	
2EB0067W	Eye, right	EXPTH	Absent	
2EB0067W	Eye, right	OPQ	Absent	
2EB0067W	Eye, right	MIS	Absent	
2EB0067W	Eye, right	HMR	Absent	
2EB0067W	Eye, right	EMB	Absent	
2EB0067W	Opercula	SLSH	Absent	
2EB0070W	OTHER	OTHER	Present	No examination performed
2ED0007W	Body Surface	RGR	Absent	
2ED0007W	Body Surface	RLSN	Absent	
2ED0007W	Body Surface	SPDF	Absent	
2ED0007W	Body Surface	HMRB	Absent	
2ED0007W	Body Surface	FDC	Absent	
2ED0007W	Body Surface	BFG	Absent	
2ED0007W	Body Surface	PRST	Absent	
2ED0007W	Head	DFM	Absent	
2ED0007W	Mouth	ULR	Absent	
2ED0007W	Mouth	LLG	Absent	
2ED0007W	Nare	SLN	Absent	
2ED0007W	Eye, left	EXPTH	Absent	
2ED0007W	Eye, left	OPQ	Absent	
2ED0007W	Eye, left	MIS	Absent	
2ED0007W	Eye, left	HMR	Absent	
2ED0007W	Eye, left	EMB	Absent	
2ED0007W	Eye, right	EXPTH	Absent	
2ED0007W	Eye, right	OPQ	Absent	
2ED0007W	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0007W	Eye, right	HMR	Absent	
2ED0007W	Eye, right	EMB	Absent	
2ED0007W	Opercula	SLSH	Absent	
2ED0009	Body Surface	RGR	Absent	
2ED0009	Body Surface	RLSN	Absent	
2ED0009	Body Surface	SPDF	Absent	
2ED0009	Body Surface	HMRB	Absent	
2ED0009	Body Surface	FDC	Absent	
2ED0009	Body Surface	BFG	Absent	
2ED0009	Body Surface	PRST	Absent	
2ED0009	Head	DFM	Absent	
2ED0009	Mouth	ULR	Absent	
2ED0009	Mouth	LLG	Absent	
2ED0009	Nare	SLN	Absent	
2ED0009	Eye, left	EXPTH	Absent	
2ED0009	Eye, left	OPQ	Absent	
2ED0009	Eye, left	MIS	Absent	
2ED0009	Eye, left	HMR	Absent	
2ED0009	Eye, left	EMB	Absent	
2ED0009	Eye, right	EXPTH	Absent	
2ED0009	Eye, right	OPQ	Absent	
2ED0009	Eye, right	MIS	Absent	
2ED0009	Eye, right	HMR	Absent	
2ED0009	Eye, right	EMB	Absent	
2ED0009	Opercula	SLSH	Absent	
2ED0010	Body Surface	RGR	Absent	
2ED0010	Body Surface	RLSN	Absent	
2ED0010	Body Surface	SPDF	Absent	
2ED0010	Body Surface	HMRB	Absent	
2ED0010	Body Surface	FDC	Absent	
2ED0010	Body Surface	BFG	Absent	
2ED0010	Body Surface	PRST	Absent	
2ED0010	Head	DFM	Absent	
2ED0010	Mouth	ULR	Absent	
2ED0010	Mouth	LLG	Absent	
2ED0010	Nare	SLN	Absent	
2ED0010	Eye, left	EXPTH	Absent	
2ED0010	Eye, left	OPQ	Absent	
2ED0010	Eye, left	MIS	Absent	
2ED0010	Eye, left	HMR	Absent	
2ED0010	Eye, left	EMB	Absent	
2ED0010	Eye, right	EXPTH	Absent	
2ED0010	Eye, right	OPQ	Absent	
2ED0010	Eye, right	MIS	Absent	
2ED0010	Eye, right	HMR	Absent	
2ED0010	Eye, right	EMB	Absent	
2ED0010	Opercula	SLSH	Absent	
2ED0011	Body Surface	RGR	Absent	
2ED0011	Body Surface	RGR	Absent	
2ED0011	Body Surface	RLSN	Absent	
2ED0011	Body Surface	RLSN	Absent	
2ED0011	Body Surface	SPDF	Absent	
2ED0011	Body Surface	SPDF	Absent	
2ED0011	Body Surface	HMRB	Absent	
2ED0011	Body Surface	HMRB	Absent	
2ED0011	Body Surface	FDC	Absent	
2ED0011	Body Surface	FDC	Absent	
2ED0011	Body Surface	BFG	Absent	
2ED0011	Body Surface	BFG	Absent	
2ED0011	Body Surface	PRST	Absent	
2ED0011	Body Surface	PRST	Absent	
2ED0011	Head	DFM	Absent	
2ED0011	Head	DFM	Absent	
2ED0011	Mouth	ULR	Absent	
2ED0011	Mouth	ULR	Absent	
2ED0011	Mouth	LLG	Absent	
2ED0011	Mouth	LLG	Absent	
2ED0011	Nare	SLN	Absent	
2ED0011	Nare	SLN	Absent	
2ED0011	Eye, left	EXPTH	Absent	
2ED0011	Eye, left	EXPTH	Absent	
2ED0011	Eye, left	OPQ	Absent	
2ED0011	Eye, left	OPQ	Absent	
2ED0011	Eye, left	MIS	Absent	
2ED0011	Eye, left	MIS	Absent	
2ED0011	Eye, left	HMR	Absent	
2ED0011	Eye, left	HMR	Absent	
2ED0011	Eye, left	EMB	Absent	
2ED0011	Eye, left	EMB	Absent	
2ED0011	Eye, right	EXPTH	Absent	
2ED0011	Eye, right	EXPTH	Absent	
2ED0011	Eye, right	OPQ	Absent	
2ED0011	Eye, right	OPQ	Absent	
2ED0011	Eye, right	MIS	Absent	
2ED0011	Eye, right	MIS	Absent	
2ED0011	Eye, right	HMR	Absent	
2ED0011	Eye, right	HMR	Absent	
2ED0011	Eye, right	EMB	Absent	
2ED0011	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0011	Opercula	SLSH	Absent	
2ED0011	Opercula	SLSH	Absent	
2ED0012	Body Surface	RGR	Absent	
2ED0012	Body Surface	RLSN	Absent	
2ED0012	Body Surface	SPDF	Absent	
2ED0012	Body Surface	HMRB	Absent	
2ED0012	Body Surface	FDC	Absent	
2ED0012	Body Surface	BFG	Absent	
2ED0012	Body Surface	PRST	Absent	
2ED0012	Head	DFM	Absent	
2ED0012	Mouth	ULR	Absent	
2ED0012	Mouth	LLG	Absent	
2ED0012	Nare	SLN	Absent	
2ED0012	Eye, left	EXPTH	Absent	
2ED0012	Eye, left	OPQ	Absent	
2ED0012	Eye, left	MIS	Absent	
2ED0012	Eye, left	HMR	Absent	
2ED0012	Eye, left	EMB	Absent	
2ED0012	Eye, right	EXPTH	Absent	
2ED0012	Eye, right	OPQ	Absent	
2ED0012	Eye, right	MIS	Absent	
2ED0012	Eye, right	HMR	Absent	
2ED0012	Eye, right	EMB	Absent	
2ED0012	Opercula	SLSH	Absent	
2ED0013	Body Surface	RGR	Absent	
2ED0013	Body Surface	RLSN	Absent	
2ED0013	Body Surface	SPDF	Absent	
2ED0013	Body Surface	HMRB	Absent	
2ED0013	Body Surface	FDC	Absent	
2ED0013	Body Surface	BFG	Absent	
2ED0013	Body Surface	PRST	Absent	
2ED0013	Head	DFM	Absent	
2ED0013	Mouth	ULR	Absent	
2ED0013	Mouth	LLG	Absent	
2ED0013	Nare	SLN	Absent	
2ED0013	Eye, left	EXPTH	Absent	
2ED0013	Eye, left	OPQ	Absent	
2ED0013	Eye, left	MIS	Absent	
2ED0013	Eye, left	HMR	Absent	
2ED0013	Eye, left	EMB	Absent	
2ED0013	Eye, right	EXPTH	Absent	
2ED0013	Eye, right	OPQ	Absent	
2ED0013	Eye, right	MIS	Absent	
2ED0013	Eye, right	HMR	Absent	
2ED0013	Eye, right	EMB	Absent	
2ED0013	Opercula	SLSH	Absent	
2ED0014	Body Surface	RGR	Absent	
2ED0014	Body Surface	RLSN	Absent	
2ED0014	Body Surface	SPDF	Absent	
2ED0014	Body Surface	HMRB	Absent	
2ED0014	Body Surface	FDC	Absent	
2ED0014	Body Surface	BFG	Absent	
2ED0014	Body Surface	PRST	Absent	
2ED0014	Head	DFM	Absent	
2ED0014	Mouth	ULR	Absent	
2ED0014	Mouth	LLG	Absent	
2ED0014	Nare	SLN	Absent	
2ED0014	Eye, left	EXPTH	Absent	
2ED0014	Eye, left	OPQ	Absent	
2ED0014	Eye, left	MIS	Absent	
2ED0014	Eye, left	HMR	Absent	
2ED0014	Eye, left	EMB	Absent	
2ED0014	Eye, right	EXPTH	Absent	
2ED0014	Eye, right	OPQ	Absent	
2ED0014	Eye, right	MIS	Absent	
2ED0014	Eye, right	HMR	Absent	
2ED0014	Eye, right	EMB	Absent	
2ED0014	Opercula	SLSH	Absent	
2ED0015	Body Surface	RGR	Absent	
2ED0015	Body Surface	RLSN	Absent	
2ED0015	Body Surface	SPDF	Absent	
2ED0015	Body Surface	HMRB	Absent	
2ED0015	Body Surface	FDC	Absent	
2ED0015	Body Surface	BFG	Absent	
2ED0015	Body Surface	PRST	Absent	
2ED0015	Head	DFM	Absent	
2ED0015	Mouth	ULR	Absent	
2ED0015	Mouth	LLG	Absent	
2ED0015	Nare	SLN	Absent	
2ED0015	Eye, left	EXPTH	Absent	
2ED0015	Eye, left	OPQ	Absent	
2ED0015	Eye, left	MIS	Absent	
2ED0015	Eye, left	HMR	Absent	
2ED0015	Eye, left	EMB	Absent	
2ED0015	Eye, right	EXPTH	Absent	
2ED0015	Eye, right	OPQ	Absent	
2ED0015	Eye, right	MIS	Absent	
2ED0015	Eye, right	HMR	Absent	
2ED0015	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0015	Opercula	SLSH	Absent	
2ED0016	Body Surface	RGR	Absent	
2ED0016	Body Surface	RLSN	Absent	
2ED0016	Body Surface	SPDF	Absent	
2ED0016	Body Surface	HMRB	Absent	
2ED0016	Body Surface	FDC	Absent	
2ED0016	Body Surface	BFG	Absent	
2ED0016	Body Surface	PRST	Absent	
2ED0016	Head	DFM	Absent	
2ED0016	Mouth	ULR	Absent	
2ED0016	Mouth	LLG	Absent	
2ED0016	Nare	SLN	Absent	
2ED0016	Eye, left	EXPTH	Absent	
2ED0016	Eye, left	OPQ	Absent	
2ED0016	Eye, left	MIS	Absent	
2ED0016	Eye, left	HMR	Absent	
2ED0016	Eye, left	EMB	Absent	
2ED0016	Eye, right	EXPTH	Absent	
2ED0016	Eye, right	OPQ	Absent	
2ED0016	Eye, right	MIS	Absent	
2ED0016	Eye, right	HMR	Absent	
2ED0016	Eye, right	EMB	Absent	
2ED0016	Opercula	SLSH	Absent	
2ED0017	Body Surface	RGR	Absent	
2ED0017	Body Surface	RLSN	Absent	
2ED0017	Body Surface	SPDF	Absent	
2ED0017	Body Surface	HMRB	Absent	
2ED0017	Body Surface	FDC	Absent	
2ED0017	Body Surface	BFG	Absent	
2ED0017	Body Surface	PRST	Absent	
2ED0017	Head	DFM	Absent	
2ED0017	Mouth	ULR	Absent	
2ED0017	Mouth	LLG	Absent	
2ED0017	Nare	SLN	Absent	
2ED0017	Eye, left	EXPTH	Absent	
2ED0017	Eye, left	OPQ	Absent	
2ED0017	Eye, left	MIS	Absent	
2ED0017	Eye, left	HMR	Absent	
2ED0017	Eye, left	EMB	Absent	
2ED0017	Eye, right	EXPTH	Absent	
2ED0017	Eye, right	OPQ	Absent	
2ED0017	Eye, right	MIS	Absent	
2ED0017	Eye, right	HMR	Absent	
2ED0017	Eye, right	EMB	Absent	
2ED0017	Opercula	SLSH	Absent	
2ED0018	Body Surface	RGR	Absent	
2ED0018	Body Surface	RLSN	Absent	
2ED0018	Body Surface	SPDF	Absent	
2ED0018	Body Surface	HMRB	Absent	
2ED0018	Body Surface	FDC	Absent	
2ED0018	Body Surface	BFG	Absent	
2ED0018	Body Surface	PRST	Present	
2ED0018	Head	DFM	Absent	
2ED0018	Mouth	ULR	Absent	
2ED0018	Mouth	LLG	Absent	
2ED0018	Nare	SLN	Absent	
2ED0018	Eye, left	EXPTH	Absent	
2ED0018	Eye, left	OPQ	Absent	
2ED0018	Eye, left	MIS	Absent	
2ED0018	Eye, left	HMR	Absent	
2ED0018	Eye, left	EMB	Absent	
2ED0018	Eye, right	EXPTH	Absent	
2ED0018	Eye, right	OPQ	Absent	
2ED0018	Eye, right	MIS	Absent	
2ED0018	Eye, right	HMR	Absent	
2ED0018	Eye, right	EMB	Absent	
2ED0018	Opercula	SLSH	Absent	
2ED0019	Body Surface	RGR	Absent	
2ED0019	Body Surface	RLSN	Absent	
2ED0019	Body Surface	SPDF	Absent	
2ED0019	Body Surface	HMRB	Absent	
2ED0019	Body Surface	FDC	Absent	
2ED0019	Body Surface	BFG	Absent	
2ED0019	Body Surface	PRST	Absent	
2ED0019	Head	DFM	Absent	
2ED0019	Mouth	ULR	Absent	
2ED0019	Mouth	LLG	Absent	
2ED0019	Nare	SLN	Absent	
2ED0019	Eye, left	EXPTH	Absent	
2ED0019	Eye, left	OPQ	Absent	
2ED0019	Eye, left	MIS	Absent	
2ED0019	Eye, left	HMR	Absent	
2ED0019	Eye, left	EMB	Absent	
2ED0019	Eye, right	EXPTH	Absent	
2ED0019	Eye, right	OPQ	Absent	
2ED0019	Eye, right	MIS	Absent	
2ED0019	Eye, right	HMR	Absent	
2ED0019	Eye, right	EMB	Absent	
2ED0019	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0020	Body Surface	RGR	Absent	
2ED0020	Body Surface	RLSN	Absent	
2ED0020	Body Surface	SPDF	Absent	
2ED0020	Body Surface	HMRB	Absent	
2ED0020	Body Surface	FDC	Absent	
2ED0020	Body Surface	BFG	Absent	
2ED0020	Body Surface	PRST	Absent	
2ED0020	Head	DFM	Absent	
2ED0020	Mouth	ULR	Absent	
2ED0020	Mouth	LLG	Absent	
2ED0020	Nare	SLN	Absent	
2ED0020	Eye, left	EXPTH	Absent	
2ED0020	Eye, left	OPQ	Absent	
2ED0020	Eye, left	MIS	Absent	
2ED0020	Eye, left	HMR	Absent	
2ED0020	Eye, left	EMB	Absent	
2ED0020	Eye, right	EXPTH	Absent	
2ED0020	Eye, right	OPQ	Absent	
2ED0020	Eye, right	MIS	Absent	
2ED0020	Eye, right	HMR	Absent	
2ED0020	Eye, right	EMB	Absent	
2ED0020	Opercula	SLSH	Absent	
2ED0021	Body Surface	RGR	Absent	
2ED0021	Body Surface	RLSN	Absent	
2ED0021	Body Surface	SPDF	Absent	
2ED0021	Body Surface	HMRB	Absent	
2ED0021	Body Surface	FDC	Absent	
2ED0021	Body Surface	BFG	Absent	
2ED0021	Body Surface	PRST	Absent	
2ED0021	Head	DFM	Absent	
2ED0021	Mouth	ULR	Absent	
2ED0021	Mouth	LLG	Absent	
2ED0021	Nare	SLN	Absent	
2ED0021	Eye, left	EXPTH	Absent	
2ED0021	Eye, left	OPQ	Absent	
2ED0021	Eye, left	MIS	Absent	
2ED0021	Eye, left	HMR	Absent	
2ED0021	Eye, left	EMB	Absent	
2ED0021	Eye, right	EXPTH	Absent	
2ED0021	Eye, right	OPQ	Absent	
2ED0021	Eye, right	MIS	Absent	
2ED0021	Eye, right	HMR	Absent	
2ED0021	Eye, right	EMB	Absent	
2ED0021	Opercula	SLSH	Absent	
2ED0022	Body Surface	RGR	Absent	
2ED0022	Body Surface	RLSN	Absent	
2ED0022	Body Surface	SPDF	Absent	
2ED0022	Body Surface	HMRB	Absent	
2ED0022	Body Surface	FDC	Absent	
2ED0022	Body Surface	BFG	Absent	
2ED0022	Body Surface	PRST	Absent	
2ED0022	Head	DFM	Absent	
2ED0022	Mouth	ULR	Absent	
2ED0022	Mouth	LLG	Absent	
2ED0022	Nare	SLN	Absent	
2ED0022	Eye, left	EXPTH	Absent	
2ED0022	Eye, left	OPQ	Absent	
2ED0022	Eye, left	MIS	Absent	
2ED0022	Eye, left	HMR	Absent	
2ED0022	Eye, left	EMB	Absent	
2ED0022	Eye, right	EXPTH	Absent	
2ED0022	Eye, right	OPQ	Absent	
2ED0022	Eye, right	MIS	Absent	
2ED0022	Eye, right	HMR	Absent	
2ED0022	Eye, right	EMB	Absent	
2ED0022	Opercula	SLSH	Absent	
2ED0023	Body Surface	RGR	Absent	
2ED0023	Body Surface	RLSN	Absent	
2ED0023	Body Surface	SPDF	Absent	
2ED0023	Body Surface	HMRB	Absent	
2ED0023	Body Surface	FDC	Absent	
2ED0023	Body Surface	BFG	Absent	
2ED0023	Body Surface	PRST	Absent	
2ED0023	Head	DFM	Absent	
2ED0023	Mouth	ULR	Absent	
2ED0023	Mouth	LLG	Absent	
2ED0023	Nare	SLN	Absent	
2ED0023	Eye, left	EXPTH	Absent	
2ED0023	Eye, left	OPQ	Absent	
2ED0023	Eye, left	MIS	Absent	
2ED0023	Eye, left	HMR	Absent	
2ED0023	Eye, left	EMB	Absent	
2ED0023	Eye, right	EXPTH	Absent	
2ED0023	Eye, right	OPQ	Absent	
2ED0023	Eye, right	MIS	Absent	
2ED0023	Eye, right	HMR	Absent	
2ED0023	Eye, right	EMB	Absent	
2ED0023	Opercula	SLSH	Absent	
2ED0024	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0024	Body Surface	RLSN	Absent	
2ED0024	Body Surface	SPDF	Absent	
2ED0024	Body Surface	HMRB	Absent	
2ED0024	Body Surface	FDC	Absent	
2ED0024	Body Surface	BFG	Absent	
2ED0024	Body Surface	PRST	Absent	
2ED0024	Head	DFM	Absent	
2ED0024	Mouth	ULR	Absent	
2ED0024	Mouth	LLG	Absent	
2ED0024	Nare	SLN	Absent	
2ED0024	Eye, left	EXPTH	Absent	
2ED0024	Eye, left	OPQ	Absent	
2ED0024	Eye, left	MIS	Absent	
2ED0024	Eye, left	HMR	Absent	
2ED0024	Eye, left	EMB	Absent	
2ED0024	Eye, right	EXPTH	Absent	
2ED0024	Eye, right	OPQ	Absent	
2ED0024	Eye, right	MIS	Absent	
2ED0024	Eye, right	HMR	Absent	
2ED0024	Eye, right	EMB	Absent	
2ED0024	Opercula	SLSH	Absent	
2ED0025	Body Surface	RGR	Absent	
2ED0025	Body Surface	RLSN	Absent	
2ED0025	Body Surface	SPDF	Absent	
2ED0025	Body Surface	HMRB	Absent	
2ED0025	Body Surface	FDC	Absent	
2ED0025	Body Surface	BFG	Absent	
2ED0025	Body Surface	PRST	Absent	
2ED0025	Head	DFM	Absent	
2ED0025	Mouth	ULR	Absent	
2ED0025	Mouth	LLG	Absent	
2ED0025	Nare	SLN	Absent	
2ED0025	Eye, left	EXPTH	Absent	
2ED0025	Eye, left	OPQ	Absent	
2ED0025	Eye, left	MIS	Absent	
2ED0025	Eye, left	HMR	Absent	
2ED0025	Eye, left	EMB	Absent	
2ED0025	Eye, right	EXPTH	Absent	
2ED0025	Eye, right	OPQ	Absent	
2ED0025	Eye, right	MIS	Absent	
2ED0025	Eye, right	HMR	Absent	
2ED0025	Eye, right	EMB	Absent	
2ED0025	Opercula	SLSH	Absent	
2ED0026	Body Surface	RGR	Absent	
2ED0026	Body Surface	RLSN	Absent	
2ED0026	Body Surface	SPDF	Absent	
2ED0026	Body Surface	HMRB	Absent	
2ED0026	Body Surface	FDC	Absent	
2ED0026	Body Surface	BFG	Absent	
2ED0026	Body Surface	PRST	Absent	
2ED0026	Head	DFM	Absent	
2ED0026	Mouth	ULR	Absent	
2ED0026	Mouth	LLG	Absent	
2ED0026	Nare	SLN	Absent	
2ED0026	Eye, left	EXPTH	Absent	
2ED0026	Eye, left	OPQ	Absent	
2ED0026	Eye, left	MIS	Absent	
2ED0026	Eye, left	HMR	Absent	
2ED0026	Eye, left	EMB	Absent	
2ED0026	Eye, right	EXPTH	Absent	
2ED0026	Eye, right	OPQ	Absent	
2ED0026	Eye, right	MIS	Absent	
2ED0026	Eye, right	HMR	Absent	
2ED0026	Eye, right	EMB	Absent	
2ED0026	Opercula	SLSH	Absent	
2ED0027	Body Surface	RGR	Absent	
2ED0027	Body Surface	RLSN	Absent	
2ED0027	Body Surface	SPDF	Absent	
2ED0027	Body Surface	HMRB	Absent	
2ED0027	Body Surface	FDC	Absent	
2ED0027	Body Surface	BFG	Absent	
2ED0027	Body Surface	PRST	Absent	
2ED0027	Head	DFM	Absent	
2ED0027	Mouth	ULR	Absent	
2ED0027	Mouth	LLG	Absent	
2ED0027	Nare	SLN	Absent	
2ED0027	Eye, left	EXPTH	Absent	
2ED0027	Eye, left	OPQ	Absent	
2ED0027	Eye, left	MIS	Absent	
2ED0027	Eye, left	HMR	Absent	
2ED0027	Eye, left	EMB	Absent	
2ED0027	Eye, right	EXPTH	Absent	
2ED0027	Eye, right	OPQ	Absent	
2ED0027	Eye, right	MIS	Absent	
2ED0027	Eye, right	HMR	Absent	
2ED0027	Eye, right	EMB	Absent	
2ED0027	Opercula	SLSH	Absent	
2ED0028	Body Surface	RGR	Absent	
2ED0028	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0028	Body Surface	SPDF	Absent	
2ED0028	Body Surface	HMRB	Absent	
2ED0028	Body Surface	FDC	Absent	
2ED0028	Body Surface	BFG	Absent	
2ED0028	Body Surface	PRST	Absent	
2ED0028	Head	DFM	Absent	
2ED0028	Mouth	ULR	Absent	
2ED0028	Mouth	LLG	Absent	
2ED0028	Nare	SLN	Absent	
2ED0028	Eye, left	EXPTH	Absent	
2ED0028	Eye, left	OPQ	Absent	
2ED0028	Eye, left	MIS	Absent	
2ED0028	Eye, left	HMR	Absent	
2ED0028	Eye, left	EMB	Absent	
2ED0028	Eye, right	EXPTH	Absent	
2ED0028	Eye, right	OPQ	Absent	
2ED0028	Eye, right	MIS	Absent	
2ED0028	Eye, right	HMR	Absent	
2ED0028	Eye, right	EMB	Absent	
2ED0028	Opercula	SLSH	Absent	
2ED0029	Body Surface	RGR	Absent	
2ED0029	Body Surface	RLSN	Absent	
2ED0029	Body Surface	SPDF	Absent	
2ED0029	Body Surface	HMRB	Absent	
2ED0029	Body Surface	FDC	Absent	
2ED0029	Body Surface	BFG	Absent	
2ED0029	Body Surface	PRST	Absent	
2ED0029	Head	DFM	Absent	
2ED0029	Mouth	ULR	Absent	
2ED0029	Mouth	LLG	Absent	
2ED0029	Nare	SLN	Absent	
2ED0029	Eye, left	EXPTH	Absent	
2ED0029	Eye, left	OPQ	Absent	
2ED0029	Eye, left	MIS	Absent	
2ED0029	Eye, left	HMR	Absent	
2ED0029	Eye, left	EMB	Absent	
2ED0029	Eye, right	EXPTH	Absent	
2ED0029	Eye, right	OPQ	Absent	
2ED0029	Eye, right	MIS	Absent	
2ED0029	Eye, right	HMR	Absent	
2ED0029	Eye, right	EMB	Absent	
2ED0029	Opercula	SLSH	Absent	
2ED0030	Body Surface	RGR	Absent	
2ED0030	Body Surface	RLSN	Absent	
2ED0030	Body Surface	SPDF	Absent	
2ED0030	Body Surface	HMRB	Absent	
2ED0030	Body Surface	FDC	Absent	
2ED0030	Body Surface	BFG	Absent	
2ED0030	Body Surface	PRST	Absent	
2ED0030	Head	DFM	Absent	
2ED0030	Mouth	ULR	Absent	
2ED0030	Mouth	LLG	Absent	
2ED0030	Nare	SLN	Absent	
2ED0030	Eye, left	EXPTH	Absent	
2ED0030	Eye, left	OPQ	Absent	
2ED0030	Eye, left	MIS	Absent	
2ED0030	Eye, left	HMR	Absent	
2ED0030	Eye, left	EMB	Absent	
2ED0030	Eye, right	EXPTH	Absent	
2ED0030	Eye, right	OPQ	Absent	
2ED0030	Eye, right	MIS	Absent	
2ED0030	Eye, right	HMR	Absent	
2ED0030	Eye, right	EMB	Absent	
2ED0030	Opercula	SLSH	Absent	
2ED0031	Body Surface	RGR	Absent	
2ED0031	Body Surface	RLSN	Absent	
2ED0031	Body Surface	SPDF	Absent	
2ED0031	Body Surface	HMRB	Absent	
2ED0031	Body Surface	FDC	Absent	
2ED0031	Body Surface	BFG	Absent	
2ED0031	Body Surface	PRST	Absent	
2ED0031	Head	DFM	Absent	
2ED0031	Mouth	ULR	Absent	
2ED0031	Mouth	LLG	Absent	
2ED0031	Nare	SLN	Absent	
2ED0031	Eye, left	EXPTH	Absent	
2ED0031	Eye, left	OPQ	Absent	
2ED0031	Eye, left	MIS	Absent	
2ED0031	Eye, left	HMR	Absent	
2ED0031	Eye, left	EMB	Absent	
2ED0031	Eye, right	EXPTH	Absent	
2ED0031	Eye, right	OPQ	Absent	
2ED0031	Eye, right	MIS	Absent	
2ED0031	Eye, right	HMR	Absent	
2ED0031	Eye, right	EMB	Absent	
2ED0031	Opercula	SLSH	Absent	
2ED0032	Body Surface	RGR	Absent	
2ED0032	Body Surface	RLSN	Absent	
2ED0032	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0032	Body Surface	HMRB	Absent	
2ED0032	Body Surface	FDC	Absent	
2ED0032	Body Surface	BFG	Absent	
2ED0032	Body Surface	PRST	Absent	
2ED0032	Head	DFM	Absent	
2ED0032	Mouth	ULR	Absent	
2ED0032	Mouth	LLG	Absent	
2ED0032	Nare	SLN	Absent	
2ED0032	Eye, left	EXPTH	Absent	
2ED0032	Eye, left	OPQ	Absent	
2ED0032	Eye, left	MIS	Absent	
2ED0032	Eye, left	HMR	Absent	
2ED0032	Eye, left	EMB	Absent	
2ED0032	Eye, right	EXPTH	Absent	
2ED0032	Eye, right	OPQ	Absent	
2ED0032	Eye, right	MIS	Absent	
2ED0032	Eye, right	HMR	Absent	
2ED0032	Eye, right	EMB	Absent	
2ED0032	Opercula	SLSH	Absent	
2ED0033	Body Surface	RGR	Absent	
2ED0033	Body Surface	RLSN	Absent	
2ED0033	Body Surface	SPDF	Absent	
2ED0033	Body Surface	HMRB	Absent	
2ED0033	Body Surface	FDC	Absent	
2ED0033	Body Surface	BFG	Absent	
2ED0033	Body Surface	PRST	Absent	
2ED0033	Head	DFM	Absent	
2ED0033	Mouth	ULR	Absent	
2ED0033	Mouth	LLG	Absent	
2ED0033	Nare	SLN	Absent	
2ED0033	Eye, left	EXPTH	Absent	
2ED0033	Eye, left	OPQ	Absent	
2ED0033	Eye, left	MIS	Absent	
2ED0033	Eye, left	HMR	Absent	
2ED0033	Eye, left	EMB	Absent	
2ED0033	Eye, right	EXPTH	Absent	
2ED0033	Eye, right	OPQ	Absent	
2ED0033	Eye, right	MIS	Absent	
2ED0033	Eye, right	HMR	Absent	
2ED0033	Eye, right	EMB	Absent	
2ED0033	Opercula	SLSH	Absent	
2ED0034W	Body Surface	RGR	Absent	
2ED0034W	Body Surface	RLSN	Absent	
2ED0034W	Body Surface	SPDF	Absent	
2ED0034W	Body Surface	HMRB	Absent	
2ED0034W	Body Surface	FDC	Absent	
2ED0034W	Body Surface	BFG	Absent	
2ED0034W	Body Surface	PRST	Absent	
2ED0034W	Head	DFM	Absent	
2ED0034W	Mouth	ULR	Absent	
2ED0034W	Mouth	LLG	Absent	
2ED0034W	Nare	SLN	Absent	
2ED0034W	Eye, left	EXPTH	Absent	
2ED0034W	Eye, left	OPQ	Absent	
2ED0034W	Eye, left	MIS	Absent	
2ED0034W	Eye, left	HMR	Absent	
2ED0034W	Eye, left	EMB	Absent	
2ED0034W	Eye, right	EXPTH	Absent	
2ED0034W	Eye, right	OPQ	Absent	
2ED0034W	Eye, right	MIS	Absent	
2ED0034W	Eye, right	HMR	Absent	
2ED0034W	Eye, right	EMB	Absent	
2ED0034W	Opercula	SLSH	Absent	
2ED0035W	Body Surface	RGR	Absent	
2ED0035W	Body Surface	RLSN	Absent	
2ED0035W	Body Surface	SPDF	Absent	
2ED0035W	Body Surface	HMRB	Absent	
2ED0035W	Body Surface	FDC	Absent	
2ED0035W	Body Surface	BFG	Absent	
2ED0035W	Body Surface	PRST	Absent	
2ED0035W	Head	DFM	Absent	
2ED0035W	Mouth	ULR	Absent	
2ED0035W	Mouth	LLG	Absent	
2ED0035W	Nare	SLN	Absent	
2ED0035W	Eye, left	EXPTH	Absent	
2ED0035W	Eye, left	OPQ	Absent	
2ED0035W	Eye, left	MIS	Absent	
2ED0035W	Eye, left	HMR	Absent	
2ED0035W	Eye, left	EMB	Absent	
2ED0035W	Eye, right	EXPTH	Absent	
2ED0035W	Eye, right	OPQ	Absent	
2ED0035W	Eye, right	MIS	Absent	
2ED0035W	Eye, right	HMR	Absent	
2ED0035W	Eye, right	EMB	Absent	
2ED0035W	Opercula	SLSH	Absent	
2ED0036W	Body Surface	RGR	Absent	
2ED0036W	Body Surface	RLSN	Absent	
2ED0036W	Body Surface	SPDF	Absent	
2ED0036W	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0036W	Body Surface	FDC	Absent	
2ED0036W	Body Surface	BFG	Absent	
2ED0036W	Body Surface	PRST	Absent	
2ED0036W	Head	DFM	Absent	
2ED0036W	Mouth	ULR	Absent	
2ED0036W	Mouth	LLG	Absent	
2ED0036W	Nare	SLN	Absent	
2ED0036W	Eye, left	EXPTH	Absent	
2ED0036W	Eye, left	OPQ	Absent	
2ED0036W	Eye, left	MIS	Absent	
2ED0036W	Eye, left	HMR	Absent	
2ED0036W	Eye, left	EMB	Absent	
2ED0036W	Eye, right	EXPTH	Absent	
2ED0036W	Eye, right	OPQ	Absent	
2ED0036W	Eye, right	MIS	Absent	
2ED0036W	Eye, right	HMR	Absent	
2ED0036W	Eye, right	EMB	Absent	
2ED0036W	Opercula	SLSH	Absent	
2ED0037	Body Surface	RGR	Absent	
2ED0037	Body Surface	RLSN	Absent	
2ED0037	Body Surface	SPDF	Absent	
2ED0037	Body Surface	HMRB	Absent	
2ED0037	Body Surface	FDC	Absent	
2ED0037	Body Surface	BFG	Absent	
2ED0037	Body Surface	PRST	Absent	
2ED0037	Head	DFM	Absent	
2ED0037	Mouth	ULR	Absent	
2ED0037	Mouth	LLG	Absent	
2ED0037	Nare	SLN	Absent	
2ED0037	Eye, left	EXPTH	Absent	
2ED0037	Eye, left	OPQ	Absent	
2ED0037	Eye, left	MIS	Absent	
2ED0037	Eye, left	HMR	Absent	
2ED0037	Eye, left	EMB	Absent	
2ED0037	Eye, right	EXPTH	Absent	
2ED0037	Eye, right	OPQ	Absent	
2ED0037	Eye, right	MIS	Absent	
2ED0037	Eye, right	HMR	Absent	
2ED0037	Eye, right	EMB	Absent	
2ED0037	Opercula	SLSH	Absent	
2ED0038	Body Surface	RGR	Absent	
2ED0038	Body Surface	RLSN	Absent	
2ED0038	Body Surface	SPDF	Absent	
2ED0038	Body Surface	HMRB	Absent	
2ED0038	Body Surface	FDC	Absent	
2ED0038	Body Surface	BFG	Absent	
2ED0038	Body Surface	PRST	Absent	
2ED0038	Head	DFM	Absent	
2ED0038	Mouth	ULR	Absent	
2ED0038	Mouth	LLG	Absent	
2ED0038	Nare	SLN	Absent	
2ED0038	Eye, left	EXPTH	Absent	
2ED0038	Eye, left	OPQ	Absent	
2ED0038	Eye, left	MIS	Absent	
2ED0038	Eye, left	HMR	Absent	
2ED0038	Eye, left	EMB	Absent	
2ED0038	Eye, right	EXPTH	Absent	
2ED0038	Eye, right	OPQ	Absent	
2ED0038	Eye, right	MIS	Absent	
2ED0038	Eye, right	HMR	Absent	
2ED0038	Eye, right	EMB	Absent	
2ED0038	Opercula	SLSH	Absent	
2ED0039	Body Surface	RGR	Absent	
2ED0039	Body Surface	RLSN	Absent	
2ED0039	Body Surface	SPDF	Absent	
2ED0039	Body Surface	HMRB	Absent	
2ED0039	Body Surface	FDC	Absent	
2ED0039	Body Surface	BFG	Absent	
2ED0039	Body Surface	PRST	Absent	
2ED0039	Head	DFM	Absent	
2ED0039	Mouth	ULR	Absent	
2ED0039	Mouth	LLG	Absent	
2ED0039	Nare	SLN	Absent	
2ED0039	Eye, left	EXPTH	Absent	
2ED0039	Eye, left	OPQ	Absent	
2ED0039	Eye, left	MIS	Absent	
2ED0039	Eye, left	HMR	Absent	
2ED0039	Eye, left	EMB	Absent	
2ED0039	Eye, right	EXPTH	Absent	
2ED0039	Eye, right	OPQ	Absent	
2ED0039	Eye, right	MIS	Absent	
2ED0039	Eye, right	HMR	Absent	
2ED0039	Eye, right	EMB	Absent	
2ED0039	Opercula	SLSH	Absent	
2ED0040	Body Surface	RGR	Absent	
2ED0040	Body Surface	RLSN	Absent	
2ED0040	Body Surface	SPDF	Absent	
2ED0040	Body Surface	HMRB	Absent	
2ED0040	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0040	Body Surface	BFG	Absent	
2ED0040	Body Surface	PRST	Absent	
2ED0040	Head	DFM	Absent	
2ED0040	Mouth	ULR	Absent	
2ED0040	Mouth	LLG	Absent	
2ED0040	Nare	SLN	Absent	
2ED0040	Eye, left	EXPTH	Absent	
2ED0040	Eye, left	OPQ	Absent	
2ED0040	Eye, left	MIS	Absent	
2ED0040	Eye, left	HMR	Absent	
2ED0040	Eye, left	EMB	Absent	
2ED0040	Eye, right	EXPTH	Absent	
2ED0040	Eye, right	OPQ	Absent	
2ED0040	Eye, right	MIS	Absent	
2ED0040	Eye, right	HMR	Absent	
2ED0040	Eye, right	EMB	Absent	
2ED0040	Opercula	SLSH	Absent	
2ED0041	Body Surface	RGR	Absent	
2ED0041	Body Surface	RLSN	Present	
2ED0041	Body Surface	SPDF	Absent	
2ED0041	Body Surface	HMRB	Absent	
2ED0041	Body Surface	FDC	Absent	
2ED0041	Body Surface	BFG	Absent	
2ED0041	Body Surface	PRST	Absent	
2ED0041	Head	DFM	Absent	
2ED0041	Mouth	ULR	Absent	
2ED0041	Mouth	LLG	Absent	
2ED0041	Nare	SLN	Absent	
2ED0041	Eye, left	EXPTH	Absent	
2ED0041	Eye, left	OPQ	Absent	
2ED0041	Eye, left	MIS	Absent	
2ED0041	Eye, left	HMR	Absent	
2ED0041	Eye, left	EMB	Absent	
2ED0041	Eye, right	EXPTH	Absent	
2ED0041	Eye, right	OPQ	Absent	
2ED0041	Eye, right	MIS	Absent	
2ED0041	Eye, right	HMR	Absent	
2ED0041	Eye, right	EMB	Absent	
2ED0041	Opercula	SLSH	Absent	
2ED0042	Body Surface	RGR	Present	
2ED0042	Body Surface	RLSN	Absent	
2ED0042	Body Surface	SPDF	Absent	
2ED0042	Body Surface	HMRB	Absent	
2ED0042	Body Surface	FDC	Absent	
2ED0042	Body Surface	BFG	Absent	
2ED0042	Body Surface	PRST	Absent	
2ED0042	Head	DFM	Absent	
2ED0042	Mouth	ULR	Absent	
2ED0042	Mouth	LLG	Absent	
2ED0042	Nare	SLN	Absent	
2ED0042	Eye, left	EXPTH	Absent	
2ED0042	Eye, left	OPQ	Absent	
2ED0042	Eye, left	MIS	Absent	
2ED0042	Eye, left	HMR	Absent	
2ED0042	Eye, left	EMB	Absent	
2ED0042	Eye, right	EXPTH	Absent	
2ED0042	Eye, right	OPQ	Absent	
2ED0042	Eye, right	MIS	Absent	
2ED0042	Eye, right	HMR	Absent	
2ED0042	Eye, right	EMB	Absent	
2ED0042	Opercula	SLSH	Absent	
2ED0043	Body Surface	RGR	Absent	
2ED0043	Body Surface	RLSN	Present	
2ED0043	Body Surface	SPDF	Absent	
2ED0043	Body Surface	HMRB	Absent	
2ED0043	Body Surface	FDC	Absent	
2ED0043	Body Surface	BFG	Absent	
2ED0043	Body Surface	PRST	Absent	
2ED0043	Head	DFM	Absent	
2ED0043	Mouth	ULR	Absent	
2ED0043	Mouth	LLG	Absent	
2ED0043	Nare	SLN	Absent	
2ED0043	Eye, left	EXPTH	Absent	
2ED0043	Eye, left	OPQ	Absent	
2ED0043	Eye, left	MIS	Absent	
2ED0043	Eye, left	HMR	Absent	
2ED0043	Eye, left	EMB	Absent	
2ED0043	Eye, right	EXPTH	Absent	
2ED0043	Eye, right	OPQ	Absent	
2ED0043	Eye, right	MIS	Absent	
2ED0043	Eye, right	HMR	Absent	
2ED0043	Eye, right	EMB	Absent	
2ED0043	Opercula	SLSH	Absent	
2ED0044	Body Surface	RGR	Absent	
2ED0044	Body Surface	RLSN	Absent	
2ED0044	Body Surface	SPDF	Absent	
2ED0044	Body Surface	HMRB	Absent	
2ED0044	Body Surface	FDC	Absent	
2ED0044	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0044	Body Surface	PRST	Absent	
2ED0044	Head	DFM	Absent	
2ED0044	Mouth	ULR	Absent	
2ED0044	Mouth	LLG	Absent	
2ED0044	Nare	SLN	Absent	
2ED0044	Eye, left	EXPTH	Absent	
2ED0044	Eye, left	OPQ	Absent	
2ED0044	Eye, left	MIS	Absent	
2ED0044	Eye, left	HMR	Absent	
2ED0044	Eye, left	EMB	Absent	
2ED0044	Eye, right	EXPTH	Absent	
2ED0044	Eye, right	OPQ	Absent	
2ED0044	Eye, right	MIS	Absent	
2ED0044	Eye, right	HMR	Absent	
2ED0044	Eye, right	EMB	Absent	
2ED0044	Opercula	SLSH	Absent	
2ED0045	Body Surface	RGR	Absent	
2ED0045	Body Surface	RLSN	Absent	
2ED0045	Body Surface	SPDF	Absent	
2ED0045	Body Surface	HMRB	Absent	
2ED0045	Body Surface	FDC	Absent	
2ED0045	Body Surface	BFG	Absent	
2ED0045	Body Surface	PRST	Absent	
2ED0045	Head	DFM	Absent	
2ED0045	Mouth	ULR	Absent	
2ED0045	Mouth	LLG	Absent	
2ED0045	Nare	SLN	Absent	
2ED0045	Eye, left	EXPTH	Absent	
2ED0045	Eye, left	OPQ	Absent	
2ED0045	Eye, left	MIS	Absent	
2ED0045	Eye, left	HMR	Absent	
2ED0045	Eye, left	EMB	Absent	
2ED0045	Eye, right	EXPTH	Absent	
2ED0045	Eye, right	OPQ	Absent	
2ED0045	Eye, right	MIS	Absent	
2ED0045	Eye, right	HMR	Absent	
2ED0045	Eye, right	EMB	Absent	
2ED0045	Opercula	SLSH	Absent	
2ED0054W	Body Surface	RGR	Absent	
2ED0054W	Body Surface	RLSN	Absent	
2ED0054W	Body Surface	SPDF	Absent	
2ED0054W	Body Surface	HMRB	Absent	
2ED0054W	Body Surface	FDC	Absent	
2ED0054W	Body Surface	BFG	Absent	
2ED0054W	Body Surface	PRST	Absent	
2ED0054W	Head	DFM	Absent	
2ED0054W	Mouth	ULR	Absent	
2ED0054W	Mouth	LLG	Absent	
2ED0054W	Nare	SLN	Absent	
2ED0054W	Eye, left	EXPTH	Absent	
2ED0054W	Eye, left	OPQ	Absent	
2ED0054W	Eye, left	MIS	Absent	
2ED0054W	Eye, left	HMR	Absent	
2ED0054W	Eye, left	EMB	Absent	
2ED0054W	Eye, right	EXPTH	Absent	
2ED0054W	Eye, right	OPQ	Absent	
2ED0054W	Eye, right	MIS	Absent	
2ED0054W	Eye, right	HMR	Absent	
2ED0054W	Eye, right	EMB	Absent	
2ED0054W	Opercula	SLSH	Absent	
2ED0055W	Body Surface	RGR	Absent	
2ED0055W	Body Surface	RLSN	Absent	
2ED0055W	Body Surface	SPDF	Absent	
2ED0055W	Body Surface	HMRB	Absent	
2ED0055W	Body Surface	FDC	Absent	
2ED0055W	Body Surface	BFG	Absent	
2ED0055W	Body Surface	PRST	Absent	
2ED0055W	Head	DFM	Absent	
2ED0055W	Mouth	ULR	Absent	
2ED0055W	Mouth	LLG	Absent	
2ED0055W	Nare	SLN	Absent	
2ED0055W	Eye, left	EXPTH	Absent	
2ED0055W	Eye, left	OPQ	Absent	
2ED0055W	Eye, left	MIS	Absent	
2ED0055W	Eye, left	HMR	Absent	
2ED0055W	Eye, left	EMB	Absent	
2ED0055W	Eye, right	EXPTH	Absent	
2ED0055W	Eye, right	OPQ	Absent	
2ED0055W	Eye, right	MIS	Absent	
2ED0055W	Eye, right	HMR	Absent	
2ED0055W	Eye, right	EMB	Absent	
2ED0055W	Opercula	SLSH	Absent	
2ED0056W	Body Surface	RGR	Absent	
2ED0056W	Body Surface	RLSN	Absent	
2ED0056W	Body Surface	SPDF	Absent	
2ED0056W	Body Surface	HMRB	Absent	
2ED0056W	Body Surface	FDC	Absent	
2ED0056W	Body Surface	BFG	Absent	
2ED0056W	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0056W	Head	DFM	Absent	
2ED0056W	Mouth	ULR	Absent	
2ED0056W	Mouth	LLG	Absent	
2ED0056W	Nare	SLN	Absent	
2ED0056W	Eye, left	EXPTH	Absent	
2ED0056W	Eye, left	OPQ	Absent	
2ED0056W	Eye, left	MIS	Absent	
2ED0056W	Eye, left	HMR	Absent	
2ED0056W	Eye, left	EMB	Absent	
2ED0056W	Eye, right	EXPTH	Absent	
2ED0056W	Eye, right	OPQ	Absent	
2ED0056W	Eye, right	MIS	Absent	
2ED0056W	Eye, right	HMR	Absent	
2ED0056W	Eye, right	EMB	Absent	
2ED0056W	Opercula	SLSH	Absent	
2ED0057W	Body Surface	RGR	Absent	
2ED0057W	Body Surface	RLSN	Present	
2ED0057W	Body Surface	SPDF	Absent	
2ED0057W	Body Surface	HMRB	Absent	
2ED0057W	Body Surface	FDC	Absent	
2ED0057W	Body Surface	BFG	Absent	
2ED0057W	Body Surface	PRST	Absent	
2ED0057W	Body Surface	OTHER	Present	Gill net marks
2ED0057W	Head	DFM	Absent	
2ED0057W	Mouth	ULR	Absent	
2ED0057W	Mouth	LLG	Absent	
2ED0057W	Nare	SLN	Absent	
2ED0057W	Eye, left	EXPTH	Absent	
2ED0057W	Eye, left	OPQ	Absent	
2ED0057W	Eye, left	MIS	Absent	
2ED0057W	Eye, left	HMR	Absent	
2ED0057W	Eye, left	EMB	Absent	
2ED0057W	Eye, right	EXPTH	Absent	
2ED0057W	Eye, right	OPQ	Absent	
2ED0057W	Eye, right	MIS	Absent	
2ED0057W	Eye, right	HMR	Absent	
2ED0057W	Eye, right	EMB	Absent	
2ED0057W	Opercula	SLSH	Absent	
2ED0058W	Body Surface	RGR	Absent	
2ED0058W	Body Surface	RLSN	Absent	
2ED0058W	Body Surface	SPDF	Absent	
2ED0058W	Body Surface	HMRB	Absent	
2ED0058W	Body Surface	FDC	Absent	
2ED0058W	Body Surface	BFG	Absent	
2ED0058W	Body Surface	PRST	Absent	
2ED0058W	Head	DFM	Absent	
2ED0058W	Mouth	ULR	Absent	
2ED0058W	Mouth	LLG	Absent	
2ED0058W	Nare	SLN	Absent	
2ED0058W	Eye, left	EXPTH	Absent	
2ED0058W	Eye, left	OPQ	Absent	
2ED0058W	Eye, left	MIS	Absent	
2ED0058W	Eye, left	HMR	Absent	
2ED0058W	Eye, left	EMB	Absent	
2ED0058W	Eye, right	EXPTH	Absent	
2ED0058W	Eye, right	OPQ	Absent	
2ED0058W	Eye, right	MIS	Absent	
2ED0058W	Eye, right	HMR	Absent	
2ED0058W	Eye, right	EMB	Absent	
2ED0058W	Opercula	SLSH	Absent	
2ED0063W	Body Surface	RGR	Absent	
2ED0063W	Body Surface	RLSN	Absent	
2ED0063W	Body Surface	SPDF	Absent	
2ED0063W	Body Surface	HMRB	Absent	
2ED0063W	Body Surface	FDC	Absent	
2ED0063W	Body Surface	BFG	Absent	
2ED0063W	Body Surface	PRST	Absent	
2ED0063W	Head	DFM	Absent	
2ED0063W	Mouth	ULR	Absent	
2ED0063W	Mouth	LLG	Absent	
2ED0063W	Nare	SLN	Absent	
2ED0063W	Eye, left	EXPTH	Absent	
2ED0063W	Eye, left	OPQ	Absent	
2ED0063W	Eye, left	MIS	Absent	
2ED0063W	Eye, left	HMR	Absent	
2ED0063W	Eye, left	EMB	Absent	
2ED0063W	Eye, right	EXPTH	Absent	
2ED0063W	Eye, right	OPQ	Absent	
2ED0063W	Eye, right	MIS	Absent	
2ED0063W	Eye, right	HMR	Absent	
2ED0063W	Eye, right	EMB	Absent	
2ED0063W	Opercula	SLSH	Absent	
2ED0064W	Body Surface	RGR	Absent	
2ED0064W	Body Surface	RLSN	Absent	
2ED0064W	Body Surface	SPDF	Absent	
2ED0064W	Body Surface	HMRB	Absent	
2ED0064W	Body Surface	FDC	Absent	
2ED0064W	Body Surface	BFG	Absent	
2ED0064W	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0064W	Head	DFM	Absent	
2ED0064W	Mouth	ULR	Absent	
2ED0064W	Mouth	LLG	Absent	
2ED0064W	Nare	SLN	Absent	
2ED0064W	Eye, left	EXPTH	Absent	
2ED0064W	Eye, left	OPQ	Absent	
2ED0064W	Eye, left	MIS	Absent	
2ED0064W	Eye, left	HMR	Absent	
2ED0064W	Eye, left	EMB	Absent	
2ED0064W	Eye, right	EXPTH	Absent	
2ED0064W	Eye, right	OPQ	Absent	
2ED0064W	Eye, right	MIS	Absent	
2ED0064W	Eye, right	HMR	Absent	
2ED0064W	Eye, right	EMB	Absent	
2ED0064W	Opercula	SLSH	Absent	
2ED0065W	Body Surface	RGR	Absent	
2ED0065W	Body Surface	RLSN	Absent	
2ED0065W	Body Surface	SPDF	Absent	
2ED0065W	Body Surface	HMRB	Absent	
2ED0065W	Body Surface	FDC	Absent	
2ED0065W	Body Surface	BFG	Absent	
2ED0065W	Body Surface	PRST	Absent	
2ED0065W	Head	DFM	Absent	
2ED0065W	Mouth	ULR	Absent	
2ED0065W	Mouth	LLG	Absent	
2ED0065W	Nare	SLN	Absent	
2ED0065W	Eye, left	EXPTH	Absent	
2ED0065W	Eye, left	OPQ	Absent	
2ED0065W	Eye, left	MIS	Absent	
2ED0065W	Eye, left	HMR	Absent	
2ED0065W	Eye, left	EMB	Absent	
2ED0065W	Eye, right	EXPTH	Absent	
2ED0065W	Eye, right	OPQ	Absent	
2ED0065W	Eye, right	MIS	Absent	
2ED0065W	Eye, right	HMR	Absent	
2ED0065W	Eye, right	EMB	Absent	
2ED0065W	Opercula	SLSH	Absent	
2ED0066W	Body Surface	RGR	Absent	
2ED0066W	Body Surface	RLSN	Absent	
2ED0066W	Body Surface	SPDF	Absent	
2ED0066W	Body Surface	HMRB	Absent	
2ED0066W	Body Surface	FDC	Absent	
2ED0066W	Body Surface	BFG	Absent	
2ED0066W	Body Surface	PRST	Absent	
2ED0066W	Body Surface	OTHER	Present	Damage from handling
2ED0066W	Head	DFM	Absent	
2ED0066W	Mouth	ULR	Absent	
2ED0066W	Mouth	LLG	Absent	
2ED0066W	Nare	SLN	Absent	
2ED0066W	Eye, left	EXPTH	Absent	
2ED0066W	Eye, left	OPQ	Absent	
2ED0066W	Eye, left	MIS	Absent	
2ED0066W	Eye, left	HMR	Absent	
2ED0066W	Eye, left	EMB	Absent	
2ED0066W	Eye, right	EXPTH	Absent	
2ED0066W	Eye, right	OPQ	Absent	
2ED0066W	Eye, right	MIS	Absent	
2ED0066W	Eye, right	HMR	Absent	
2ED0066W	Eye, right	EMB	Absent	
2ED0066W	Opercula	SLSH	Absent	
2ED0068W	Body Surface	RGR	Absent	
2ED0068W	Body Surface	RLSN	Absent	
2ED0068W	Body Surface	SPDF	Absent	
2ED0068W	Body Surface	HMRB	Absent	
2ED0068W	Body Surface	FDC	Absent	
2ED0068W	Body Surface	BFG	Absent	
2ED0068W	Body Surface	PRST	Absent	
2ED0068W	Head	DFM	Absent	
2ED0068W	Mouth	ULR	Absent	
2ED0068W	Mouth	LLG	Absent	
2ED0068W	Nare	SLN	Absent	
2ED0068W	Eye, left	EXPTH	Absent	
2ED0068W	Eye, left	OPQ	Absent	
2ED0068W	Eye, left	MIS	Absent	
2ED0068W	Eye, left	HMR	Absent	
2ED0068W	Eye, left	EMB	Absent	
2ED0068W	Eye, right	EXPTH	Absent	
2ED0068W	Eye, right	OPQ	Absent	
2ED0068W	Eye, right	MIS	Absent	
2ED0068W	Eye, right	HMR	Absent	
2ED0068W	Eye, right	EMB	Absent	
2ED0068W	Opercula	SLSH	Absent	
2ED0069	Body Surface	RGR	Absent	
2ED0069	Body Surface	RLSN	Absent	
2ED0069	Body Surface	SPDF	Absent	
2ED0069	Body Surface	HMRB	Absent	
2ED0069	Body Surface	FDC	Absent	
2ED0069	Body Surface	BFG	Absent	
2ED0069	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0069	Body Surface	OTHER	Present	Damage from handling
2ED0069	Head	DFM	Absent	
2ED0069	Mouth	ULR	Absent	
2ED0069	Mouth	LLG	Absent	
2ED0069	Nare	SLN	Absent	
2ED0069	Eye, left	EXPTH	Absent	
2ED0069	Eye, left	OPQ	Absent	
2ED0069	Eye, left	MIS	Absent	
2ED0069	Eye, left	HMR	Absent	
2ED0069	Eye, left	EMB	Absent	
2ED0069	Eye, right	EXPTH	Absent	
2ED0069	Eye, right	OPQ	Absent	
2ED0069	Eye, right	MIS	Absent	
2ED0069	Eye, right	HMR	Absent	
2ED0069	Eye, right	EMB	Absent	
2ED0069	Opercula	SLSH	Absent	
2ED0071	Body Surface	RGR	Absent	
2ED0071	Body Surface	RLSN	Absent	
2ED0071	Body Surface	SPDF	Absent	
2ED0071	Body Surface	HMRB	Absent	
2ED0071	Body Surface	FDC	Absent	
2ED0071	Body Surface	BFG	Absent	
2ED0071	Body Surface	PRST	Absent	
2ED0071	Head	DFM	Absent	
2ED0071	Mouth	ULR	Absent	
2ED0071	Mouth	LLG	Absent	
2ED0071	Nare	SLN	Absent	
2ED0071	Eye, left	EXPTH	Absent	
2ED0071	Eye, left	OPQ	Absent	
2ED0071	Eye, left	MIS	Absent	
2ED0071	Eye, left	HMR	Absent	
2ED0071	Eye, left	EMB	Absent	
2ED0071	Eye, right	EXPTH	Absent	
2ED0071	Eye, right	OPQ	Absent	
2ED0071	Eye, right	MIS	Absent	
2ED0071	Eye, right	HMR	Absent	
2ED0071	Eye, right	EMB	Absent	
2ED0071	Opercula	SLSH	Absent	
2ED0072	Body Surface	RGR	Absent	
2ED0072	Body Surface	RLSN	Absent	
2ED0072	Body Surface	SPDF	Absent	
2ED0072	Body Surface	HMRB	Absent	
2ED0072	Body Surface	FDC	Absent	
2ED0072	Body Surface	BFG	Absent	
2ED0072	Body Surface	PRST	Absent	
2ED0072	Head	DFM	Absent	
2ED0072	Mouth	ULR	Absent	
2ED0072	Mouth	LLG	Absent	
2ED0072	Nare	SLN	Absent	
2ED0072	Eye, left	EXPTH	Absent	
2ED0072	Eye, left	OPQ	Absent	
2ED0072	Eye, left	MIS	Absent	
2ED0072	Eye, left	HMR	Absent	
2ED0072	Eye, left	EMB	Absent	
2ED0072	Eye, right	EXPTH	Absent	
2ED0072	Eye, right	OPQ	Absent	
2ED0072	Eye, right	MIS	Absent	
2ED0072	Eye, right	HMR	Absent	
2ED0072	Eye, right	EMB	Absent	
2ED0072	Opercula	SLSH	Absent	
2ED0073	Body Surface	RGR	Absent	
2ED0073	Body Surface	RLSN	Absent	
2ED0073	Body Surface	SPDF	Absent	
2ED0073	Body Surface	HMRB	Absent	
2ED0073	Body Surface	FDC	Absent	
2ED0073	Body Surface	BFG	Absent	
2ED0073	Body Surface	PRST	Absent	
2ED0073	Head	DFM	Absent	
2ED0073	Mouth	ULR	Absent	
2ED0073	Mouth	LLG	Absent	
2ED0073	Nare	SLN	Absent	
2ED0073	Eye, left	EXPTH	Absent	
2ED0073	Eye, left	OPQ	Absent	
2ED0073	Eye, left	MIS	Absent	
2ED0073	Eye, left	HMR	Absent	
2ED0073	Eye, left	EMB	Absent	
2ED0073	Eye, right	EXPTH	Absent	
2ED0073	Eye, right	OPQ	Absent	
2ED0073	Eye, right	MIS	Absent	
2ED0073	Eye, right	HMR	Absent	
2ED0073	Eye, right	EMB	Absent	
2ED0073	Opercula	SLSH	Absent	
2ED0074	Body Surface	RGR	Absent	
2ED0074	Body Surface	RLSN	Absent	
2ED0074	Body Surface	SPDF	Absent	
2ED0074	Body Surface	HMRB	Absent	
2ED0074	Body Surface	FDC	Absent	
2ED0074	Body Surface	BFG	Absent	
2ED0074	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0074	Head	DFM	Absent	
2ED0074	Mouth	ULR	Absent	
2ED0074	Mouth	LLG	Absent	
2ED0074	Nare	SLN	Absent	
2ED0074	Eye, left	EXPTH	Absent	
2ED0074	Eye, left	OPQ	Absent	
2ED0074	Eye, left	MIS	Absent	
2ED0074	Eye, left	HMR	Absent	
2ED0074	Eye, left	EMB	Absent	
2ED0074	Eye, right	EXPTH	Absent	
2ED0074	Eye, right	OPQ	Absent	
2ED0074	Eye, right	MIS	Absent	
2ED0074	Eye, right	HMR	Absent	
2ED0074	Eye, right	EMB	Absent	
2ED0074	Opercula	SLSH	Absent	
2ED0075	Body Surface	RGR	Absent	
2ED0075	Body Surface	RLSN	Absent	
2ED0075	Body Surface	SPDF	Absent	
2ED0075	Body Surface	HMRB	Absent	
2ED0075	Body Surface	FDC	Absent	
2ED0075	Body Surface	BFG	Absent	
2ED0075	Body Surface	PRST	Absent	
2ED0075	Head	DFM	Absent	
2ED0075	Mouth	ULR	Absent	
2ED0075	Mouth	LLG	Absent	
2ED0075	Nare	SLN	Absent	
2ED0075	Eye, left	EXPTH	Absent	
2ED0075	Eye, left	OPQ	Absent	
2ED0075	Eye, left	MIS	Absent	
2ED0075	Eye, left	HMR	Absent	
2ED0075	Eye, left	EMB	Absent	
2ED0075	Eye, right	EXPTH	Absent	
2ED0075	Eye, right	OPQ	Absent	
2ED0075	Eye, right	MIS	Absent	
2ED0075	Eye, right	HMR	Absent	
2ED0075	Eye, right	EMB	Absent	
2ED0075	Opercula	SLSH	Absent	
2ED0076	Body Surface	RGR	Absent	
2ED0076	Body Surface	RLSN	Absent	
2ED0076	Body Surface	SPDF	Absent	
2ED0076	Body Surface	HMRB	Absent	
2ED0076	Body Surface	FDC	Absent	
2ED0076	Body Surface	BFG	Absent	
2ED0076	Body Surface	PRST	Absent	
2ED0076	Head	DFM	Absent	
2ED0076	Mouth	ULR	Absent	
2ED0076	Mouth	LLG	Absent	
2ED0076	Nare	SLN	Absent	
2ED0076	Eye, left	EXPTH	Absent	
2ED0076	Eye, left	OPQ	Absent	
2ED0076	Eye, left	MIS	Absent	
2ED0076	Eye, left	HMR	Absent	
2ED0076	Eye, left	EMB	Absent	
2ED0076	Eye, right	EXPTH	Absent	
2ED0076	Eye, right	OPQ	Absent	
2ED0076	Eye, right	MIS	Absent	
2ED0076	Eye, right	HMR	Absent	
2ED0076	Eye, right	EMB	Absent	
2ED0076	Opercula	SLSH	Absent	
2ED0077	Body Surface	RGR	Absent	
2ED0077	Body Surface	RLSN	Absent	
2ED0077	Body Surface	SPDF	Absent	
2ED0077	Body Surface	HMRB	Absent	
2ED0077	Body Surface	FDC	Absent	
2ED0077	Body Surface	BFG	Absent	
2ED0077	Body Surface	PRST	Absent	
2ED0077	Head	DFM	Absent	
2ED0077	Mouth	ULR	Absent	
2ED0077	Mouth	LLG	Absent	
2ED0077	Nare	SLN	Absent	
2ED0077	Eye, left	EXPTH	Absent	
2ED0077	Eye, left	OPQ	Absent	
2ED0077	Eye, left	MIS	Absent	
2ED0077	Eye, left	HMR	Absent	
2ED0077	Eye, left	EMB	Absent	
2ED0077	Eye, right	EXPTH	Absent	
2ED0077	Eye, right	OPQ	Absent	
2ED0077	Eye, right	MIS	Absent	
2ED0077	Eye, right	HMR	Absent	
2ED0077	Eye, right	EMB	Absent	
2ED0077	Opercula	SLSH	Absent	
2ED0078	Body Surface	RGR	Absent	
2ED0078	Body Surface	RLSN	Absent	
2ED0078	Body Surface	SPDF	Absent	
2ED0078	Body Surface	HMRB	Absent	
2ED0078	Body Surface	FDC	Absent	
2ED0078	Body Surface	BFG	Absent	
2ED0078	Body Surface	PRST	Absent	
2ED0078	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0078	Mouth	ULR	Absent	
2ED0078	Mouth	LLG	Absent	
2ED0078	Nare	SLN	Absent	
2ED0078	Eye, left	EXPTH	Absent	
2ED0078	Eye, left	OPQ	Absent	
2ED0078	Eye, left	MIS	Absent	
2ED0078	Eye, left	HMR	Absent	
2ED0078	Eye, left	EMB	Absent	
2ED0078	Eye, right	EXPTH	Absent	
2ED0078	Eye, right	OPQ	Absent	
2ED0078	Eye, right	MIS	Absent	
2ED0078	Eye, right	HMR	Absent	
2ED0078	Eye, right	EMB	Absent	
2ED0078	Opercula	SLSH	Absent	
2ED0079	Body Surface	RGR	Absent	
2ED0079	Body Surface	RLSN	Absent	
2ED0079	Body Surface	SPDF	Absent	
2ED0079	Body Surface	HMRB	Absent	
2ED0079	Body Surface	FDC	Absent	
2ED0079	Body Surface	BFG	Absent	
2ED0079	Body Surface	PRST	Absent	
2ED0079	Head	DFM	Absent	
2ED0079	Mouth	ULR	Absent	
2ED0079	Mouth	LLG	Absent	
2ED0079	Nare	SLN	Absent	
2ED0079	Eye, left	EXPTH	Absent	
2ED0079	Eye, left	OPQ	Absent	
2ED0079	Eye, left	MIS	Absent	
2ED0079	Eye, left	HMR	Absent	
2ED0079	Eye, left	EMB	Absent	
2ED0079	Eye, right	EXPTH	Absent	
2ED0079	Eye, right	OPQ	Absent	
2ED0079	Eye, right	MIS	Absent	
2ED0079	Eye, right	HMR	Absent	
2ED0079	Eye, right	EMB	Absent	
2ED0079	Opercula	SLSH	Absent	
2ED008	Body Surface	RGR	Absent	
2ED008	Body Surface	RLSN	Absent	
2ED008	Body Surface	SPDF	Absent	
2ED008	Body Surface	HMRB	Absent	
2ED008	Body Surface	FDC	Absent	
2ED008	Body Surface	BFG	Absent	
2ED008	Body Surface	PRST	Absent	
2ED008	Head	DFM	Absent	
2ED008	Mouth	ULR	Absent	
2ED008	Mouth	LLG	Absent	
2ED008	Nare	SLN	Absent	
2ED008	Eye, left	EXPTH	Absent	
2ED008	Eye, left	OPQ	Absent	
2ED008	Eye, left	MIS	Absent	
2ED008	Eye, left	HMR	Absent	
2ED008	Eye, left	EMB	Absent	
2ED008	Eye, right	EXPTH	Absent	
2ED008	Eye, right	OPQ	Absent	
2ED008	Eye, right	MIS	Absent	
2ED008	Eye, right	HMR	Absent	
2ED008	Eye, right	EMB	Absent	
2ED008	Opercula	SLSH	Absent	
2ED0080	Body Surface	RGR	Absent	
2ED0080	Body Surface	RLSN	Absent	
2ED0080	Body Surface	SPDF	Absent	
2ED0080	Body Surface	HMRB	Absent	
2ED0080	Body Surface	FDC	Absent	
2ED0080	Body Surface	BFG	Absent	
2ED0080	Body Surface	PRST	Absent	
2ED0080	Head	DFM	Absent	
2ED0080	Mouth	ULR	Absent	
2ED0080	Mouth	LLG	Absent	
2ED0080	Nare	SLN	Absent	
2ED0080	Eye, left	EXPTH	Absent	
2ED0080	Eye, left	OPQ	Absent	
2ED0080	Eye, left	MIS	Absent	
2ED0080	Eye, left	HMR	Absent	
2ED0080	Eye, left	EMB	Absent	
2ED0080	Eye, right	EXPTH	Absent	
2ED0080	Eye, right	OPQ	Absent	
2ED0080	Eye, right	MIS	Absent	
2ED0080	Eye, right	HMR	Absent	
2ED0080	Eye, right	EMB	Absent	
2ED0080	Opercula	SLSH	Absent	
2ED0081	Body Surface	RGR	Absent	
2ED0081	Body Surface	RLSN	Absent	
2ED0081	Body Surface	SPDF	Absent	
2ED0081	Body Surface	HMRB	Absent	
2ED0081	Body Surface	FDC	Absent	
2ED0081	Body Surface	BFG	Absent	
2ED0081	Body Surface	PRST	Absent	
2ED0081	Body Surface	OTHER	Present	Lacerations on right side and anal fin
2ED0081	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0081	Mouth	ULR	Absent	
2ED0081	Mouth	LLG	Absent	
2ED0081	Nare	SLN	Absent	
2ED0081	Eye, left	EXPTH	Absent	
2ED0081	Eye, left	OPQ	Absent	
2ED0081	Eye, left	MIS	Absent	
2ED0081	Eye, left	HMR	Absent	
2ED0081	Eye, left	EMB	Absent	
2ED0081	Eye, right	EXPTH	Absent	
2ED0081	Eye, right	OPQ	Absent	
2ED0081	Eye, right	MIS	Absent	
2ED0081	Eye, right	HMR	Absent	
2ED0081	Eye, right	EMB	Absent	
2ED0081	Opercula	SLSH	Absent	
2ED0082W	Body Surface	RGR	Absent	
2ED0082W	Body Surface	RLSN	Absent	
2ED0082W	Body Surface	SPDF	Absent	
2ED0082W	Body Surface	HMRB	Absent	
2ED0082W	Body Surface	FDC	Absent	
2ED0082W	Body Surface	BFG	Absent	
2ED0082W	Body Surface	PRST	Absent	
2ED0082W	Head	DFM	Absent	
2ED0082W	Mouth	ULR	Absent	
2ED0082W	Mouth	LLG	Absent	
2ED0082W	Nare	SLN	Absent	
2ED0082W	Eye, left	EXPTH	Absent	
2ED0082W	Eye, left	OPQ	Absent	
2ED0082W	Eye, left	MIS	Absent	
2ED0082W	Eye, left	HMR	Absent	
2ED0082W	Eye, left	EMB	Absent	
2ED0082W	Eye, right	EXPTH	Absent	
2ED0082W	Eye, right	OPQ	Absent	
2ED0082W	Eye, right	MIS	Absent	
2ED0082W	Eye, right	HMR	Absent	
2ED0082W	Eye, right	EMB	Absent	
2ED0082W	Opercula	SLSH	Absent	
2ED0083	Body Surface	RGR	Absent	
2ED0083	Body Surface	RLSN	Absent	
2ED0083	Body Surface	SPDF	Absent	
2ED0083	Body Surface	HMRB	Absent	
2ED0083	Body Surface	FDC	Absent	
2ED0083	Body Surface	BFG	Absent	
2ED0083	Body Surface	PRST	Absent	
2ED0083	Head	DFM	Absent	
2ED0083	Mouth	ULR	Absent	
2ED0083	Mouth	LLG	Absent	
2ED0083	Nare	SLN	Absent	
2ED0083	Eye, left	EXPTH	Absent	
2ED0083	Eye, left	OPQ	Absent	
2ED0083	Eye, left	MIS	Absent	
2ED0083	Eye, left	HMR	Absent	
2ED0083	Eye, left	EMB	Absent	
2ED0083	Eye, right	EXPTH	Absent	
2ED0083	Eye, right	OPQ	Absent	
2ED0083	Eye, right	MIS	Absent	
2ED0083	Eye, right	HMR	Absent	
2ED0083	Eye, right	EMB	Absent	
2ED0083	Opercula	SLSH	Absent	
2ED0084	Body Surface	RGR	Absent	
2ED0084	Body Surface	RLSN	Absent	
2ED0084	Body Surface	SPDF	Absent	
2ED0084	Body Surface	HMRB	Absent	
2ED0084	Body Surface	FDC	Absent	
2ED0084	Body Surface	BFG	Absent	
2ED0084	Body Surface	PRST	Absent	
2ED0084	Head	DFM	Absent	
2ED0084	Mouth	ULR	Absent	
2ED0084	Mouth	LLG	Absent	
2ED0084	Nare	SLN	Absent	
2ED0084	Eye, left	EXPTH	Absent	
2ED0084	Eye, left	OPQ	Absent	
2ED0084	Eye, left	MIS	Absent	
2ED0084	Eye, left	HMR	Absent	
2ED0084	Eye, left	EMB	Absent	
2ED0084	Eye, right	EXPTH	Absent	
2ED0084	Eye, right	OPQ	Absent	
2ED0084	Eye, right	MIS	Absent	
2ED0084	Eye, right	HMR	Absent	
2ED0084	Eye, right	EMB	Absent	
2ED0084	Opercula	SLSH	Absent	
2ED0085	Body Surface	RGR	Absent	
2ED0085	Body Surface	RLSN	Absent	
2ED0085	Body Surface	SPDF	Absent	
2ED0085	Body Surface	HMRB	Absent	
2ED0085	Body Surface	FDC	Absent	
2ED0085	Body Surface	BFG	Absent	
2ED0085	Body Surface	PRST	Absent	
2ED0085	Head	DFM	Absent	
2ED0085	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0085	Mouth	LLG	Absent	
2ED0085	Nare	SLN	Absent	
2ED0085	Eye, left	EXPTH	Absent	
2ED0085	Eye, left	OPQ	Absent	
2ED0085	Eye, left	MIS	Absent	
2ED0085	Eye, left	HMR	Absent	
2ED0085	Eye, left	EMB	Absent	
2ED0085	Eye, right	EXPTH	Absent	
2ED0085	Eye, right	OPQ	Absent	
2ED0085	Eye, right	MIS	Absent	
2ED0085	Eye, right	HMR	Absent	
2ED0085	Eye, right	EMB	Absent	
2ED0085	Opercula	SLSH	Absent	
2ED0086	Body Surface	RGR	Absent	
2ED0086	Body Surface	RLSN	Absent	
2ED0086	Body Surface	SPDF	Absent	
2ED0086	Body Surface	HMRB	Absent	
2ED0086	Body Surface	FDC	Absent	
2ED0086	Body Surface	BFG	Absent	
2ED0086	Body Surface	PRST	Absent	
2ED0086	Head	DFM	Absent	
2ED0086	Mouth	ULR	Absent	
2ED0086	Mouth	LLG	Absent	
2ED0086	Nare	SLN	Absent	
2ED0086	Eye, left	EXPTH	Absent	
2ED0086	Eye, left	OPQ	Absent	
2ED0086	Eye, left	MIS	Absent	
2ED0086	Eye, left	HMR	Absent	
2ED0086	Eye, left	EMB	Absent	
2ED0086	Eye, right	EXPTH	Absent	
2ED0086	Eye, right	OPQ	Absent	
2ED0086	Eye, right	MIS	Absent	
2ED0086	Eye, right	HMR	Absent	
2ED0086	Eye, right	EMB	Absent	
2ED0086	Opercula	SLSH	Absent	
2GN0001	Body Surface	RGR	Absent	
2GN0001	Body Surface	RLSN	Absent	
2GN0001	Body Surface	SPDF	Absent	
2GN0001	Body Surface	HMRB	Absent	
2GN0001	Body Surface	FDC	Absent	
2GN0001	Body Surface	BFG	Absent	
2GN0001	Body Surface	PRST	Absent	
2GN0001	Body Surface	OTHER	Present	Damage from handling
2GN0001	Head	DFM	Absent	
2GN0001	Mouth	ULR	Absent	
2GN0001	Mouth	LLG	Absent	
2GN0001	Nare	SLN	Absent	
2GN0001	Eye, left	EXPTH	Absent	
2GN0001	Eye, left	OPQ	Absent	
2GN0001	Eye, left	MIS	Absent	
2GN0001	Eye, left	HMR	Absent	
2GN0001	Eye, left	EMB	Absent	
2GN0001	Eye, right	EXPTH	Absent	
2GN0001	Eye, right	OPQ	Absent	
2GN0001	Eye, right	MIS	Absent	
2GN0001	Eye, right	HMR	Absent	
2GN0001	Eye, right	EMB	Absent	
2GN0001	Opercula	SLSH	Absent	
2GN0002	Body Surface	RGR	Absent	
2GN0002	Body Surface	RLSN	Absent	
2GN0002	Body Surface	SPDF	Absent	
2GN0002	Body Surface	HMRB	Absent	
2GN0002	Body Surface	FDC	Absent	
2GN0002	Body Surface	BFG	Absent	
2GN0002	Body Surface	PRST	Absent	
2GN0002	Head	DFM	Absent	
2GN0002	Mouth	ULR	Absent	
2GN0002	Mouth	LLG	Absent	
2GN0002	Nare	SLN	Absent	
2GN0002	Eye, left	EXPTH	Absent	
2GN0002	Eye, left	OPQ	Absent	
2GN0002	Eye, left	MIS	Absent	
2GN0002	Eye, left	HMR	Absent	
2GN0002	Eye, left	EMB	Absent	
2GN0002	Eye, right	EXPTH	Absent	
2GN0002	Eye, right	OPQ	Absent	
2GN0002	Eye, right	MIS	Absent	
2GN0002	Eye, right	HMR	Absent	
2GN0002	Eye, right	EMB	Absent	
2GN0002	Opercula	SLSH	Absent	
2GN0003	Body Surface	RGR	Absent	
2GN0003	Body Surface	RLSN	Absent	
2GN0003	Body Surface	SPDF	Absent	
2GN0003	Body Surface	HMRB	Absent	
2GN0003	Body Surface	FDC	Absent	
2GN0003	Body Surface	BFG	Absent	
2GN0003	Body Surface	PRST	Absent	
2GN0003	Body Surface	OTHER	Present	Gill net marks
2GN0003	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0003	Mouth	ULR	Absent	
2GN0003	Mouth	LLG	Absent	
2GN0003	Nare	SLN	Absent	
2GN0003	Eye, left	EXPTH	Absent	
2GN0003	Eye, left	OPQ	Absent	
2GN0003	Eye, left	MIS	Absent	
2GN0003	Eye, left	HMR	Absent	
2GN0003	Eye, left	EMB	Absent	
2GN0003	Eye, right	EXPTH	Absent	
2GN0003	Eye, right	OPQ	Absent	
2GN0003	Eye, right	MIS	Absent	
2GN0003	Eye, right	HMR	Absent	
2GN0003	Eye, right	EMB	Absent	
2GN0003	Opercula	SLSH	Absent	
2GN0004	Body Surface	RGR	Absent	
2GN0004	Body Surface	RLSN	Absent	
2GN0004	Body Surface	SPDF	Absent	
2GN0004	Body Surface	HMRB	Absent	
2GN0004	Body Surface	FDC	Absent	
2GN0004	Body Surface	BFG	Absent	
2GN0004	Body Surface	PRST	Absent	
2GN0004	Body Surface	OTHER	Present	Gill net marks
2GN0004	Head	DFM	Absent	
2GN0004	Mouth	ULR	Absent	
2GN0004	Mouth	LLG	Absent	
2GN0004	Nare	SLN	Absent	
2GN0004	Eye, left	EXPTH	Absent	
2GN0004	Eye, left	OPQ	Absent	
2GN0004	Eye, left	MIS	Absent	
2GN0004	Eye, left	HMR	Absent	
2GN0004	Eye, left	EMB	Absent	
2GN0004	Eye, right	EXPTH	Absent	
2GN0004	Eye, right	OPQ	Absent	
2GN0004	Eye, right	MIS	Absent	
2GN0004	Eye, right	HMR	Absent	
2GN0004	Eye, right	EMB	Absent	
2GN0004	Opercula	SLSH	Absent	
2GN0005	Body Surface	RGR	Absent	
2GN0005	Body Surface	RLSN	Absent	
2GN0005	Body Surface	SPDF	Absent	
2GN0005	Body Surface	HMRB	Absent	
2GN0005	Body Surface	FDC	Absent	
2GN0005	Body Surface	BFG	Absent	
2GN0005	Body Surface	PRST	Absent	
2GN0005	Head	DFM	Absent	
2GN0005	Mouth	ULR	Absent	
2GN0005	Mouth	LLG	Absent	
2GN0005	Nare	SLN	Absent	
2GN0005	Eye, left	EXPTH	Absent	
2GN0005	Eye, left	OPQ	Absent	
2GN0005	Eye, left	MIS	Absent	
2GN0005	Eye, left	HMR	Absent	
2GN0005	Eye, left	EMB	Absent	
2GN0005	Eye, right	EXPTH	Absent	
2GN0005	Eye, right	OPQ	Absent	
2GN0005	Eye, right	MIS	Absent	
2GN0005	Eye, right	HMR	Absent	
2GN0005	Eye, right	EMB	Absent	
2GN0005	Opercula	SLSH	Absent	
2GN0006	Body Surface	RGR	Absent	
2GN0006	Body Surface	RLSN	Absent	
2GN0006	Body Surface	SPDF	Absent	
2GN0006	Body Surface	HMRB	Absent	
2GN0006	Body Surface	FDC	Absent	
2GN0006	Body Surface	BFG	Absent	
2GN0006	Body Surface	PRST	Absent	
2GN0006	Body Surface	OTHER	Present	Gill net marks
2GN0006	Head	DFM	Absent	
2GN0006	Mouth	ULR	Absent	
2GN0006	Mouth	LLG	Absent	
2GN0006	Nare	SLN	Absent	
2GN0006	Eye, left	EXPTH	Present	
2GN0006	Eye, left	OPQ	Absent	
2GN0006	Eye, left	MIS	Absent	
2GN0006	Eye, left	HMR	Absent	
2GN0006	Eye, left	EMB	Absent	
2GN0006	Eye, right	EXPTH	Absent	
2GN0006	Eye, right	OPQ	Absent	
2GN0006	Eye, right	MIS	Absent	
2GN0006	Eye, right	HMR	Absent	
2GN0006	Eye, right	EMB	Absent	
2GN0006	Opercula	SLSH	Absent	
2GN0007	Body Surface	RGR	Absent	
2GN0007	Body Surface	RLSN	Absent	
2GN0007	Body Surface	SPDF	Absent	
2GN0007	Body Surface	HMRB	Absent	
2GN0007	Body Surface	FDC	Absent	
2GN0007	Body Surface	BFG	Absent	
2GN0007	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0007	Head	DFM	Absent	
2GN0007	Mouth	ULR	Absent	
2GN0007	Mouth	LLG	Absent	
2GN0007	Nare	SLN	Absent	
2GN0007	Eye, left	EXPTH	Absent	
2GN0007	Eye, left	OPQ	Absent	
2GN0007	Eye, left	MIS	Absent	
2GN0007	Eye, left	HMR	Absent	
2GN0007	Eye, left	EMB	Absent	
2GN0007	Eye, right	EXPTH	Absent	
2GN0007	Eye, right	OPQ	Absent	
2GN0007	Eye, right	MIS	Absent	
2GN0007	Eye, right	HMR	Absent	
2GN0007	Eye, right	EMB	Absent	
2GN0007	Opercula	OTHER	Present	Gill net damage
2GN0007	Opercula	SLSH	Absent	
2GN0063	Body Surface	RGR	Absent	
2GN0063	Body Surface	RLSN	Absent	
2GN0063	Body Surface	SPDF	Absent	
2GN0063	Body Surface	HMRB	Absent	
2GN0063	Body Surface	FDC	Absent	
2GN0063	Body Surface	BFG	Absent	
2GN0063	Body Surface	PRST	Absent	
2GN0063	Body Surface	OTHER	Present	Gill net marks
2GN0063	Head	DFM	Absent	
2GN0063	Mouth	ULR	Absent	
2GN0063	Mouth	LLG	Absent	
2GN0063	Nare	SLN	Absent	
2GN0063	Eye, left	EXPTH	Absent	
2GN0063	Eye, left	OPQ	Absent	
2GN0063	Eye, left	MIS	Absent	
2GN0063	Eye, left	HMR	Absent	
2GN0063	Eye, left	EMB	Absent	
2GN0063	Eye, right	EXPTH	Absent	
2GN0063	Eye, right	OPQ	Absent	
2GN0063	Eye, right	MIS	Absent	
2GN0063	Eye, right	HMR	Absent	
2GN0063	Eye, right	EMB	Absent	
2GN0063	Opercula	SLSH	Absent	
2GN0063W	Body Surface	RGR	Absent	
2GN0063W	Body Surface	RLSN	Absent	
2GN0063W	Body Surface	SPDF	Absent	
2GN0063W	Body Surface	HMRB	Absent	
2GN0063W	Body Surface	FDC	Absent	
2GN0063W	Body Surface	BFG	Absent	
2GN0063W	Body Surface	PRST	Absent	
2GN0063W	Body Surface	OTHER	Present	Gill net marks
2GN0063W	Head	DFM	Absent	
2GN0063W	Mouth	ULR	Absent	
2GN0063W	Mouth	LLG	Absent	
2GN0063W	Nare	SLN	Absent	
2GN0063W	Eye, left	EXPTH	Absent	
2GN0063W	Eye, left	OPQ	Absent	
2GN0063W	Eye, left	MIS	Absent	
2GN0063W	Eye, left	HMR	Absent	
2GN0063W	Eye, left	EMB	Absent	
2GN0063W	Eye, right	EXPTH	Absent	
2GN0063W	Eye, right	OPQ	Absent	
2GN0063W	Eye, right	MIS	Absent	
2GN0063W	Eye, right	HMR	Absent	
2GN0063W	Eye, right	EMB	Absent	
2GN0063W	Opercula	SLSH	Absent	
2GN0064W	Body Surface	RGR	Absent	
2GN0064W	Body Surface	RLSN	Absent	
2GN0064W	Body Surface	SPDF	Absent	
2GN0064W	Body Surface	HMRB	Absent	
2GN0064W	Body Surface	FDC	Absent	
2GN0064W	Body Surface	BFG	Absent	
2GN0064W	Body Surface	PRST	Absent	
2GN0064W	Head	DFM	Absent	
2GN0064W	Mouth	ULR	Absent	
2GN0064W	Mouth	LLG	Absent	
2GN0064W	Nare	SLN	Absent	
2GN0064W	Eye, left	EXPTH	Absent	
2GN0064W	Eye, left	OPQ	Absent	
2GN0064W	Eye, left	MIS	Absent	
2GN0064W	Eye, left	HMR	Absent	
2GN0064W	Eye, left	EMB	Absent	
2GN0064W	Eye, right	EXPTH	Absent	
2GN0064W	Eye, right	OPQ	Absent	
2GN0064W	Eye, right	MIS	Absent	
2GN0064W	Eye, right	HMR	Absent	
2GN0064W	Eye, right	EMB	Absent	
2GN0064W	Opercula	SLSH	Absent	
2GN0065W	Body Surface	RGR	Absent	
2GN0065W	Body Surface	RLSN	Absent	
2GN0065W	Body Surface	SPDF	Absent	
2GN0065W	Body Surface	HMRB	Present	
2GN0065W	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0065W	Body Surface	BFG	Absent	
2GN0065W	Body Surface	PRST	Absent	
2GN0065W	Head	DFM	Absent	
2GN0065W	Mouth	ULR	Absent	
2GN0065W	Mouth	LLG	Absent	
2GN0065W	Nare	SLN	Absent	
2GN0065W	Eye, left	EXPTH	Absent	
2GN0065W	Eye, left	OPQ	Absent	
2GN0065W	Eye, left	MIS	Absent	
2GN0065W	Eye, left	HMR	Present	
2GN0065W	Eye, left	EMB	Absent	
2GN0065W	Eye, right	EXPTH	Absent	
2GN0065W	Eye, right	OPQ	Absent	
2GN0065W	Eye, right	MIS	Absent	
2GN0065W	Eye, right	HMR	Absent	
2GN0065W	Eye, right	EMB	Absent	
2GN0065W	Opercula	SLSH	Absent	
2GN0066H	Body Surface	RGR	Absent	
2GN0066H	Body Surface	RLSN	Absent	
2GN0066H	Body Surface	SPDF	Absent	
2GN0066H	Body Surface	HMRB	Absent	
2GN0066H	Body Surface	FDC	Absent	
2GN0066H	Body Surface	BFG	Absent	
2GN0066H	Body Surface	PRST	Absent	
2GN0066H	Body Surface	OTHER	Present	Gill net marks
2GN0066H	Head	DFM	Absent	
2GN0066H	Mouth	ULR	Absent	
2GN0066H	Mouth	LLG	Absent	
2GN0066H	Nare	SLN	Absent	
2GN0066H	Eye, left	EXPTH	Absent	
2GN0066H	Eye, left	OPQ	Absent	
2GN0066H	Eye, left	MIS	Absent	
2GN0066H	Eye, left	HMR	Absent	
2GN0066H	Eye, left	EMB	Absent	
2GN0066H	Eye, right	EXPTH	Absent	
2GN0066H	Eye, right	OPQ	Absent	
2GN0066H	Eye, right	MIS	Absent	
2GN0066H	Eye, right	HMR	Absent	
2GN0066H	Eye, right	EMB	Absent	
2GN0066H	Opercula	SLSH	Absent	
2GN0067	Body Surface	RGR	Absent	
2GN0067	Body Surface	RLSN	Absent	
2GN0067	Body Surface	SPDF	Absent	
2GN0067	Body Surface	HMRB	Absent	
2GN0067	Body Surface	FDC	Absent	
2GN0067	Body Surface	BFG	Absent	
2GN0067	Body Surface	PRST	Absent	
2GN0067	Body Surface	OTHER	Present	Gill net marks
2GN0067	Head	DFM	Absent	
2GN0067	Mouth	ULR	Absent	
2GN0067	Mouth	LLG	Absent	
2GN0067	Nare	SLN	Absent	
2GN0067	Eye, left	EXPTH	Absent	
2GN0067	Eye, left	OPQ	Absent	
2GN0067	Eye, left	MIS	Absent	
2GN0067	Eye, left	HMR	Absent	
2GN0067	Eye, left	EMB	Absent	
2GN0067	Eye, right	EXPTH	Absent	
2GN0067	Eye, right	OPQ	Absent	
2GN0067	Eye, right	MIS	Absent	
2GN0067	Eye, right	HMR	Absent	
2GN0067	Eye, right	EMB	Absent	
2GN0067	Opercula	SLSH	Absent	
2GN0067H	Body Surface	RGR	Absent	
2GN0067H	Body Surface	RLSN	Absent	
2GN0067H	Body Surface	SPDF	Absent	
2GN0067H	Body Surface	HMRB	Absent	
2GN0067H	Body Surface	FDC	Absent	
2GN0067H	Body Surface	BFG	Absent	
2GN0067H	Body Surface	PRST	Absent	
2GN0067H	Body Surface	OTHER	Present	Gill net marks
2GN0067H	Head	DFM	Absent	
2GN0067H	Mouth	ULR	Absent	
2GN0067H	Mouth	LLG	Absent	
2GN0067H	Nare	SLN	Absent	
2GN0067H	Eye, left	EXPTH	Absent	
2GN0067H	Eye, left	OPQ	Absent	
2GN0067H	Eye, left	MIS	Absent	
2GN0067H	Eye, left	HMR	Absent	
2GN0067H	Eye, left	EMB	Absent	
2GN0067H	Eye, right	EXPTH	Absent	
2GN0067H	Eye, right	OPQ	Absent	
2GN0067H	Eye, right	MIS	Absent	
2GN0067H	Eye, right	HMR	Absent	
2GN0067H	Eye, right	EMB	Absent	
2GN0067H	Opercula	SLSH	Absent	
2GN0068H	Body Surface	RGR	Absent	
2GN0068H	Body Surface	RLSN	Absent	
2GN0068H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0068H	Body Surface	HMRB	Absent	
2GN0068H	Body Surface	FDC	Absent	
2GN0068H	Body Surface	BFG	Absent	
2GN0068H	Body Surface	PRST	Absent	
2GN0068H	Body Surface	OTHER	Present	Gill net marks
2GN0068H	Head	DFM	Absent	
2GN0068H	Mouth	ULR	Absent	
2GN0068H	Mouth	LLG	Absent	
2GN0068H	Nare	SLN	Absent	
2GN0068H	Eye, left	EXPTH	Absent	
2GN0068H	Eye, left	OPQ	Absent	
2GN0068H	Eye, left	MIS	Absent	
2GN0068H	Eye, left	HMR	Absent	
2GN0068H	Eye, left	EMB	Absent	
2GN0068H	Eye, right	EXPTH	Absent	
2GN0068H	Eye, right	OPQ	Absent	
2GN0068H	Eye, right	MIS	Absent	
2GN0068H	Eye, right	HMR	Absent	
2GN0068H	Eye, right	EMB	Absent	
2GN0068H	Opercula	SLSH	Absent	
2GN0069H	Body Surface	RGR	Absent	
2GN0069H	Body Surface	RLSN	Absent	
2GN0069H	Body Surface	SPDF	Absent	
2GN0069H	Body Surface	HMRB	Absent	
2GN0069H	Body Surface	FDC	Absent	
2GN0069H	Body Surface	BFG	Absent	
2GN0069H	Body Surface	PRST	Absent	
2GN0069H	Body Surface	OTHER	Present	Gill net marks
2GN0069H	Head	DFM	Absent	
2GN0069H	Mouth	ULR	Absent	
2GN0069H	Mouth	LLG	Absent	
2GN0069H	Nare	SLN	Absent	
2GN0069H	Eye, left	EXPTH	Absent	
2GN0069H	Eye, left	OPQ	Absent	
2GN0069H	Eye, left	MIS	Absent	
2GN0069H	Eye, left	HMR	Absent	
2GN0069H	Eye, left	EMB	Absent	
2GN0069H	Eye, right	EXPTH	Absent	
2GN0069H	Eye, right	OPQ	Absent	
2GN0069H	Eye, right	MIS	Absent	
2GN0069H	Eye, right	HMR	Absent	
2GN0069H	Eye, right	EMB	Absent	
2GN0069H	Opercula	SLSH	Absent	
2GN0070H	Body Surface	RGR	Absent	
2GN0070H	Body Surface	RLSN	Absent	
2GN0070H	Body Surface	SPDF	Absent	
2GN0070H	Body Surface	HMRB	Absent	
2GN0070H	Body Surface	FDC	Absent	
2GN0070H	Body Surface	BFG	Absent	
2GN0070H	Body Surface	PRST	Absent	
2GN0070H	Body Surface	OTHER	Present	Gill net marks
2GN0070H	Head	OTHER	Present	Damage from clubbing
2GN0070H	Head	DFM	Absent	
2GN0070H	Mouth	ULR	Absent	
2GN0070H	Mouth	LLG	Absent	
2GN0070H	Nare	SLN	Absent	
2GN0070H	Eye, left	EXPTH	Absent	
2GN0070H	Eye, left	OPQ	Absent	
2GN0070H	Eye, left	MIS	Absent	
2GN0070H	Eye, left	HMR	Absent	
2GN0070H	Eye, left	EMB	Absent	
2GN0070H	Eye, right	EXPTH	Absent	
2GN0070H	Eye, right	OPQ	Absent	
2GN0070H	Eye, right	MIS	Absent	
2GN0070H	Eye, right	HMR	Absent	
2GN0070H	Eye, right	EMB	Absent	
2GN0070H	Opercula	SLSH	Absent	
2GN0071H	Body Surface	RGR	Absent	
2GN0071H	Body Surface	RLSN	Absent	
2GN0071H	Body Surface	SPDF	Absent	
2GN0071H	Body Surface	HMRB	Absent	
2GN0071H	Body Surface	FDC	Absent	
2GN0071H	Body Surface	BFG	Absent	
2GN0071H	Body Surface	PRST	Absent	
2GN0071H	Body Surface	OTHER	Present	Gill net marks
2GN0071H	Head	DFM	Absent	
2GN0071H	Mouth	ULR	Absent	
2GN0071H	Mouth	LLG	Absent	
2GN0071H	Nare	SLN	Absent	
2GN0071H	Eye, left	EXPTH	Absent	
2GN0071H	Eye, left	OPQ	Absent	
2GN0071H	Eye, left	MIS	Absent	
2GN0071H	Eye, left	HMR	Absent	
2GN0071H	Eye, left	EMB	Absent	
2GN0071H	Eye, right	EXPTH	Absent	
2GN0071H	Eye, right	OPQ	Absent	
2GN0071H	Eye, right	MIS	Absent	
2GN0071H	Eye, right	HMR	Absent	
2GN0071H	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0071H	Opercula	SLSH	Absent	
2GN0072H	Body Surface	RGR	Absent	
2GN0072H	Body Surface	RLSN	Absent	
2GN0072H	Body Surface	SPDF	Absent	
2GN0072H	Body Surface	HMRB	Absent	
2GN0072H	Body Surface	FDC	Absent	
2GN0072H	Body Surface	BFG	Absent	
2GN0072H	Body Surface	PRST	Absent	
2GN0072H	Body Surface	OTHER	Present	Gill net marks
2GN0072H	Head	DFM	Absent	
2GN0072H	Mouth	ULR	Absent	
2GN0072H	Mouth	LLG	Absent	
2GN0072H	Nare	SLN	Absent	
2GN0072H	Eye, left	EXPTH	Absent	
2GN0072H	Eye, left	OPQ	Absent	
2GN0072H	Eye, left	MIS	Absent	
2GN0072H	Eye, left	HMR	Absent	
2GN0072H	Eye, left	EMB	Absent	
2GN0072H	Eye, right	EXPTH	Absent	
2GN0072H	Eye, right	OPQ	Absent	
2GN0072H	Eye, right	MIS	Absent	
2GN0072H	Eye, right	HMR	Absent	
2GN0072H	Eye, right	EMB	Absent	
2GN0072H	Eye, right	OTHER	Present	Damage from clubbing
2GN0073H	Opercula	SLSH	Absent	
2GN0073H	Body Surface	RGR	Absent	
2GN0073H	Body Surface	RLSN	Absent	
2GN0073H	Body Surface	SPDF	Absent	
2GN0073H	Body Surface	HMRB	Absent	
2GN0073H	Body Surface	FDC	Absent	
2GN0073H	Body Surface	BFG	Absent	
2GN0073H	Body Surface	PRST	Absent	
2GN0073H	Body Surface	OTHER	Present	Gill net marks
2GN0073H	Head	DFM	Absent	
2GN0073H	Mouth	ULR	Absent	
2GN0073H	Mouth	LLG	Absent	
2GN0073H	Nare	SLN	Absent	
2GN0073H	Eye, left	EXPTH	Absent	
2GN0073H	Eye, left	OPQ	Absent	
2GN0073H	Eye, left	MIS	Absent	
2GN0073H	Eye, left	HMR	Absent	
2GN0073H	Eye, left	EMB	Absent	
2GN0073H	Eye, right	EXPTH	Absent	
2GN0073H	Eye, right	OPQ	Absent	
2GN0073H	Eye, right	MIS	Absent	
2GN0073H	Eye, right	HMR	Absent	
2GN0073H	Eye, right	EMB	Absent	
2GN0073H	Opercula	SLSH	Absent	
2GN0074	Body Surface	RGR	Absent	
2GN0074	Body Surface	RLSN	Absent	
2GN0074	Body Surface	SPDF	Absent	
2GN0074	Body Surface	HMRB	Absent	
2GN0074	Body Surface	FDC	Absent	
2GN0074	Body Surface	BFG	Absent	
2GN0074	Body Surface	PRST	Absent	
2GN0074	Head	DFM	Absent	
2GN0074	Mouth	ULR	Absent	
2GN0074	Mouth	LLG	Absent	
2GN0074	Nare	SLN	Absent	
2GN0074	Eye, left	EXPTH	Absent	
2GN0074	Eye, left	OPQ	Absent	
2GN0074	Eye, left	MIS	Absent	
2GN0074	Eye, left	HMR	Absent	
2GN0074	Eye, left	EMB	Absent	
2GN0074	Eye, right	EXPTH	Absent	
2GN0074	Eye, right	OPQ	Absent	
2GN0074	Eye, right	MIS	Absent	
2GN0074	Eye, right	HMR	Absent	
2GN0074	Eye, right	EMB	Absent	
2GN0074	Opercula	SLSH	Absent	
2GN0075	Body Surface	RGR	Absent	
2GN0075	Body Surface	RLSN	Absent	
2GN0075	Body Surface	SPDF	Absent	
2GN0075	Body Surface	HMRB	Absent	
2GN0075	Body Surface	FDC	Absent	
2GN0075	Body Surface	BFG	Absent	
2GN0075	Body Surface	PRST	Absent	
2GN0075	Body Surface	OTHER	Present	Gill net marks
2GN0075	Head	DFM	Absent	
2GN0075	Mouth	ULR	Absent	
2GN0075	Mouth	LLG	Absent	
2GN0075	Nare	SLN	Absent	
2GN0075	Eye, left	EXPTH	Absent	
2GN0075	Eye, left	OPQ	Absent	
2GN0075	Eye, left	MIS	Absent	
2GN0075	Eye, left	HMR	Absent	
2GN0075	Eye, left	EMB	Absent	
2GN0075	Eye, right	EXPTH	Absent	
2GN0075	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0075	Eye, right	MIS	Absent	
2GN0075	Eye, right	HMR	Absent	
2GN0075	Eye, right	EMB	Absent	
2GN0075	Opercula	SLSH	Absent	
2GN0076	Body Surface	RGR	Absent	
2GN0076	Body Surface	RLSN	Absent	
2GN0076	Body Surface	SPDF	Absent	
2GN0076	Body Surface	HMRB	Absent	
2GN0076	Body Surface	FDC	Absent	
2GN0076	Body Surface	BFG	Absent	
2GN0076	Body Surface	PRST	Absent	
2GN0076	Body Surface	OTHER	Present	Gill net marks, Lacerations on anal fin and opercula
2GN0076	Head	DFM	Absent	
2GN0076	Mouth	ULR	Absent	
2GN0076	Mouth	LLG	Absent	
2GN0076	Nare	SLN	Absent	
2GN0076	Eye, left	EXPTH	Absent	
2GN0076	Eye, left	OPQ	Absent	
2GN0076	Eye, left	MIS	Absent	
2GN0076	Eye, left	HMR	Absent	
2GN0076	Eye, left	EMB	Absent	
2GN0076	Eye, right	EXPTH	Absent	
2GN0076	Eye, right	OPQ	Absent	
2GN0076	Eye, right	MIS	Absent	
2GN0076	Eye, right	HMR	Absent	
2GN0076	Eye, right	EMB	Absent	
2GN0076	Opercula	SLSH	Absent	
2GN0077	Body Surface	RGR	Absent	
2GN0077	Body Surface	RLSN	Absent	
2GN0077	Body Surface	SPDF	Absent	
2GN0077	Body Surface	HMRB	Absent	
2GN0077	Body Surface	FDC	Absent	
2GN0077	Body Surface	BFG	Absent	
2GN0077	Body Surface	PRST	Absent	
2GN0077	Body Surface	OTHER	Present	Gill net marks
2GN0077	Head	DFM	Absent	
2GN0077	Mouth	ULR	Absent	
2GN0077	Mouth	LLG	Absent	
2GN0077	Nare	SLN	Absent	
2GN0077	Eye, left	EXPTH	Absent	
2GN0077	Eye, left	OPQ	Absent	
2GN0077	Eye, left	MIS	Absent	
2GN0077	Eye, left	HMR	Absent	
2GN0077	Eye, left	EMB	Absent	
2GN0077	Eye, right	EXPTH	Absent	
2GN0077	Eye, right	OPQ	Absent	
2GN0077	Eye, right	MIS	Absent	
2GN0077	Eye, right	HMR	Absent	
2GN0077	Eye, right	EMB	Absent	
2GN0077	Opercula	SLSH	Absent	
2GN0078	Body Surface	RGR	Absent	
2GN0078	Body Surface	RLSN	Absent	
2GN0078	Body Surface	SPDF	Absent	
2GN0078	Body Surface	HMRB	Absent	
2GN0078	Body Surface	FDC	Absent	
2GN0078	Body Surface	BFG	Absent	
2GN0078	Body Surface	PRST	Absent	
2GN0078	Head	DFM	Absent	
2GN0078	Mouth	ULR	Absent	
2GN0078	Mouth	LLG	Absent	
2GN0078	Nare	SLN	Absent	
2GN0078	Eye, left	EXPTH	Absent	
2GN0078	Eye, left	OPQ	Absent	
2GN0078	Eye, left	MIS	Absent	
2GN0078	Eye, left	HMR	Absent	
2GN0078	Eye, left	EMB	Absent	
2GN0078	Eye, right	EXPTH	Absent	
2GN0078	Eye, right	OPQ	Absent	
2GN0078	Eye, right	MIS	Absent	
2GN0078	Eye, right	HMR	Absent	
2GN0078	Eye, right	EMB	Absent	
2GN0078	Opercula	SLSH	Absent	
2GN0079	Body Surface	RGR	Absent	
2GN0079	Body Surface	RLSN	Absent	
2GN0079	Body Surface	SPDF	Absent	
2GN0079	Body Surface	HMRB	Absent	
2GN0079	Body Surface	FDC	Absent	
2GN0079	Body Surface	BFG	Absent	
2GN0079	Body Surface	PRST	Absent	
2GN0079	Head	DFM	Absent	
2GN0079	Mouth	ULR	Absent	
2GN0079	Mouth	LLG	Absent	
2GN0079	Nare	SLN	Absent	
2GN0079	Eye, left	EXPTH	Absent	
2GN0079	Eye, left	OPQ	Absent	
2GN0079	Eye, left	MIS	Absent	
2GN0079	Eye, left	HMR	Absent	
2GN0079	Eye, left	EMB	Absent	
2GN0079	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0079	Eye, right	OPQ	Absent	
2GN0079	Eye, right	MIS	Absent	
2GN0079	Eye, right	HMR	Absent	
2GN0079	Eye, right	EMB	Absent	
2GN0079	Opercula	SLSH	Absent	
2GN0080	Body Surface	RGR	Absent	
2GN0080	Body Surface	RLSN	Absent	
2GN0080	Body Surface	SPDF	Absent	
2GN0080	Body Surface	HMRB	Absent	
2GN0080	Body Surface	FDC	Absent	
2GN0080	Body Surface	BFG	Absent	
2GN0080	Body Surface	PRST	Absent	
2GN0080	Body Surface	OTHER	Present	Gill net marks
2GN0080	Head	DFM	Absent	
2GN0080	Mouth	ULR	Absent	
2GN0080	Mouth	LLG	Absent	
2GN0080	Nare	SLN	Absent	
2GN0080	Eye, left	EXPTH	Absent	
2GN0080	Eye, left	OPQ	Absent	
2GN0080	Eye, left	MIS	Absent	
2GN0080	Eye, left	HMR	Absent	
2GN0080	Eye, left	EMB	Absent	
2GN0080	Eye, right	EXPTH	Absent	
2GN0080	Eye, right	OPQ	Absent	
2GN0080	Eye, right	MIS	Absent	
2GN0080	Eye, right	HMR	Absent	
2GN0080	Eye, right	EMB	Absent	
2GN0080	Opercula	SLSH	Absent	
2GN0082H	Body Surface	RGR	Absent	
2GN0082H	Body Surface	RLSN	Absent	
2GN0082H	Body Surface	SPDF	Absent	
2GN0082H	Body Surface	HMRB	Absent	
2GN0082H	Body Surface	FDC	Absent	
2GN0082H	Body Surface	BFG	Absent	
2GN0082H	Body Surface	PRST	Absent	
2GN0082H	Body Surface	OTHER	Present	Gill net marks
2GN0082H	Head	DFM	Absent	
2GN0082H	Mouth	ULR	Absent	
2GN0082H	Mouth	LLG	Absent	
2GN0082H	Nare	SLN	Absent	
2GN0082H	Eye, left	EXPTH	Absent	
2GN0082H	Eye, left	OPQ	Absent	
2GN0082H	Eye, left	MIS	Absent	
2GN0082H	Eye, left	HMR	Absent	
2GN0082H	Eye, left	EMB	Absent	
2GN0082H	Eye, right	EXPTH	Absent	
2GN0082H	Eye, right	OPQ	Absent	
2GN0082H	Eye, right	MIS	Absent	
2GN0082H	Eye, right	HMR	Absent	
2GN0082H	Eye, right	EMB	Absent	
2GN0082H	Opercula	SLSH	Absent	
2GN0083W	Body Surface	RGR	Absent	
2GN0083W	Body Surface	RLSN	Absent	
2GN0083W	Body Surface	SPDF	Absent	
2GN0083W	Body Surface	HMRB	Absent	
2GN0083W	Body Surface	FDC	Absent	
2GN0083W	Body Surface	BFG	Absent	
2GN0083W	Body Surface	PRST	Absent	
2GN0083W	Head	DFM	Absent	
2GN0083W	Mouth	ULR	Absent	
2GN0083W	Mouth	LLG	Absent	
2GN0083W	Nare	SLN	Absent	
2GN0083W	Eye, left	EXPTH	Absent	
2GN0083W	Eye, left	OPQ	Absent	
2GN0083W	Eye, left	MIS	Absent	
2GN0083W	Eye, left	HMR	Absent	
2GN0083W	Eye, left	EMB	Absent	
2GN0083W	Eye, right	EXPTH	Absent	
2GN0083W	Eye, right	OPQ	Absent	
2GN0083W	Eye, right	MIS	Absent	
2GN0083W	Eye, right	HMR	Absent	
2GN0083W	Eye, right	EMB	Absent	
2GN0083W	Opercula	OTHER	Present	Gill net damage
2GN0083W	Opercula	SLSH	Absent	
2GN0084W	Body Surface	RGR	Absent	
2GN0084W	Body Surface	RLSN	Absent	
2GN0084W	Body Surface	SPDF	Absent	
2GN0084W	Body Surface	HMRB	Absent	
2GN0084W	Body Surface	FDC	Absent	
2GN0084W	Body Surface	BFG	Absent	
2GN0084W	Body Surface	PRST	Absent	
2GN0084W	Head	DFM	Absent	
2GN0084W	Mouth	ULR	Absent	
2GN0084W	Mouth	LLG	Absent	
2GN0084W	Nare	SLN	Absent	
2GN0084W	Eye, left	EXPTH	Absent	
2GN0084W	Eye, left	OPQ	Absent	
2GN0084W	Eye, left	MIS	Absent	
2GN0084W	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0084W	Eye, left	EMB	Absent	
2GN0084W	Eye, right	EXPTH	Absent	
2GN0084W	Eye, right	OPQ	Absent	
2GN0084W	Eye, right	MIS	Absent	
2GN0084W	Eye, right	HMR	Absent	
2GN0084W	Eye, right	EMB	Absent	
2GN0084W	Opercula	SLSH	Absent	
2GN0085W	Body Surface	RGR	Absent	
2GN0085W	Body Surface	RLSN	Absent	
2GN0085W	Body Surface	SPDF	Absent	
2GN0085W	Body Surface	HMRB	Absent	
2GN0085W	Body Surface	FDC	Absent	
2GN0085W	Body Surface	BFG	Absent	
2GN0085W	Body Surface	PRST	Absent	
2GN0085W	Body Surface	OTHER	Present	Gill net marks
2GN0085W	Head	DFM	Absent	
2GN0085W	Mouth	ULR	Absent	
2GN0085W	Mouth	LLG	Absent	
2GN0085W	Nare	SLN	Absent	
2GN0085W	Eye, left	EXPTH	Absent	
2GN0085W	Eye, left	OPQ	Absent	
2GN0085W	Eye, left	MIS	Absent	
2GN0085W	Eye, left	HMR	Present	
2GN0085W	Eye, left	EMB	Absent	
2GN0085W	Eye, right	EXPTH	Absent	
2GN0085W	Eye, right	OPQ	Absent	
2GN0085W	Eye, right	MIS	Absent	
2GN0085W	Eye, right	HMR	Present	
2GN0085W	Eye, right	EMB	Absent	
2GN0085W	Opercula	SLSH	Absent	
2GN0086W	Body Surface	RGR	Absent	
2GN0086W	Body Surface	RLSN	Absent	
2GN0086W	Body Surface	SPDF	Absent	
2GN0086W	Body Surface	HMRB	Absent	
2GN0086W	Body Surface	FDC	Absent	
2GN0086W	Body Surface	BFG	Absent	
2GN0086W	Body Surface	PRST	Absent	
2GN0086W	Body Surface	OTHER	Present	Gill net marks
2GN0086W	Head	DFM	Absent	
2GN0086W	Mouth	ULR	Absent	
2GN0086W	Mouth	LLG	Absent	
2GN0086W	Nare	SLN	Absent	
2GN0086W	Eye, left	EXPTH	Absent	
2GN0086W	Eye, left	OPQ	Absent	
2GN0086W	Eye, left	MIS	Absent	
2GN0086W	Eye, left	HMR	Absent	
2GN0086W	Eye, left	EMB	Absent	
2GN0086W	Eye, right	EXPTH	Absent	
2GN0086W	Eye, right	OPQ	Absent	
2GN0086W	Eye, right	MIS	Absent	
2GN0086W	Eye, right	HMR	Absent	
2GN0086W	Eye, right	EMB	Absent	
2GN0086W	Opercula	OTHER	Present	Gill net damage
2GN0086W	Opercula	SLSH	Absent	
2GN0088	Body Surface	RGR	Absent	
2GN0088	Body Surface	RLSN	Absent	
2GN0088	Body Surface	SPDF	Absent	
2GN0088	Body Surface	HMRB	Absent	
2GN0088	Body Surface	FDC	Absent	
2GN0088	Body Surface	BFG	Absent	
2GN0088	Body Surface	PRST	Absent	
2GN0088	Body Surface	OTHER	Present	Gill net marks
2GN0088	Head	DFM	Absent	
2GN0088	Mouth	ULR	Absent	
2GN0088	Mouth	LLG	Absent	
2GN0088	Nare	SLN	Absent	
2GN0088	Eye, left	EXPTH	Absent	
2GN0088	Eye, left	OPQ	Absent	
2GN0088	Eye, left	MIS	Absent	
2GN0088	Eye, left	HMR	Absent	
2GN0088	Eye, left	EMB	Absent	
2GN0088	Eye, right	EXPTH	Absent	
2GN0088	Eye, right	OPQ	Absent	
2GN0088	Eye, right	MIS	Absent	
2GN0088	Eye, right	HMR	Absent	
2GN0088	Eye, right	EMB	Absent	
2GN0088	Opercula	SLSH	Absent	
2GN0089W	Body Surface	RGR	Absent	
2GN0089W	Body Surface	RLSN	Absent	
2GN0089W	Body Surface	SPDF	Absent	
2GN0089W	Body Surface	HMRB	Absent	
2GN0089W	Body Surface	FDC	Absent	
2GN0089W	Body Surface	BFG	Absent	
2GN0089W	Body Surface	PRST	Absent	
2GN0089W	Body Surface	OTHER	Present	Gill net marks
2GN0089W	Head	DFM	Absent	
2GN0089W	Mouth	ULR	Absent	
2GN0089W	Mouth	LLG	Absent	
2GN0089W	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0089W	Eye, left	EXPTH	Absent	
2GN0089W	Eye, left	OPQ	Absent	
2GN0089W	Eye, left	MIS	Absent	
2GN0089W	Eye, left	HMR	Absent	
2GN0089W	Eye, left	EMB	Absent	
2GN0089W	Eye, right	EXPTH	Absent	
2GN0089W	Eye, right	OPQ	Absent	
2GN0089W	Eye, right	MIS	Absent	
2GN0089W	Eye, right	HMR	Absent	
2GN0089W	Eye, right	EMB	Absent	
2GN0089W	Opercula	SLSH	Absent	
2GN0090W	Body Surface	RGR	Absent	
2GN0090W	Body Surface	RLSN	Absent	
2GN0090W	Body Surface	SPDF	Absent	
2GN0090W	Body Surface	HMRB	Absent	
2GN0090W	Body Surface	FDC	Absent	
2GN0090W	Body Surface	BFG	Absent	
2GN0090W	Body Surface	PRST	Absent	
2GN0090W	Head	DFM	Absent	
2GN0090W	Mouth	ULR	Absent	
2GN0090W	Mouth	LLG	Absent	
2GN0090W	Nare	SLN	Absent	
2GN0090W	Eye, left	EXPTH	Absent	
2GN0090W	Eye, left	OPQ	Absent	
2GN0090W	Eye, left	MIS	Absent	
2GN0090W	Eye, left	HMR	Absent	
2GN0090W	Eye, left	EMB	Absent	
2GN0090W	Eye, right	EXPTH	Absent	
2GN0090W	Eye, right	OPQ	Absent	
2GN0090W	Eye, right	MIS	Absent	
2GN0090W	Eye, right	HMR	Absent	
2GN0090W	Eye, right	EMB	Absent	
2GN0090W	Opercula	OTHER	Present	Gill net damage
2GN0090W	Opercula	SLSH	Absent	
2GN0098H	Body Surface	RGR	Absent	
2GN0098H	Body Surface	RLSN	Absent	
2GN0098H	Body Surface	SPDF	Absent	
2GN0098H	Body Surface	HMRB	Absent	
2GN0098H	Body Surface	FDC	Absent	
2GN0098H	Body Surface	BFG	Absent	
2GN0098H	Body Surface	PRST	Absent	
2GN0098H	Body Surface	OTHER	Present	Gill net marks
2GN0098H	Head	DFM	Absent	
2GN0098H	Mouth	ULR	Absent	
2GN0098H	Mouth	LLG	Absent	
2GN0098H	Nare	SLN	Absent	
2GN0098H	Eye, left	EXPTH	Absent	
2GN0098H	Eye, left	OPQ	Absent	
2GN0098H	Eye, left	MIS	Absent	
2GN0098H	Eye, left	HMR	Absent	
2GN0098H	Eye, left	EMB	Absent	
2GN0098H	Eye, right	EXPTH	Absent	
2GN0098H	Eye, right	OPQ	Absent	
2GN0098H	Eye, right	MIS	Absent	
2GN0098H	Eye, right	HMR	Absent	
2GN0098H	Eye, right	EMB	Absent	
2GN0098H	Opercula	SLSH	Absent	
2GN100059	Body Surface	RGR	Absent	
2GN100059	Body Surface	RLSN	Absent	
2GN100059	Body Surface	SPDF	Absent	
2GN100059	Body Surface	HMRB	Absent	
2GN100059	Body Surface	FDC	Absent	
2GN100059	Body Surface	BFG	Absent	
2GN100059	Body Surface	PRST	Absent	
2GN100059	Body Surface	OTHER	Present	Gill net marks
2GN100059	Head	DFM	Absent	
2GN100059	Mouth	ULR	Absent	
2GN100059	Mouth	LLG	Absent	
2GN100059	Nare	SLN	Absent	
2GN100059	Eye, left	EXPTH	Absent	
2GN100059	Eye, left	OPQ	Absent	
2GN100059	Eye, left	MIS	Absent	
2GN100059	Eye, left	HMR	Absent	
2GN100059	Eye, left	EMB	Absent	
2GN100059	Eye, right	EXPTH	Absent	
2GN100059	Eye, right	OPQ	Absent	
2GN100059	Eye, right	MIS	Absent	
2GN100059	Eye, right	HMR	Absent	
2GN100059	Eye, right	EMB	Absent	
2GN100059	Opercula	SLSH	Absent	
2GN100060	Body Surface	RGR	Absent	
2GN100060	Body Surface	RLSN	Absent	
2GN100060	Body Surface	SPDF	Absent	
2GN100060	Body Surface	HMRB	Absent	
2GN100060	Body Surface	FDC	Absent	
2GN100060	Body Surface	BFG	Absent	
2GN100060	Body Surface	PRST	Absent	
2GN100060	Body Surface	OTHER	Present	Gill net marks
2GN100060	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN100060	Mouth	ULR	Absent	
2GN100060	Mouth	LLG	Absent	
2GN100060	Nare	SLN	Absent	
2GN100060	Eye, left	EXPTH	Absent	
2GN100060	Eye, left	OPQ	Absent	
2GN100060	Eye, left	MIS	Absent	
2GN100060	Eye, left	HMR	Absent	
2GN100060	Eye, left	EMB	Absent	
2GN100060	Eye, right	EXPTH	Absent	
2GN100060	Eye, right	OPQ	Absent	
2GN100060	Eye, right	MIS	Absent	
2GN100060	Eye, right	HMR	Absent	
2GN100060	Eye, right	EMB	Absent	
2GN100060	Opercula	SLSH	Absent	
2GN100061	Body Surface	RGR	Absent	
2GN100061	Body Surface	RLSN	Absent	
2GN100061	Body Surface	SPDF	Absent	
2GN100061	Body Surface	HMRB	Absent	
2GN100061	Body Surface	FDC	Absent	
2GN100061	Body Surface	BFG	Absent	
2GN100061	Body Surface	PRST	Absent	
2GN100061	Head	DFM	Absent	
2GN100061	Mouth	ULR	Absent	
2GN100061	Mouth	LLG	Absent	
2GN100061	Nare	SLN	Absent	
2GN100061	Eye, left	EXPTH	Absent	
2GN100061	Eye, left	OPQ	Absent	
2GN100061	Eye, left	MIS	Absent	
2GN100061	Eye, left	HMR	Absent	
2GN100061	Eye, left	EMB	Absent	
2GN100061	Eye, right	EXPTH	Absent	
2GN100061	Eye, right	OPQ	Absent	
2GN100061	Eye, right	MIS	Absent	
2GN100061	Eye, right	HMR	Absent	
2GN100061	Eye, right	EMB	Absent	
2GN100061	Opercula	SLSH	Absent	
2GN100062	Body Surface	RGR	Absent	
2GN100062	Body Surface	RLSN	Absent	
2GN100062	Body Surface	SPDF	Absent	
2GN100062	Body Surface	HMRB	Absent	
2GN100062	Body Surface	FDC	Absent	
2GN100062	Body Surface	BFG	Absent	
2GN100062	Body Surface	PRST	Absent	
2GN100062	Body Surface	OTHER	Present	Gill net marks
2GN100062	Head	DFM	Absent	
2GN100062	Mouth	ULR	Absent	
2GN100062	Mouth	LLG	Absent	
2GN100062	Nare	SLN	Absent	
2GN100062	Eye, left	EXPTH	Absent	
2GN100062	Eye, left	OPQ	Absent	
2GN100062	Eye, left	MIS	Absent	
2GN100062	Eye, left	HMR	Absent	
2GN100062	Eye, left	EMB	Absent	
2GN100062	Eye, right	EXPTH	Absent	
2GN100062	Eye, right	OPQ	Absent	
2GN100062	Eye, right	MIS	Absent	
2GN100062	Eye, right	HMR	Absent	
2GN100062	Eye, right	EMB	Absent	
2GN100062	Opercula	SLSH	Absent	
2GN10017	Body Surface	RGR	Absent	
2GN10017	Body Surface	RLSN	Absent	
2GN10017	Body Surface	SPDF	Absent	
2GN10017	Body Surface	HMRB	Absent	
2GN10017	Body Surface	FDC	Absent	
2GN10017	Body Surface	BFG	Absent	
2GN10017	Body Surface	PRST	Absent	
2GN10017	Head	DFM	Absent	
2GN10017	Mouth	ULR	Absent	
2GN10017	Mouth	LLG	Absent	
2GN10017	Nare	SLN	Absent	
2GN10017	Eye, left	EXPTH	Absent	
2GN10017	Eye, left	OPQ	Absent	
2GN10017	Eye, left	MIS	Absent	
2GN10017	Eye, left	HMR	Absent	
2GN10017	Eye, left	EMB	Absent	
2GN10017	Eye, right	EXPTH	Absent	
2GN10017	Eye, right	OPQ	Absent	
2GN10017	Eye, right	MIS	Absent	
2GN10017	Eye, right	HMR	Absent	
2GN10017	Eye, right	EMB	Absent	
2GN10017	Opercula	SLSH	Absent	
2GN10018	Body Surface	RGR	Absent	
2GN10018	Body Surface	RLSN	Absent	
2GN10018	Body Surface	SPDF	Absent	
2GN10018	Body Surface	HMRB	Absent	
2GN10018	Body Surface	FDC	Absent	
2GN10018	Body Surface	BFG	Absent	
2GN10018	Body Surface	PRST	Absent	
2GN10018	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10018	Mouth	ULR	Absent	
2GN10018	Mouth	LLG	Absent	
2GN10018	Nare	SLN	Absent	
2GN10018	Eye, left	EXPTH	Absent	
2GN10018	Eye, left	OPQ	Absent	
2GN10018	Eye, left	MIS	Absent	
2GN10018	Eye, left	HMR	Absent	
2GN10018	Eye, left	EMB	Absent	
2GN10018	Eye, right	EXPTH	Absent	
2GN10018	Eye, right	OPQ	Absent	
2GN10018	Eye, right	MIS	Absent	
2GN10018	Eye, right	HMR	Absent	
2GN10018	Eye, right	EMB	Absent	
2GN10018	Opercula	SLSH	Absent	
2GN10038H	Body Surface	RGR	Absent	
2GN10038H	Body Surface	RLSN	Absent	
2GN10038H	Body Surface	SPDF	Absent	
2GN10038H	Body Surface	HMRB	Absent	
2GN10038H	Body Surface	FDC	Absent	
2GN10038H	Body Surface	BFG	Absent	
2GN10038H	Body Surface	PRST	Absent	
2GN10038H	Body Surface	OTHER	Present	Gill net marks
2GN10038H	Head	DFM	Absent	
2GN10038H	Mouth	ULR	Absent	
2GN10038H	Mouth	LLG	Absent	
2GN10038H	Nare	SLN	Absent	
2GN10038H	Eye, left	EXPTH	Absent	
2GN10038H	Eye, left	OPQ	Absent	
2GN10038H	Eye, left	MIS	Absent	
2GN10038H	Eye, left	HMR	Absent	
2GN10038H	Eye, left	EMB	Absent	
2GN10038H	Eye, right	EXPTH	Absent	
2GN10038H	Eye, right	OPQ	Absent	
2GN10038H	Eye, right	MIS	Absent	
2GN10038H	Eye, right	HMR	Present	
2GN10038H	Eye, right	EMB	Absent	
2GN10038H	Opercula	SLSH	Absent	
2GN10039H	Body Surface	RGR	Absent	
2GN10039H	Body Surface	RLSN	Absent	
2GN10039H	Body Surface	SPDF	Absent	
2GN10039H	Body Surface	HMRB	Absent	
2GN10039H	Body Surface	FDC	Absent	
2GN10039H	Body Surface	BFG	Absent	
2GN10039H	Body Surface	PRST	Absent	
2GN10039H	Head	DFM	Absent	
2GN10039H	Mouth	ULR	Absent	
2GN10039H	Mouth	LLG	Absent	
2GN10039H	Nare	SLN	Absent	
2GN10039H	Eye, left	EXPTH	Absent	
2GN10039H	Eye, left	OPQ	Absent	
2GN10039H	Eye, left	MIS	Absent	
2GN10039H	Eye, left	HMR	Absent	
2GN10039H	Eye, left	EMB	Absent	
2GN10039H	Eye, right	EXPTH	Absent	
2GN10039H	Eye, right	OPQ	Absent	
2GN10039H	Eye, right	MIS	Absent	
2GN10039H	Eye, right	HMR	Absent	
2GN10039H	Eye, right	EMB	Absent	
2GN10039H	Opercula	SLSH	Absent	
2GN10040H	Body Surface	RGR	Absent	
2GN10040H	Body Surface	RLSN	Absent	
2GN10040H	Body Surface	SPDF	Absent	
2GN10040H	Body Surface	HMRB	Absent	
2GN10040H	Body Surface	FDC	Absent	
2GN10040H	Body Surface	BFG	Absent	
2GN10040H	Body Surface	PRST	Absent	
2GN10040H	Body Surface	OTHER	Present	Gill net marks
2GN10040H	Head	DFM	Absent	
2GN10040H	Mouth	ULR	Absent	
2GN10040H	Mouth	LLG	Absent	
2GN10040H	Nare	SLN	Absent	
2GN10040H	Eye, left	EXPTH	Absent	
2GN10040H	Eye, left	OPQ	Absent	
2GN10040H	Eye, left	MIS	Absent	
2GN10040H	Eye, left	HMR	Absent	
2GN10040H	Eye, left	EMB	Absent	
2GN10040H	Eye, right	EXPTH	Absent	
2GN10040H	Eye, right	OPQ	Absent	
2GN10040H	Eye, right	MIS	Absent	
2GN10040H	Eye, right	HMR	Absent	
2GN10040H	Eye, right	EMB	Absent	
2GN10040H	Opercula	SLSH	Absent	
2GN10041H	Body Surface	RGR	Absent	
2GN10041H	Body Surface	RLSN	Absent	
2GN10041H	Body Surface	SPDF	Absent	
2GN10041H	Body Surface	HMRB	Absent	
2GN10041H	Body Surface	FDC	Absent	
2GN10041H	Body Surface	BFG	Absent	
2GN10041H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10041H	Body Surface	OTHER	Present	Gill net marks
2GN10041H	Head	DFM	Absent	
2GN10041H	Mouth	ULR	Absent	
2GN10041H	Mouth	LLG	Absent	
2GN10041H	Nare	SLN	Absent	
2GN10041H	Eye, left	EXPTH	Absent	
2GN10041H	Eye, left	OPQ	Absent	
2GN10041H	Eye, left	MIS	Absent	
2GN10041H	Eye, left	HMR	Absent	
2GN10041H	Eye, left	EMB	Absent	
2GN10041H	Eye, right	EXPTH	Absent	
2GN10041H	Eye, right	OPQ	Absent	
2GN10041H	Eye, right	MIS	Absent	
2GN10041H	Eye, right	HMR	Absent	
2GN10041H	Eye, right	EMB	Absent	
2GN10041H	Opercula	SLSH	Absent	
2GN10081	Body Surface	RGR	Absent	
2GN10081	Body Surface	RLSN	Absent	
2GN10081	Body Surface	SPDF	Absent	
2GN10081	Body Surface	HMRB	Absent	
2GN10081	Body Surface	FDC	Absent	
2GN10081	Body Surface	BFG	Absent	
2GN10081	Body Surface	PRST	Absent	
2GN10081	Head	DFM	Absent	
2GN10081	Mouth	ULR	Absent	
2GN10081	Mouth	LLG	Absent	
2GN10081	Nare	SLN	Absent	
2GN10081	Eye, left	EXPTH	Absent	
2GN10081	Eye, left	OPQ	Absent	
2GN10081	Eye, left	MIS	Absent	
2GN10081	Eye, left	HMR	Absent	
2GN10081	Eye, left	EMB	Absent	
2GN10081	Eye, right	EXPTH	Absent	
2GN10081	Eye, right	OPQ	Absent	
2GN10081	Eye, right	MIS	Absent	
2GN10081	Eye, right	HMR	Absent	
2GN10081	Eye, right	EMB	Absent	
2GN10081	Opercula	SLSH	Absent	
2GN10091	Body Surface	RGR	Absent	
2GN10091	Body Surface	RLSN	Absent	
2GN10091	Body Surface	SPDF	Absent	
2GN10091	Body Surface	HMRB	Absent	
2GN10091	Body Surface	FDC	Absent	
2GN10091	Body Surface	BFG	Absent	
2GN10091	Body Surface	PRST	Absent	
2GN10091	Head	DFM	Absent	
2GN10091	Mouth	ULR	Absent	
2GN10091	Mouth	LLG	Absent	
2GN10091	Nare	SLN	Absent	
2GN10091	Eye, left	EXPTH	Absent	
2GN10091	Eye, left	OPQ	Absent	
2GN10091	Eye, left	MIS	Absent	
2GN10091	Eye, left	HMR	Absent	
2GN10091	Eye, left	EMB	Absent	
2GN10091	Eye, right	EXPTH	Absent	
2GN10091	Eye, right	OPQ	Absent	
2GN10091	Eye, right	MIS	Absent	
2GN10091	Eye, right	HMR	Absent	
2GN10091	Eye, right	EMB	Absent	
2GN10091	Opercula	SLSH	Absent	
2GN10092	Body Surface	RGR	Absent	
2GN10092	Body Surface	RLSN	Absent	
2GN10092	Body Surface	SPDF	Absent	
2GN10092	Body Surface	HMRB	Absent	
2GN10092	Body Surface	FDC	Absent	
2GN10092	Body Surface	BFG	Absent	
2GN10092	Body Surface	PRST	Absent	
2GN10092	Head	DFM	Absent	
2GN10092	Mouth	ULR	Absent	
2GN10092	Mouth	LLG	Absent	
2GN10092	Nare	SLN	Absent	
2GN10092	Eye, left	EXPTH	Absent	
2GN10092	Eye, left	OPQ	Absent	
2GN10092	Eye, left	MIS	Absent	
2GN10092	Eye, left	HMR	Absent	
2GN10092	Eye, left	EMB	Absent	
2GN10092	Eye, right	EXPTH	Absent	
2GN10092	Eye, right	OPQ	Absent	
2GN10092	Eye, right	MIS	Absent	
2GN10092	Eye, right	HMR	Absent	
2GN10092	Eye, right	EMB	Absent	
2GN10092	Opercula	SLSH	Absent	
2GN10093	Body Surface	RGR	Absent	
2GN10093	Body Surface	RLSN	Absent	
2GN10093	Body Surface	SPDF	Absent	
2GN10093	Body Surface	HMRB	Absent	
2GN10093	Body Surface	FDC	Absent	
2GN10093	Body Surface	BFG	Absent	
2GN10093	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10093	Head	DFM	Absent	
2GN10093	Mouth	ULR	Absent	
2GN10093	Mouth	LLG	Absent	
2GN10093	Nare	SLN	Absent	
2GN10093	Eye, left	EXPTH	Absent	
2GN10093	Eye, left	OPQ	Absent	
2GN10093	Eye, left	MIS	Absent	
2GN10093	Eye, left	HMR	Absent	
2GN10093	Eye, left	EMB	Absent	
2GN10093	Eye, right	EXPTH	Absent	
2GN10093	Eye, right	OPQ	Absent	
2GN10093	Eye, right	MIS	Absent	
2GN10093	Eye, right	HMR	Absent	
2GN10093	Eye, right	EMB	Absent	
2GN10093	Opercula	SLSH	Absent	
2GN10094	Body Surface	RGR	Absent	
2GN10094	Body Surface	RLSN	Absent	
2GN10094	Body Surface	SPDF	Absent	
2GN10094	Body Surface	HMRB	Absent	
2GN10094	Body Surface	FDC	Absent	
2GN10094	Body Surface	BFG	Absent	
2GN10094	Body Surface	PRST	Absent	
2GN10094	Head	DFM	Absent	
2GN10094	Mouth	ULR	Absent	
2GN10094	Mouth	LLG	Absent	
2GN10094	Nare	SLN	Absent	
2GN10094	Eye, left	EXPTH	Absent	
2GN10094	Eye, left	OPQ	Absent	
2GN10094	Eye, left	MIS	Absent	
2GN10094	Eye, left	HMR	Absent	
2GN10094	Eye, left	EMB	Absent	
2GN10094	Eye, right	EXPTH	Absent	
2GN10094	Eye, right	OPQ	Absent	
2GN10094	Eye, right	MIS	Absent	
2GN10094	Eye, right	HMR	Absent	
2GN10094	Eye, right	EMB	Absent	
2GN10094	Opercula	SLSH	Absent	
2GN10095	Body Surface	RGR	Absent	
2GN10095	Body Surface	RLSN	Absent	
2GN10095	Body Surface	SPDF	Absent	
2GN10095	Body Surface	HMRB	Absent	
2GN10095	Body Surface	FDC	Absent	
2GN10095	Body Surface	BFG	Absent	
2GN10095	Body Surface	PRST	Absent	
2GN10095	Head	DFM	Absent	
2GN10095	Mouth	ULR	Absent	
2GN10095	Mouth	LLG	Absent	
2GN10095	Nare	SLN	Absent	
2GN10095	Eye, left	EXPTH	Absent	
2GN10095	Eye, left	OPQ	Absent	
2GN10095	Eye, left	MIS	Absent	
2GN10095	Eye, left	HMR	Absent	
2GN10095	Eye, left	EMB	Absent	
2GN10095	Eye, right	EXPTH	Absent	
2GN10095	Eye, right	OPQ	Absent	
2GN10095	Eye, right	MIS	Absent	
2GN10095	Eye, right	HMR	Absent	
2GN10095	Eye, right	EMB	Absent	
2GN10095	Opercula	SLSH	Absent	
2GN10096	Body Surface	RGR	Absent	
2GN10096	Body Surface	RLSN	Absent	
2GN10096	Body Surface	SPDF	Absent	
2GN10096	Body Surface	HMRB	Absent	
2GN10096	Body Surface	FDC	Absent	
2GN10096	Body Surface	BFG	Absent	
2GN10096	Body Surface	PRST	Absent	
2GN10096	Head	DFM	Absent	
2GN10096	Mouth	ULR	Absent	
2GN10096	Mouth	LLG	Absent	
2GN10096	Nare	SLN	Absent	
2GN10096	Eye, left	EXPTH	Absent	
2GN10096	Eye, left	OPQ	Absent	
2GN10096	Eye, left	MIS	Absent	
2GN10096	Eye, left	HMR	Absent	
2GN10096	Eye, left	EMB	Absent	
2GN10096	Eye, right	EXPTH	Absent	
2GN10096	Eye, right	OPQ	Absent	
2GN10096	Eye, right	MIS	Absent	
2GN10096	Eye, right	HMR	Absent	
2GN10096	Eye, right	EMB	Absent	
2GN10096	Opercula	SLSH	Absent	
2GN10097	Body Surface	RGR	Absent	
2GN10097	Body Surface	RLSN	Absent	
2GN10097	Body Surface	SPDF	Absent	
2GN10097	Body Surface	HMRB	Absent	
2GN10097	Body Surface	FDC	Absent	
2GN10097	Body Surface	BFG	Absent	
2GN10097	Body Surface	PRST	Absent	
2GN10097	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10097	Mouth	ULR	Absent	
2GN10097	Mouth	LLG	Absent	
2GN10097	Nare	SLN	Absent	
2GN10097	Eye, left	EXPTH	Absent	
2GN10097	Eye, left	OPQ	Absent	
2GN10097	Eye, left	MIS	Absent	
2GN10097	Eye, left	HMR	Absent	
2GN10097	Eye, left	EMB	Absent	
2GN10097	Eye, right	EXPTH	Absent	
2GN10097	Eye, right	OPQ	Absent	
2GN10097	Eye, right	MIS	Absent	
2GN10097	Eye, right	HMR	Absent	
2GN10097	Eye, right	EMB	Absent	
2GN10097	Opercula	SLSH	Absent	
2GN10098	Body Surface	RGR	Absent	
2GN10098	Body Surface	RLSN	Absent	
2GN10098	Body Surface	SPDF	Absent	
2GN10098	Body Surface	HMRB	Absent	
2GN10098	Body Surface	FDC	Absent	
2GN10098	Body Surface	BFG	Absent	
2GN10098	Body Surface	PRST	Absent	
2GN10098	Head	DFM	Absent	
2GN10098	Mouth	ULR	Absent	
2GN10098	Mouth	LLG	Absent	
2GN10098	Nare	SLN	Absent	
2GN10098	Eye, left	EXPTH	Absent	
2GN10098	Eye, left	OPQ	Absent	
2GN10098	Eye, left	MIS	Absent	
2GN10098	Eye, left	HMR	Absent	
2GN10098	Eye, left	EMB	Absent	
2GN10098	Eye, right	EXPTH	Absent	
2GN10098	Eye, right	OPQ	Absent	
2GN10098	Eye, right	MIS	Absent	
2GN10098	Eye, right	HMR	Absent	
2GN10098	Eye, right	EMB	Absent	
2GN10098	Opercula	SLSH	Absent	
2GN10099	Body Surface	RGR	Absent	
2GN10099	Body Surface	RLSN	Absent	
2GN10099	Body Surface	SPDF	Absent	
2GN10099	Body Surface	HMRB	Absent	
2GN10099	Body Surface	FDC	Absent	
2GN10099	Body Surface	BFG	Absent	
2GN10099	Body Surface	PRST	Absent	
2GN10099	Head	DFM	Absent	
2GN10099	Mouth	ULR	Absent	
2GN10099	Mouth	LLG	Absent	
2GN10099	Nare	SLN	Absent	
2GN10099	Eye, left	EXPTH	Absent	
2GN10099	Eye, left	OPQ	Absent	
2GN10099	Eye, left	MIS	Absent	
2GN10099	Eye, left	HMR	Absent	
2GN10099	Eye, left	EMB	Absent	
2GN10099	Eye, right	EXPTH	Absent	
2GN10099	Eye, right	OPQ	Absent	
2GN10099	Eye, right	MIS	Absent	
2GN10099	Eye, right	HMR	Absent	
2GN10099	Eye, right	EMB	Absent	
2GN10099	Opercula	SLSH	Absent	
2GN10100	Body Surface	RGR	Absent	
2GN10100	Body Surface	RLSN	Absent	
2GN10100	Body Surface	SPDF	Absent	
2GN10100	Body Surface	HMRB	Absent	
2GN10100	Body Surface	FDC	Absent	
2GN10100	Body Surface	BFG	Absent	
2GN10100	Body Surface	PRST	Absent	
2GN10100	Head	DFM	Absent	
2GN10100	Mouth	ULR	Absent	
2GN10100	Mouth	LLG	Absent	
2GN10100	Nare	SLN	Absent	
2GN10100	Eye, left	EXPTH	Absent	
2GN10100	Eye, left	OPQ	Absent	
2GN10100	Eye, left	MIS	Absent	
2GN10100	Eye, left	HMR	Absent	
2GN10100	Eye, left	EMB	Absent	
2GN10100	Eye, right	EXPTH	Absent	
2GN10100	Eye, right	OPQ	Absent	
2GN10100	Eye, right	MIS	Absent	
2GN10100	Eye, right	HMR	Absent	
2GN10100	Eye, right	EMB	Absent	
2GN10100	Opercula	SLSH	Absent	
2GN10101	Body Surface	RGR	Absent	
2GN10101	Body Surface	RLSN	Absent	
2GN10101	Body Surface	SPDF	Absent	
2GN10101	Body Surface	HMRB	Absent	
2GN10101	Body Surface	FDC	Absent	
2GN10101	Body Surface	BFG	Absent	
2GN10101	Body Surface	PRST	Absent	
2GN10101	Head	DFM	Absent	
2GN10101	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10101	Mouth	LLG	Absent	
2GN10101	Nare	SLN	Absent	
2GN10101	Eye, left	EXPTH	Absent	
2GN10101	Eye, left	OPQ	Absent	
2GN10101	Eye, left	MIS	Absent	
2GN10101	Eye, left	HMR	Absent	
2GN10101	Eye, left	EMB	Absent	
2GN10101	Eye, right	EXPTH	Absent	
2GN10101	Eye, right	OPQ	Absent	
2GN10101	Eye, right	MIS	Absent	
2GN10101	Eye, right	HMR	Absent	
2GN10101	Eye, right	EMB	Absent	
2GN10101	Opercula	SLSH	Absent	
2GN10102	Body Surface	RGR	Absent	
2GN10102	Body Surface	RLSN	Absent	
2GN10102	Body Surface	SPDF	Absent	
2GN10102	Body Surface	HMRB	Absent	
2GN10102	Body Surface	FDC	Absent	
2GN10102	Body Surface	BFG	Absent	
2GN10102	Body Surface	PRST	Absent	
2GN10102	Head	DFM	Absent	
2GN10102	Mouth	ULR	Absent	
2GN10102	Mouth	LLG	Absent	
2GN10102	Nare	SLN	Absent	
2GN10102	Eye, left	EXPTH	Absent	
2GN10102	Eye, left	OPQ	Absent	
2GN10102	Eye, left	MIS	Absent	
2GN10102	Eye, left	HMR	Absent	
2GN10102	Eye, left	EMB	Absent	
2GN10102	Eye, right	EXPTH	Absent	
2GN10102	Eye, right	OPQ	Absent	
2GN10102	Eye, right	MIS	Absent	
2GN10102	Eye, right	HMR	Absent	
2GN10102	Eye, right	EMB	Absent	
2GN10102	Opercula	SLSH	Absent	
2GN110045	Body Surface	RGR	Absent	
2GN110045	Body Surface	RLSN	Absent	
2GN110045	Body Surface	SPDF	Absent	
2GN110045	Body Surface	HMRB	Absent	
2GN110045	Body Surface	FDC	Absent	
2GN110045	Body Surface	BFG	Absent	
2GN110045	Body Surface	PRST	Absent	
2GN110045	Body Surface	OTHER	Present	Gill net marks
2GN110045	Head	DFM	Absent	
2GN110045	Mouth	ULR	Absent	
2GN110045	Mouth	LLG	Absent	
2GN110045	Nare	SLN	Absent	
2GN110045	Eye, left	EXPTH	Absent	
2GN110045	Eye, left	OPQ	Absent	
2GN110045	Eye, left	MIS	Absent	
2GN110045	Eye, left	HMR	Absent	
2GN110045	Eye, left	EMB	Absent	
2GN110045	Eye, right	EXPTH	Absent	
2GN110045	Eye, right	OPQ	Absent	
2GN110045	Eye, right	MIS	Absent	
2GN110045	Eye, right	HMR	Absent	
2GN110045	Eye, right	EMB	Absent	
2GN110045	Opercula	SLSH	Absent	
2GN110046	Body Surface	RGR	Absent	
2GN110046	Body Surface	RLSN	Absent	
2GN110046	Body Surface	SPDF	Absent	
2GN110046	Body Surface	HMRB	Absent	
2GN110046	Body Surface	FDC	Absent	
2GN110046	Body Surface	BFG	Absent	
2GN110046	Body Surface	PRST	Absent	
2GN110046	Body Surface	OTHER	Present	Gill net marks
2GN110046	Head	DFM	Absent	
2GN110046	Mouth	ULR	Absent	
2GN110046	Mouth	LLG	Absent	
2GN110046	Nare	SLN	Absent	
2GN110046	Eye, left	EXPTH	Absent	
2GN110046	Eye, left	OPQ	Absent	
2GN110046	Eye, left	MIS	Absent	
2GN110046	Eye, left	HMR	Absent	
2GN110046	Eye, left	EMB	Absent	
2GN110046	Eye, right	EXPTH	Absent	
2GN110046	Eye, right	OPQ	Absent	
2GN110046	Eye, right	MIS	Absent	
2GN110046	Eye, right	HMR	Absent	
2GN110046	Eye, right	EMB	Absent	
2GN110046	Opercula	SLSH	Absent	
2GN110047	Body Surface	RGR	Absent	
2GN110047	Body Surface	RLSN	Absent	
2GN110047	Body Surface	SPDF	Absent	
2GN110047	Body Surface	HMRB	Absent	
2GN110047	Body Surface	FDC	Absent	
2GN110047	Body Surface	BFG	Absent	
2GN110047	Body Surface	PRST	Absent	
2GN110047	Body Surface	OTHER	Present	Gill net marks

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN110047	Head	DFM	Absent	
2GN110047	Mouth	ULR	Absent	
2GN110047	Mouth	LLG	Absent	
2GN110047	Nare	SLN	Absent	
2GN110047	Eye, left	EXPTH	Absent	
2GN110047	Eye, left	OPQ	Absent	
2GN110047	Eye, left	MIS	Absent	
2GN110047	Eye, left	HMR	Absent	
2GN110047	Eye, left	EMB	Absent	
2GN110047	Eye, right	EXPTH	Absent	
2GN110047	Eye, right	OPQ	Absent	
2GN110047	Eye, right	MIS	Absent	
2GN110047	Eye, right	HMR	Absent	
2GN110047	Eye, right	EMB	Absent	
2GN110047	Opercula	SLSH	Absent	
2GN110048	Body Surface	RGR	Absent	
2GN110048	Body Surface	RLSN	Absent	
2GN110048	Body Surface	SPDF	Absent	
2GN110048	Body Surface	HMRB	Absent	
2GN110048	Body Surface	FDC	Absent	
2GN110048	Body Surface	BFG	Absent	
2GN110048	Body Surface	PRST	Absent	
2GN110048	Body Surface	OTHER	Present	Gill net marks
2GN110048	Head	DFM	Absent	
2GN110048	Mouth	ULR	Absent	
2GN110048	Mouth	LLG	Absent	
2GN110048	Nare	SLN	Absent	
2GN110048	Eye, left	EXPTH	Absent	
2GN110048	Eye, left	OPQ	Absent	
2GN110048	Eye, left	MIS	Absent	
2GN110048	Eye, left	HMR	Absent	
2GN110048	Eye, left	EMB	Absent	
2GN110048	Eye, right	EXPTH	Absent	
2GN110048	Eye, right	OPQ	Absent	
2GN110048	Eye, right	MIS	Absent	
2GN110048	Eye, right	HMR	Absent	
2GN110048	Eye, right	EMB	Absent	
2GN110048	Opercula	SLSH	Absent	
2GN110049	Body Surface	RGR	Absent	
2GN110049	Body Surface	RLSN	Absent	
2GN110049	Body Surface	SPDF	Absent	
2GN110049	Body Surface	HMRB	Absent	
2GN110049	Body Surface	FDC	Absent	
2GN110049	Body Surface	BFG	Absent	
2GN110049	Body Surface	PRST	Absent	
2GN110049	Head	DFM	Absent	
2GN110049	Mouth	ULR	Absent	
2GN110049	Mouth	LLG	Absent	
2GN110049	Nare	SLN	Absent	
2GN110049	Eye, left	EXPTH	Absent	
2GN110049	Eye, left	OPQ	Absent	
2GN110049	Eye, left	MIS	Absent	
2GN110049	Eye, left	HMR	Absent	
2GN110049	Eye, left	EMB	Absent	
2GN110049	Eye, right	EXPTH	Absent	
2GN110049	Eye, right	OPQ	Absent	
2GN110049	Eye, right	MIS	Absent	
2GN110049	Eye, right	HMR	Absent	
2GN110049	Eye, right	EMB	Absent	
2GN110049	Opercula	SLSH	Absent	
2GN110050	Body Surface	RGR	Absent	
2GN110050	Body Surface	RLSN	Absent	
2GN110050	Body Surface	SPDF	Absent	
2GN110050	Body Surface	HMRB	Absent	
2GN110050	Body Surface	FDC	Absent	
2GN110050	Body Surface	BFG	Absent	
2GN110050	Body Surface	PRST	Absent	
2GN110050	Head	DFM	Absent	
2GN110050	Mouth	ULR	Absent	
2GN110050	Mouth	LLG	Absent	
2GN110050	Nare	SLN	Absent	
2GN110050	Eye, left	EXPTH	Absent	
2GN110050	Eye, left	OPQ	Absent	
2GN110050	Eye, left	MIS	Absent	
2GN110050	Eye, left	HMR	Absent	
2GN110050	Eye, left	EMB	Absent	
2GN110050	Eye, right	EXPTH	Absent	
2GN110050	Eye, right	OPQ	Absent	
2GN110050	Eye, right	MIS	Absent	
2GN110050	Eye, right	HMR	Absent	
2GN110050	Eye, right	EMB	Absent	
2GN110050	Opercula	SLSH	Absent	
2GN20013	Body Surface	RGR	Absent	
2GN20013	Body Surface	RLSN	Absent	
2GN20013	Body Surface	SPDF	Absent	
2GN20013	Body Surface	HMRB	Absent	
2GN20013	Body Surface	FDC	Absent	
2GN20013	Body Surface	BFG	Absent	
2GN20013	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN20013	Head	DFM	Absent	
2GN20013	Mouth	ULR	Absent	
2GN20013	Mouth	LLG	Absent	
2GN20013	Nare	SLN	Absent	
2GN20013	Eye, left	EXPTH	Absent	
2GN20013	Eye, left	OPQ	Absent	
2GN20013	Eye, left	MIS	Absent	
2GN20013	Eye, left	HMR	Absent	
2GN20013	Eye, left	EMB	Absent	
2GN20013	Eye, right	EXPTH	Absent	
2GN20013	Eye, right	OPQ	Absent	
2GN20013	Eye, right	MIS	Absent	
2GN20013	Eye, right	HMR	Absent	
2GN20013	Eye, right	EMB	Absent	
2GN20013	Opercula	SLSH	Absent	
2GN20014	Body Surface	RGR	Absent	
2GN20014	Body Surface	RLSN	Absent	
2GN20014	Body Surface	SPDF	Absent	
2GN20014	Body Surface	HMRB	Absent	
2GN20014	Body Surface	FDC	Absent	
2GN20014	Body Surface	BFG	Absent	
2GN20014	Body Surface	PRST	Absent	
2GN20014	Head	DFM	Absent	
2GN20014	Mouth	ULR	Absent	
2GN20014	Mouth	LLG	Absent	
2GN20014	Nare	SLN	Absent	
2GN20014	Eye, left	EXPTH	Present	
2GN20014	Eye, left	OPQ	Absent	
2GN20014	Eye, left	MIS	Absent	
2GN20014	Eye, left	HMR	Absent	
2GN20014	Eye, left	EMB	Absent	
2GN20014	Eye, right	EXPTH	Present	
2GN20014	Eye, right	OPQ	Absent	
2GN20014	Eye, right	MIS	Absent	
2GN20014	Eye, right	HMR	Absent	
2GN20014	Eye, right	EMB	Absent	
2GN20014	Opercula	SLSH	Absent	
2GN20015	Body Surface	RGR	Absent	
2GN20015	Body Surface	RLSN	Absent	
2GN20015	Body Surface	SPDF	Absent	
2GN20015	Body Surface	HMRB	Absent	
2GN20015	Body Surface	FDC	Absent	
2GN20015	Body Surface	BFG	Absent	
2GN20015	Body Surface	PRST	Absent	
2GN20015	Head	DFM	Absent	
2GN20015	Mouth	ULR	Absent	
2GN20015	Mouth	LLG	Absent	
2GN20015	Nare	SLN	Absent	
2GN20015	Eye, left	EXPTH	Absent	
2GN20015	Eye, left	OPQ	Absent	
2GN20015	Eye, left	MIS	Absent	
2GN20015	Eye, left	HMR	Absent	
2GN20015	Eye, left	EMB	Absent	
2GN20015	Eye, right	EXPTH	Absent	
2GN20015	Eye, right	OPQ	Absent	
2GN20015	Eye, right	MIS	Absent	
2GN20015	Eye, right	HMR	Absent	
2GN20015	Eye, right	EMB	Absent	
2GN20015	Opercula	SLSH	Absent	
2GN40009	Body Surface	RGR	Absent	
2GN40009	Body Surface	RLSN	Absent	
2GN40009	Body Surface	SPDF	Absent	
2GN40009	Body Surface	HMRB	Absent	
2GN40009	Body Surface	FDC	Absent	
2GN40009	Body Surface	BFG	Absent	
2GN40009	Body Surface	PRST	Absent	
2GN40009	Head	DFM	Absent	
2GN40009	Mouth	ULR	Absent	
2GN40009	Mouth	LLG	Absent	
2GN40009	Nare	SLN	Absent	
2GN40009	Eye, left	EXPTH	Absent	
2GN40009	Eye, left	OPQ	Absent	
2GN40009	Eye, left	MIS	Absent	
2GN40009	Eye, left	HMR	Absent	
2GN40009	Eye, left	EMB	Absent	
2GN40009	Eye, right	EXPTH	Absent	
2GN40009	Eye, right	OPQ	Absent	
2GN40009	Eye, right	MIS	Absent	
2GN40009	Eye, right	HMR	Absent	
2GN40009	Eye, right	EMB	Absent	
2GN40009	Opercula	SLSH	Absent	
2GN40011	Body Surface	RGR	Absent	
2GN40011	Body Surface	RLSN	Absent	
2GN40011	Body Surface	SPDF	Absent	
2GN40011	Body Surface	HMRB	Absent	
2GN40011	Body Surface	FDC	Absent	
2GN40011	Body Surface	BFG	Absent	
2GN40011	Body Surface	PRST	Absent	
2GN40011	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN40011	Mouth	ULR	Absent	
2GN40011	Mouth	LLG	Absent	
2GN40011	Nare	SLN	Absent	
2GN40011	Eye, left	EXPTH	Absent	
2GN40011	Eye, left	OPQ	Absent	
2GN40011	Eye, left	MIS	Absent	
2GN40011	Eye, left	HMR	Absent	
2GN40011	Eye, left	EMB	Absent	
2GN40011	Eye, right	EXPTH	Absent	
2GN40011	Eye, right	OPQ	Absent	
2GN40011	Eye, right	MIS	Absent	
2GN40011	Eye, right	HMR	Absent	
2GN40011	Eye, right	EMB	Absent	
2GN40011	Opercula	OTHER	Present	Gill net damage
2GN40011	Opercula	SLSH	Absent	
2GN40012	Body Surface	RGR	Absent	
2GN40012	Body Surface	RLSN	Absent	
2GN40012	Body Surface	SPDF	Absent	
2GN40012	Body Surface	HMRB	Absent	
2GN40012	Body Surface	FDC	Absent	
2GN40012	Body Surface	BFG	Absent	
2GN40012	Body Surface	PRST	Absent	
2GN40012	Head	DFM	Absent	
2GN40012	Mouth	ULR	Absent	
2GN40012	Mouth	LLG	Absent	
2GN40012	Nare	SLN	Absent	
2GN40012	Eye, left	EXPTH	Absent	
2GN40012	Eye, left	OPQ	Absent	
2GN40012	Eye, left	MIS	Absent	
2GN40012	Eye, left	HMR	Absent	
2GN40012	Eye, left	EMB	Absent	
2GN40012	Eye, right	EXPTH	Absent	
2GN40012	Eye, right	OPQ	Absent	
2GN40012	Eye, right	MIS	Absent	
2GN40012	Eye, right	HMR	Absent	
2GN40012	Eye, right	EMB	Absent	
2GN40012	Opercula	SLSH	Absent	
2GN40012a	Body Surface	RGR	Absent	
2GN40012a	Body Surface	RLSN	Absent	
2GN40012a	Body Surface	SPDF	Absent	
2GN40012a	Body Surface	HMRB	Absent	
2GN40012a	Body Surface	FDC	Absent	
2GN40012a	Body Surface	BFG	Absent	
2GN40012a	Body Surface	PRST	Absent	
2GN40012a	Body Surface	OTHER	Present	Laceration on right side
2GN40012a	Head	DFM	Absent	
2GN40012a	Mouth	ULR	Absent	
2GN40012a	Mouth	LLG	Absent	
2GN40012a	Nare	SLN	Absent	
2GN40012a	Eye, left	EXPTH	Absent	
2GN40012a	Eye, left	OPQ	Absent	
2GN40012a	Eye, left	MIS	Absent	
2GN40012a	Eye, left	HMR	Absent	
2GN40012a	Eye, left	EMB	Absent	
2GN40012a	Eye, right	EXPTH	Absent	
2GN40012a	Eye, right	OPQ	Absent	
2GN40012a	Eye, right	MIS	Absent	
2GN40012a	Eye, right	HMR	Absent	
2GN40012a	Eye, right	EMB	Absent	
2GN40012a	Opercula	SLSH	Absent	
2GN40016	Body Surface	RGR	Absent	
2GN40016	Body Surface	RLSN	Absent	
2GN40016	Body Surface	SPDF	Absent	
2GN40016	Body Surface	HMRB	Absent	
2GN40016	Body Surface	FDC	Absent	
2GN40016	Body Surface	BFG	Absent	
2GN40016	Body Surface	PRST	Absent	
2GN40016	Head	DFM	Absent	
2GN40016	Mouth	ULR	Absent	
2GN40016	Mouth	LLG	Absent	
2GN40016	Nare	SLN	Absent	
2GN40016	Eye, left	EXPTH	Absent	
2GN40016	Eye, left	OPQ	Absent	
2GN40016	Eye, left	MIS	Absent	
2GN40016	Eye, left	HMR	Absent	
2GN40016	Eye, left	EMB	Absent	
2GN40016	Eye, right	EXPTH	Absent	
2GN40016	Eye, right	OPQ	Absent	
2GN40016	Eye, right	MIS	Absent	
2GN40016	Eye, right	HMR	Absent	
2GN40016	Eye, right	EMB	Absent	
2GN40016	Opercula	SLSH	Absent	
2GN40020H	Body Surface	RGR	Absent	
2GN40020H	Body Surface	RLSN	Absent	
2GN40020H	Body Surface	SPDF	Absent	
2GN40020H	Body Surface	HMRB	Absent	
2GN40020H	Body Surface	FDC	Absent	
2GN40020H	Body Surface	BFG	Absent	
2GN40020H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN40020H	Body Surface	OTHER	Present	Gill net marks
2GN40020H	Head	DFM	Absent	
2GN40020H	Mouth	ULR	Absent	
2GN40020H	Mouth	LLG	Absent	
2GN40020H	Nare	SLN	Absent	
2GN40020H	Eye, left	EXPTH	Absent	
2GN40020H	Eye, left	OPQ	Absent	
2GN40020H	Eye, left	MIS	Absent	
2GN40020H	Eye, left	HMR	Absent	
2GN40020H	Eye, left	EMB	Absent	
2GN40020H	Eye, right	EXPTH	Absent	
2GN40020H	Eye, right	OPQ	Absent	
2GN40020H	Eye, right	MIS	Absent	
2GN40020H	Eye, right	HMR	Absent	
2GN40020H	Eye, right	EMB	Absent	
2GN40020H	Opercula	SLSH	Absent	
2GN50030	Body Surface	RGR	Absent	
2GN50030	Body Surface	RLSN	Absent	
2GN50030	Body Surface	SPDF	Absent	
2GN50030	Body Surface	HMRB	Absent	
2GN50030	Body Surface	FDC	Absent	
2GN50030	Body Surface	BFG	Absent	
2GN50030	Body Surface	PRST	Absent	
2GN50030	Body Surface	OTHER	Present	Gill net marks
2GN50030	Head	DFM	Absent	
2GN50030	Mouth	ULR	Absent	
2GN50030	Mouth	LLG	Absent	
2GN50030	Nare	SLN	Absent	
2GN50030	Eye, left	EXPTH	Absent	
2GN50030	Eye, left	OPQ	Absent	
2GN50030	Eye, left	MIS	Absent	
2GN50030	Eye, left	HMR	Absent	
2GN50030	Eye, left	EMB	Absent	
2GN50030	Eye, right	EXPTH	Absent	
2GN50030	Eye, right	OPQ	Absent	
2GN50030	Eye, right	MIS	Absent	
2GN50030	Eye, right	HMR	Absent	
2GN50030	Eye, right	EMB	Absent	
2GN50030	Opercula	SLSH	Absent	
2GN50031	Body Surface	RGR	Absent	
2GN50031	Body Surface	RLSN	Absent	
2GN50031	Body Surface	SPDF	Absent	
2GN50031	Body Surface	HMRB	Absent	
2GN50031	Body Surface	FDC	Absent	
2GN50031	Body Surface	BFG	Absent	
2GN50031	Body Surface	PRST	Absent	
2GN50031	Body Surface	OTHER	Present	Gill net marks
2GN50031	Head	DFM	Absent	
2GN50031	Mouth	ULR	Absent	
2GN50031	Mouth	LLG	Absent	
2GN50031	Nare	SLN	Absent	
2GN50031	Eye, left	EXPTH	Absent	
2GN50031	Eye, left	OPQ	Absent	
2GN50031	Eye, left	MIS	Absent	
2GN50031	Eye, left	HMR	Absent	
2GN50031	Eye, left	EMB	Absent	
2GN50031	Eye, right	EXPTH	Absent	
2GN50031	Eye, right	OPQ	Absent	
2GN50031	Eye, right	MIS	Absent	
2GN50031	Eye, right	HMR	Absent	
2GN50031	Eye, right	EMB	Absent	
2GN50031	Opercula	SLSH	Absent	
2GN50032	Body Surface	RGR	Absent	
2GN50032	Body Surface	RLSN	Absent	
2GN50032	Body Surface	SPDF	Absent	
2GN50032	Body Surface	HMRB	Absent	
2GN50032	Body Surface	FDC	Absent	
2GN50032	Body Surface	BFG	Absent	
2GN50032	Body Surface	PRST	Absent	
2GN50032	Body Surface	OTHER	Present	Gill net marks
2GN50032	Head	DFM	Absent	
2GN50032	Mouth	ULR	Absent	
2GN50032	Mouth	LLG	Absent	
2GN50032	Nare	SLN	Absent	
2GN50032	Eye, left	EXPTH	Absent	
2GN50032	Eye, left	OPQ	Absent	
2GN50032	Eye, left	MIS	Absent	
2GN50032	Eye, left	HMR	Absent	
2GN50032	Eye, left	EMB	Absent	
2GN50032	Eye, right	EXPTH	Absent	
2GN50032	Eye, right	OPQ	Absent	
2GN50032	Eye, right	MIS	Absent	
2GN50032	Eye, right	HMR	Absent	
2GN50032	Eye, right	EMB	Absent	
2GN50032	Opercula	SLSH	Absent	
2GN50033	Body Surface	RGR	Absent	
2GN50033	Body Surface	RLSN	Absent	
2GN50033	Body Surface	SPDF	Absent	
2GN50033	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN50033	Body Surface	FDC	Absent	
2GN50033	Body Surface	BFG	Absent	
2GN50033	Body Surface	PRST	Absent	
2GN50033	Body Surface	OTHER	Present	Gill net marks
2GN50033	Head	DFM	Absent	
2GN50033	Mouth	ULR	Absent	
2GN50033	Mouth	LLG	Absent	
2GN50033	Nare	SLN	Absent	
2GN50033	Eye, left	EXPTH	Absent	
2GN50033	Eye, left	OPQ	Absent	
2GN50033	Eye, left	MIS	Absent	
2GN50033	Eye, left	HMR	Absent	
2GN50033	Eye, left	EMB	Absent	
2GN50033	Eye, right	EXPTH	Absent	
2GN50033	Eye, right	OPQ	Absent	
2GN50033	Eye, right	MIS	Absent	
2GN50033	Eye, right	HMR	Absent	
2GN50033	Eye, right	EMB	Absent	
2GN50033	Opercula	SLSH	Absent	
2GN50034	Body Surface	RGR	Absent	
2GN50034	Body Surface	RLSN	Absent	
2GN50034	Body Surface	SPDF	Absent	
2GN50034	Body Surface	HMRB	Absent	
2GN50034	Body Surface	FDC	Absent	
2GN50034	Body Surface	BFG	Absent	
2GN50034	Body Surface	PRST	Absent	
2GN50034	Body Surface	OTHER	Present	Gill net marks
2GN50034	Head	DFM	Absent	
2GN50034	Mouth	ULR	Absent	
2GN50034	Mouth	LLG	Absent	
2GN50034	Nare	SLN	Absent	
2GN50034	Eye, left	EXPTH	Absent	
2GN50034	Eye, left	OPQ	Absent	
2GN50034	Eye, left	MIS	Absent	
2GN50034	Eye, left	HMR	Absent	
2GN50034	Eye, left	EMB	Absent	
2GN50034	Eye, right	EXPTH	Absent	
2GN50034	Eye, right	OPQ	Absent	
2GN50034	Eye, right	MIS	Absent	
2GN50034	Eye, right	HMR	Absent	
2GN50034	Eye, right	EMB	Absent	
2GN50034	Opercula	SLSH	Absent	
2GN50035	Body Surface	RGR	Absent	
2GN50035	Body Surface	RLSN	Absent	
2GN50035	Body Surface	SPDF	Absent	
2GN50035	Body Surface	HMRB	Absent	
2GN50035	Body Surface	FDC	Absent	
2GN50035	Body Surface	BFG	Absent	
2GN50035	Body Surface	PRST	Absent	
2GN50035	Head	DFM	Absent	
2GN50035	Mouth	ULR	Absent	
2GN50035	Mouth	LLG	Absent	
2GN50035	Nare	SLN	Absent	
2GN50035	Eye, left	EXPTH	Absent	
2GN50035	Eye, left	OPQ	Absent	
2GN50035	Eye, left	MIS	Absent	
2GN50035	Eye, left	HMR	Absent	
2GN50035	Eye, left	EMB	Absent	
2GN50035	Eye, right	EXPTH	Absent	
2GN50035	Eye, right	OPQ	Absent	
2GN50035	Eye, right	MIS	Absent	
2GN50035	Eye, right	HMR	Absent	
2GN50035	Eye, right	EMB	Absent	
2GN50035	Opercula	OTHER	Present	Gill net damage
2GN50035	Opercula	SLSH	Absent	
2GN50036	Body Surface	RGR	Absent	
2GN50036	Body Surface	RLSN	Absent	
2GN50036	Body Surface	SPDF	Absent	
2GN50036	Body Surface	HMRB	Absent	
2GN50036	Body Surface	FDC	Absent	
2GN50036	Body Surface	BFG	Absent	
2GN50036	Body Surface	PRST	Absent	
2GN50036	Head	DFM	Absent	
2GN50036	Mouth	ULR	Absent	
2GN50036	Mouth	LLG	Absent	
2GN50036	Nare	SLN	Absent	
2GN50036	Eye, left	EXPTH	Absent	
2GN50036	Eye, left	OPQ	Absent	
2GN50036	Eye, left	MIS	Absent	
2GN50036	Eye, left	HMR	Absent	
2GN50036	Eye, left	EMB	Absent	
2GN50036	Eye, right	EXPTH	Absent	
2GN50036	Eye, right	OPQ	Absent	
2GN50036	Eye, right	MIS	Absent	
2GN50036	Eye, right	HMR	Absent	
2GN50036	Eye, right	EMB	Absent	
2GN50036	Opercula	SLSH	Absent	
2GN60025	Body Surface	RGR	Absent	
2GN60025	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN60025	Body Surface	SPDF	Absent	
2GN60025	Body Surface	HMRB	Absent	
2GN60025	Body Surface	FDC	Absent	
2GN60025	Body Surface	BFG	Absent	
2GN60025	Body Surface	PRST	Absent	
2GN60025	Head	DFM	Absent	
2GN60025	Mouth	ULR	Absent	
2GN60025	Mouth	LLG	Absent	
2GN60025	Nare	SLN	Absent	
2GN60025	Eye, left	EXPTH	Absent	
2GN60025	Eye, left	OPQ	Absent	
2GN60025	Eye, left	MIS	Absent	
2GN60025	Eye, left	HMR	Absent	
2GN60025	Eye, left	EMB	Absent	
2GN60025	Eye, right	EXPTH	Absent	
2GN60025	Eye, right	OPQ	Absent	
2GN60025	Eye, right	MIS	Absent	
2GN60025	Eye, right	HMR	Absent	
2GN60025	Eye, right	EMB	Absent	
2GN60025	Opercula	SLSH	Absent	
2GN60026	Body Surface	RGR	Absent	
2GN60026	Body Surface	RLSN	Absent	
2GN60026	Body Surface	SPDF	Absent	
2GN60026	Body Surface	HMRB	Absent	
2GN60026	Body Surface	FDC	Absent	
2GN60026	Body Surface	BFG	Absent	
2GN60026	Body Surface	PRST	Absent	
2GN60026	Body Surface	OTHER	Present	Gill net marks
2GN60026	Head	DFM	Absent	
2GN60026	Mouth	ULR	Absent	
2GN60026	Mouth	LLG	Absent	
2GN60026	Nare	SLN	Absent	
2GN60026	Eye, left	EXPTH	Absent	
2GN60026	Eye, left	OPQ	Absent	
2GN60026	Eye, left	MIS	Absent	
2GN60026	Eye, left	HMR	Absent	
2GN60026	Eye, left	EMB	Absent	
2GN60026	Eye, right	EXPTH	Absent	
2GN60026	Eye, right	OPQ	Absent	
2GN60026	Eye, right	MIS	Absent	
2GN60026	Eye, right	HMR	Absent	
2GN60026	Eye, right	EMB	Absent	
2GN60026	Opercula	SLSH	Absent	
2GN60027	Body Surface	RGR	Absent	
2GN60027	Body Surface	RLSN	Absent	
2GN60027	Body Surface	SPDF	Absent	
2GN60027	Body Surface	HMRB	Absent	
2GN60027	Body Surface	FDC	Absent	
2GN60027	Body Surface	BFG	Absent	
2GN60027	Body Surface	PRST	Absent	
2GN60027	Body Surface	OTHER	Present	Gill net marks
2GN60027	Head	DFM	Absent	
2GN60027	Mouth	ULR	Absent	
2GN60027	Mouth	LLG	Absent	
2GN60027	Nare	SLN	Absent	
2GN60027	Eye, left	EXPTH	Absent	
2GN60027	Eye, left	OPQ	Absent	
2GN60027	Eye, left	MIS	Absent	
2GN60027	Eye, left	HMR	Absent	
2GN60027	Eye, left	EMB	Absent	
2GN60027	Eye, right	EXPTH	Absent	
2GN60027	Eye, right	OPQ	Absent	
2GN60027	Eye, right	MIS	Absent	
2GN60027	Eye, right	HMR	Absent	
2GN60027	Eye, right	EMB	Absent	
2GN60027	Opercula	SLSH	Absent	
2GN60028	Body Surface	RGR	Absent	
2GN60028	Body Surface	RLSN	Absent	
2GN60028	Body Surface	SPDF	Absent	
2GN60028	Body Surface	HMRB	Present	
2GN60028	Body Surface	FDC	Absent	
2GN60028	Body Surface	BFG	Absent	
2GN60028	Body Surface	PRST	Absent	
2GN60028	Body Surface	OTHER	Present	Gill net marks
2GN60028	Barbel	NORM	Present	
2GN60028	Head	DFM	Absent	
2GN60028	Mouth	ULR	Absent	
2GN60028	Mouth	LLG	Absent	
2GN60028	Nare	SLN	Absent	
2GN60028	Eye, left	EXPTH	Present	
2GN60028	Eye, left	OPQ	Absent	
2GN60028	Eye, left	MIS	Absent	
2GN60028	Eye, left	HMR	Absent	
2GN60028	Eye, left	EMB	Absent	
2GN60028	Eye, right	EXPTH	Absent	
2GN60028	Eye, right	OPQ	Absent	
2GN60028	Eye, right	MIS	Absent	
2GN60028	Eye, right	HMR	Absent	
2GN60028	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN60028	Opercula	SLSH	Absent	
2GN60053b	Body Surface	RGR	Absent	
2GN60053b	Body Surface	RLSN	Absent	
2GN60053b	Body Surface	SPDF	Absent	
2GN60053b	Body Surface	HMRB	Absent	
2GN60053b	Body Surface	FDC	Absent	
2GN60053b	Body Surface	BFG	Absent	
2GN60053b	Body Surface	PRST	Absent	
2GN60053b	Head	DFM	Absent	
2GN60053b	Mouth	ULR	Absent	
2GN60053b	Mouth	LLG	Absent	
2GN60053b	Nare	SLN	Absent	
2GN60053b	Eye, left	EXPTH	Absent	
2GN60053b	Eye, left	OPQ	Absent	
2GN60053b	Eye, left	MIS	Absent	
2GN60053b	Eye, left	HMR	Absent	
2GN60053b	Eye, left	EMB	Absent	
2GN60053b	Eye, right	EXPTH	Absent	
2GN60053b	Eye, right	OPQ	Absent	
2GN60053b	Eye, right	MIS	Absent	
2GN60053b	Eye, right	HMR	Absent	
2GN60053b	Eye, right	EMB	Absent	
2GN60053b	Opercula	SLSH	Absent	
2GN60054	Body Surface	RGR	Absent	
2GN60054	Body Surface	RLSN	Absent	
2GN60054	Body Surface	SPDF	Absent	
2GN60054	Body Surface	HMRB	Absent	
2GN60054	Body Surface	FDC	Absent	
2GN60054	Body Surface	BFG	Absent	
2GN60054	Body Surface	PRST	Absent	
2GN60054	Head	DFM	Absent	
2GN60054	Mouth	ULR	Absent	
2GN60054	Mouth	LLG	Absent	
2GN60054	Nare	SLN	Absent	
2GN60054	Eye, left	EXPTH	Absent	
2GN60054	Eye, left	OPQ	Absent	
2GN60054	Eye, left	MIS	Absent	
2GN60054	Eye, left	HMR	Absent	
2GN60054	Eye, left	EMB	Absent	
2GN60054	Eye, right	EXPTH	Absent	
2GN60054	Eye, right	OPQ	Absent	
2GN60054	Eye, right	MIS	Absent	
2GN60054	Eye, right	HMR	Absent	
2GN60054	Eye, right	EMB	Absent	
2GN60054	Opercula	SLSH	Absent	
2GN80064W	Body Surface	RGR	Absent	
2GN80064W	Body Surface	RLSN	Absent	
2GN80064W	Body Surface	SPDF	Absent	
2GN80064W	Body Surface	HMRB	Absent	
2GN80064W	Body Surface	FDC	Absent	
2GN80064W	Body Surface	BFG	Absent	
2GN80064W	Body Surface	PRST	Absent	
2GN80064W	Head	DFM	Absent	
2GN80064W	Mouth	ULR	Absent	
2GN80064W	Mouth	LLG	Absent	
2GN80064W	Nare	SLN	Absent	
2GN80064W	Eye, left	EXPTH	Absent	
2GN80064W	Eye, left	OPQ	Absent	
2GN80064W	Eye, left	MIS	Absent	
2GN80064W	Eye, left	HMR	Absent	
2GN80064W	Eye, left	EMB	Absent	
2GN80064W	Eye, right	EXPTH	Absent	
2GN80064W	Eye, right	OPQ	Absent	
2GN80064W	Eye, right	MIS	Absent	
2GN80064W	Eye, right	HMR	Absent	
2GN80064W	Eye, right	EMB	Absent	
2GN80064W	Opercula	SLSH	Absent	
2GN80065W	Body Surface	RGR	Absent	
2GN80065W	Body Surface	RLSN	Absent	
2GN80065W	Body Surface	SPDF	Absent	
2GN80065W	Body Surface	HMRB	Absent	
2GN80065W	Body Surface	FDC	Absent	
2GN80065W	Body Surface	BFG	Absent	
2GN80065W	Body Surface	PRST	Absent	
2GN80065W	Body Surface	OTHER	Present	Gill net marks
2GN80065W	Head	DFM	Absent	
2GN80065W	Mouth	ULR	Absent	
2GN80065W	Mouth	LLG	Absent	
2GN80065W	Nare	SLN	Absent	
2GN80065W	Eye, left	EXPTH	Absent	
2GN80065W	Eye, left	OPQ	Absent	
2GN80065W	Eye, left	MIS	Absent	
2GN80065W	Eye, left	HMR	Absent	
2GN80065W	Eye, left	EMB	Absent	
2GN80065W	Eye, right	EXPTH	Absent	
2GN80065W	Eye, right	OPQ	Absent	
2GN80065W	Eye, right	MIS	Absent	
2GN80065W	Eye, right	HMR	Absent	
2GN80065W	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN80065W	Opercula	SLSH	Absent	
2GN90068	Body Surface	RGR	Absent	
2GN90068	Body Surface	RLSN	Absent	
2GN90068	Body Surface	SPDF	Absent	
2GN90068	Body Surface	HMRB	Absent	
2GN90068	Body Surface	FDC	Absent	
2GN90068	Body Surface	BFG	Absent	
2GN90068	Body Surface	PRST	Absent	
2GN90068	Body Surface	OTHER	Present	Gill net marks
2GN90068	Head	DFM	Absent	
2GN90068	Mouth	ULR	Absent	
2GN90068	Mouth	LLG	Absent	
2GN90068	Nare	SLN	Absent	
2GN90068	Eye, left	EXPTH	Absent	
2GN90068	Eye, left	OPQ	Absent	
2GN90068	Eye, left	MIS	Absent	
2GN90068	Eye, left	HMR	Absent	
2GN90068	Eye, left	EMB	Absent	
2GN90068	Eye, right	EXPTH	Absent	
2GN90068	Eye, right	OPQ	Absent	
2GN90068	Eye, right	MIS	Absent	
2GN90068	Eye, right	HMR	Absent	
2GN90068	Eye, right	EMB	Absent	
2GN90068	Opercula	SLSH	Absent	
2GN90069	Body Surface	RGR	Absent	
2GN90069	Body Surface	RLSN	Absent	
2GN90069	Body Surface	SPDF	Absent	
2GN90069	Body Surface	HMRB	Absent	
2GN90069	Body Surface	FDC	Absent	
2GN90069	Body Surface	BFG	Absent	
2GN90069	Body Surface	PRST	Absent	
2GN90069	Head	DFM	Absent	
2GN90069	Mouth	ULR	Absent	
2GN90069	Mouth	LLG	Absent	
2GN90069	Nare	SLN	Absent	
2GN90069	Eye, left	EXPTH	Absent	
2GN90069	Eye, left	OPQ	Absent	
2GN90069	Eye, left	MIS	Absent	
2GN90069	Eye, left	HMR	Absent	
2GN90069	Eye, left	EMB	Absent	
2GN90069	Eye, right	EXPTH	Absent	
2GN90069	Eye, right	OPQ	Absent	
2GN90069	Eye, right	MIS	Absent	
2GN90069	Eye, right	HMR	Absent	
2GN90069	Eye, right	EMB	Absent	
2GN90069	Opercula	SLSH	Absent	
2GN90070	Body Surface	RGR	Absent	
2GN90070	Body Surface	RLSN	Absent	
2GN90070	Body Surface	SPDF	Absent	
2GN90070	Body Surface	HMRB	Absent	
2GN90070	Body Surface	FDC	Absent	
2GN90070	Body Surface	BFG	Absent	
2GN90070	Body Surface	PRST	Absent	
2GN90070	Body Surface	OTHER	Present	Gill net marks
2GN90070	Head	DFM	Absent	
2GN90070	Mouth	ULR	Absent	
2GN90070	Mouth	LLG	Absent	
2GN90070	Nare	SLN	Absent	
2GN90070	Eye, left	EXPTH	Absent	
2GN90070	Eye, left	OPQ	Absent	
2GN90070	Eye, left	MIS	Absent	
2GN90070	Eye, left	HMR	Absent	
2GN90070	Eye, left	EMB	Absent	
2GN90070	Eye, right	EXPTH	Absent	
2GN90070	Eye, right	OPQ	Absent	
2GN90070	Eye, right	MIS	Absent	
2GN90070	Eye, right	HMR	Absent	
2GN90070	Eye, right	EMB	Absent	
2GN90070	Opercula	SLSH	Absent	
2GN90071	Body Surface	RGR	Absent	
2GN90071	Body Surface	RLSN	Absent	
2GN90071	Body Surface	SPDF	Absent	
2GN90071	Body Surface	HMRB	Absent	
2GN90071	Body Surface	FDC	Absent	
2GN90071	Body Surface	BFG	Absent	
2GN90071	Body Surface	PRST	Absent	
2GN90071	Body Surface	OTHER	Present	Gill net marks
2GN90071	Head	DFM	Absent	
2GN90071	Mouth	ULR	Absent	
2GN90071	Mouth	LLG	Absent	
2GN90071	Nare	SLN	Absent	
2GN90071	Eye, left	EXPTH	Absent	
2GN90071	Eye, left	OPQ	Absent	
2GN90071	Eye, left	MIS	Absent	
2GN90071	Eye, left	HMR	Absent	
2GN90071	Eye, left	EMB	Absent	
2GN90071	Eye, right	EXPTH	Absent	
2GN90071	Eye, right	OPQ	Absent	
2GN90071	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN90071	Eye, right	HMR	Absent	
2GN90071	Eye, right	EMB	Absent	
2GN90071	Opercula	SLSH	Absent	
2GN90072	Body Surface	RGR	Absent	
2GN90072	Body Surface	RLSN	Absent	
2GN90072	Body Surface	SPDF	Absent	
2GN90072	Body Surface	HMRB	Absent	
2GN90072	Body Surface	FDC	Absent	
2GN90072	Body Surface	BFG	Absent	
2GN90072	Body Surface	PRST	Absent	
2GN90072	Body Surface	OTHER	Present	Gill net marks
2GN90072	Head	DFM	Absent	
2GN90072	Mouth	ULR	Absent	
2GN90072	Mouth	LLG	Absent	
2GN90072	Nare	SLN	Absent	
2GN90072	Eye, left	EXPTH	Absent	
2GN90072	Eye, left	OPQ	Absent	
2GN90072	Eye, left	MIS	Absent	
2GN90072	Eye, left	HMR	Absent	
2GN90072	Eye, left	EMB	Absent	
2GN90072	Eye, right	EXPTH	Absent	
2GN90072	Eye, right	OPQ	Absent	
2GN90072	Eye, right	MIS	Absent	
2GN90072	Eye, right	HMR	Absent	
2GN90072	Eye, right	EMB	Absent	
2GN90072	Opercula	SLSH	Absent	
2GNA0073H	Body Surface	RGR	Absent	
2GNA0073H	Body Surface	RLSN	Absent	
2GNA0073H	Body Surface	SPDF	Absent	
2GNA0073H	Body Surface	HMRB	Absent	
2GNA0073H	Body Surface	FDC	Absent	
2GNA0073H	Body Surface	BFG	Absent	
2GNA0073H	Body Surface	PRST	Absent	
2GNA0073H	Body Surface	OTHER	Present	Gill net marks
2GNA0073H	Head	DFM	Absent	
2GNA0073H	Mouth	ULR	Absent	
2GNA0073H	Mouth	LLG	Absent	
2GNA0073H	Nare	SLN	Absent	
2GNA0073H	Eye, left	EXPTH	Absent	
2GNA0073H	Eye, left	OPQ	Absent	
2GNA0073H	Eye, left	MIS	Absent	
2GNA0073H	Eye, left	HMR	Absent	
2GNA0073H	Eye, left	EMB	Absent	
2GNA0073H	Eye, right	EXPTH	Absent	
2GNA0073H	Eye, right	OPQ	Absent	
2GNA0073H	Eye, right	MIS	Absent	
2GNA0073H	Eye, right	HMR	Absent	
2GNA0073H	Eye, right	EMB	Absent	
2GNA0073H	Opercula	SLSH	Absent	
2GNA0074H	Body Surface	RGR	Absent	
2GNA0074H	Body Surface	RLSN	Absent	
2GNA0074H	Body Surface	SPDF	Absent	
2GNA0074H	Body Surface	HMRB	Absent	
2GNA0074H	Body Surface	FDC	Absent	
2GNA0074H	Body Surface	BFG	Absent	
2GNA0074H	Body Surface	PRST	Absent	
2GNA0074H	Body Surface	OTHER	Present	Gill net marks
2GNA0074H	Head	DFM	Absent	
2GNA0074H	Mouth	ULR	Absent	
2GNA0074H	Mouth	LLG	Absent	
2GNA0074H	Nare	SLN	Absent	
2GNA0074H	Eye, left	EXPTH	Absent	
2GNA0074H	Eye, left	OPQ	Absent	
2GNA0074H	Eye, left	MIS	Absent	
2GNA0074H	Eye, left	HMR	Absent	
2GNA0074H	Eye, left	EMB	Absent	
2GNA0074H	Eye, right	EXPTH	Absent	
2GNA0074H	Eye, right	OPQ	Absent	
2GNA0074H	Eye, right	MIS	Absent	
2GNA0074H	Eye, right	HMR	Absent	
2GNA0074H	Eye, right	EMB	Absent	
2GNA0074H	Opercula	SLSH	Absent	
2GNA0075H	Body Surface	RGR	Absent	
2GNA0075H	Body Surface	RLSN	Absent	
2GNA0075H	Body Surface	SPDF	Absent	
2GNA0075H	Body Surface	HMRB	Absent	
2GNA0075H	Body Surface	FDC	Absent	
2GNA0075H	Body Surface	BFG	Absent	
2GNA0075H	Body Surface	PRST	Absent	
2GNA0075H	Body Surface	OTHER	Present	Gill net marks
2GNA0075H	Head	DFM	Absent	
2GNA0075H	Mouth	ULR	Absent	
2GNA0075H	Mouth	LLG	Absent	
2GNA0075H	Nare	SLN	Absent	
2GNA0075H	Eye, left	EXPTH	Absent	
2GNA0075H	Eye, left	OPQ	Absent	
2GNA0075H	Eye, left	MIS	Absent	
2GNA0075H	Eye, left	HMR	Absent	
2GNA0075H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GNA0075H	Eye, right	EXPTH	Absent	
2GNA0075H	Eye, right	OPQ	Absent	
2GNA0075H	Eye, right	MIS	Absent	
2GNA0075H	Eye, right	HMR	Absent	
2GNA0075H	Eye, right	EMB	Absent	
2GNA0075H	Opercula	SLSH	Absent	
2GNA0076H	Body Surface	RGR	Absent	
2GNA0076H	Body Surface	RLSN	Absent	
2GNA0076H	Body Surface	SPDF	Absent	
2GNA0076H	Body Surface	HMRB	Absent	
2GNA0076H	Body Surface	FDC	Absent	
2GNA0076H	Body Surface	BFG	Absent	
2GNA0076H	Body Surface	PRST	Absent	
2GNA0076H	Body Surface	OTHER	Present	Gill net marks
2GNA0076H	Head	DFM	Absent	
2GNA0076H	Mouth	ULR	Absent	
2GNA0076H	Mouth	LLG	Absent	
2GNA0076H	Nare	SLN	Absent	
2GNA0076H	Eye, left	EXPTH	Absent	
2GNA0076H	Eye, left	OPQ	Absent	
2GNA0076H	Eye, left	MIS	Absent	
2GNA0076H	Eye, left	HMR	Absent	
2GNA0076H	Eye, left	EMB	Absent	
2GNA0076H	Eye, right	EXPTH	Absent	
2GNA0076H	Eye, right	OPQ	Absent	
2GNA0076H	Eye, right	MIS	Absent	
2GNA0076H	Eye, right	HMR	Absent	
2GNA0076H	Eye, right	EMB	Absent	
2GNA0076H	Opercula	SLSH	Absent	
2GNA0077H	Body Surface	RGR	Absent	
2GNA0077H	Body Surface	RLSN	Absent	
2GNA0077H	Body Surface	SPDF	Absent	
2GNA0077H	Body Surface	HMRB	Absent	
2GNA0077H	Body Surface	FDC	Absent	
2GNA0077H	Body Surface	BFG	Absent	
2GNA0077H	Body Surface	PRST	Absent	
2GNA0077H	Body Surface	OTHER	Present	Gill net marks
2GNA0077H	Head	DFM	Absent	
2GNA0077H	Mouth	ULR	Absent	
2GNA0077H	Mouth	LLG	Absent	
2GNA0077H	Nare	SLN	Absent	
2GNA0077H	Eye, left	EXPTH	Absent	
2GNA0077H	Eye, left	OPQ	Absent	
2GNA0077H	Eye, left	MIS	Absent	
2GNA0077H	Eye, left	HMR	Absent	
2GNA0077H	Eye, left	EMB	Absent	
2GNA0077H	Eye, right	EXPTH	Absent	
2GNA0077H	Eye, right	OPQ	Absent	
2GNA0077H	Eye, right	MIS	Absent	
2GNA0077H	Eye, right	HMR	Absent	
2GNA0077H	Eye, right	EMB	Absent	
2GNA0077H	Opercula	SLSH	Absent	
2GNA0078W	Body Surface	RGR	Absent	
2GNA0078W	Body Surface	RLSN	Absent	
2GNA0078W	Body Surface	SPDF	Absent	
2GNA0078W	Body Surface	HMRB	Absent	
2GNA0078W	Body Surface	FDC	Absent	
2GNA0078W	Body Surface	BFG	Absent	
2GNA0078W	Body Surface	PRST	Absent	
2GNA0078W	Body Surface	OTHER	Present	Gill net marks
2GNA0078W	Head	DFM	Absent	
2GNA0078W	Mouth	ULR	Absent	
2GNA0078W	Mouth	LLG	Absent	
2GNA0078W	Nare	SLN	Absent	
2GNA0078W	Eye, left	EXPTH	Absent	
2GNA0078W	Eye, left	OPQ	Absent	
2GNA0078W	Eye, left	MIS	Absent	
2GNA0078W	Eye, left	HMR	Absent	
2GNA0078W	Eye, left	EMB	Absent	
2GNA0078W	Eye, right	EXPTH	Absent	
2GNA0078W	Eye, right	OPQ	Absent	
2GNA0078W	Eye, right	MIS	Absent	
2GNA0078W	Eye, right	HMR	Absent	
2GNA0078W	Eye, right	EMB	Absent	
2GNA0078W	Opercula	SLSH	Absent	
2GNA0079	Body Surface	RGR	Absent	
2GNA0079	Body Surface	RLSN	Absent	
2GNA0079	Body Surface	SPDF	Absent	
2GNA0079	Body Surface	HMRB	Absent	
2GNA0079	Body Surface	FDC	Absent	
2GNA0079	Body Surface	BFG	Absent	
2GNA0079	Body Surface	PRST	Absent	
2GNA0079	Body Surface	OTHER	Present	Gill net marks
2GNA0079	Head	DFM	Absent	
2GNA0079	Mouth	ULR	Absent	
2GNA0079	Mouth	LLG	Absent	
2GNA0079	Nare	SLN	Absent	
2GNA0079	Eye, left	EXPTH	Absent	
2GNA0079	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GNA0079	Eye, left	MIS	Absent	
2GNA0079	Eye, left	HMR	Absent	
2GNA0079	Eye, left	EMB	Absent	
2GNA0079	Eye, right	EXPTH	Absent	
2GNA0079	Eye, right	OPQ	Absent	
2GNA0079	Eye, right	MIS	Absent	
2GNA0079	Eye, right	HMR	Absent	
2GNA0079	Eye, right	EMB	Absent	
2GNA0079	Opercula	SLSH	Absent	
2GNA0080W	Body Surface	RGR	Absent	
2GNA0080W	Body Surface	RLSN	Absent	
2GNA0080W	Body Surface	SPDF	Absent	
2GNA0080W	Body Surface	HMRB	Absent	
2GNA0080W	Body Surface	FDC	Absent	
2GNA0080W	Body Surface	BFG	Absent	
2GNA0080W	Body Surface	PRST	Absent	
2GNA0080W	Body Surface	OTHER	Present	Gill net marks
2GNA0080W	Head	DFM	Absent	
2GNA0080W	Mouth	ULR	Absent	
2GNA0080W	Mouth	LLG	Absent	
2GNA0080W	Nare	SLN	Absent	
2GNA0080W	Eye, left	EXPTH	Absent	
2GNA0080W	Eye, left	OPQ	Absent	
2GNA0080W	Eye, left	MIS	Absent	
2GNA0080W	Eye, left	HMR	Absent	
2GNA0080W	Eye, left	EMB	Absent	
2GNA0080W	Eye, right	EXPTH	Absent	
2GNA0080W	Eye, right	OPQ	Absent	
2GNA0080W	Eye, right	MIS	Absent	
2GNA0080W	Eye, right	HMR	Absent	
2GNA0080W	Eye, right	EMB	Absent	
2GNA0080W	Opercula	SLSH	Absent	
3BTC0005	Body Surface	RGR	Absent	
3BTC0005	Body Surface	RLSN	Present	
3BTC0005	Body Surface	SPDF	Absent	
3BTC0005	Body Surface	HMRB	Absent	
3BTC0005	Body Surface	FDC	Absent	
3BTC0005	Body Surface	BFG	Absent	
3BTC0005	Body Surface	PRST	Absent	
3BTC0005	Barbel	NORM	Present	
3BTC0005	Head	DFM	Absent	
3BTC0005	Mouth	ULR	Absent	
3BTC0005	Mouth	LLG	Absent	
3BTC0005	Nare	SLN	Absent	
3BTC0005	Eye, left	EXPTH	Absent	
3BTC0005	Eye, left	OPQ	Absent	
3BTC0005	Eye, left	MIS	Absent	
3BTC0005	Eye, left	HMR	Absent	
3BTC0005	Eye, left	EMB	Absent	
3BTC0005	Eye, right	EXPTH	Absent	
3BTC0005	Eye, right	OPQ	Absent	
3BTC0005	Eye, right	MIS	Absent	
3BTC0005	Eye, right	HMR	Absent	
3BTC0005	Eye, right	EMB	Absent	
3BTC0005	Opercula	SLSH	Absent	
3BTC0006	Body Surface	RGR	Absent	
3BTC0006	Body Surface	RLSN	Absent	
3BTC0006	Body Surface	SPDF	Absent	
3BTC0006	Body Surface	HMRB	Present	
3BTC0006	Body Surface	FDC	Absent	
3BTC0006	Body Surface	BFG	Absent	
3BTC0006	Body Surface	PRST	Absent	
3BTC0006	Barbel	NORM	Present	
3BTC0006	Head	DFM	Absent	
3BTC0006	Mouth	ULR	Absent	
3BTC0006	Mouth	LLG	Absent	
3BTC0006	Nare	SLN	Absent	
3BTC0006	Eye, left	EXPTH	Absent	
3BTC0006	Eye, left	OPQ	Absent	
3BTC0006	Eye, left	MIS	Absent	
3BTC0006	Eye, left	HMR	Absent	
3BTC0006	Eye, left	EMB	Absent	
3BTC0006	Eye, right	EXPTH	Absent	
3BTC0006	Eye, right	OPQ	Absent	
3BTC0006	Eye, right	MIS	Absent	
3BTC0006	Eye, right	HMR	Absent	
3BTC0006	Eye, right	EMB	Absent	
3BTC0006	Opercula	SLSH	Absent	
3BTC0007	Body Surface	RGR	Absent	
3BTC0007	Body Surface	RLSN	Absent	
3BTC0007	Body Surface	SPDF	Absent	
3BTC0007	Body Surface	HMRB	Absent	
3BTC0007	Body Surface	FDC	Absent	
3BTC0007	Body Surface	BFG	Absent	
3BTC0007	Body Surface	PRST	Absent	
3BTC0007	Barbel	NORM	Present	
3BTC0007	Head	DFM	Absent	
3BTC0007	Mouth	ULR	Absent	
3BTC0007	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3BTC0007	Nare	SLN	Absent	
3BTC0007	Eye, left	EXPTH	Absent	
3BTC0007	Eye, left	OPQ	Absent	
3BTC0007	Eye, left	MIS	Absent	
3BTC0007	Eye, left	HMR	Absent	
3BTC0007	Eye, left	EMB	Absent	
3BTC0007	Eye, right	EXPTH	Absent	
3BTC0007	Eye, right	OPQ	Absent	
3BTC0007	Eye, right	MIS	Absent	
3BTC0007	Eye, right	HMR	Absent	
3BTC0007	Eye, right	EMB	Absent	
3BTC0007	Opercula	SLSH	Absent	
3BTC0008	Body Surface	RGR	Absent	
3BTC0008	Body Surface	RLSN	Present	
3BTC0008	Body Surface	SPDF	Absent	
3BTC0008	Body Surface	HMRB	Present	
3BTC0008	Body Surface	FDC	Absent	
3BTC0008	Body Surface	BFG	Absent	
3BTC0008	Body Surface	PRST	Absent	
3BTC0008	Barbel	NORM	Present	
3BTC0008	Head	DFM	Absent	
3BTC0008	Mouth	ULR	Absent	
3BTC0008	Mouth	LLG	Absent	
3BTC0008	Nare	SLN	Absent	
3BTC0008	Eye, left	EXPTH	Absent	
3BTC0008	Eye, left	OPQ	Absent	
3BTC0008	Eye, left	MIS	Absent	
3BTC0008	Eye, left	HMR	Absent	
3BTC0008	Eye, left	EMB	Absent	
3BTC0008	Eye, right	EXPTH	Absent	
3BTC0008	Eye, right	OPQ	Absent	
3BTC0008	Eye, right	MIS	Absent	
3BTC0008	Eye, right	HMR	Absent	
3BTC0008	Eye, right	EMB	Absent	
3BTC0008	Opercula	OTHER	Present	Reddened lesion
3BTC0008	Opercula	SLSH	Absent	
3BTC0009	Body Surface	RGR	Absent	
3BTC0009	Body Surface	RLSN	Absent	
3BTC0009	Body Surface	SPDF	Absent	
3BTC0009	Body Surface	HMRB	Absent	
3BTC0009	Body Surface	FDC	Absent	
3BTC0009	Body Surface	BFG	Absent	
3BTC0009	Body Surface	PRST	Absent	
3BTC0009	Barbel	NORM	Present	
3BTC0009	Head	DFM	Absent	
3BTC0009	Mouth	ULR	Absent	
3BTC0009	Mouth	LLG	Absent	
3BTC0009	Nare	SLN	Absent	
3BTC0009	Eye, left	EXPTH	Absent	
3BTC0009	Eye, left	OPQ	Absent	
3BTC0009	Eye, left	MIS	Absent	
3BTC0009	Eye, left	HMR	Absent	
3BTC0009	Eye, left	EMB	Absent	
3BTC0009	Eye, right	EXPTH	Absent	
3BTC0009	Eye, right	OPQ	Absent	
3BTC0009	Eye, right	MIS	Absent	
3BTC0009	Eye, right	HMR	Absent	
3BTC0009	Eye, right	EMB	Absent	
3BTC0009	Opercula	SLSH	Absent	
3BTC0010	Body Surface	RGR	Absent	
3BTC0010	Body Surface	RLSN	Absent	
3BTC0010	Body Surface	SPDF	Absent	
3BTC0010	Body Surface	HMRB	Absent	
3BTC0010	Body Surface	FDC	Absent	
3BTC0010	Body Surface	BFG	Absent	
3BTC0010	Body Surface	PRST	Absent	
3BTC0010	Barbel	NORM	Present	
3BTC0010	Head	DFM	Absent	
3BTC0010	Mouth	ULR	Absent	
3BTC0010	Mouth	LLG	Absent	
3BTC0010	Nare	SLN	Absent	
3BTC0010	Eye, left	EXPTH	Absent	
3BTC0010	Eye, left	OPQ	Absent	
3BTC0010	Eye, left	MIS	Absent	
3BTC0010	Eye, left	HMR	Absent	
3BTC0010	Eye, left	EMB	Absent	
3BTC0010	Eye, right	EXPTH	Absent	
3BTC0010	Eye, right	OPQ	Absent	
3BTC0010	Eye, right	MIS	Absent	
3BTC0010	Eye, right	HMR	Absent	
3BTC0010	Eye, right	EMB	Absent	
3BTC0010	Opercula	SLSH	Absent	
3EB0036H	Body Surface	RGR	Absent	
3EB0036H	Body Surface	RLSN	Absent	
3EB0036H	Body Surface	SPDF	Absent	
3EB0036H	Body Surface	HMRB	Absent	
3EB0036H	Body Surface	FDC	Absent	
3EB0036H	Body Surface	BFG	Absent	
3EB0036H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0036H	Head	DFM	Absent	
3EB0036H	Mouth	ULR	Absent	
3EB0036H	Mouth	LLG	Absent	
3EB0036H	Nare	SLN	Absent	
3EB0036H	Eye, left	EXPTH	Absent	
3EB0036H	Eye, left	OPQ	Absent	
3EB0036H	Eye, left	MIS	Absent	
3EB0036H	Eye, left	HMR	Absent	
3EB0036H	Eye, left	EMB	Absent	
3EB0036H	Eye, right	EXPTH	Absent	
3EB0036H	Eye, right	OPQ	Absent	
3EB0036H	Eye, right	MIS	Absent	
3EB0036H	Eye, right	HMR	Absent	
3EB0036H	Eye, right	EMB	Absent	
3EB0036H	Opercula	SLSH	Absent	
3EB0037H	Body Surface	RGR	Absent	
3EB0037H	Body Surface	RLSN	Absent	
3EB0037H	Body Surface	SPDF	Absent	
3EB0037H	Body Surface	HMRB	Absent	
3EB0037H	Body Surface	FDC	Absent	
3EB0037H	Body Surface	BFG	Absent	
3EB0037H	Body Surface	PRST	Absent	
3EB0037H	Head	DFM	Absent	
3EB0037H	Mouth	ULR	Absent	
3EB0037H	Mouth	LLG	Absent	
3EB0037H	Nare	SLN	Absent	
3EB0037H	Eye, left	EXPTH	Absent	
3EB0037H	Eye, left	OPQ	Absent	
3EB0037H	Eye, left	MIS	Absent	
3EB0037H	Eye, left	HMR	Absent	
3EB0037H	Eye, left	EMB	Absent	
3EB0037H	Eye, right	EXPTH	Absent	
3EB0037H	Eye, right	OPQ	Absent	
3EB0037H	Eye, right	MIS	Absent	
3EB0037H	Eye, right	HMR	Absent	
3EB0037H	Eye, right	EMB	Absent	
3EB0037H	Opercula	SLSH	Absent	
3EB0038H	Body Surface	RGR	Absent	
3EB0038H	Body Surface	RLSN	Absent	
3EB0038H	Body Surface	SPDF	Absent	
3EB0038H	Body Surface	HMRB	Absent	
3EB0038H	Body Surface	FDC	Absent	
3EB0038H	Body Surface	BFG	Absent	
3EB0038H	Body Surface	PRST	Absent	
3EB0038H	Head	DFM	Absent	
3EB0038H	Mouth	ULR	Absent	
3EB0038H	Mouth	LLG	Absent	
3EB0038H	Nare	SLN	Absent	
3EB0038H	Eye, left	EXPTH	Absent	
3EB0038H	Eye, left	OPQ	Absent	
3EB0038H	Eye, left	MIS	Absent	
3EB0038H	Eye, left	HMR	Absent	
3EB0038H	Eye, left	EMB	Absent	
3EB0038H	Eye, right	EXPTH	Absent	
3EB0038H	Eye, right	OPQ	Absent	
3EB0038H	Eye, right	MIS	Absent	
3EB0038H	Eye, right	HMR	Absent	
3EB0038H	Eye, right	EMB	Absent	
3EB0038H	Opercula	SLSH	Absent	
3EB0039	Body Surface	RGR	Absent	
3EB0039	Body Surface	RLSN	Absent	
3EB0039	Body Surface	SPDF	Absent	
3EB0039	Body Surface	HMRB	Absent	
3EB0039	Body Surface	FDC	Absent	
3EB0039	Body Surface	BFG	Absent	
3EB0039	Body Surface	PRST	Absent	
3EB0039	Head	DFM	Absent	
3EB0039	Mouth	ULR	Absent	
3EB0039	Mouth	LLG	Absent	
3EB0039	Nare	SLN	Absent	
3EB0039	Eye, left	EXPTH	Absent	
3EB0039	Eye, left	OPQ	Absent	
3EB0039	Eye, left	MIS	Absent	
3EB0039	Eye, left	HMR	Absent	
3EB0039	Eye, left	EMB	Absent	
3EB0039	Eye, right	EXPTH	Absent	
3EB0039	Eye, right	OPQ	Absent	
3EB0039	Eye, right	MIS	Absent	
3EB0039	Eye, right	HMR	Absent	
3EB0039	Eye, right	EMB	Absent	
3EB0039	Opercula	SLSH	Absent	
3EB0040	Body Surface	RGR	Absent	
3EB0040	Body Surface	RLSN	Absent	
3EB0040	Body Surface	SPDF	Absent	
3EB0040	Body Surface	HMRB	Absent	
3EB0040	Body Surface	FDC	Absent	
3EB0040	Body Surface	BFG	Absent	
3EB0040	Body Surface	PRST	Absent	
3EB0040	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0040	Mouth	ULR	Absent	
3EB0040	Mouth	LLG	Absent	
3EB0040	Nare	SLN	Absent	
3EB0040	Eye, left	EXPTH	Absent	
3EB0040	Eye, left	OPQ	Absent	
3EB0040	Eye, left	MIS	Absent	
3EB0040	Eye, left	HMR	Absent	
3EB0040	Eye, left	EMB	Absent	
3EB0040	Eye, right	EXPTH	Absent	
3EB0040	Eye, right	OPQ	Absent	
3EB0040	Eye, right	MIS	Absent	
3EB0040	Eye, right	HMR	Absent	
3EB0040	Eye, right	EMB	Absent	
3EB0040	Opercula	SLSH	Absent	
3EB0041	Body Surface	RGR	Absent	
3EB0041	Body Surface	RLSN	Absent	
3EB0041	Body Surface	SPDF	Absent	
3EB0041	Body Surface	HMRB	Absent	
3EB0041	Body Surface	FDC	Absent	
3EB0041	Body Surface	BFG	Absent	
3EB0041	Body Surface	PRST	Absent	
3EB0041	Head	DFM	Absent	
3EB0041	Mouth	ULR	Absent	
3EB0041	Mouth	LLG	Absent	
3EB0041	Nare	SLN	Absent	
3EB0041	Eye, left	EXPTH	Absent	
3EB0041	Eye, left	OPQ	Absent	
3EB0041	Eye, left	MIS	Absent	
3EB0041	Eye, left	HMR	Absent	
3EB0041	Eye, left	EMB	Absent	
3EB0041	Eye, right	EXPTH	Absent	
3EB0041	Eye, right	OPQ	Absent	
3EB0041	Eye, right	MIS	Absent	
3EB0041	Eye, right	HMR	Absent	
3EB0041	Eye, right	EMB	Absent	
3EB0041	Opercula	SLSH	Absent	
3EB0042	Body Surface	RGR	Absent	
3EB0042	Body Surface	RLSN	Absent	
3EB0042	Body Surface	SPDF	Absent	
3EB0042	Body Surface	HMRB	Absent	
3EB0042	Body Surface	FDC	Absent	
3EB0042	Body Surface	BFG	Absent	
3EB0042	Body Surface	PRST	Absent	
3EB0042	Head	DFM	Absent	
3EB0042	Mouth	ULR	Absent	
3EB0042	Mouth	LLG	Absent	
3EB0042	Nare	SLN	Absent	
3EB0042	Eye, left	EXPTH	Absent	
3EB0042	Eye, left	OPQ	Absent	
3EB0042	Eye, left	MIS	Absent	
3EB0042	Eye, left	HMR	Absent	
3EB0042	Eye, left	EMB	Absent	
3EB0042	Eye, right	EXPTH	Absent	
3EB0042	Eye, right	OPQ	Absent	
3EB0042	Eye, right	MIS	Absent	
3EB0042	Eye, right	HMR	Absent	
3EB0042	Eye, right	EMB	Absent	
3EB0042	Opercula	SLSH	Absent	
3EB0043	Body Surface	RGR	Absent	
3EB0043	Body Surface	RLSN	Absent	
3EB0043	Body Surface	SPDF	Absent	
3EB0043	Body Surface	HMRB	Absent	
3EB0043	Body Surface	FDC	Absent	
3EB0043	Body Surface	BFG	Absent	
3EB0043	Body Surface	PRST	Absent	
3EB0043	Head	DFM	Absent	
3EB0043	Mouth	ULR	Absent	
3EB0043	Mouth	LLG	Absent	
3EB0043	Nare	SLN	Absent	
3EB0043	Eye, left	EXPTH	Absent	
3EB0043	Eye, left	OPQ	Absent	
3EB0043	Eye, left	MIS	Absent	
3EB0043	Eye, left	HMR	Present	
3EB0043	Eye, left	EMB	Absent	
3EB0043	Eye, right	EXPTH	Absent	
3EB0043	Eye, right	OPQ	Absent	
3EB0043	Eye, right	MIS	Absent	
3EB0043	Eye, right	HMR	Absent	
3EB0043	Eye, right	EMB	Absent	
3EB0043	Opercula	SLSH	Absent	
3EB0044	Body Surface	RGR	Absent	
3EB0044	Body Surface	RLSN	Absent	
3EB0044	Body Surface	SPDF	Absent	
3EB0044	Body Surface	HMRB	Absent	
3EB0044	Body Surface	FDC	Absent	
3EB0044	Body Surface	BFG	Absent	
3EB0044	Body Surface	PRST	Absent	
3EB0044	Head	DFM	Absent	
3EB0044	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0044	Mouth	LLG	Absent	
3EB0044	Nare	SLN	Absent	
3EB0044	Eye, left	EXPTH	Absent	
3EB0044	Eye, left	OPQ	Absent	
3EB0044	Eye, left	MIS	Absent	
3EB0044	Eye, left	HMR	Absent	
3EB0044	Eye, left	EMB	Absent	
3EB0044	Eye, right	EXPTH	Absent	
3EB0044	Eye, right	OPQ	Absent	
3EB0044	Eye, right	MIS	Absent	
3EB0044	Eye, right	HMR	Absent	
3EB0044	Eye, right	EMB	Absent	
3EB0044	Opercula	SLSH	Absent	
3EB0045	Body Surface	RGR	Absent	
3EB0045	Body Surface	RLSN	Absent	
3EB0045	Body Surface	SPDF	Absent	
3EB0045	Body Surface	HMRB	Absent	
3EB0045	Body Surface	FDC	Absent	
3EB0045	Body Surface	BFG	Absent	
3EB0045	Body Surface	PRST	Absent	
3EB0045	Head	DFM	Absent	
3EB0045	Mouth	ULR	Absent	
3EB0045	Mouth	LLG	Absent	
3EB0045	Nare	SLN	Absent	
3EB0045	Eye, left	EXPTH	Absent	
3EB0045	Eye, left	OPQ	Absent	
3EB0045	Eye, left	MIS	Absent	
3EB0045	Eye, left	HMR	Absent	
3EB0045	Eye, left	EMB	Absent	
3EB0045	Eye, right	EXPTH	Absent	
3EB0045	Eye, right	OPQ	Absent	
3EB0045	Eye, right	MIS	Absent	
3EB0045	Eye, right	HMR	Absent	
3EB0045	Eye, right	EMB	Absent	
3EB0045	Opercula	SLSH	Absent	
3EB0046	Body Surface	RGR	Absent	
3EB0046	Body Surface	RLSN	Absent	
3EB0046	Body Surface	SPDF	Absent	
3EB0046	Body Surface	HMRB	Absent	
3EB0046	Body Surface	FDC	Absent	
3EB0046	Body Surface	BFG	Absent	
3EB0046	Body Surface	PRST	Absent	
3EB0046	Head	DFM	Absent	
3EB0046	Mouth	ULR	Absent	
3EB0046	Mouth	LLG	Absent	
3EB0046	Nare	SLN	Absent	
3EB0046	Eye, left	EXPTH	Absent	
3EB0046	Eye, left	OPQ	Absent	
3EB0046	Eye, left	MIS	Absent	
3EB0046	Eye, left	HMR	Absent	
3EB0046	Eye, left	EMB	Absent	
3EB0046	Eye, right	EXPTH	Absent	
3EB0046	Eye, right	OPQ	Absent	
3EB0046	Eye, right	MIS	Absent	
3EB0046	Eye, right	HMR	Absent	
3EB0046	Eye, right	EMB	Absent	
3EB0046	Opercula	SLSH	Absent	
3EB0047	Body Surface	RGR	Absent	
3EB0047	Body Surface	RLSN	Absent	
3EB0047	Body Surface	SPDF	Absent	
3EB0047	Body Surface	HMRB	Absent	
3EB0047	Body Surface	FDC	Absent	
3EB0047	Body Surface	BFG	Absent	
3EB0047	Body Surface	PRST	Absent	
3EB0047	Head	DFM	Absent	
3EB0047	Mouth	ULR	Absent	
3EB0047	Mouth	LLG	Absent	
3EB0047	Nare	SLN	Absent	
3EB0047	Eye, left	EXPTH	Absent	
3EB0047	Eye, left	OPQ	Absent	
3EB0047	Eye, left	MIS	Absent	
3EB0047	Eye, left	HMR	Absent	
3EB0047	Eye, left	EMB	Absent	
3EB0047	Eye, right	EXPTH	Absent	
3EB0047	Eye, right	OPQ	Absent	
3EB0047	Eye, right	MIS	Absent	
3EB0047	Eye, right	HMR	Absent	
3EB0047	Eye, right	EMB	Absent	
3EB0047	Opercula	SLSH	Absent	
3EB0048	Body Surface	RGR	Absent	
3EB0048	Body Surface	RLSN	Absent	
3EB0048	Body Surface	SPDF	Absent	
3EB0048	Body Surface	HMRB	Absent	
3EB0048	Body Surface	FDC	Absent	
3EB0048	Body Surface	BFG	Absent	
3EB0048	Body Surface	PRST	Absent	
3EB0048	Head	DFM	Absent	
3EB0048	Mouth	ULR	Absent	
3EB0048	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0048	Nare	SLN	Absent	
3EB0048	Eye, left	EXPTH	Absent	
3EB0048	Eye, left	OPQ	Absent	
3EB0048	Eye, left	MIS	Absent	
3EB0048	Eye, left	HMR	Absent	
3EB0048	Eye, left	EMB	Absent	
3EB0048	Eye, right	EXPTH	Absent	
3EB0048	Eye, right	OPQ	Absent	
3EB0048	Eye, right	MIS	Absent	
3EB0048	Eye, right	HMR	Absent	
3EB0048	Eye, right	EMB	Absent	
3EB0048	Opercula	SLSH	Present	
3EB0049	Body Surface	RGR	Absent	
3EB0049	Body Surface	RLSN	Absent	
3EB0049	Body Surface	SPDF	Absent	
3EB0049	Body Surface	HMRB	Absent	
3EB0049	Body Surface	FDC	Absent	
3EB0049	Body Surface	BFG	Absent	
3EB0049	Body Surface	PRST	Absent	
3EB0049	Head	DFM	Absent	
3EB0049	Mouth	ULR	Absent	
3EB0049	Mouth	LLG	Absent	
3EB0049	Nare	SLN	Absent	
3EB0049	Eye, left	EXPTH	Absent	
3EB0049	Eye, left	OPQ	Absent	
3EB0049	Eye, left	MIS	Absent	
3EB0049	Eye, left	HMR	Absent	
3EB0049	Eye, left	EMB	Absent	
3EB0049	Eye, right	EXPTH	Absent	
3EB0049	Eye, right	OPQ	Absent	
3EB0049	Eye, right	MIS	Absent	
3EB0049	Eye, right	HMR	Absent	
3EB0049	Eye, right	EMB	Absent	
3EB0049	Opercula	SLSH	Absent	
3EB0050	Body Surface	RGR	Absent	
3EB0050	Body Surface	RLSN	Absent	
3EB0050	Body Surface	SPDF	Absent	
3EB0050	Body Surface	HMRB	Absent	
3EB0050	Body Surface	FDC	Absent	
3EB0050	Body Surface	BFG	Absent	
3EB0050	Body Surface	PRST	Absent	
3EB0050	Head	DFM	Absent	
3EB0050	Mouth	ULR	Absent	
3EB0050	Mouth	LLG	Absent	
3EB0050	Nare	SLN	Absent	
3EB0050	Eye, left	EXPTH	Absent	
3EB0050	Eye, left	OPQ	Absent	
3EB0050	Eye, left	MIS	Absent	
3EB0050	Eye, left	HMR	Absent	
3EB0050	Eye, left	EMB	Absent	
3EB0050	Eye, right	EXPTH	Absent	
3EB0050	Eye, right	OPQ	Absent	
3EB0050	Eye, right	MIS	Absent	
3EB0050	Eye, right	HMR	Absent	
3EB0050	Eye, right	EMB	Absent	
3EB0050	Opercula	SLSH	Absent	
3EB0053	Body Surface	RGR	Absent	
3EB0053	Body Surface	RLSN	Absent	
3EB0053	Body Surface	SPDF	Absent	
3EB0053	Body Surface	HMRB	Absent	
3EB0053	Body Surface	FDC	Absent	
3EB0053	Body Surface	BFG	Absent	
3EB0053	Body Surface	PRST	Absent	
3EB0053	Head	DFM	Absent	
3EB0053	Mouth	ULR	Absent	
3EB0053	Mouth	LLG	Absent	
3EB0053	Nare	SLN	Absent	
3EB0053	Eye, left	EXPTH	Absent	
3EB0053	Eye, left	OPQ	Absent	
3EB0053	Eye, left	MIS	Absent	
3EB0053	Eye, left	HMR	Absent	
3EB0053	Eye, left	EMB	Absent	
3EB0053	Eye, right	EXPTH	Absent	
3EB0053	Eye, right	OPQ	Absent	
3EB0053	Eye, right	MIS	Absent	
3EB0053	Eye, right	HMR	Absent	
3EB0053	Eye, right	EMB	Absent	
3EB0053	Opercula	SLSH	Absent	
3EB0056	Body Surface	RGR	Absent	
3EB0056	Body Surface	RLSN	Absent	
3EB0056	Body Surface	SPDF	Absent	
3EB0056	Body Surface	HMRB	Absent	
3EB0056	Body Surface	FDC	Absent	
3EB0056	Body Surface	BFG	Absent	
3EB0056	Body Surface	PRST	Absent	
3EB0056	Head	DFM	Absent	
3EB0056	Mouth	ULR	Absent	
3EB0056	Mouth	LLG	Absent	
3EB0056	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0056	Eye, left	EXPTH	Absent	
3EB0056	Eye, left	OPQ	Absent	
3EB0056	Eye, left	MIS	Absent	
3EB0056	Eye, left	HMR	Absent	
3EB0056	Eye, left	EMB	Absent	
3EB0056	Eye, right	EXPTH	Absent	
3EB0056	Eye, right	OPQ	Absent	
3EB0056	Eye, right	MIS	Absent	
3EB0056	Eye, right	HMR	Absent	
3EB0056	Eye, right	EMB	Absent	
3EB0056	Opercula	SLSH	Absent	
3EB0057	Body Surface	RGR	Absent	
3EB0057	Body Surface	RLSN	Absent	
3EB0057	Body Surface	SPDF	Absent	
3EB0057	Body Surface	HMRB	Absent	
3EB0057	Body Surface	FDC	Absent	
3EB0057	Body Surface	BFG	Absent	
3EB0057	Body Surface	PRST	Absent	
3EB0057	Head	DFM	Absent	
3EB0057	Mouth	ULR	Absent	
3EB0057	Mouth	LLG	Absent	
3EB0057	Nare	SLN	Absent	
3EB0057	Eye, left	EXPTH	Absent	
3EB0057	Eye, left	OPQ	Absent	
3EB0057	Eye, left	MIS	Absent	
3EB0057	Eye, left	HMR	Absent	
3EB0057	Eye, left	EMB	Absent	
3EB0057	Eye, right	EXPTH	Absent	
3EB0057	Eye, right	OPQ	Absent	
3EB0057	Eye, right	MIS	Absent	
3EB0057	Eye, right	HMR	Absent	
3EB0057	Eye, right	EMB	Absent	
3EB0057	Opercula	SLSH	Present	
3EB0059	Body Surface	RGR	Absent	
3EB0059	Body Surface	RLSN	Absent	
3EB0059	Body Surface	SPDF	Absent	
3EB0059	Body Surface	HMRB	Absent	
3EB0059	Body Surface	FDC	Absent	
3EB0059	Body Surface	BFG	Absent	
3EB0059	Body Surface	PRST	Absent	
3EB0059	Head	DFM	Absent	
3EB0059	Mouth	ULR	Absent	
3EB0059	Mouth	LLG	Absent	
3EB0059	Nare	SLN	Absent	
3EB0059	Eye, left	EXPTH	Absent	
3EB0059	Eye, left	OPQ	Absent	
3EB0059	Eye, left	MIS	Absent	
3EB0059	Eye, left	HMR	Absent	
3EB0059	Eye, left	EMB	Absent	
3EB0059	Eye, right	EXPTH	Absent	
3EB0059	Eye, right	OPQ	Absent	
3EB0059	Eye, right	MIS	Absent	
3EB0059	Eye, right	HMR	Absent	
3EB0059	Eye, right	EMB	Absent	
3EB0059	Opercula	SLSH	Absent	
3EB0060	Body Surface	RGR	Absent	
3EB0060	Body Surface	RLSN	Absent	
3EB0060	Body Surface	SPDF	Absent	
3EB0060	Body Surface	HMRB	Absent	
3EB0060	Body Surface	FDC	Absent	
3EB0060	Body Surface	BFG	Absent	
3EB0060	Body Surface	PRST	Absent	
3EB0060	Head	DFM	Absent	
3EB0060	Mouth	ULR	Absent	
3EB0060	Mouth	LLG	Absent	
3EB0060	Nare	SLN	Absent	
3EB0060	Eye, left	EXPTH	Absent	
3EB0060	Eye, left	OPQ	Absent	
3EB0060	Eye, left	MIS	Absent	
3EB0060	Eye, left	HMR	Absent	
3EB0060	Eye, left	EMB	Absent	
3EB0060	Eye, right	EXPTH	Absent	
3EB0060	Eye, right	OPQ	Absent	
3EB0060	Eye, right	MIS	Absent	
3EB0060	Eye, right	HMR	Absent	
3EB0060	Eye, right	EMB	Absent	
3EB0060	Opercula	SLSH	Absent	
3EB0061	Body Surface	RGR	Absent	
3EB0061	Body Surface	RLSN	Absent	
3EB0061	Body Surface	SPDF	Absent	
3EB0061	Body Surface	HMRB	Absent	
3EB0061	Body Surface	FDC	Absent	
3EB0061	Body Surface	BFG	Absent	
3EB0061	Body Surface	PRST	Absent	
3EB0061	Head	DFM	Absent	
3EB0061	Mouth	ULR	Absent	
3EB0061	Mouth	LLG	Absent	
3EB0061	Nare	SLN	Absent	
3EB0061	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0061	Eye, left	OPQ	Absent	
3EB0061	Eye, left	MIS	Absent	
3EB0061	Eye, left	HMR	Absent	
3EB0061	Eye, left	EMB	Absent	
3EB0061	Eye, right	EXPTH	Absent	
3EB0061	Eye, right	OPQ	Absent	
3EB0061	Eye, right	MIS	Absent	
3EB0061	Eye, right	HMR	Absent	
3EB0061	Eye, right	EMB	Absent	
3EB0061	Opercula	SLSH	Absent	
3EB0063W	Body Surface	RGR	Absent	
3EB0063W	Body Surface	RLSN	Absent	
3EB0063W	Body Surface	SPDF	Absent	
3EB0063W	Body Surface	HMRB	Absent	
3EB0063W	Body Surface	FDC	Absent	
3EB0063W	Body Surface	BFG	Absent	
3EB0063W	Body Surface	PRST	Absent	
3EB0063W	Head	DFM	Absent	
3EB0063W	Mouth	ULR	Absent	
3EB0063W	Mouth	LLG	Absent	
3EB0063W	Nare	SLN	Absent	
3EB0063W	Eye, left	EXPTH	Absent	
3EB0063W	Eye, left	OPQ	Absent	
3EB0063W	Eye, left	MIS	Absent	
3EB0063W	Eye, left	HMR	Absent	
3EB0063W	Eye, left	EMB	Absent	
3EB0063W	Eye, right	EXPTH	Absent	
3EB0063W	Eye, right	OPQ	Absent	
3EB0063W	Eye, right	MIS	Absent	
3EB0063W	Eye, right	HMR	Absent	
3EB0063W	Eye, right	EMB	Absent	
3EB0063W	Opercula	SLSH	Absent	
3EB0066	Body Surface	RGR	Absent	
3EB0066	Body Surface	RLSN	Absent	
3EB0066	Body Surface	SPDF	Absent	
3EB0066	Body Surface	HMRB	Absent	
3EB0066	Body Surface	FDC	Absent	
3EB0066	Body Surface	BFG	Absent	
3EB0066	Body Surface	PRST	Absent	
3EB0066	Head	DFM	Absent	
3EB0066	Mouth	ULR	Absent	
3EB0066	Mouth	LLG	Absent	
3EB0066	Nare	SLN	Absent	
3EB0066	Eye, left	EXPTH	Absent	
3EB0066	Eye, left	OPQ	Absent	
3EB0066	Eye, left	MIS	Absent	
3EB0066	Eye, left	HMR	Absent	
3EB0066	Eye, left	EMB	Absent	
3EB0066	Eye, right	EXPTH	Absent	
3EB0066	Eye, right	OPQ	Absent	
3EB0066	Eye, right	MIS	Absent	
3EB0066	Eye, right	HMR	Absent	
3EB0066	Eye, right	EMB	Absent	
3EB0066	Opercula	SLSH	Absent	
3ED0028	Body Surface	RGR	Absent	
3ED0028	Body Surface	RLSN	Absent	
3ED0028	Body Surface	SPDF	Absent	
3ED0028	Body Surface	HMRB	Absent	
3ED0028	Body Surface	FDC	Absent	
3ED0028	Body Surface	BFG	Absent	
3ED0028	Body Surface	PRST	Absent	
3ED0028	Head	DFM	Absent	
3ED0028	Mouth	ULR	Absent	
3ED0028	Mouth	LLG	Absent	
3ED0028	Nare	SLN	Absent	
3ED0028	Eye, left	EXPTH	Absent	
3ED0028	Eye, left	OPQ	Absent	
3ED0028	Eye, left	MIS	Absent	
3ED0028	Eye, left	HMR	Absent	
3ED0028	Eye, left	EMB	Absent	
3ED0028	Eye, right	EXPTH	Absent	
3ED0028	Eye, right	OPQ	Absent	
3ED0028	Eye, right	MIS	Absent	
3ED0028	Eye, right	HMR	Absent	
3ED0028	Eye, right	EMB	Absent	
3ED0028	Opercula	SLSH	Absent	
3ED0034	Body Surface	RGR	Absent	
3ED0034	Body Surface	RLSN	Absent	
3ED0034	Body Surface	SPDF	Absent	
3ED0034	Body Surface	HMRB	Absent	
3ED0034	Body Surface	FDC	Absent	
3ED0034	Body Surface	BFG	Absent	
3ED0034	Body Surface	PRST	Absent	
3ED0034	Head	DFM	Absent	
3ED0034	Mouth	ULR	Absent	
3ED0034	Mouth	LLG	Absent	
3ED0034	Nare	SLN	Absent	
3ED0034	Eye, left	EXPTH	Absent	
3ED0034	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0034	Eye, left	MIS	Absent	
3ED0034	Eye, left	HMR	Absent	
3ED0034	Eye, left	EMB	Absent	
3ED0034	Eye, right	EXPTH	Absent	
3ED0034	Eye, right	OPQ	Absent	
3ED0034	Eye, right	MIS	Absent	
3ED0034	Eye, right	HMR	Absent	
3ED0034	Eye, right	EMB	Absent	
3ED0034	Opercula	SLSH	Absent	
3ED0100H	Body Surface	RGR	Absent	
3ED0100H	Body Surface	RLSN	Absent	
3ED0100H	Body Surface	SPDF	Absent	
3ED0100H	Body Surface	HMRB	Absent	
3ED0100H	Body Surface	FDC	Absent	
3ED0100H	Body Surface	BFG	Absent	
3ED0100H	Body Surface	PRST	Absent	
3ED0100H	Head	DFM	Absent	
3ED0100H	Mouth	ULR	Absent	
3ED0100H	Mouth	LLG	Absent	
3ED0100H	Nare	SLN	Absent	
3ED0100H	Eye, left	EXPTH	Absent	
3ED0100H	Eye, left	OPQ	Absent	
3ED0100H	Eye, left	MIS	Absent	
3ED0100H	Eye, left	HMR	Absent	
3ED0100H	Eye, left	EMB	Absent	
3ED0100H	Eye, right	EXPTH	Absent	
3ED0100H	Eye, right	OPQ	Absent	
3ED0100H	Eye, right	MIS	Absent	
3ED0100H	Eye, right	HMR	Absent	
3ED0100H	Eye, right	EMB	Absent	
3ED0100H	Opercula	SLSH	Absent	
3ED0101W	Body Surface	RGR	Absent	
3ED0101W	Body Surface	RLSN	Absent	
3ED0101W	Body Surface	SPDF	Absent	
3ED0101W	Body Surface	HMRB	Absent	
3ED0101W	Body Surface	FDC	Absent	
3ED0101W	Body Surface	BFG	Absent	
3ED0101W	Body Surface	PRST	Absent	
3ED0101W	Head	DFM	Absent	
3ED0101W	Mouth	ULR	Absent	
3ED0101W	Mouth	LLG	Absent	
3ED0101W	Nare	SLN	Absent	
3ED0101W	Eye, left	EXPTH	Absent	
3ED0101W	Eye, left	OPQ	Absent	
3ED0101W	Eye, left	MIS	Absent	
3ED0101W	Eye, left	HMR	Absent	
3ED0101W	Eye, left	EMB	Absent	
3ED0101W	Eye, right	EXPTH	Absent	
3ED0101W	Eye, right	OPQ	Absent	
3ED0101W	Eye, right	MIS	Absent	
3ED0101W	Eye, right	HMR	Absent	
3ED0101W	Eye, right	EMB	Absent	
3ED0101W	Opercula	SLSH	Absent	
3ED0102H	Body Surface	RGR	Absent	
3ED0102H	Body Surface	RLSN	Absent	
3ED0102H	Body Surface	SPDF	Absent	
3ED0102H	Body Surface	HMRB	Absent	
3ED0102H	Body Surface	FDC	Absent	
3ED0102H	Body Surface	BFG	Absent	
3ED0102H	Body Surface	PRST	Absent	
3ED0102H	Head	DFM	Absent	
3ED0102H	Mouth	ULR	Absent	
3ED0102H	Mouth	LLG	Absent	
3ED0102H	Nare	SLN	Absent	
3ED0102H	Eye, left	EXPTH	Absent	
3ED0102H	Eye, left	OPQ	Absent	
3ED0102H	Eye, left	MIS	Absent	
3ED0102H	Eye, left	HMR	Absent	
3ED0102H	Eye, left	EMB	Absent	
3ED0102H	Eye, right	EXPTH	Absent	
3ED0102H	Eye, right	OPQ	Absent	
3ED0102H	Eye, right	MIS	Absent	
3ED0102H	Eye, right	HMR	Absent	
3ED0102H	Eye, right	EMB	Absent	
3ED0102H	Opercula	SLSH	Absent	
3ED0103W	Body Surface	RGR	Absent	
3ED0103W	Body Surface	RLSN	Absent	
3ED0103W	Body Surface	SPDF	Absent	
3ED0103W	Body Surface	HMRB	Absent	
3ED0103W	Body Surface	FDC	Absent	
3ED0103W	Body Surface	BFG	Absent	
3ED0103W	Body Surface	PRST	Absent	
3ED0103W	Head	DFM	Absent	
3ED0103W	Mouth	ULR	Absent	
3ED0103W	Mouth	LLG	Absent	
3ED0103W	Nare	SLN	Absent	
3ED0103W	Eye, left	EXPTH	Absent	
3ED0103W	Eye, left	OPQ	Absent	
3ED0103W	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0103W	Eye, left	HMR	Absent	
3ED0103W	Eye, left	EMB	Absent	
3ED0103W	Eye, right	EXPTH	Absent	
3ED0103W	Eye, right	OPQ	Absent	
3ED0103W	Eye, right	MIS	Absent	
3ED0103W	Eye, right	HMR	Absent	
3ED0103W	Eye, right	EMB	Absent	
3ED0103W	Opercula	SLSH	Absent	
3ED0104	Body Surface	RGR	Absent	
3ED0104	Body Surface	RLSN	Absent	
3ED0104	Body Surface	SPDF	Absent	
3ED0104	Body Surface	HMRB	Absent	
3ED0104	Body Surface	FDC	Absent	
3ED0104	Body Surface	BFG	Absent	
3ED0104	Body Surface	PRST	Absent	
3ED0104	Head	DFM	Absent	
3ED0104	Mouth	ULR	Absent	
3ED0104	Mouth	LLG	Absent	
3ED0104	Nare	SLN	Absent	
3ED0104	Eye, left	EXPTH	Absent	
3ED0104	Eye, left	OPQ	Absent	
3ED0104	Eye, left	MIS	Absent	
3ED0104	Eye, left	HMR	Absent	
3ED0104	Eye, left	EMB	Absent	
3ED0104	Eye, right	EXPTH	Absent	
3ED0104	Eye, right	OPQ	Absent	
3ED0104	Eye, right	MIS	Absent	
3ED0104	Eye, right	HMR	Absent	
3ED0104	Eye, right	EMB	Absent	
3ED0104	Opercula	SLSH	Absent	
3ED0105	Body Surface	RGR	Absent	
3ED0105	Body Surface	RLSN	Absent	
3ED0105	Body Surface	SPDF	Absent	
3ED0105	Body Surface	HMRB	Absent	
3ED0105	Body Surface	FDC	Absent	
3ED0105	Body Surface	BFG	Absent	
3ED0105	Body Surface	PRST	Absent	
3ED0105	Barbel	NORM	Present	
3ED0105	Head	DFM	Absent	
3ED0105	Mouth	ULR	Absent	
3ED0105	Mouth	LLG	Absent	
3ED0105	Nare	SLN	Absent	
3ED0105	Eye, left	EXPTH	Absent	
3ED0105	Eye, left	OPQ	Absent	
3ED0105	Eye, left	MIS	Absent	
3ED0105	Eye, left	HMR	Absent	
3ED0105	Eye, left	EMB	Absent	
3ED0105	Eye, right	EXPTH	Absent	
3ED0105	Eye, right	OPQ	Absent	
3ED0105	Eye, right	MIS	Absent	
3ED0105	Eye, right	HMR	Absent	
3ED0105	Eye, right	EMB	Absent	
3ED0105	Opercula	SLSH	Absent	
3ED0106H	Body Surface	RGR	Absent	
3ED0106H	Body Surface	RLSN	Absent	
3ED0106H	Body Surface	SPDF	Absent	
3ED0106H	Body Surface	HMRB	Absent	
3ED0106H	Body Surface	FDC	Absent	
3ED0106H	Body Surface	BFG	Absent	
3ED0106H	Body Surface	PRST	Absent	
3ED0106H	Body Surface	OTHER	Present	Lacerations on body
3ED0106H	Head	DFM	Absent	
3ED0106H	Mouth	ULR	Absent	
3ED0106H	Mouth	LLG	Absent	
3ED0106H	Nare	SLN	Absent	
3ED0106H	Eye, left	EXPTH	Absent	
3ED0106H	Eye, left	OPQ	Absent	
3ED0106H	Eye, left	MIS	Absent	
3ED0106H	Eye, left	HMR	Absent	
3ED0106H	Eye, left	EMB	Absent	
3ED0106H	Eye, right	EXPTH	Absent	
3ED0106H	Eye, right	OPQ	Absent	
3ED0106H	Eye, right	MIS	Absent	
3ED0106H	Eye, right	HMR	Absent	
3ED0106H	Eye, right	EMB	Absent	
3ED0106H	Opercula	SLSH	Absent	
3ED0107	Body Surface	RGR	Absent	
3ED0107	Body Surface	RLSN	Absent	
3ED0107	Body Surface	SPDF	Absent	
3ED0107	Body Surface	HMRB	Absent	
3ED0107	Body Surface	FDC	Absent	
3ED0107	Body Surface	BFG	Absent	
3ED0107	Body Surface	PRST	Absent	
3ED0107	Body Surface	OTHER	Present	Lacerations on body
3ED0107	Head	DFM	Absent	
3ED0107	Mouth	ULR	Absent	
3ED0107	Mouth	LLG	Absent	
3ED0107	Nare	SLN	Absent	
3ED0107	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0107	Eye, left	OPQ	Absent	
3ED0107	Eye, left	MIS	Absent	
3ED0107	Eye, left	HMR	Absent	
3ED0107	Eye, left	EMB	Absent	
3ED0107	Eye, right	EXPTH	Absent	
3ED0107	Eye, right	OPQ	Absent	
3ED0107	Eye, right	MIS	Absent	
3ED0107	Eye, right	HMR	Absent	
3ED0107	Eye, right	EMB	Absent	
3ED0107	Opercula	SLSH	Absent	
3ED0108	Body Surface	RGR	Absent	
3ED0108	Body Surface	RLSN	Absent	
3ED0108	Body Surface	SPDF	Absent	
3ED0108	Body Surface	HMRB	Absent	
3ED0108	Body Surface	FDC	Absent	
3ED0108	Body Surface	BFG	Absent	
3ED0108	Body Surface	PRST	Absent	
3ED0108	Body Surface	OTHER	Present	Healed lacerations
3ED0108	Head	DFM	Absent	
3ED0108	Mouth	ULR	Absent	
3ED0108	Mouth	LLG	Absent	
3ED0108	Nare	SLN	Absent	
3ED0108	Eye, left	EXPTH	Absent	
3ED0108	Eye, left	OPQ	Absent	
3ED0108	Eye, left	MIS	Absent	
3ED0108	Eye, left	HMR	Absent	
3ED0108	Eye, left	EMB	Absent	
3ED0108	Eye, right	EXPTH	Absent	
3ED0108	Eye, right	OPQ	Absent	
3ED0108	Eye, right	MIS	Absent	
3ED0108	Eye, right	HMR	Absent	
3ED0108	Eye, right	EMB	Absent	
3ED0108	Opercula	SLSH	Absent	
3ED0109	Body Surface	RGR	Absent	
3ED0109	Body Surface	RLSN	Absent	
3ED0109	Body Surface	SPDF	Absent	
3ED0109	Body Surface	HMRB	Absent	
3ED0109	Body Surface	FDC	Absent	
3ED0109	Body Surface	BFG	Absent	
3ED0109	Body Surface	PRST	Absent	
3ED0109	Body Surface	OTHER	Present	Healed lacerations
3ED0109	Head	DFM	Absent	
3ED0109	Mouth	ULR	Absent	
3ED0109	Mouth	LLG	Absent	
3ED0109	Nare	SLN	Absent	
3ED0109	Eye, left	EXPTH	Absent	
3ED0109	Eye, left	OPQ	Absent	
3ED0109	Eye, left	MIS	Absent	
3ED0109	Eye, left	HMR	Absent	
3ED0109	Eye, left	EMB	Absent	
3ED0109	Eye, right	EXPTH	Absent	
3ED0109	Eye, right	OPQ	Absent	
3ED0109	Eye, right	MIS	Absent	
3ED0109	Eye, right	HMR	Absent	
3ED0109	Eye, right	EMB	Absent	
3ED0109	Opercula	SLSH	Absent	
3ED0110	Body Surface	RGR	Absent	
3ED0110	Body Surface	RLSN	Absent	
3ED0110	Body Surface	SPDF	Absent	
3ED0110	Body Surface	HMRB	Absent	
3ED0110	Body Surface	FDC	Absent	
3ED0110	Body Surface	BFG	Absent	
3ED0110	Body Surface	PRST	Absent	
3ED0110	Head	DFM	Absent	
3ED0110	Mouth	ULR	Absent	
3ED0110	Mouth	LLG	Absent	
3ED0110	Nare	SLN	Absent	
3ED0110	Eye, left	EXPTH	Absent	
3ED0110	Eye, left	OPQ	Absent	
3ED0110	Eye, left	MIS	Absent	
3ED0110	Eye, left	HMR	Absent	
3ED0110	Eye, left	EMB	Absent	
3ED0110	Eye, right	EXPTH	Absent	
3ED0110	Eye, right	OPQ	Absent	
3ED0110	Eye, right	MIS	Absent	
3ED0110	Eye, right	HMR	Absent	
3ED0110	Eye, right	EMB	Absent	
3ED0110	Opercula	SLSH	Absent	
3ED0111	Body Surface	RGR	Absent	
3ED0111	Body Surface	RLSN	Absent	
3ED0111	Body Surface	SPDF	Absent	
3ED0111	Body Surface	HMRB	Absent	
3ED0111	Body Surface	FDC	Absent	
3ED0111	Body Surface	BFG	Absent	
3ED0111	Body Surface	PRST	Absent	
3ED0111	Head	DFM	Absent	
3ED0111	Mouth	ULR	Absent	
3ED0111	Mouth	LLG	Absent	
3ED0111	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0111	Eye, left	EXPTH	Absent	
3ED0111	Eye, left	OPQ	Absent	
3ED0111	Eye, left	MIS	Absent	
3ED0111	Eye, left	HMR	Absent	
3ED0111	Eye, left	EMB	Absent	
3ED0111	Eye, right	EXPTH	Absent	
3ED0111	Eye, right	OPQ	Absent	
3ED0111	Eye, right	MIS	Absent	
3ED0111	Eye, right	HMR	Absent	
3ED0111	Eye, right	EMB	Absent	
3ED0111	Opercula	SLSH	Absent	
3ED0112	Body Surface	RGR	Absent	
3ED0112	Body Surface	RLSN	Absent	
3ED0112	Body Surface	SPDF	Absent	
3ED0112	Body Surface	HMRB	Absent	
3ED0112	Body Surface	FDC	Absent	
3ED0112	Body Surface	BFG	Absent	
3ED0112	Body Surface	PRST	Absent	
3ED0112	Body Surface	OTHER	Present	Damage from handling
3ED0112	Head	DFM	Absent	
3ED0112	Mouth	ULR	Absent	
3ED0112	Mouth	LLG	Absent	
3ED0112	Nare	SLN	Absent	
3ED0112	Eye, left	EXPTH	Absent	
3ED0112	Eye, left	OPQ	Absent	
3ED0112	Eye, left	MIS	Absent	
3ED0112	Eye, left	HMR	Absent	
3ED0112	Eye, left	EMB	Absent	
3ED0112	Eye, right	EXPTH	Absent	
3ED0112	Eye, right	OPQ	Absent	
3ED0112	Eye, right	MIS	Absent	
3ED0112	Eye, right	HMR	Absent	
3ED0112	Eye, right	EMB	Absent	
3ED0112	Opercula	SLSH	Absent	
3ED0113	Body Surface	RGR	Absent	
3ED0113	Body Surface	RLSN	Absent	
3ED0113	Body Surface	SPDF	Absent	
3ED0113	Body Surface	HMRB	Absent	
3ED0113	Body Surface	FDC	Absent	
3ED0113	Body Surface	BFG	Absent	
3ED0113	Body Surface	PRST	Absent	
3ED0113	Head	DFM	Absent	
3ED0113	Mouth	ULR	Absent	
3ED0113	Mouth	LLG	Absent	
3ED0113	Nare	SLN	Absent	
3ED0113	Eye, left	EXPTH	Absent	
3ED0113	Eye, left	OPQ	Absent	
3ED0113	Eye, left	MIS	Absent	
3ED0113	Eye, left	HMR	Absent	
3ED0113	Eye, left	EMB	Absent	
3ED0113	Eye, right	EXPTH	Absent	
3ED0113	Eye, right	OPQ	Absent	
3ED0113	Eye, right	MIS	Absent	
3ED0113	Eye, right	HMR	Absent	
3ED0113	Eye, right	EMB	Absent	
3ED0113	Opercula	SLSH	Absent	
3ED0114	Body Surface	RGR	Absent	
3ED0114	Body Surface	RLSN	Absent	
3ED0114	Body Surface	SPDF	Absent	
3ED0114	Body Surface	HMRB	Absent	
3ED0114	Body Surface	FDC	Absent	
3ED0114	Body Surface	BFG	Absent	
3ED0114	Body Surface	PRST	Absent	
3ED0114	Head	DFM	Absent	
3ED0114	Mouth	ULR	Absent	
3ED0114	Mouth	LLG	Absent	
3ED0114	Nare	SLN	Absent	
3ED0114	Eye, left	EXPTH	Absent	
3ED0114	Eye, left	OPQ	Absent	
3ED0114	Eye, left	MIS	Absent	
3ED0114	Eye, left	HMR	Absent	
3ED0114	Eye, left	EMB	Absent	
3ED0114	Eye, right	EXPTH	Absent	
3ED0114	Eye, right	OPQ	Absent	
3ED0114	Eye, right	MIS	Absent	
3ED0114	Eye, right	HMR	Absent	
3ED0114	Eye, right	EMB	Absent	
3ED0114	Opercula	SLSH	Absent	
3ED0115	Body Surface	RGR	Absent	
3ED0115	Body Surface	RLSN	Absent	
3ED0115	Body Surface	SPDF	Absent	
3ED0115	Body Surface	HMRB	Absent	
3ED0115	Body Surface	FDC	Absent	
3ED0115	Body Surface	BFG	Absent	
3ED0115	Body Surface	PRST	Absent	
3ED0115	Head	DFM	Absent	
3ED0115	Mouth	ULR	Absent	
3ED0115	Mouth	LLG	Absent	
3ED0115	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0115	Eye, left	EXPTH	Absent	
3ED0115	Eye, left	OPQ	Absent	
3ED0115	Eye, left	MIS	Absent	
3ED0115	Eye, left	HMR	Absent	
3ED0115	Eye, left	EMB	Absent	
3ED0115	Eye, right	EXPTH	Absent	
3ED0115	Eye, right	OPQ	Absent	
3ED0115	Eye, right	MIS	Absent	
3ED0115	Eye, right	HMR	Absent	
3ED0115	Eye, right	EMB	Absent	
3ED0115	Opercula	SLSH	Absent	
3ED0116	Body Surface	RGR	Absent	
3ED0116	Body Surface	RLSN	Absent	
3ED0116	Body Surface	SPDF	Absent	
3ED0116	Body Surface	HMRB	Absent	
3ED0116	Body Surface	FDC	Absent	
3ED0116	Body Surface	BFG	Absent	
3ED0116	Body Surface	PRST	Absent	
3ED0116	Head	DFM	Absent	
3ED0116	Mouth	ULR	Absent	
3ED0116	Mouth	LLG	Absent	
3ED0116	Nare	SLN	Absent	
3ED0116	Eye, left	EXPTH	Absent	
3ED0116	Eye, left	OPQ	Absent	
3ED0116	Eye, left	MIS	Absent	
3ED0116	Eye, left	HMR	Absent	
3ED0116	Eye, left	EMB	Absent	
3ED0116	Eye, right	EXPTH	Absent	
3ED0116	Eye, right	OPQ	Absent	
3ED0116	Eye, right	MIS	Absent	
3ED0116	Eye, right	HMR	Absent	
3ED0116	Eye, right	EMB	Absent	
3ED0116	Opercula	SLSH	Absent	
3ED0117	Body Surface	RGR	Absent	
3ED0117	Body Surface	RLSN	Absent	
3ED0117	Body Surface	SPDF	Absent	
3ED0117	Body Surface	HMRB	Absent	
3ED0117	Body Surface	FDC	Absent	
3ED0117	Body Surface	BFG	Absent	
3ED0117	Body Surface	PRST	Absent	
3ED0117	Head	DFM	Absent	
3ED0117	Mouth	ULR	Absent	
3ED0117	Mouth	LLG	Absent	
3ED0117	Nare	SLN	Absent	
3ED0117	Eye, left	EXPTH	Absent	
3ED0117	Eye, left	OPQ	Absent	
3ED0117	Eye, left	MIS	Absent	
3ED0117	Eye, left	HMR	Absent	
3ED0117	Eye, left	EMB	Absent	
3ED0117	Eye, right	EXPTH	Absent	
3ED0117	Eye, right	OPQ	Absent	
3ED0117	Eye, right	MIS	Absent	
3ED0117	Eye, right	HMR	Absent	
3ED0117	Eye, right	EMB	Absent	
3ED0117	Opercula	SLSH	Absent	
3ED0118	Body Surface	RGR	Absent	
3ED0118	Body Surface	RLSN	Absent	
3ED0118	Body Surface	SPDF	Absent	
3ED0118	Body Surface	HMRB	Absent	
3ED0118	Body Surface	FDC	Absent	
3ED0118	Body Surface	BFG	Absent	
3ED0118	Body Surface	PRST	Absent	
3ED0118	Head	DFM	Absent	
3ED0118	Mouth	ULR	Absent	
3ED0118	Mouth	LLG	Absent	
3ED0118	Nare	SLN	Absent	
3ED0118	Eye, left	EXPTH	Absent	
3ED0118	Eye, left	OPQ	Absent	
3ED0118	Eye, left	MIS	Absent	
3ED0118	Eye, left	HMR	Absent	
3ED0118	Eye, left	EMB	Absent	
3ED0118	Eye, right	EXPTH	Absent	
3ED0118	Eye, right	OPQ	Absent	
3ED0118	Eye, right	MIS	Absent	
3ED0118	Eye, right	HMR	Absent	
3ED0118	Eye, right	EMB	Absent	
3ED0118	Opercula	SLSH	Absent	
3ED0119	Body Surface	RGR	Absent	
3ED0119	Body Surface	RLSN	Absent	
3ED0119	Body Surface	SPDF	Absent	
3ED0119	Body Surface	HMRB	Absent	
3ED0119	Body Surface	FDC	Absent	
3ED0119	Body Surface	BFG	Absent	
3ED0119	Body Surface	PRST	Absent	
3ED0119	Head	DFM	Absent	
3ED0119	Mouth	ULR	Absent	
3ED0119	Mouth	LLG	Absent	
3ED0119	Nare	SLN	Absent	
3ED0119	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0119	Eye, left	OPQ	Absent	
3ED0119	Eye, left	MIS	Absent	
3ED0119	Eye, left	HMR	Absent	
3ED0119	Eye, left	EMB	Absent	
3ED0119	Eye, right	EXPTH	Absent	
3ED0119	Eye, right	OPQ	Absent	
3ED0119	Eye, right	MIS	Absent	
3ED0119	Eye, right	HMR	Absent	
3ED0119	Eye, right	EMB	Absent	
3ED0119	Opercula	SLSH	Absent	
3ED0120	Body Surface	RGR	Absent	
3ED0120	Body Surface	RLSN	Absent	
3ED0120	Body Surface	SPDF	Absent	
3ED0120	Body Surface	HMRB	Absent	
3ED0120	Body Surface	FDC	Absent	
3ED0120	Body Surface	BFG	Absent	
3ED0120	Body Surface	PRST	Absent	
3ED0120	Head	DFM	Absent	
3ED0120	Mouth	ULR	Absent	
3ED0120	Mouth	LLG	Absent	
3ED0120	Nare	SLN	Absent	
3ED0120	Eye, left	EXPTH	Absent	
3ED0120	Eye, left	OPQ	Absent	
3ED0120	Eye, left	MIS	Absent	
3ED0120	Eye, left	HMR	Absent	
3ED0120	Eye, left	EMB	Absent	
3ED0120	Eye, right	EXPTH	Absent	
3ED0120	Eye, right	OPQ	Absent	
3ED0120	Eye, right	MIS	Absent	
3ED0120	Eye, right	HMR	Absent	
3ED0120	Eye, right	EMB	Absent	
3ED0120	Opercula	SLSH	Absent	
3ED0122	Body Surface	RGR	Absent	
3ED0122	Body Surface	RLSN	Absent	
3ED0122	Body Surface	SPDF	Absent	
3ED0122	Body Surface	HMRB	Absent	
3ED0122	Body Surface	FDC	Absent	
3ED0122	Body Surface	BFG	Absent	
3ED0122	Body Surface	PRST	Absent	
3ED0122	Head	DFM	Absent	
3ED0122	Mouth	ULR	Absent	
3ED0122	Mouth	LLG	Absent	
3ED0122	Nare	SLN	Absent	
3ED0122	Eye, left	EXPTH	Absent	
3ED0122	Eye, left	OPQ	Absent	
3ED0122	Eye, left	MIS	Absent	
3ED0122	Eye, left	HMR	Absent	
3ED0122	Eye, left	EMB	Absent	
3ED0122	Eye, right	EXPTH	Absent	
3ED0122	Eye, right	OPQ	Absent	
3ED0122	Eye, right	MIS	Absent	
3ED0122	Eye, right	HMR	Absent	
3ED0122	Eye, right	EMB	Absent	
3ED0122	Opercula	SLSH	Absent	
3ED0123	Body Surface	RGR	Absent	
3ED0123	Body Surface	RLSN	Absent	
3ED0123	Body Surface	SPDF	Absent	
3ED0123	Body Surface	HMRB	Absent	
3ED0123	Body Surface	FDC	Absent	
3ED0123	Body Surface	BFG	Absent	
3ED0123	Body Surface	PRST	Absent	
3ED0123	Head	DFM	Absent	
3ED0123	Mouth	ULR	Absent	
3ED0123	Mouth	LLG	Absent	
3ED0123	Nare	SLN	Absent	
3ED0123	Eye, left	EXPTH	Absent	
3ED0123	Eye, left	OPQ	Absent	
3ED0123	Eye, left	MIS	Absent	
3ED0123	Eye, left	HMR	Absent	
3ED0123	Eye, left	EMB	Absent	
3ED0123	Eye, right	EXPTH	Absent	
3ED0123	Eye, right	OPQ	Absent	
3ED0123	Eye, right	MIS	Absent	
3ED0123	Eye, right	HMR	Absent	
3ED0123	Eye, right	EMB	Absent	
3ED0123	Opercula	SLSH	Absent	
3ED0124	Body Surface	RGR	Absent	
3ED0124	Body Surface	RGR	Absent	
3ED0124	Body Surface	RLSN	Absent	
3ED0124	Body Surface	RLSN	Absent	
3ED0124	Body Surface	SPDF	Absent	
3ED0124	Body Surface	SPDF	Absent	
3ED0124	Body Surface	HMRB	Absent	
3ED0124	Body Surface	HMRB	Absent	
3ED0124	Body Surface	FDC	Absent	
3ED0124	Body Surface	FDC	Absent	
3ED0124	Body Surface	BFG	Absent	
3ED0124	Body Surface	BFG	Absent	
3ED0124	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0124	Body Surface	PRST	Absent	
3ED0124	Body Surface	OTHER	Present	Healed lacerations
3ED0124	Head	DFM	Absent	
3ED0124	Head	DFM	Absent	
3ED0124	Mouth	ULR	Absent	
3ED0124	Mouth	ULR	Absent	
3ED0124	Mouth	LLG	Absent	
3ED0124	Mouth	LLG	Absent	
3ED0124	Nare	SLN	Absent	
3ED0124	Nare	SLN	Absent	
3ED0124	Eye, left	EXPTH	Absent	
3ED0124	Eye, left	EXPTH	Absent	
3ED0124	Eye, left	OPQ	Absent	
3ED0124	Eye, left	OPQ	Absent	
3ED0124	Eye, left	MIS	Absent	
3ED0124	Eye, left	MIS	Absent	
3ED0124	Eye, left	HMR	Absent	
3ED0124	Eye, left	HMR	Absent	
3ED0124	Eye, left	EMB	Absent	
3ED0124	Eye, left	EMB	Absent	
3ED0124	Eye, right	EXPTH	Absent	
3ED0124	Eye, right	EXPTH	Absent	
3ED0124	Eye, right	OPQ	Absent	
3ED0124	Eye, right	OPQ	Absent	
3ED0124	Eye, right	MIS	Absent	
3ED0124	Eye, right	MIS	Absent	
3ED0124	Eye, right	HMR	Absent	
3ED0124	Eye, right	HMR	Absent	
3ED0124	Eye, right	EMB	Absent	
3ED0124	Eye, right	EMB	Absent	
3ED0124	Opercula	SLSH	Absent	
3ED0124	Opercula	SLSH	Absent	
3ED0125	Body Surface	RGR	Absent	
3ED0125	Body Surface	RLSN	Absent	
3ED0125	Body Surface	SPDF	Absent	
3ED0125	Body Surface	HMRB	Absent	
3ED0125	Body Surface	FDC	Absent	
3ED0125	Body Surface	BFG	Absent	
3ED0125	Body Surface	PRST	Absent	
3ED0125	Head	DFM	Absent	
3ED0125	Mouth	ULR	Absent	
3ED0125	Mouth	LLG	Absent	
3ED0125	Nare	SLN	Absent	
3ED0125	Eye, left	EXPTH	Absent	
3ED0125	Eye, left	OPQ	Absent	
3ED0125	Eye, left	MIS	Absent	
3ED0125	Eye, left	HMR	Absent	
3ED0125	Eye, left	EMB	Absent	
3ED0125	Eye, right	EXPTH	Absent	
3ED0125	Eye, right	OPQ	Absent	
3ED0125	Eye, right	MIS	Absent	
3ED0125	Eye, right	HMR	Absent	
3ED0125	Eye, right	EMB	Absent	
3ED0125	Opercula	SLSH	Absent	
3ED0126	Body Surface	RGR	Absent	
3ED0126	Body Surface	RLSN	Absent	
3ED0126	Body Surface	SPDF	Absent	
3ED0126	Body Surface	HMRB	Absent	
3ED0126	Body Surface	FDC	Absent	
3ED0126	Body Surface	BFG	Absent	
3ED0126	Body Surface	PRST	Absent	
3ED0126	Head	DFM	Absent	
3ED0126	Mouth	ULR	Absent	
3ED0126	Mouth	LLG	Absent	
3ED0126	Nare	SLN	Absent	
3ED0126	Eye, left	EXPTH	Absent	
3ED0126	Eye, left	OPQ	Absent	
3ED0126	Eye, left	MIS	Absent	
3ED0126	Eye, left	HMR	Absent	
3ED0126	Eye, left	EMB	Absent	
3ED0126	Eye, right	EXPTH	Absent	
3ED0126	Eye, right	OPQ	Absent	
3ED0126	Eye, right	MIS	Absent	
3ED0126	Eye, right	HMR	Absent	
3ED0126	Eye, right	EMB	Absent	
3ED0126	Opercula	SLSH	Absent	
3ED0127	Body Surface	RGR	Absent	
3ED0127	Body Surface	RLSN	Absent	
3ED0127	Body Surface	SPDF	Absent	
3ED0127	Body Surface	HMRB	Absent	
3ED0127	Body Surface	FDC	Absent	
3ED0127	Body Surface	BFG	Absent	
3ED0127	Body Surface	PRST	Absent	
3ED0127	Head	DFM	Absent	
3ED0127	Mouth	ULR	Present	
3ED0127	Mouth	LLG	Absent	
3ED0127	Nare	SLN	Absent	
3ED0127	Eye, left	EXPTH	Absent	
3ED0127	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0127	Eye, left	MIS	Absent	
3ED0127	Eye, left	HMR	Absent	
3ED0127	Eye, left	EMB	Absent	
3ED0127	Eye, right	EXPTH	Absent	
3ED0127	Eye, right	OPQ	Absent	
3ED0127	Eye, right	MIS	Absent	
3ED0127	Eye, right	HMR	Absent	
3ED0127	Eye, right	EMB	Absent	
3ED0127	Opercula	SLSH	Absent	
3ED0128	Body Surface	RGR	Absent	
3ED0128	Body Surface	RLSN	Absent	
3ED0128	Body Surface	SPDF	Absent	
3ED0128	Body Surface	HMRB	Absent	
3ED0128	Body Surface	FDC	Absent	
3ED0128	Body Surface	BFG	Absent	
3ED0128	Body Surface	PRST	Absent	
3ED0128	Head	DFM	Absent	
3ED0128	Mouth	ULR	Absent	
3ED0128	Mouth	LLG	Absent	
3ED0128	Nare	SLN	Absent	
3ED0128	Eye, left	EXPTH	Absent	
3ED0128	Eye, left	OPQ	Absent	
3ED0128	Eye, left	MIS	Absent	
3ED0128	Eye, left	HMR	Absent	
3ED0128	Eye, left	EMB	Absent	
3ED0128	Eye, right	EXPTH	Absent	
3ED0128	Eye, right	OPQ	Absent	
3ED0128	Eye, right	MIS	Absent	
3ED0128	Eye, right	HMR	Absent	
3ED0128	Eye, right	EMB	Absent	
3ED0128	Opercula	SLSH	Absent	
3ED0129	Body Surface	RGR	Absent	
3ED0129	Body Surface	RLSN	Absent	
3ED0129	Body Surface	SPDF	Absent	
3ED0129	Body Surface	HMRB	Absent	
3ED0129	Body Surface	FDC	Absent	
3ED0129	Body Surface	BFG	Absent	
3ED0129	Body Surface	PRST	Absent	
3ED0129	Body Surface	OTHER	Present	Scar on abdomen
3ED0129	Head	DFM	Absent	
3ED0129	Mouth	ULR	Absent	
3ED0129	Mouth	LLG	Absent	
3ED0129	Nare	SLN	Absent	
3ED0129	Eye, left	EXPTH	Absent	
3ED0129	Eye, left	OPQ	Absent	
3ED0129	Eye, left	MIS	Absent	
3ED0129	Eye, left	HMR	Absent	
3ED0129	Eye, left	EMB	Absent	
3ED0129	Eye, right	EXPTH	Absent	
3ED0129	Eye, right	OPQ	Absent	
3ED0129	Eye, right	MIS	Absent	
3ED0129	Eye, right	HMR	Absent	
3ED0129	Eye, right	EMB	Absent	
3ED0129	Opercula	SLSH	Absent	
3ED0130	Body Surface	RGR	Absent	
3ED0130	Body Surface	RLSN	Absent	
3ED0130	Body Surface	SPDF	Absent	
3ED0130	Body Surface	HMRB	Absent	
3ED0130	Body Surface	FDC	Absent	
3ED0130	Body Surface	BFG	Absent	
3ED0130	Body Surface	PRST	Absent	
3ED0130	Head	DFM	Absent	
3ED0130	Mouth	ULR	Absent	
3ED0130	Mouth	LLG	Absent	
3ED0130	Nare	SLN	Absent	
3ED0130	Eye, left	EXPTH	Absent	
3ED0130	Eye, left	OPQ	Absent	
3ED0130	Eye, left	MIS	Absent	
3ED0130	Eye, left	HMR	Absent	
3ED0130	Eye, left	EMB	Absent	
3ED0130	Eye, right	EXPTH	Absent	
3ED0130	Eye, right	OPQ	Absent	
3ED0130	Eye, right	MIS	Absent	
3ED0130	Eye, right	HMR	Absent	
3ED0130	Eye, right	EMB	Absent	
3ED0130	Opercula	SLSH	Absent	
3ED0131	Body Surface	RGR	Absent	
3ED0131	Body Surface	RLSN	Absent	
3ED0131	Body Surface	SPDF	Absent	
3ED0131	Body Surface	HMRB	Present	
3ED0131	Body Surface	FDC	Absent	
3ED0131	Body Surface	BFG	Absent	
3ED0131	Body Surface	PRST	Absent	
3ED0131	Head	DFM	Absent	
3ED0131	Mouth	ULR	Absent	
3ED0131	Mouth	LLG	Absent	
3ED0131	Nare	SLN	Absent	
3ED0131	Eye, left	EXPTH	Absent	
3ED0131	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0131	Eye, left	MIS	Absent	
3ED0131	Eye, left	HMR	Absent	
3ED0131	Eye, left	EMB	Absent	
3ED0131	Eye, right	EXPTH	Absent	
3ED0131	Eye, right	OPQ	Absent	
3ED0131	Eye, right	MIS	Absent	
3ED0131	Eye, right	HMR	Absent	
3ED0131	Eye, right	EMB	Absent	
3ED0131	Opercula	SLSH	Absent	
3ED0132	Body Surface	RGR	Absent	
3ED0132	Body Surface	RLSN	Absent	
3ED0132	Body Surface	SPDF	Absent	
3ED0132	Body Surface	HMRB	Absent	
3ED0132	Body Surface	FDC	Absent	
3ED0132	Body Surface	BFG	Absent	
3ED0132	Body Surface	PRST	Absent	
3ED0132	Head	DFM	Absent	
3ED0132	Mouth	ULR	Absent	
3ED0132	Mouth	LLG	Absent	
3ED0132	Nare	SLN	Absent	
3ED0132	Eye, left	EXPTH	Absent	
3ED0132	Eye, left	OPQ	Absent	
3ED0132	Eye, left	MIS	Absent	
3ED0132	Eye, left	HMR	Absent	
3ED0132	Eye, left	EMB	Absent	
3ED0132	Eye, right	EXPTH	Absent	
3ED0132	Eye, right	OPQ	Absent	
3ED0132	Eye, right	MIS	Absent	
3ED0132	Eye, right	HMR	Absent	
3ED0132	Eye, right	EMB	Absent	
3ED0132	Opercula	SLSH	Absent	
3ED0133	Body Surface	RGR	Absent	
3ED0133	Body Surface	RLSN	Absent	
3ED0133	Body Surface	SPDF	Absent	
3ED0133	Body Surface	HMRB	Absent	
3ED0133	Body Surface	FDC	Absent	
3ED0133	Body Surface	BFG	Absent	
3ED0133	Body Surface	PRST	Absent	
3ED0133	Head	DFM	Absent	
3ED0133	Mouth	ULR	Absent	
3ED0133	Mouth	LLG	Absent	
3ED0133	Nare	SLN	Absent	
3ED0133	Eye, left	EXPTH	Absent	
3ED0133	Eye, left	OPQ	Absent	
3ED0133	Eye, left	MIS	Absent	
3ED0133	Eye, left	HMR	Absent	
3ED0133	Eye, left	EMB	Absent	
3ED0133	Eye, right	EXPTH	Absent	
3ED0133	Eye, right	OPQ	Absent	
3ED0133	Eye, right	MIS	Absent	
3ED0133	Eye, right	HMR	Absent	
3ED0133	Eye, right	EMB	Absent	
3ED0133	Opercula	OTHER	Present	Red spot
3ED0133	Opercula	SLSH	Absent	
3ED0134	Body Surface	RGR	Absent	
3ED0134	Body Surface	RLSN	Absent	
3ED0134	Body Surface	SPDF	Absent	
3ED0134	Body Surface	HMRB	Absent	
3ED0134	Body Surface	FDC	Absent	
3ED0134	Body Surface	BFG	Absent	
3ED0134	Body Surface	PRST	Absent	
3ED0134	Head	DFM	Absent	
3ED0134	Mouth	ULR	Absent	
3ED0134	Mouth	LLG	Absent	
3ED0134	Nare	SLN	Absent	
3ED0134	Eye, left	EXPTH	Absent	
3ED0134	Eye, left	OPQ	Absent	
3ED0134	Eye, left	MIS	Absent	
3ED0134	Eye, left	HMR	Absent	
3ED0134	Eye, left	EMB	Absent	
3ED0134	Eye, right	EXPTH	Absent	
3ED0134	Eye, right	OPQ	Absent	
3ED0134	Eye, right	MIS	Absent	
3ED0134	Eye, right	HMR	Absent	
3ED0134	Eye, right	EMB	Absent	
3ED0134	Opercula	SLSH	Absent	
3ED0135	Body Surface	RGR	Absent	
3ED0135	Body Surface	RLSN	Absent	
3ED0135	Body Surface	SPDF	Absent	
3ED0135	Body Surface	HMRB	Absent	
3ED0135	Body Surface	FDC	Absent	
3ED0135	Body Surface	BFG	Absent	
3ED0135	Body Surface	PRST	Absent	
3ED0135	Head	DFM	Absent	
3ED0135	Mouth	ULR	Absent	
3ED0135	Mouth	LLG	Absent	
3ED0135	Nare	SLN	Absent	
3ED0135	Eye, left	EXPTH	Absent	
3ED0135	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0135	Eye, left	MIS	Absent	
3ED0135	Eye, left	HMR	Absent	
3ED0135	Eye, left	EMB	Absent	
3ED0135	Eye, right	EXPTH	Absent	
3ED0135	Eye, right	OPQ	Absent	
3ED0135	Eye, right	MIS	Absent	
3ED0135	Eye, right	HMR	Absent	
3ED0135	Eye, right	EMB	Absent	
3ED0135	Opercula	SLSH	Absent	
3ED0136	Body Surface	RGR	Absent	
3ED0136	Body Surface	RLSN	Absent	
3ED0136	Body Surface	SPDF	Absent	
3ED0136	Body Surface	HMRB	Absent	
3ED0136	Body Surface	FDC	Absent	
3ED0136	Body Surface	BFG	Absent	
3ED0136	Body Surface	PRST	Absent	
3ED0136	Head	DFM	Absent	
3ED0136	Mouth	ULR	Absent	
3ED0136	Mouth	LLG	Absent	
3ED0136	Nare	SLN	Absent	
3ED0136	Eye, left	EXPTH	Absent	
3ED0136	Eye, left	OPQ	Absent	
3ED0136	Eye, left	MIS	Absent	
3ED0136	Eye, left	HMR	Absent	
3ED0136	Eye, left	EMB	Absent	
3ED0136	Eye, right	EXPTH	Absent	
3ED0136	Eye, right	OPQ	Absent	
3ED0136	Eye, right	MIS	Absent	
3ED0136	Eye, right	HMR	Absent	
3ED0136	Eye, right	EMB	Absent	
3ED0136	Opercula	SLSH	Absent	
3ED0137	Body Surface	RGR	Absent	
3ED0137	Body Surface	RLSN	Absent	
3ED0137	Body Surface	SPDF	Absent	
3ED0137	Body Surface	HMRB	Absent	
3ED0137	Body Surface	FDC	Absent	
3ED0137	Body Surface	BFG	Absent	
3ED0137	Body Surface	PRST	Absent	
3ED0137	Head	DFM	Absent	
3ED0137	Mouth	ULR	Absent	
3ED0137	Mouth	LLG	Absent	
3ED0137	Nare	SLN	Absent	
3ED0137	Eye, left	EXPTH	Absent	
3ED0137	Eye, left	OPQ	Absent	
3ED0137	Eye, left	MIS	Absent	
3ED0137	Eye, left	HMR	Absent	
3ED0137	Eye, left	EMB	Absent	
3ED0137	Eye, right	EXPTH	Absent	
3ED0137	Eye, right	OPQ	Absent	
3ED0137	Eye, right	MIS	Absent	
3ED0137	Eye, right	HMR	Absent	
3ED0137	Eye, right	EMB	Absent	
3ED0137	Opercula	SLSH	Absent	
3ED0138	Body Surface	RGR	Absent	
3ED0138	Body Surface	RLSN	Present	
3ED0138	Body Surface	SPDF	Absent	
3ED0138	Body Surface	HMRB	Absent	
3ED0138	Body Surface	FDC	Absent	
3ED0138	Body Surface	BFG	Absent	
3ED0138	Body Surface	PRST	Absent	
3ED0138	Head	DFM	Absent	
3ED0138	Mouth	ULR	Absent	
3ED0138	Mouth	LLG	Absent	
3ED0138	Nare	SLN	Absent	
3ED0138	Eye, left	EXPTH	Absent	
3ED0138	Eye, left	OPQ	Absent	
3ED0138	Eye, left	MIS	Absent	
3ED0138	Eye, left	HMR	Absent	
3ED0138	Eye, left	EMB	Absent	
3ED0138	Eye, right	EXPTH	Absent	
3ED0138	Eye, right	OPQ	Absent	
3ED0138	Eye, right	MIS	Absent	
3ED0138	Eye, right	HMR	Absent	
3ED0138	Eye, right	EMB	Absent	
3ED0138	Opercula	SLSH	Absent	
3ED0139	Body Surface	RGR	Absent	
3ED0139	Body Surface	RLSN	Absent	
3ED0139	Body Surface	SPDF	Absent	
3ED0139	Body Surface	HMRB	Absent	
3ED0139	Body Surface	FDC	Absent	
3ED0139	Body Surface	BFG	Absent	
3ED0139	Body Surface	PRST	Absent	
3ED0139	Head	DFM	Absent	
3ED0139	Mouth	ULR	Absent	
3ED0139	Mouth	LLG	Absent	
3ED0139	Nare	SLN	Absent	
3ED0139	Eye, left	EXPTH	Absent	
3ED0139	Eye, left	OPQ	Absent	
3ED0139	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0139	Eye, left	HMR	Absent	
3ED0139	Eye, left	EMB	Absent	
3ED0139	Eye, right	EXPTH	Absent	
3ED0139	Eye, right	OPQ	Absent	
3ED0139	Eye, right	MIS	Absent	
3ED0139	Eye, right	HMR	Absent	
3ED0139	Eye, right	EMB	Absent	
3ED0139	Opercula	SLSH	Absent	
3ED0140	Body Surface	RGR	Absent	
3ED0140	Body Surface	RLSN	Absent	
3ED0140	Body Surface	SPDF	Absent	
3ED0140	Body Surface	HMRB	Absent	
3ED0140	Body Surface	FDC	Absent	
3ED0140	Body Surface	BFG	Absent	
3ED0140	Body Surface	PRST	Absent	
3ED0140	Head	DFM	Absent	
3ED0140	Mouth	ULR	Absent	
3ED0140	Mouth	LLG	Absent	
3ED0140	Nare	SLN	Absent	
3ED0140	Eye, left	EXPTH	Absent	
3ED0140	Eye, left	OPQ	Absent	
3ED0140	Eye, left	MIS	Absent	
3ED0140	Eye, left	HMR	Absent	
3ED0140	Eye, left	EMB	Absent	
3ED0140	Eye, right	EXPTH	Absent	
3ED0140	Eye, right	OPQ	Absent	
3ED0140	Eye, right	MIS	Absent	
3ED0140	Eye, right	HMR	Absent	
3ED0140	Eye, right	EMB	Absent	
3ED0140	Opercula	SLSH	Absent	
3ED0141	Body Surface	RGR	Absent	
3ED0141	Body Surface	RLSN	Absent	
3ED0141	Body Surface	SPDF	Absent	
3ED0141	Body Surface	HMRB	Absent	
3ED0141	Body Surface	FDC	Absent	
3ED0141	Body Surface	BFG	Absent	
3ED0141	Body Surface	PRST	Absent	
3ED0141	Head	DFM	Absent	
3ED0141	Mouth	ULR	Absent	
3ED0141	Mouth	LLG	Absent	
3ED0141	Nare	SLN	Absent	
3ED0141	Eye, left	EXPTH	Absent	
3ED0141	Eye, left	OPQ	Absent	
3ED0141	Eye, left	MIS	Absent	
3ED0141	Eye, left	HMR	Absent	
3ED0141	Eye, left	EMB	Absent	
3ED0141	Eye, right	EXPTH	Absent	
3ED0141	Eye, right	OPQ	Absent	
3ED0141	Eye, right	MIS	Absent	
3ED0141	Eye, right	HMR	Absent	
3ED0141	Eye, right	EMB	Absent	
3ED0141	Opercula	SLSH	Absent	
3ED0142	Body Surface	RGR	Absent	
3ED0142	Body Surface	RLSN	Absent	
3ED0142	Body Surface	SPDF	Absent	
3ED0142	Body Surface	HMRB	Absent	
3ED0142	Body Surface	FDC	Absent	
3ED0142	Body Surface	BFG	Absent	
3ED0142	Body Surface	PRST	Absent	
3ED0142	Head	DFM	Absent	
3ED0142	Mouth	ULR	Absent	
3ED0142	Mouth	LLG	Absent	
3ED0142	Nare	SLN	Absent	
3ED0142	Eye, left	EXPTH	Absent	
3ED0142	Eye, left	OPQ	Absent	
3ED0142	Eye, left	MIS	Absent	
3ED0142	Eye, left	HMR	Absent	
3ED0142	Eye, left	EMB	Absent	
3ED0142	Eye, right	EXPTH	Absent	
3ED0142	Eye, right	OPQ	Absent	
3ED0142	Eye, right	MIS	Absent	
3ED0142	Eye, right	HMR	Absent	
3ED0142	Eye, right	EMB	Absent	
3ED0142	Opercula	SLSH	Absent	
3ED0143	Body Surface	RGR	Absent	
3ED0143	Body Surface	RLSN	Absent	
3ED0143	Body Surface	SPDF	Absent	
3ED0143	Body Surface	HMRB	Present	
3ED0143	Body Surface	FDC	Absent	
3ED0143	Body Surface	BFG	Absent	
3ED0143	Body Surface	PRST	Absent	
3ED0143	Head	DFM	Absent	
3ED0143	Mouth	ULR	Absent	
3ED0143	Mouth	LLG	Absent	
3ED0143	Nare	SLN	Absent	
3ED0143	Eye, left	EXPTH	Absent	
3ED0143	Eye, left	OPQ	Absent	
3ED0143	Eye, left	MIS	Absent	
3ED0143	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0143	Eye, left	EMB	Absent	
3ED0143	Eye, right	EXPTH	Absent	
3ED0143	Eye, right	OPQ	Absent	
3ED0143	Eye, right	MIS	Absent	
3ED0143	Eye, right	HMR	Absent	
3ED0143	Eye, right	EMB	Absent	
3ED0143	Opercula	SLSH	Absent	
3ED0144	Body Surface	RGR	Absent	
3ED0144	Body Surface	RLSN	Absent	
3ED0144	Body Surface	SPDF	Absent	
3ED0144	Body Surface	HMRB	Absent	
3ED0144	Body Surface	FDC	Absent	
3ED0144	Body Surface	BFG	Absent	
3ED0144	Body Surface	PRST	Absent	
3ED0144	Head	DFM	Absent	
3ED0144	Mouth	ULR	Absent	
3ED0144	Mouth	LLG	Absent	
3ED0144	Nare	SLN	Absent	
3ED0144	Eye, left	EXPTH	Absent	
3ED0144	Eye, left	OPQ	Absent	
3ED0144	Eye, left	MIS	Absent	
3ED0144	Eye, left	HMR	Absent	
3ED0144	Eye, left	EMB	Absent	
3ED0144	Eye, right	EXPTH	Absent	
3ED0144	Eye, right	OPQ	Absent	
3ED0144	Eye, right	MIS	Absent	
3ED0144	Eye, right	HMR	Absent	
3ED0144	Eye, right	EMB	Absent	
3ED0144	Opercula	SLSH	Absent	
3ED0145W	Body Surface	RGR	Absent	
3ED0145W	Body Surface	RLSN	Absent	
3ED0145W	Body Surface	SPDF	Absent	
3ED0145W	Body Surface	HMRB	Absent	
3ED0145W	Body Surface	FDC	Absent	
3ED0145W	Body Surface	BFG	Absent	
3ED0145W	Body Surface	PRST	Absent	
3ED0145W	Head	DFM	Absent	
3ED0145W	Mouth	ULR	Absent	
3ED0145W	Mouth	LLG	Absent	
3ED0145W	Nare	SLN	Absent	
3ED0145W	Eye, left	EXPTH	Absent	
3ED0145W	Eye, left	OPQ	Absent	
3ED0145W	Eye, left	MIS	Absent	
3ED0145W	Eye, left	HMR	Absent	
3ED0145W	Eye, left	EMB	Absent	
3ED0145W	Eye, right	EXPTH	Absent	
3ED0145W	Eye, right	OPQ	Absent	
3ED0145W	Eye, right	MIS	Absent	
3ED0145W	Eye, right	HMR	Absent	
3ED0145W	Eye, right	EMB	Absent	
3ED0145W	Opercula	SLSH	Absent	
3ED0146	Body Surface	RGR	Absent	
3ED0146	Body Surface	RLSN	Absent	
3ED0146	Body Surface	SPDF	Absent	
3ED0146	Body Surface	HMRB	Present	
3ED0146	Body Surface	FDC	Absent	
3ED0146	Body Surface	BFG	Absent	
3ED0146	Body Surface	PRST	Absent	
3ED0146	Head	DFM	Absent	
3ED0146	Mouth	ULR	Absent	
3ED0146	Mouth	LLG	Absent	
3ED0146	Nare	SLN	Absent	
3ED0146	Eye, left	EXPTH	Absent	
3ED0146	Eye, left	OPQ	Absent	
3ED0146	Eye, left	MIS	Absent	
3ED0146	Eye, left	HMR	Absent	
3ED0146	Eye, left	EMB	Absent	
3ED0146	Eye, right	EXPTH	Absent	
3ED0146	Eye, right	OPQ	Absent	
3ED0146	Eye, right	MIS	Absent	
3ED0146	Eye, right	HMR	Absent	
3ED0146	Eye, right	EMB	Absent	
3ED0146	Opercula	SLSH	Absent	
3ED0147	Body Surface	RGR	Absent	
3ED0147	Body Surface	RLSN	Absent	
3ED0147	Body Surface	SPDF	Absent	
3ED0147	Body Surface	HMRB	Absent	
3ED0147	Body Surface	FDC	Absent	
3ED0147	Body Surface	BFG	Absent	
3ED0147	Body Surface	PRST	Absent	
3ED0147	Head	DFM	Absent	
3ED0147	Mouth	ULR	Absent	
3ED0147	Mouth	LLG	Absent	
3ED0147	Nare	SLN	Absent	
3ED0147	Eye, left	EXPTH	Absent	
3ED0147	Eye, left	OPQ	Absent	
3ED0147	Eye, left	MIS	Absent	
3ED0147	Eye, left	HMR	Absent	
3ED0147	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0147	Eye, right	EXPTH	Absent	
3ED0147	Eye, right	OPQ	Absent	
3ED0147	Eye, right	MIS	Absent	
3ED0147	Eye, right	HMR	Absent	
3ED0147	Eye, right	EMB	Absent	
3ED0147	Opercula	SLSH	Absent	
3ED0148	Body Surface	RGR	Absent	
3ED0148	Body Surface	RLSN	Present	
3ED0148	Body Surface	SPDF	Absent	
3ED0148	Body Surface	HMRB	Absent	
3ED0148	Body Surface	FDC	Absent	
3ED0148	Body Surface	BFG	Absent	
3ED0148	Body Surface	PRST	Absent	
3ED0148	Head	DFM	Absent	
3ED0148	Mouth	ULR	Absent	
3ED0148	Mouth	LLG	Absent	
3ED0148	Nare	SLN	Absent	
3ED0148	Eye, left	EXPTH	Absent	
3ED0148	Eye, left	OPQ	Absent	
3ED0148	Eye, left	MIS	Absent	
3ED0148	Eye, left	HMR	Absent	
3ED0148	Eye, left	EMB	Absent	
3ED0148	Eye, right	EXPTH	Absent	
3ED0148	Eye, right	OPQ	Absent	
3ED0148	Eye, right	MIS	Absent	
3ED0148	Eye, right	HMR	Absent	
3ED0148	Eye, right	EMB	Absent	
3ED0148	Opercula	SLSH	Absent	
3ED0149W	Body Surface	RGR	Absent	
3ED0149W	Body Surface	RLSN	Absent	
3ED0149W	Body Surface	SPDF	Absent	
3ED0149W	Body Surface	HMRB	Absent	
3ED0149W	Body Surface	FDC	Absent	
3ED0149W	Body Surface	BFG	Absent	
3ED0149W	Body Surface	PRST	Absent	
3ED0149W	Head	DFM	Absent	
3ED0149W	Mouth	ULR	Absent	
3ED0149W	Mouth	LLG	Absent	
3ED0149W	Nare	SLN	Absent	
3ED0149W	Eye, left	EXPTH	Absent	
3ED0149W	Eye, left	OPQ	Absent	
3ED0149W	Eye, left	MIS	Absent	
3ED0149W	Eye, left	HMR	Absent	
3ED0149W	Eye, left	EMB	Absent	
3ED0149W	Eye, right	EXPTH	Absent	
3ED0149W	Eye, right	OPQ	Absent	
3ED0149W	Eye, right	MIS	Absent	
3ED0149W	Eye, right	HMR	Absent	
3ED0149W	Eye, right	EMB	Absent	
3ED0149W	Opercula	SLSH	Absent	
3ED0150	Body Surface	RGR	Absent	
3ED0150	Body Surface	RLSN	Absent	
3ED0150	Body Surface	SPDF	Absent	
3ED0150	Body Surface	HMRB	Absent	
3ED0150	Body Surface	FDC	Absent	
3ED0150	Body Surface	BFG	Absent	
3ED0150	Body Surface	PRST	Absent	
3ED0150	Head	DFM	Absent	
3ED0150	Mouth	ULR	Absent	
3ED0150	Mouth	LLG	Absent	
3ED0150	Nare	SLN	Absent	
3ED0150	Eye, left	EXPTH	Absent	
3ED0150	Eye, left	OPQ	Absent	
3ED0150	Eye, left	MIS	Absent	
3ED0150	Eye, left	HMR	Absent	
3ED0150	Eye, left	EMB	Absent	
3ED0150	Eye, right	EXPTH	Absent	
3ED0150	Eye, right	OPQ	Absent	
3ED0150	Eye, right	MIS	Absent	
3ED0150	Eye, right	HMR	Absent	
3ED0150	Eye, right	EMB	Absent	
3ED0150	Opercula	SLSH	Absent	
3ED0151	Body Surface	RGR	Absent	
3ED0151	Body Surface	RLSN	Absent	
3ED0151	Body Surface	SPDF	Absent	
3ED0151	Body Surface	HMRB	Absent	
3ED0151	Body Surface	FDC	Absent	
3ED0151	Body Surface	BFG	Absent	
3ED0151	Body Surface	PRST	Absent	
3ED0151	Head	DFM	Absent	
3ED0151	Mouth	ULR	Absent	
3ED0151	Mouth	LLG	Absent	
3ED0151	Nare	SLN	Absent	
3ED0151	Eye, left	EXPTH	Absent	
3ED0151	Eye, left	OPQ	Absent	
3ED0151	Eye, left	MIS	Absent	
3ED0151	Eye, left	HMR	Absent	
3ED0151	Eye, left	EMB	Absent	
3ED0151	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0151	Eye, right	OPQ	Absent	
3ED0151	Eye, right	MIS	Absent	
3ED0151	Eye, right	HMR	Absent	
3ED0151	Eye, right	EMB	Absent	
3ED0151	Opercula	SLSH	Absent	
3ED0152	Body Surface	RGR	Absent	
3ED0152	Body Surface	RLSN	Absent	
3ED0152	Body Surface	SPDF	Absent	
3ED0152	Body Surface	HMRB	Absent	
3ED0152	Body Surface	FDC	Absent	
3ED0152	Body Surface	BFG	Absent	
3ED0152	Body Surface	PRST	Absent	
3ED0152	Head	DFM	Absent	
3ED0152	Mouth	ULR	Absent	
3ED0152	Mouth	LLG	Absent	
3ED0152	Nare	SLN	Absent	
3ED0152	Eye, left	EXPTH	Absent	
3ED0152	Eye, left	OPQ	Absent	
3ED0152	Eye, left	MIS	Absent	
3ED0152	Eye, left	HMR	Absent	
3ED0152	Eye, left	EMB	Absent	
3ED0152	Eye, right	EXPTH	Absent	
3ED0152	Eye, right	OPQ	Absent	
3ED0152	Eye, right	MIS	Absent	
3ED0152	Eye, right	HMR	Absent	
3ED0152	Eye, right	EMB	Absent	
3ED0152	Eye, right	OTHER	Present	Red spot
3ED0152	Opercula	SLSH	Absent	
3ED0153	Body Surface	RGR	Absent	
3ED0153	Body Surface	RLSN	Absent	
3ED0153	Body Surface	SPDF	Absent	
3ED0153	Body Surface	HMRB	Absent	
3ED0153	Body Surface	FDC	Absent	
3ED0153	Body Surface	BFG	Absent	
3ED0153	Body Surface	PRST	Absent	
3ED0153	Body Surface	OTHER	Present	Lacerations on body
3ED0153	Head	DFM	Absent	
3ED0153	Mouth	ULR	Absent	
3ED0153	Mouth	LLG	Absent	
3ED0153	Nare	SLN	Absent	
3ED0153	Eye, left	EXPTH	Absent	
3ED0153	Eye, left	OPQ	Absent	
3ED0153	Eye, left	MIS	Absent	
3ED0153	Eye, left	HMR	Absent	
3ED0153	Eye, left	EMB	Absent	
3ED0153	Eye, right	EXPTH	Absent	
3ED0153	Eye, right	OPQ	Absent	
3ED0153	Eye, right	MIS	Absent	
3ED0153	Eye, right	HMR	Absent	
3ED0153	Eye, right	EMB	Absent	
3ED0153	Opercula	SLSH	Absent	
3ED0154	Body Surface	RGR	Absent	
3ED0154	Body Surface	RLSN	Absent	
3ED0154	Body Surface	SPDF	Absent	
3ED0154	Body Surface	HMRB	Absent	
3ED0154	Body Surface	FDC	Absent	
3ED0154	Body Surface	BFG	Absent	
3ED0154	Body Surface	PRST	Absent	
3ED0154	Head	DFM	Absent	
3ED0154	Mouth	ULR	Absent	
3ED0154	Mouth	LLG	Absent	
3ED0154	Nare	SLN	Absent	
3ED0154	Eye, left	EXPTH	Absent	
3ED0154	Eye, left	OPQ	Absent	
3ED0154	Eye, left	MIS	Absent	
3ED0154	Eye, left	HMR	Absent	
3ED0154	Eye, left	EMB	Absent	
3ED0154	Eye, right	EXPTH	Absent	
3ED0154	Eye, right	OPQ	Absent	
3ED0154	Eye, right	MIS	Absent	
3ED0154	Eye, right	HMR	Absent	
3ED0154	Eye, right	EMB	Absent	
3ED0154	Opercula	SLSH	Absent	
3ED0155	Body Surface	RGR	Absent	
3ED0155	Body Surface	RLSN	Absent	
3ED0155	Body Surface	SPDF	Absent	
3ED0155	Body Surface	HMRB	Absent	
3ED0155	Body Surface	FDC	Absent	
3ED0155	Body Surface	BFG	Absent	
3ED0155	Body Surface	PRST	Absent	
3ED0155	Head	DFM	Absent	
3ED0155	Mouth	ULR	Absent	
3ED0155	Mouth	LLG	Absent	
3ED0155	Nare	SLN	Absent	
3ED0155	Eye, left	EXPTH	Absent	
3ED0155	Eye, left	OPQ	Absent	
3ED0155	Eye, left	MIS	Absent	
3ED0155	Eye, left	HMR	Absent	
3ED0155	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0155	Eye, right	EXPTH	Absent	
3ED0155	Eye, right	OPQ	Absent	
3ED0155	Eye, right	MIS	Absent	
3ED0155	Eye, right	HMR	Absent	
3ED0155	Eye, right	EMB	Absent	
3ED0155	Opercula	SLSH	Absent	
3ED0156	Body Surface	RGR	Absent	
3ED0156	Body Surface	RLSN	Absent	
3ED0156	Body Surface	SPDF	Absent	
3ED0156	Body Surface	HMRB	Absent	
3ED0156	Body Surface	FDC	Absent	
3ED0156	Body Surface	BFG	Absent	
3ED0156	Body Surface	PRST	Absent	
3ED0156	Head	DFM	Absent	
3ED0156	Mouth	ULR	Absent	
3ED0156	Mouth	LLG	Absent	
3ED0156	Nare	SLN	Absent	
3ED0156	Eye, left	EXPTH	Absent	
3ED0156	Eye, left	OPQ	Absent	
3ED0156	Eye, left	MIS	Absent	
3ED0156	Eye, left	HMR	Absent	
3ED0156	Eye, left	EMB	Absent	
3ED0156	Eye, right	EXPTH	Absent	
3ED0156	Eye, right	OPQ	Absent	
3ED0156	Eye, right	MIS	Absent	
3ED0156	Eye, right	HMR	Absent	
3ED0156	Eye, right	EMB	Absent	
3ED0156	Opercula	SLSH	Absent	
3ED0157	Body Surface	RGR	Absent	
3ED0157	Body Surface	RLSN	Absent	
3ED0157	Body Surface	SPDF	Absent	
3ED0157	Body Surface	HMRB	Absent	
3ED0157	Body Surface	FDC	Absent	
3ED0157	Body Surface	BFG	Absent	
3ED0157	Body Surface	PRST	Absent	
3ED0157	Head	DFM	Absent	
3ED0157	Mouth	ULR	Absent	
3ED0157	Mouth	LLG	Absent	
3ED0157	Nare	SLN	Absent	
3ED0157	Eye, left	EXPTH	Absent	
3ED0157	Eye, left	OPQ	Absent	
3ED0157	Eye, left	MIS	Absent	
3ED0157	Eye, left	HMR	Absent	
3ED0157	Eye, left	EMB	Absent	
3ED0157	Eye, right	EXPTH	Absent	
3ED0157	Eye, right	OPQ	Absent	
3ED0157	Eye, right	MIS	Absent	
3ED0157	Eye, right	HMR	Absent	
3ED0157	Eye, right	EMB	Absent	
3ED0157	Opercula	SLSH	Absent	
3ED0158	Body Surface	RGR	Absent	
3ED0158	Body Surface	RLSN	Absent	
3ED0158	Body Surface	SPDF	Absent	
3ED0158	Body Surface	HMRB	Absent	
3ED0158	Body Surface	FDC	Absent	
3ED0158	Body Surface	BFG	Absent	
3ED0158	Body Surface	PRST	Absent	
3ED0158	Head	DFM	Absent	
3ED0158	Mouth	ULR	Absent	
3ED0158	Mouth	LLG	Absent	
3ED0158	Nare	SLN	Absent	
3ED0158	Eye, left	EXPTH	Absent	
3ED0158	Eye, left	OPQ	Absent	
3ED0158	Eye, left	MIS	Absent	
3ED0158	Eye, left	HMR	Absent	
3ED0158	Eye, left	EMB	Absent	
3ED0158	Eye, right	EXPTH	Absent	
3ED0158	Eye, right	OPQ	Absent	
3ED0158	Eye, right	MIS	Absent	
3ED0158	Eye, right	HMR	Absent	
3ED0158	Eye, right	EMB	Absent	
3ED0158	Opercula	SLSH	Absent	
3ED0159	Body Surface	RGR	Absent	
3ED0159	Body Surface	RLSN	Absent	
3ED0159	Body Surface	SPDF	Absent	
3ED0159	Body Surface	HMRB	Absent	
3ED0159	Body Surface	FDC	Absent	
3ED0159	Body Surface	BFG	Absent	
3ED0159	Body Surface	PRST	Absent	
3ED0159	Head	DFM	Absent	
3ED0159	Mouth	ULR	Absent	
3ED0159	Mouth	LLG	Absent	
3ED0159	Nare	SLN	Absent	
3ED0159	Eye, left	EXPTH	Absent	
3ED0159	Eye, left	OPQ	Absent	
3ED0159	Eye, left	MIS	Absent	
3ED0159	Eye, left	HMR	Absent	
3ED0159	Eye, left	EMB	Absent	
3ED0159	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0159	Eye, right	OPQ	Absent	
3ED0159	Eye, right	MIS	Absent	
3ED0159	Eye, right	HMR	Absent	
3ED0159	Eye, right	EMB	Absent	
3ED0159	Opercula	SLSH	Absent	
3ED0160	Body Surface	RGR	Absent	
3ED0160	Body Surface	RLSN	Absent	
3ED0160	Body Surface	SPDF	Absent	
3ED0160	Body Surface	HMRB	Absent	
3ED0160	Body Surface	FDC	Absent	
3ED0160	Body Surface	BFG	Absent	
3ED0160	Body Surface	PRST	Absent	
3ED0160	Head	DFM	Absent	
3ED0160	Mouth	ULR	Absent	
3ED0160	Mouth	LLG	Absent	
3ED0160	Nare	SLN	Absent	
3ED0160	Eye, left	EXPTH	Absent	
3ED0160	Eye, left	OPQ	Absent	
3ED0160	Eye, left	MIS	Absent	
3ED0160	Eye, left	HMR	Absent	
3ED0160	Eye, left	EMB	Absent	
3ED0160	Eye, right	EXPTH	Absent	
3ED0160	Eye, right	OPQ	Absent	
3ED0160	Eye, right	MIS	Absent	
3ED0160	Eye, right	HMR	Absent	
3ED0160	Eye, right	EMB	Absent	
3ED0160	Opercula	SLSH	Absent	
3ED0161	Body Surface	RGR	Absent	
3ED0161	Body Surface	RLSN	Absent	
3ED0161	Body Surface	SPDF	Absent	
3ED0161	Body Surface	HMRB	Absent	
3ED0161	Body Surface	FDC	Absent	
3ED0161	Body Surface	BFG	Absent	
3ED0161	Body Surface	PRST	Absent	
3ED0161	Head	DFM	Absent	
3ED0161	Mouth	ULR	Absent	
3ED0161	Mouth	LLG	Absent	
3ED0161	Nare	SLN	Absent	
3ED0161	Eye, left	EXPTH	Absent	
3ED0161	Eye, left	OPQ	Absent	
3ED0161	Eye, left	MIS	Absent	
3ED0161	Eye, left	HMR	Absent	
3ED0161	Eye, left	EMB	Absent	
3ED0161	Eye, right	EXPTH	Absent	
3ED0161	Eye, right	OPQ	Absent	
3ED0161	Eye, right	MIS	Absent	
3ED0161	Eye, right	HMR	Absent	
3ED0161	Eye, right	EMB	Absent	
3ED0161	Opercula	SLSH	Absent	
3ED0162	Body Surface	RGR	Absent	
3ED0162	Body Surface	RLSN	Absent	
3ED0162	Body Surface	SPDF	Absent	
3ED0162	Body Surface	HMRB	Absent	
3ED0162	Body Surface	FDC	Absent	
3ED0162	Body Surface	BFG	Absent	
3ED0162	Body Surface	PRST	Absent	
3ED0162	Head	DFM	Absent	
3ED0162	Mouth	ULR	Absent	
3ED0162	Mouth	LLG	Absent	
3ED0162	Nare	SLN	Absent	
3ED0162	Eye, left	EXPTH	Absent	
3ED0162	Eye, left	OPQ	Absent	
3ED0162	Eye, left	MIS	Absent	
3ED0162	Eye, left	HMR	Absent	
3ED0162	Eye, left	EMB	Absent	
3ED0162	Eye, right	EXPTH	Absent	
3ED0162	Eye, right	OPQ	Absent	
3ED0162	Eye, right	MIS	Absent	
3ED0162	Eye, right	HMR	Absent	
3ED0162	Eye, right	EMB	Absent	
3ED0162	Opercula	SLSH	Absent	
3ED0163	Body Surface	RGR	Absent	
3ED0163	Body Surface	RLSN	Absent	
3ED0163	Body Surface	SPDF	Absent	
3ED0163	Body Surface	HMRB	Absent	
3ED0163	Body Surface	FDC	Absent	
3ED0163	Body Surface	BFG	Absent	
3ED0163	Body Surface	PRST	Absent	
3ED0163	Head	DFM	Absent	
3ED0163	Mouth	ULR	Absent	
3ED0163	Mouth	LLG	Absent	
3ED0163	Nare	SLN	Absent	
3ED0163	Eye, left	EXPTH	Absent	
3ED0163	Eye, left	OPQ	Absent	
3ED0163	Eye, left	MIS	Absent	
3ED0163	Eye, left	HMR	Absent	
3ED0163	Eye, left	EMB	Absent	
3ED0163	Eye, right	EXPTH	Absent	
3ED0163	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0163	Eye, right	MIS	Absent	
3ED0163	Eye, right	HMR	Absent	
3ED0163	Eye, right	EMB	Absent	
3ED0163	Opercula	SLSH	Absent	
3ED0164	Body Surface	RGR	Absent	
3ED0164	Body Surface	RLSN	Absent	
3ED0164	Body Surface	SPDF	Absent	
3ED0164	Body Surface	HMRB	Absent	
3ED0164	Body Surface	FDC	Absent	
3ED0164	Body Surface	BFG	Absent	
3ED0164	Body Surface	PRST	Absent	
3ED0164	Head	DFM	Absent	
3ED0164	Mouth	ULR	Absent	
3ED0164	Mouth	LLG	Absent	
3ED0164	Nare	SLN	Absent	
3ED0164	Eye, left	EXPTH	Absent	
3ED0164	Eye, left	OPQ	Absent	
3ED0164	Eye, left	MIS	Absent	
3ED0164	Eye, left	HMR	Absent	
3ED0164	Eye, left	EMB	Absent	
3ED0164	Eye, right	EXPTH	Absent	
3ED0164	Eye, right	OPQ	Absent	
3ED0164	Eye, right	MIS	Absent	
3ED0164	Eye, right	HMR	Absent	
3ED0164	Eye, right	EMB	Absent	
3ED0164	Opercula	SLSH	Absent	
3ED0165	Body Surface	RGR	Absent	
3ED0165	Body Surface	RLSN	Absent	
3ED0165	Body Surface	SPDF	Absent	
3ED0165	Body Surface	HMRB	Absent	
3ED0165	Body Surface	FDC	Absent	
3ED0165	Body Surface	BFG	Absent	
3ED0165	Body Surface	PRST	Absent	
3ED0165	Head	DFM	Absent	
3ED0165	Mouth	ULR	Absent	
3ED0165	Mouth	LLG	Absent	
3ED0165	Nare	SLN	Absent	
3ED0165	Eye, left	EXPTH	Absent	
3ED0165	Eye, left	OPQ	Absent	
3ED0165	Eye, left	MIS	Absent	
3ED0165	Eye, left	HMR	Absent	
3ED0165	Eye, left	EMB	Absent	
3ED0165	Eye, right	EXPTH	Absent	
3ED0165	Eye, right	OPQ	Absent	
3ED0165	Eye, right	MIS	Absent	
3ED0165	Eye, right	HMR	Absent	
3ED0165	Eye, right	EMB	Absent	
3ED0165	Opercula	SLSH	Absent	
3ED0166	Body Surface	RGR	Absent	
3ED0166	Body Surface	RLSN	Absent	
3ED0166	Body Surface	SPDF	Absent	
3ED0166	Body Surface	HMRB	Absent	
3ED0166	Body Surface	FDC	Absent	
3ED0166	Body Surface	BFG	Absent	
3ED0166	Body Surface	PRST	Absent	
3ED0166	Head	DFM	Absent	
3ED0166	Mouth	ULR	Absent	
3ED0166	Mouth	LLG	Absent	
3ED0166	Nare	SLN	Absent	
3ED0166	Eye, left	EXPTH	Absent	
3ED0166	Eye, left	OPQ	Absent	
3ED0166	Eye, left	MIS	Absent	
3ED0166	Eye, left	HMR	Absent	
3ED0166	Eye, left	EMB	Absent	
3ED0166	Eye, right	EXPTH	Absent	
3ED0166	Eye, right	OPQ	Absent	
3ED0166	Eye, right	MIS	Absent	
3ED0166	Eye, right	HMR	Absent	
3ED0166	Eye, right	EMB	Absent	
3ED0166	Opercula	SLSH	Absent	
3ED0167	Body Surface	RGR	Absent	
3ED0167	Body Surface	RLSN	Absent	
3ED0167	Body Surface	SPDF	Absent	
3ED0167	Body Surface	HMRB	Absent	
3ED0167	Body Surface	FDC	Absent	
3ED0167	Body Surface	BFG	Absent	
3ED0167	Body Surface	PRST	Absent	
3ED0167	Head	DFM	Absent	
3ED0167	Mouth	ULR	Absent	
3ED0167	Mouth	LLG	Absent	
3ED0167	Nare	SLN	Absent	
3ED0167	Eye, left	EXPTH	Absent	
3ED0167	Eye, left	OPQ	Absent	
3ED0167	Eye, left	MIS	Absent	
3ED0167	Eye, left	HMR	Absent	
3ED0167	Eye, left	EMB	Absent	
3ED0167	Eye, right	EXPTH	Absent	
3ED0167	Eye, right	OPQ	Absent	
3ED0167	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0167	Eye, right	HMR	Absent	
3ED0167	Eye, right	EMB	Absent	
3ED0167	Opercula	SLSH	Absent	
3ED0168	Body Surface	RGR	Absent	
3ED0168	Body Surface	RLSN	Absent	
3ED0168	Body Surface	SPDF	Absent	
3ED0168	Body Surface	HMRB	Absent	
3ED0168	Body Surface	FDC	Absent	
3ED0168	Body Surface	BFG	Absent	
3ED0168	Body Surface	PRST	Absent	
3ED0168	Head	DFM	Absent	
3ED0168	Mouth	ULR	Absent	
3ED0168	Mouth	LLG	Absent	
3ED0168	Nare	SLN	Absent	
3ED0168	Eye, left	EXPTH	Absent	
3ED0168	Eye, left	OPQ	Absent	
3ED0168	Eye, left	MIS	Absent	
3ED0168	Eye, left	HMR	Absent	
3ED0168	Eye, left	EMB	Absent	
3ED0168	Eye, right	EXPTH	Absent	
3ED0168	Eye, right	OPQ	Absent	
3ED0168	Eye, right	MIS	Absent	
3ED0168	Eye, right	HMR	Absent	
3ED0168	Eye, right	EMB	Absent	
3ED0168	Opercula	SLSH	Absent	
3ED0169	Body Surface	RGR	Absent	
3ED0169	Body Surface	RLSN	Absent	
3ED0169	Body Surface	SPDF	Absent	
3ED0169	Body Surface	HMRB	Absent	
3ED0169	Body Surface	FDC	Absent	
3ED0169	Body Surface	BFG	Absent	
3ED0169	Body Surface	PRST	Absent	
3ED0169	Head	DFM	Absent	
3ED0169	Mouth	ULR	Absent	
3ED0169	Mouth	LLG	Absent	
3ED0169	Nare	SLN	Absent	
3ED0169	Eye, left	EXPTH	Absent	
3ED0169	Eye, left	OPQ	Absent	
3ED0169	Eye, left	MIS	Absent	
3ED0169	Eye, left	HMR	Absent	
3ED0169	Eye, left	EMB	Absent	
3ED0169	Eye, right	EXPTH	Absent	
3ED0169	Eye, right	OPQ	Absent	
3ED0169	Eye, right	MIS	Absent	
3ED0169	Eye, right	HMR	Absent	
3ED0169	Eye, right	EMB	Absent	
3ED0169	Opercula	SLSH	Absent	
3ED0170	Body Surface	RGR	Absent	
3ED0170	Body Surface	RLSN	Absent	
3ED0170	Body Surface	SPDF	Absent	
3ED0170	Body Surface	HMRB	Absent	
3ED0170	Body Surface	FDC	Absent	
3ED0170	Body Surface	BFG	Absent	
3ED0170	Body Surface	PRST	Absent	
3ED0170	Head	DFM	Absent	
3ED0170	Mouth	ULR	Absent	
3ED0170	Mouth	LLG	Absent	
3ED0170	Nare	SLN	Absent	
3ED0170	Eye, left	EXPTH	Absent	
3ED0170	Eye, left	OPQ	Absent	
3ED0170	Eye, left	MIS	Absent	
3ED0170	Eye, left	HMR	Absent	
3ED0170	Eye, left	EMB	Absent	
3ED0170	Eye, right	EXPTH	Absent	
3ED0170	Eye, right	OPQ	Absent	
3ED0170	Eye, right	MIS	Absent	
3ED0170	Eye, right	HMR	Absent	
3ED0170	Eye, right	EMB	Absent	
3ED0170	Opercula	SLSH	Absent	
3ED0171	Body Surface	RGR	Absent	
3ED0171	Body Surface	RLSN	Absent	
3ED0171	Body Surface	SPDF	Absent	
3ED0171	Body Surface	HMRB	Absent	
3ED0171	Body Surface	FDC	Absent	
3ED0171	Body Surface	BFG	Absent	
3ED0171	Body Surface	PRST	Absent	
3ED0171	Head	DFM	Absent	
3ED0171	Mouth	ULR	Absent	
3ED0171	Mouth	LLG	Absent	
3ED0171	Nare	SLN	Absent	
3ED0171	Eye, left	EXPTH	Absent	
3ED0171	Eye, left	OPQ	Absent	
3ED0171	Eye, left	MIS	Absent	
3ED0171	Eye, left	HMR	Absent	
3ED0171	Eye, left	EMB	Absent	
3ED0171	Eye, right	EXPTH	Absent	
3ED0171	Eye, right	OPQ	Absent	
3ED0171	Eye, right	MIS	Absent	
3ED0171	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0171	Eye, right	EMB	Absent	
3ED0171	Opercula	SLSH	Absent	
3ED0172	Body Surface	RGR	Absent	
3ED0172	Body Surface	RLSN	Absent	
3ED0172	Body Surface	SPDF	Absent	
3ED0172	Body Surface	HMRB	Absent	
3ED0172	Body Surface	FDC	Absent	
3ED0172	Body Surface	BFG	Absent	
3ED0172	Body Surface	PRST	Absent	
3ED0172	Head	DFM	Absent	
3ED0172	Mouth	ULR	Absent	
3ED0172	Mouth	LLG	Absent	
3ED0172	Nare	SLN	Absent	
3ED0172	Eye, left	EXPTH	Absent	
3ED0172	Eye, left	OPQ	Absent	
3ED0172	Eye, left	MIS	Absent	
3ED0172	Eye, left	HMR	Absent	
3ED0172	Eye, left	EMB	Absent	
3ED0172	Eye, right	EXPTH	Absent	
3ED0172	Eye, right	OPQ	Absent	
3ED0172	Eye, right	MIS	Absent	
3ED0172	Eye, right	HMR	Absent	
3ED0172	Eye, right	EMB	Absent	
3ED0172	Opercula	SLSH	Absent	
3ED0173	Body Surface	RGR	Absent	
3ED0173	Body Surface	RLSN	Absent	
3ED0173	Body Surface	SPDF	Absent	
3ED0173	Body Surface	HMRB	Absent	
3ED0173	Body Surface	FDC	Absent	
3ED0173	Body Surface	BFG	Absent	
3ED0173	Body Surface	PRST	Absent	
3ED0173	Head	DFM	Absent	
3ED0173	Mouth	ULR	Absent	
3ED0173	Mouth	LLG	Absent	
3ED0173	Nare	SLN	Absent	
3ED0173	Eye, left	EXPTH	Absent	
3ED0173	Eye, left	OPQ	Absent	
3ED0173	Eye, left	MIS	Absent	
3ED0173	Eye, left	HMR	Absent	
3ED0173	Eye, left	EMB	Absent	
3ED0173	Eye, right	EXPTH	Absent	
3ED0173	Eye, right	OPQ	Absent	
3ED0173	Eye, right	MIS	Absent	
3ED0173	Eye, right	HMR	Absent	
3ED0173	Eye, right	EMB	Absent	
3ED0173	Opercula	SLSH	Absent	
3ED0174	Body Surface	RGR	Absent	
3ED0174	Body Surface	RLSN	Absent	
3ED0174	Body Surface	SPDF	Absent	
3ED0174	Body Surface	HMRB	Absent	
3ED0174	Body Surface	FDC	Absent	
3ED0174	Body Surface	BFG	Absent	
3ED0174	Body Surface	PRST	Absent	
3ED0174	Head	DFM	Absent	
3ED0174	Mouth	ULR	Absent	
3ED0174	Mouth	LLG	Absent	
3ED0174	Nare	SLN	Absent	
3ED0174	Eye, left	EXPTH	Absent	
3ED0174	Eye, left	OPQ	Absent	
3ED0174	Eye, left	MIS	Absent	
3ED0174	Eye, left	HMR	Absent	
3ED0174	Eye, left	EMB	Absent	
3ED0174	Eye, right	EXPTH	Absent	
3ED0174	Eye, right	OPQ	Absent	
3ED0174	Eye, right	MIS	Absent	
3ED0174	Eye, right	HMR	Absent	
3ED0174	Eye, right	EMB	Absent	
3ED0174	Opercula	SLSH	Absent	
3ED0175	Body Surface	RGR	Absent	
3ED0175	Body Surface	RLSN	Absent	
3ED0175	Body Surface	SPDF	Absent	
3ED0175	Body Surface	HMRB	Absent	
3ED0175	Body Surface	FDC	Absent	
3ED0175	Body Surface	BFG	Absent	
3ED0175	Body Surface	PRST	Absent	
3ED0175	Head	DFM	Absent	
3ED0175	Mouth	ULR	Absent	
3ED0175	Mouth	LLG	Absent	
3ED0175	Nare	SLN	Absent	
3ED0175	Eye, left	EXPTH	Absent	
3ED0175	Eye, left	OPQ	Absent	
3ED0175	Eye, left	MIS	Absent	
3ED0175	Eye, left	HMR	Absent	
3ED0175	Eye, left	EMB	Absent	
3ED0175	Eye, right	EXPTH	Absent	
3ED0175	Eye, right	OPQ	Absent	
3ED0175	Eye, right	MIS	Absent	
3ED0175	Eye, right	HMR	Absent	
3ED0175	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0175	Opercula	SLSH	Absent	
3ED0176	Body Surface	RGR	Absent	
3ED0176	Body Surface	RLSN	Absent	
3ED0176	Body Surface	SPDF	Absent	
3ED0176	Body Surface	HMRB	Absent	
3ED0176	Body Surface	FDC	Absent	
3ED0176	Body Surface	BFG	Absent	
3ED0176	Body Surface	PRST	Absent	
3ED0176	Head	DFM	Absent	
3ED0176	Mouth	ULR	Absent	
3ED0176	Mouth	LLG	Absent	
3ED0176	Nare	SLN	Absent	
3ED0176	Eye, left	EXPTH	Absent	
3ED0176	Eye, left	OPQ	Absent	
3ED0176	Eye, left	MIS	Absent	
3ED0176	Eye, left	HMR	Absent	
3ED0176	Eye, left	EMB	Absent	
3ED0176	Eye, right	EXPTH	Absent	
3ED0176	Eye, right	OPQ	Absent	
3ED0176	Eye, right	MIS	Absent	
3ED0176	Eye, right	HMR	Absent	
3ED0176	Eye, right	EMB	Absent	
3ED0176	Opercula	SLSH	Absent	
3ED0177	Body Surface	RGR	Absent	
3ED0177	Body Surface	RLSN	Absent	
3ED0177	Body Surface	SPDF	Absent	
3ED0177	Body Surface	HMRB	Absent	
3ED0177	Body Surface	FDC	Absent	
3ED0177	Body Surface	BFG	Absent	
3ED0177	Body Surface	PRST	Absent	
3ED0177	Head	DFM	Absent	
3ED0177	Mouth	ULR	Absent	
3ED0177	Mouth	LLG	Absent	
3ED0177	Nare	SLN	Absent	
3ED0177	Eye, left	EXPTH	Absent	
3ED0177	Eye, left	OPQ	Absent	
3ED0177	Eye, left	MIS	Absent	
3ED0177	Eye, left	HMR	Absent	
3ED0177	Eye, left	EMB	Absent	
3ED0177	Eye, right	EXPTH	Absent	
3ED0177	Eye, right	OPQ	Absent	
3ED0177	Eye, right	MIS	Absent	
3ED0177	Eye, right	HMR	Absent	
3ED0177	Eye, right	EMB	Absent	
3ED0177	Opercula	SLSH	Absent	
3ED0178	Body Surface	RGR	Absent	
3ED0178	Body Surface	RLSN	Absent	
3ED0178	Body Surface	SPDF	Absent	
3ED0178	Body Surface	HMRB	Absent	
3ED0178	Body Surface	FDC	Absent	
3ED0178	Body Surface	BFG	Absent	
3ED0178	Body Surface	PRST	Absent	
3ED0178	Head	DFM	Absent	
3ED0178	Mouth	ULR	Absent	
3ED0178	Mouth	LLG	Absent	
3ED0178	Nare	SLN	Absent	
3ED0178	Eye, left	EXPTH	Absent	
3ED0178	Eye, left	OPQ	Absent	
3ED0178	Eye, left	MIS	Absent	
3ED0178	Eye, left	HMR	Absent	
3ED0178	Eye, left	EMB	Absent	
3ED0178	Eye, right	EXPTH	Absent	
3ED0178	Eye, right	OPQ	Absent	
3ED0178	Eye, right	MIS	Absent	
3ED0178	Eye, right	HMR	Absent	
3ED0178	Eye, right	EMB	Absent	
3ED0178	Opercula	SLSH	Absent	
3ED0179	Body Surface	RGR	Absent	
3ED0179	Body Surface	RLSN	Absent	
3ED0179	Body Surface	SPDF	Absent	
3ED0179	Body Surface	HMRB	Absent	
3ED0179	Body Surface	FDC	Absent	
3ED0179	Body Surface	BFG	Absent	
3ED0179	Body Surface	PRST	Absent	
3ED0179	Head	DFM	Absent	
3ED0179	Mouth	ULR	Absent	
3ED0179	Mouth	LLG	Absent	
3ED0179	Nare	SLN	Absent	
3ED0179	Eye, left	EXPTH	Absent	
3ED0179	Eye, left	OPQ	Absent	
3ED0179	Eye, left	MIS	Absent	
3ED0179	Eye, left	HMR	Absent	
3ED0179	Eye, left	EMB	Absent	
3ED0179	Eye, right	EXPTH	Absent	
3ED0179	Eye, right	OPQ	Absent	
3ED0179	Eye, right	MIS	Absent	
3ED0179	Eye, right	HMR	Absent	
3ED0179	Eye, right	EMB	Absent	
3ED0179	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0180	Body Surface	RGR	Absent	
3ED0180	Body Surface	RLSN	Absent	
3ED0180	Body Surface	SPDF	Absent	
3ED0180	Body Surface	HMRB	Absent	
3ED0180	Body Surface	FDC	Absent	
3ED0180	Body Surface	BFG	Absent	
3ED0180	Body Surface	PRST	Absent	
3ED0180	Head	DFM	Absent	
3ED0180	Mouth	ULR	Absent	
3ED0180	Mouth	LLG	Absent	
3ED0180	Nare	SLN	Absent	
3ED0180	Eye, left	EXPTH	Absent	
3ED0180	Eye, left	OPQ	Absent	
3ED0180	Eye, left	MIS	Absent	
3ED0180	Eye, left	HMR	Absent	
3ED0180	Eye, left	EMB	Absent	
3ED0180	Eye, right	EXPTH	Absent	
3ED0180	Eye, right	OPQ	Absent	
3ED0180	Eye, right	MIS	Absent	
3ED0180	Eye, right	HMR	Absent	
3ED0180	Eye, right	EMB	Absent	
3ED0180	Opercula	SLSH	Absent	
3ED0181	Body Surface	RGR	Absent	
3ED0181	Body Surface	RLSN	Absent	
3ED0181	Body Surface	SPDF	Absent	
3ED0181	Body Surface	HMRB	Absent	
3ED0181	Body Surface	FDC	Absent	
3ED0181	Body Surface	BFG	Absent	
3ED0181	Body Surface	PRST	Absent	
3ED0181	Head	DFM	Absent	
3ED0181	Mouth	ULR	Absent	
3ED0181	Mouth	LLG	Absent	
3ED0181	Nare	SLN	Absent	
3ED0181	Eye, left	EXPTH	Absent	
3ED0181	Eye, left	OPQ	Absent	
3ED0181	Eye, left	MIS	Absent	
3ED0181	Eye, left	HMR	Absent	
3ED0181	Eye, left	EMB	Absent	
3ED0181	Eye, right	EXPTH	Absent	
3ED0181	Eye, right	OPQ	Absent	
3ED0181	Eye, right	MIS	Absent	
3ED0181	Eye, right	HMR	Absent	
3ED0181	Eye, right	EMB	Absent	
3ED0181	Opercula	SLSH	Absent	
3ED0182	Body Surface	RGR	Absent	
3ED0182	Body Surface	RLSN	Absent	
3ED0182	Body Surface	SPDF	Absent	
3ED0182	Body Surface	HMRB	Absent	
3ED0182	Body Surface	FDC	Absent	
3ED0182	Body Surface	BFG	Absent	
3ED0182	Body Surface	PRST	Absent	
3ED0182	Head	DFM	Absent	
3ED0182	Mouth	ULR	Absent	
3ED0182	Mouth	LLG	Absent	
3ED0182	Nare	SLN	Absent	
3ED0182	Eye, left	EXPTH	Absent	
3ED0182	Eye, left	OPQ	Absent	
3ED0182	Eye, left	MIS	Absent	
3ED0182	Eye, left	HMR	Absent	
3ED0182	Eye, left	EMB	Absent	
3ED0182	Eye, right	EXPTH	Absent	
3ED0182	Eye, right	OPQ	Absent	
3ED0182	Eye, right	MIS	Absent	
3ED0182	Eye, right	HMR	Absent	
3ED0182	Eye, right	EMB	Absent	
3ED0182	Opercula	SLSH	Absent	
3ED0183	Body Surface	RGR	Absent	
3ED0183	Body Surface	RLSN	Absent	
3ED0183	Body Surface	SPDF	Absent	
3ED0183	Body Surface	HMRB	Absent	
3ED0183	Body Surface	FDC	Absent	
3ED0183	Body Surface	BFG	Absent	
3ED0183	Body Surface	PRST	Absent	
3ED0183	Head	DFM	Absent	
3ED0183	Mouth	ULR	Absent	
3ED0183	Mouth	LLG	Absent	
3ED0183	Nare	SLN	Absent	
3ED0183	Eye, left	EXPTH	Absent	
3ED0183	Eye, left	OPQ	Absent	
3ED0183	Eye, left	MIS	Absent	
3ED0183	Eye, left	HMR	Absent	
3ED0183	Eye, left	EMB	Absent	
3ED0183	Eye, right	EXPTH	Absent	
3ED0183	Eye, right	OPQ	Absent	
3ED0183	Eye, right	MIS	Absent	
3ED0183	Eye, right	HMR	Absent	
3ED0183	Eye, right	EMB	Absent	
3ED0183	Opercula	SLSH	Absent	
3ED0184	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0184	Body Surface	RLSN	Absent	
3ED0184	Body Surface	SPDF	Absent	
3ED0184	Body Surface	HMRB	Absent	
3ED0184	Body Surface	FDC	Absent	
3ED0184	Body Surface	BFG	Absent	
3ED0184	Body Surface	PRST	Absent	
3ED0184	Head	DFM	Absent	
3ED0184	Mouth	ULR	Absent	
3ED0184	Mouth	LLG	Absent	
3ED0184	Nare	SLN	Absent	
3ED0184	Eye, left	EXPTH	Absent	
3ED0184	Eye, left	OPQ	Absent	
3ED0184	Eye, left	MIS	Absent	
3ED0184	Eye, left	HMR	Absent	
3ED0184	Eye, left	EMB	Absent	
3ED0184	Eye, right	EXPTH	Absent	
3ED0184	Eye, right	OPQ	Absent	
3ED0184	Eye, right	MIS	Absent	
3ED0184	Eye, right	HMR	Absent	
3ED0184	Eye, right	EMB	Absent	
3ED0184	Opercula	SLSH	Absent	
3ED0185	Body Surface	RGR	Absent	
3ED0185	Body Surface	RLSN	Absent	
3ED0185	Body Surface	SPDF	Absent	
3ED0185	Body Surface	HMRB	Absent	
3ED0185	Body Surface	FDC	Absent	
3ED0185	Body Surface	BFG	Absent	
3ED0185	Body Surface	PRST	Absent	
3ED0185	Head	DFM	Absent	
3ED0185	Mouth	ULR	Absent	
3ED0185	Mouth	LLG	Absent	
3ED0185	Nare	SLN	Absent	
3ED0185	Eye, left	EXPTH	Absent	
3ED0185	Eye, left	OPQ	Absent	
3ED0185	Eye, left	MIS	Absent	
3ED0185	Eye, left	HMR	Absent	
3ED0185	Eye, left	EMB	Absent	
3ED0185	Eye, right	EXPTH	Absent	
3ED0185	Eye, right	OPQ	Absent	
3ED0185	Eye, right	MIS	Absent	
3ED0185	Eye, right	HMR	Absent	
3ED0185	Eye, right	EMB	Absent	
3ED0185	Opercula	SLSH	Absent	
3ED0186	Body Surface	RGR	Absent	
3ED0186	Body Surface	RLSN	Absent	
3ED0186	Body Surface	SPDF	Absent	
3ED0186	Body Surface	HMRB	Absent	
3ED0186	Body Surface	FDC	Absent	
3ED0186	Body Surface	BFG	Absent	
3ED0186	Body Surface	PRST	Absent	
3ED0186	Head	DFM	Absent	
3ED0186	Mouth	ULR	Absent	
3ED0186	Mouth	LLG	Absent	
3ED0186	Nare	SLN	Absent	
3ED0186	Eye, left	EXPTH	Absent	
3ED0186	Eye, left	OPQ	Absent	
3ED0186	Eye, left	MIS	Absent	
3ED0186	Eye, left	HMR	Absent	
3ED0186	Eye, left	EMB	Absent	
3ED0186	Eye, right	EXPTH	Absent	
3ED0186	Eye, right	OPQ	Absent	
3ED0186	Eye, right	MIS	Absent	
3ED0186	Eye, right	HMR	Absent	
3ED0186	Eye, right	EMB	Absent	
3ED0186	Opercula	SLSH	Absent	
3ED0187	Body Surface	RGR	Absent	
3ED0187	Body Surface	RLSN	Absent	
3ED0187	Body Surface	SPDF	Absent	
3ED0187	Body Surface	HMRB	Present	
3ED0187	Body Surface	FDC	Absent	
3ED0187	Body Surface	BFG	Absent	
3ED0187	Body Surface	PRST	Absent	
3ED0187	Head	DFM	Absent	
3ED0187	Mouth	ULR	Absent	
3ED0187	Mouth	LLG	Absent	
3ED0187	Nare	SLN	Absent	
3ED0187	Eye, left	EXPTH	Absent	
3ED0187	Eye, left	OPQ	Absent	
3ED0187	Eye, left	MIS	Absent	
3ED0187	Eye, left	HMR	Absent	
3ED0187	Eye, left	EMB	Absent	
3ED0187	Eye, right	EXPTH	Absent	
3ED0187	Eye, right	OPQ	Absent	
3ED0187	Eye, right	MIS	Absent	
3ED0187	Eye, right	HMR	Absent	
3ED0187	Eye, right	EMB	Absent	
3ED0187	Opercula	SLSH	Absent	
3ED0188	Body Surface	RGR	Absent	
3ED0188	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0188	Body Surface	SPDF	Absent	
3ED0188	Body Surface	HMRB	Absent	
3ED0188	Body Surface	FDC	Absent	
3ED0188	Body Surface	BFG	Absent	
3ED0188	Body Surface	PRST	Absent	
3ED0188	Mouth	OTHER	Present	Red spot under mouth
3ED0188	Head	DFM	Absent	
3ED0188	Mouth	ULR	Absent	
3ED0188	Mouth	LLG	Absent	
3ED0188	Nare	SLN	Absent	
3ED0188	Eye, left	EXPTH	Absent	
3ED0188	Eye, left	OPQ	Absent	
3ED0188	Eye, left	MIS	Absent	
3ED0188	Eye, left	HMR	Absent	
3ED0188	Eye, left	EMB	Absent	
3ED0188	Eye, right	EXPTH	Absent	
3ED0188	Eye, right	OPQ	Absent	
3ED0188	Eye, right	MIS	Absent	
3ED0188	Eye, right	HMR	Absent	
3ED0188	Eye, right	EMB	Absent	
3ED0188	Opercula	SLSH	Absent	
3ED0189	Body Surface	RGR	Absent	
3ED0189	Body Surface	RLSN	Absent	
3ED0189	Body Surface	SPDF	Absent	
3ED0189	Body Surface	HMRB	Absent	
3ED0189	Body Surface	FDC	Absent	
3ED0189	Body Surface	BFG	Absent	
3ED0189	Body Surface	PRST	Absent	
3ED0189	Head	DFM	Absent	
3ED0189	Mouth	ULR	Absent	
3ED0189	Mouth	LLG	Absent	
3ED0189	Nare	SLN	Absent	
3ED0189	Eye, left	EXPTH	Absent	
3ED0189	Eye, left	OPQ	Absent	
3ED0189	Eye, left	MIS	Absent	
3ED0189	Eye, left	HMR	Absent	
3ED0189	Eye, left	EMB	Absent	
3ED0189	Eye, right	EXPTH	Absent	
3ED0189	Eye, right	OPQ	Absent	
3ED0189	Eye, right	MIS	Absent	
3ED0189	Eye, right	HMR	Absent	
3ED0189	Eye, right	EMB	Absent	
3ED0189	Opercula	SLSH	Absent	
3ED0190	Body Surface	RGR	Absent	
3ED0190	Body Surface	RLSN	Absent	
3ED0190	Body Surface	SPDF	Absent	
3ED0190	Body Surface	HMRB	Absent	
3ED0190	Body Surface	FDC	Absent	
3ED0190	Body Surface	BFG	Absent	
3ED0190	Body Surface	PRST	Absent	
3ED0190	Head	DFM	Absent	
3ED0190	Mouth	ULR	Absent	
3ED0190	Mouth	LLG	Absent	
3ED0190	Nare	SLN	Absent	
3ED0190	Eye, left	EXPTH	Absent	
3ED0190	Eye, left	OPQ	Absent	
3ED0190	Eye, left	MIS	Absent	
3ED0190	Eye, left	HMR	Absent	
3ED0190	Eye, left	EMB	Absent	
3ED0190	Eye, right	EXPTH	Absent	
3ED0190	Eye, right	OPQ	Absent	
3ED0190	Eye, right	MIS	Absent	
3ED0190	Eye, right	HMR	Absent	
3ED0190	Eye, right	EMB	Absent	
3ED0190	Opercula	SLSH	Absent	
3ED0191	Body Surface	RGR	Absent	
3ED0191	Body Surface	RLSN	Absent	
3ED0191	Body Surface	SPDF	Absent	
3ED0191	Body Surface	HMRB	Absent	
3ED0191	Body Surface	FDC	Absent	
3ED0191	Body Surface	BFG	Absent	
3ED0191	Body Surface	PRST	Absent	
3ED0191	Head	DFM	Absent	
3ED0191	Mouth	ULR	Absent	
3ED0191	Mouth	LLG	Absent	
3ED0191	Nare	SLN	Absent	
3ED0191	Eye, left	EXPTH	Absent	
3ED0191	Eye, left	OPQ	Absent	
3ED0191	Eye, left	MIS	Absent	
3ED0191	Eye, left	HMR	Absent	
3ED0191	Eye, left	EMB	Absent	
3ED0191	Eye, right	EXPTH	Absent	
3ED0191	Eye, right	OPQ	Absent	
3ED0191	Eye, right	MIS	Absent	
3ED0191	Eye, right	HMR	Absent	
3ED0191	Eye, right	EMB	Absent	
3ED0191	Opercula	SLSH	Absent	
3ED0192	Body Surface	RGR	Absent	
3ED0192	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0192	Body Surface	SPDF	Absent	
3ED0192	Body Surface	HMRB	Absent	
3ED0192	Body Surface	FDC	Absent	
3ED0192	Body Surface	BFG	Absent	
3ED0192	Body Surface	PRST	Absent	
3ED0192	Head	DFM	Absent	
3ED0192	Mouth	ULR	Absent	
3ED0192	Mouth	LLG	Absent	
3ED0192	Nare	SLN	Absent	
3ED0192	Eye, left	EXPTH	Absent	
3ED0192	Eye, left	OPQ	Absent	
3ED0192	Eye, left	MIS	Absent	
3ED0192	Eye, left	HMR	Absent	
3ED0192	Eye, left	EMB	Absent	
3ED0192	Eye, right	EXPTH	Absent	
3ED0192	Eye, right	OPQ	Absent	
3ED0192	Eye, right	MIS	Absent	
3ED0192	Eye, right	HMR	Absent	
3ED0192	Eye, right	EMB	Absent	
3ED0192	Opercula	SLSH	Absent	
3ED0193	Body Surface	RGR	Absent	
3ED0193	Body Surface	RLSN	Absent	
3ED0193	Body Surface	SPDF	Absent	
3ED0193	Body Surface	HMRB	Absent	
3ED0193	Body Surface	FDC	Absent	
3ED0193	Body Surface	BFG	Absent	
3ED0193	Body Surface	PRST	Absent	
3ED0193	Head	DFM	Absent	
3ED0193	Mouth	ULR	Absent	
3ED0193	Mouth	LLG	Absent	
3ED0193	Nare	SLN	Absent	
3ED0193	Eye, left	EXPTH	Absent	
3ED0193	Eye, left	OPQ	Absent	
3ED0193	Eye, left	MIS	Absent	
3ED0193	Eye, left	HMR	Absent	
3ED0193	Eye, left	EMB	Absent	
3ED0193	Eye, right	EXPTH	Absent	
3ED0193	Eye, right	OPQ	Absent	
3ED0193	Eye, right	MIS	Absent	
3ED0193	Eye, right	HMR	Absent	
3ED0193	Eye, right	EMB	Absent	
3ED0193	Opercula	SLSH	Absent	
3ED0194	Body Surface	RGR	Absent	
3ED0194	Body Surface	RLSN	Absent	
3ED0194	Body Surface	SPDF	Absent	
3ED0194	Body Surface	HMRB	Absent	
3ED0194	Body Surface	FDC	Absent	
3ED0194	Body Surface	BFG	Absent	
3ED0194	Body Surface	PRST	Absent	
3ED0194	Head	DFM	Absent	
3ED0194	Mouth	ULR	Absent	
3ED0194	Mouth	LLG	Absent	
3ED0194	Nare	SLN	Absent	
3ED0194	Eye, left	EXPTH	Absent	
3ED0194	Eye, left	OPQ	Absent	
3ED0194	Eye, left	MIS	Absent	
3ED0194	Eye, left	HMR	Absent	
3ED0194	Eye, left	EMB	Absent	
3ED0194	Eye, right	EXPTH	Absent	
3ED0194	Eye, right	OPQ	Absent	
3ED0194	Eye, right	MIS	Absent	
3ED0194	Eye, right	HMR	Absent	
3ED0194	Eye, right	EMB	Absent	
3ED0194	Opercula	SLSH	Absent	
3ED0195	Body Surface	RGR	Absent	
3ED0195	Body Surface	RLSN	Absent	
3ED0195	Body Surface	SPDF	Absent	
3ED0195	Body Surface	HMRB	Absent	
3ED0195	Body Surface	FDC	Absent	
3ED0195	Body Surface	BFG	Absent	
3ED0195	Body Surface	PRST	Absent	
3ED0195	Head	DFM	Absent	
3ED0195	Mouth	ULR	Absent	
3ED0195	Mouth	LLG	Absent	
3ED0195	Nare	SLN	Absent	
3ED0195	Eye, left	EXPTH	Absent	
3ED0195	Eye, left	OPQ	Absent	
3ED0195	Eye, left	MIS	Absent	
3ED0195	Eye, left	HMR	Absent	
3ED0195	Eye, left	EMB	Absent	
3ED0195	Eye, right	EXPTH	Absent	
3ED0195	Eye, right	OPQ	Absent	
3ED0195	Eye, right	MIS	Absent	
3ED0195	Eye, right	HMR	Absent	
3ED0195	Eye, right	EMB	Absent	
3ED0195	Opercula	SLSH	Absent	
3ED0196	Body Surface	RGR	Absent	
3ED0196	Body Surface	RLSN	Absent	
3ED0196	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0196	Body Surface	HMRB	Absent	
3ED0196	Body Surface	FDC	Absent	
3ED0196	Body Surface	BFG	Absent	
3ED0196	Body Surface	PRST	Absent	
3ED0196	Head	DFM	Absent	
3ED0196	Mouth	ULR	Absent	
3ED0196	Mouth	LLG	Absent	
3ED0196	Nare	SLN	Absent	
3ED0196	Eye, left	EXPTH	Absent	
3ED0196	Eye, left	OPQ	Absent	
3ED0196	Eye, left	MIS	Absent	
3ED0196	Eye, left	HMR	Absent	
3ED0196	Eye, left	EMB	Absent	
3ED0196	Eye, right	EXPTH	Absent	
3ED0196	Eye, right	OPQ	Absent	
3ED0196	Eye, right	MIS	Absent	
3ED0196	Eye, right	HMR	Absent	
3ED0196	Eye, right	EMB	Absent	
3ED0196	Opercula	SLSH	Absent	
3ED0197	Body Surface	RGR	Absent	
3ED0197	Body Surface	RLSN	Absent	
3ED0197	Body Surface	SPDF	Absent	
3ED0197	Body Surface	HMRB	Absent	
3ED0197	Body Surface	FDC	Absent	
3ED0197	Body Surface	BFG	Absent	
3ED0197	Body Surface	PRST	Absent	
3ED0197	Head	DFM	Absent	
3ED0197	Mouth	ULR	Absent	
3ED0197	Mouth	LLG	Absent	
3ED0197	Nare	SLN	Absent	
3ED0197	Eye, left	EXPTH	Absent	
3ED0197	Eye, left	OPQ	Absent	
3ED0197	Eye, left	MIS	Absent	
3ED0197	Eye, left	HMR	Absent	
3ED0197	Eye, left	EMB	Absent	
3ED0197	Eye, right	EXPTH	Absent	
3ED0197	Eye, right	OPQ	Absent	
3ED0197	Eye, right	MIS	Absent	
3ED0197	Eye, right	HMR	Absent	
3ED0197	Eye, right	EMB	Absent	
3ED0197	Opercula	SLSH	Absent	
3ED0198W	Body Surface	RGR	Absent	
3ED0198W	Body Surface	RLSN	Absent	
3ED0198W	Body Surface	SPDF	Absent	
3ED0198W	Body Surface	HMRB	Absent	
3ED0198W	Body Surface	FDC	Absent	
3ED0198W	Body Surface	BFG	Absent	
3ED0198W	Body Surface	PRST	Absent	
3ED0198W	Head	DFM	Absent	
3ED0198W	Mouth	ULR	Absent	
3ED0198W	Mouth	LLG	Absent	
3ED0198W	Nare	SLN	Absent	
3ED0198W	Eye, left	EXPTH	Absent	
3ED0198W	Eye, left	OPQ	Absent	
3ED0198W	Eye, left	MIS	Absent	
3ED0198W	Eye, left	HMR	Absent	
3ED0198W	Eye, left	EMB	Absent	
3ED0198W	Eye, right	EXPTH	Absent	
3ED0198W	Eye, right	OPQ	Absent	
3ED0198W	Eye, right	MIS	Absent	
3ED0198W	Eye, right	HMR	Absent	
3ED0198W	Eye, right	EMB	Absent	
3ED0198W	Opercula	SLSH	Absent	
3ED0199	Body Surface	RGR	Absent	
3ED0199	Body Surface	RLSN	Absent	
3ED0199	Body Surface	SPDF	Absent	
3ED0199	Body Surface	HMRB	Absent	
3ED0199	Body Surface	FDC	Absent	
3ED0199	Body Surface	BFG	Absent	
3ED0199	Body Surface	PRST	Absent	
3ED0199	Head	DFM	Absent	
3ED0199	Mouth	ULR	Absent	
3ED0199	Mouth	LLG	Absent	
3ED0199	Nare	SLN	Absent	
3ED0199	Eye, left	EXPTH	Absent	
3ED0199	Eye, left	OPQ	Absent	
3ED0199	Eye, left	MIS	Absent	
3ED0199	Eye, left	HMR	Absent	
3ED0199	Eye, left	EMB	Absent	
3ED0199	Eye, right	EXPTH	Absent	
3ED0199	Eye, right	OPQ	Absent	
3ED0199	Eye, right	MIS	Absent	
3ED0199	Eye, right	HMR	Absent	
3ED0199	Eye, right	EMB	Absent	
3ED0199	Opercula	SLSH	Absent	
3ED0200	Body Surface	RGR	Absent	
3ED0200	Body Surface	RLSN	Absent	
3ED0200	Body Surface	SPDF	Absent	
3ED0200	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0200	Body Surface	FDC	Absent	
3ED0200	Body Surface	BFG	Absent	
3ED0200	Body Surface	PRST	Absent	
3ED0200	Head	DFM	Absent	
3ED0200	Mouth	ULR	Absent	
3ED0200	Mouth	LLG	Absent	
3ED0200	Nare	SLN	Absent	
3ED0200	Eye, left	EXPTH	Absent	
3ED0200	Eye, left	OPQ	Absent	
3ED0200	Eye, left	MIS	Absent	
3ED0200	Eye, left	HMR	Absent	
3ED0200	Eye, left	EMB	Absent	
3ED0200	Eye, right	EXPTH	Absent	
3ED0200	Eye, right	OPQ	Absent	
3ED0200	Eye, right	MIS	Absent	
3ED0200	Eye, right	HMR	Absent	
3ED0200	Eye, right	EMB	Absent	
3ED0200	Opercula	SLSH	Absent	
3ED0201	Body Surface	RGR	Absent	
3ED0201	Body Surface	RLSN	Absent	
3ED0201	Body Surface	SPDF	Absent	
3ED0201	Body Surface	HMRB	Absent	
3ED0201	Body Surface	FDC	Absent	
3ED0201	Body Surface	BFG	Absent	
3ED0201	Body Surface	PRST	Absent	
3ED0201	Head	DFM	Absent	
3ED0201	Mouth	ULR	Absent	
3ED0201	Mouth	LLG	Absent	
3ED0201	Nare	SLN	Absent	
3ED0201	Eye, left	EXPTH	Absent	
3ED0201	Eye, left	OPQ	Absent	
3ED0201	Eye, left	MIS	Absent	
3ED0201	Eye, left	HMR	Absent	
3ED0201	Eye, left	EMB	Absent	
3ED0201	Eye, right	EXPTH	Absent	
3ED0201	Eye, right	OPQ	Absent	
3ED0201	Eye, right	MIS	Absent	
3ED0201	Eye, right	HMR	Absent	
3ED0201	Eye, right	EMB	Absent	
3ED0201	Opercula	SLSH	Absent	
3ED0202	Body Surface	RGR	Absent	
3ED0202	Body Surface	RLSN	Absent	
3ED0202	Body Surface	SPDF	Absent	
3ED0202	Body Surface	HMRB	Absent	
3ED0202	Body Surface	FDC	Absent	
3ED0202	Body Surface	BFG	Absent	
3ED0202	Body Surface	PRST	Absent	
3ED0202	Head	DFM	Absent	
3ED0202	Mouth	ULR	Absent	
3ED0202	Mouth	LLG	Absent	
3ED0202	Nare	SLN	Absent	
3ED0202	Eye, left	EXPTH	Absent	
3ED0202	Eye, left	OPQ	Absent	
3ED0202	Eye, left	MIS	Absent	
3ED0202	Eye, left	HMR	Absent	
3ED0202	Eye, left	EMB	Absent	
3ED0202	Eye, right	EXPTH	Absent	
3ED0202	Eye, right	OPQ	Absent	
3ED0202	Eye, right	MIS	Absent	
3ED0202	Eye, right	HMR	Absent	
3ED0202	Eye, right	EMB	Absent	
3ED0202	Opercula	SLSH	Absent	
3ED0203	Body Surface	RGR	Absent	
3ED0203	Body Surface	RLSN	Absent	
3ED0203	Body Surface	SPDF	Absent	
3ED0203	Body Surface	HMRB	Absent	
3ED0203	Body Surface	FDC	Absent	
3ED0203	Body Surface	BFG	Absent	
3ED0203	Body Surface	PRST	Absent	
3ED0203	Head	DFM	Absent	
3ED0203	Mouth	ULR	Absent	
3ED0203	Mouth	LLG	Absent	
3ED0203	Nare	SLN	Absent	
3ED0203	Eye, left	EXPTH	Absent	
3ED0203	Eye, left	OPQ	Absent	
3ED0203	Eye, left	MIS	Absent	
3ED0203	Eye, left	HMR	Absent	
3ED0203	Eye, left	EMB	Absent	
3ED0203	Eye, right	EXPTH	Absent	
3ED0203	Eye, right	OPQ	Absent	
3ED0203	Eye, right	MIS	Absent	
3ED0203	Eye, right	HMR	Absent	
3ED0203	Eye, right	EMB	Absent	
3ED0203	Opercula	SLSH	Absent	
3ED0204	Body Surface	RGR	Absent	
3ED0204	Body Surface	RLSN	Absent	
3ED0204	Body Surface	SPDF	Absent	
3ED0204	Body Surface	HMRB	Absent	
3ED0204	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0204	Body Surface	BFG	Absent	
3ED0204	Body Surface	PRST	Absent	
3ED0204	Head	DFM	Absent	
3ED0204	Mouth	ULR	Absent	
3ED0204	Mouth	LLG	Absent	
3ED0204	Nare	SLN	Absent	
3ED0204	Eye, left	EXPTH	Absent	
3ED0204	Eye, left	OPQ	Absent	
3ED0204	Eye, left	MIS	Absent	
3ED0204	Eye, left	HMR	Absent	
3ED0204	Eye, left	EMB	Absent	
3ED0204	Eye, right	EXPTH	Absent	
3ED0204	Eye, right	OPQ	Absent	
3ED0204	Eye, right	MIS	Absent	
3ED0204	Eye, right	HMR	Absent	
3ED0204	Eye, right	EMB	Absent	
3ED0204	Opercula	SLSH	Absent	
3ED0205	Body Surface	RGR	Absent	
3ED0205	Body Surface	RLSN	Absent	
3ED0205	Body Surface	SPDF	Absent	
3ED0205	Body Surface	HMRB	Absent	
3ED0205	Body Surface	FDC	Absent	
3ED0205	Body Surface	BFG	Absent	
3ED0205	Body Surface	PRST	Absent	
3ED0205	Head	DFM	Absent	
3ED0205	Mouth	ULR	Absent	
3ED0205	Mouth	LLG	Absent	
3ED0205	Nare	SLN	Absent	
3ED0205	Eye, left	EXPTH	Absent	
3ED0205	Eye, left	OPQ	Absent	
3ED0205	Eye, left	MIS	Absent	
3ED0205	Eye, left	HMR	Absent	
3ED0205	Eye, left	EMB	Absent	
3ED0205	Eye, right	EXPTH	Absent	
3ED0205	Eye, right	OPQ	Absent	
3ED0205	Eye, right	MIS	Absent	
3ED0205	Eye, right	HMR	Absent	
3ED0205	Eye, right	EMB	Absent	
3ED0205	Opercula	SLSH	Absent	
3ED0206	Body Surface	RGR	Absent	
3ED0206	Body Surface	RLSN	Absent	
3ED0206	Body Surface	SPDF	Absent	
3ED0206	Body Surface	HMRB	Absent	
3ED0206	Body Surface	FDC	Absent	
3ED0206	Body Surface	BFG	Absent	
3ED0206	Body Surface	PRST	Absent	
3ED0206	Head	DFM	Absent	
3ED0206	Mouth	ULR	Absent	
3ED0206	Mouth	LLG	Absent	
3ED0206	Nare	SLN	Absent	
3ED0206	Eye, left	EXPTH	Absent	
3ED0206	Eye, left	OPQ	Absent	
3ED0206	Eye, left	MIS	Absent	
3ED0206	Eye, left	HMR	Absent	
3ED0206	Eye, left	EMB	Absent	
3ED0206	Eye, right	EXPTH	Absent	
3ED0206	Eye, right	OPQ	Absent	
3ED0206	Eye, right	MIS	Absent	
3ED0206	Eye, right	HMR	Absent	
3ED0206	Eye, right	EMB	Absent	
3ED0206	Opercula	SLSH	Absent	
3ED0207	Body Surface	RGR	Absent	
3ED0207	Body Surface	RLSN	Absent	
3ED0207	Body Surface	SPDF	Absent	
3ED0207	Body Surface	HMRB	Absent	
3ED0207	Body Surface	FDC	Absent	
3ED0207	Body Surface	BFG	Absent	
3ED0207	Body Surface	PRST	Absent	
3ED0207	Head	DFM	Absent	
3ED0207	Mouth	ULR	Absent	
3ED0207	Mouth	LLG	Absent	
3ED0207	Nare	SLN	Absent	
3ED0207	Eye, left	EXPTH	Absent	
3ED0207	Eye, left	OPQ	Absent	
3ED0207	Eye, left	MIS	Absent	
3ED0207	Eye, left	HMR	Absent	
3ED0207	Eye, left	EMB	Absent	
3ED0207	Eye, right	EXPTH	Absent	
3ED0207	Eye, right	OPQ	Absent	
3ED0207	Eye, right	MIS	Absent	
3ED0207	Eye, right	HMR	Absent	
3ED0207	Eye, right	EMB	Absent	
3ED0207	Opercula	SLSH	Absent	
3ED0208	Body Surface	RGR	Absent	
3ED0208	Body Surface	RLSN	Absent	
3ED0208	Body Surface	SPDF	Absent	
3ED0208	Body Surface	HMRB	Absent	
3ED0208	Body Surface	FDC	Absent	
3ED0208	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0208	Body Surface	PRST	Absent	
3ED0208	Body Surface	OTHER	Present	Red spots on body
3ED0208	Head	DFM	Absent	
3ED0208	Mouth	ULR	Absent	
3ED0208	Mouth	LLG	Absent	
3ED0208	Nare	SLN	Absent	
3ED0208	Eye, left	EXPTH	Absent	
3ED0208	Eye, left	OPQ	Absent	
3ED0208	Eye, left	MIS	Absent	
3ED0208	Eye, left	HMR	Absent	
3ED0208	Eye, left	EMB	Absent	
3ED0208	Eye, right	EXPTH	Absent	
3ED0208	Eye, right	OPQ	Absent	
3ED0208	Eye, right	MIS	Absent	
3ED0208	Eye, right	HMR	Absent	
3ED0208	Eye, right	EMB	Absent	
3ED0208	Opercula	SLSH	Absent	
3ED0209	Body Surface	RGR	Absent	
3ED0209	Body Surface	RLSN	Absent	
3ED0209	Body Surface	SPDF	Absent	
3ED0209	Body Surface	HMRB	Absent	
3ED0209	Body Surface	FDC	Absent	
3ED0209	Body Surface	BFG	Absent	
3ED0209	Body Surface	PRST	Absent	
3ED0209	Body Surface	OTHER	Present	Abrasion on tail
3ED0209	Head	DFM	Absent	
3ED0209	Mouth	ULR	Absent	
3ED0209	Mouth	LLG	Absent	
3ED0209	Nare	SLN	Absent	
3ED0209	Eye, left	EXPTH	Absent	
3ED0209	Eye, left	OPQ	Absent	
3ED0209	Eye, left	MIS	Absent	
3ED0209	Eye, left	HMR	Absent	
3ED0209	Eye, left	EMB	Absent	
3ED0209	Eye, right	EXPTH	Absent	
3ED0209	Eye, right	OPQ	Absent	
3ED0209	Eye, right	MIS	Absent	
3ED0209	Eye, right	HMR	Absent	
3ED0209	Eye, right	EMB	Absent	
3ED0209	Opercula	SLSH	Absent	
3ED0210	Body Surface	RGR	Absent	
3ED0210	Body Surface	RLSN	Absent	
3ED0210	Body Surface	SPDF	Absent	
3ED0210	Body Surface	HMRB	Absent	
3ED0210	Body Surface	FDC	Absent	
3ED0210	Body Surface	BFG	Absent	
3ED0210	Body Surface	PRST	Absent	
3ED0210	Head	DFM	Absent	
3ED0210	Mouth	ULR	Absent	
3ED0210	Mouth	LLG	Absent	
3ED0210	Nare	SLN	Absent	
3ED0210	Eye, left	EXPTH	Absent	
3ED0210	Eye, left	OPQ	Absent	
3ED0210	Eye, left	MIS	Absent	
3ED0210	Eye, left	HMR	Absent	
3ED0210	Eye, left	EMB	Absent	
3ED0210	Eye, right	EXPTH	Absent	
3ED0210	Eye, right	OPQ	Absent	
3ED0210	Eye, right	MIS	Absent	
3ED0210	Eye, right	HMR	Absent	
3ED0210	Eye, right	EMB	Absent	
3ED0210	Opercula	SLSH	Absent	
3ED0211	Body Surface	RGR	Absent	
3ED0211	Body Surface	RLSN	Absent	
3ED0211	Body Surface	SPDF	Absent	
3ED0211	Body Surface	HMRB	Absent	
3ED0211	Body Surface	FDC	Absent	
3ED0211	Body Surface	BFG	Absent	
3ED0211	Body Surface	PRST	Absent	
3ED0211	Body Surface	OTHER	Present	Abrasion on abdomen
3ED0211	Head	DFM	Absent	
3ED0211	Mouth	ULR	Absent	
3ED0211	Mouth	LLG	Absent	
3ED0211	Nare	SLN	Absent	
3ED0211	Eye, left	EXPTH	Absent	
3ED0211	Eye, left	OPQ	Absent	
3ED0211	Eye, left	MIS	Absent	
3ED0211	Eye, left	HMR	Absent	
3ED0211	Eye, left	EMB	Absent	
3ED0211	Eye, right	EXPTH	Absent	
3ED0211	Eye, right	OPQ	Absent	
3ED0211	Eye, right	MIS	Absent	
3ED0211	Eye, right	HMR	Absent	
3ED0211	Eye, right	EMB	Absent	
3ED0211	Opercula	SLSH	Absent	
3ED0212	Body Surface	RGR	Absent	
3ED0212	Body Surface	RLSN	Absent	
3ED0212	Body Surface	SPDF	Absent	
3ED0212	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0212	Body Surface	FDC	Absent	
3ED0212	Body Surface	BFG	Absent	
3ED0212	Body Surface	PRST	Absent	
3ED0212	Head	DFM	Absent	
3ED0212	Mouth	ULR	Absent	
3ED0212	Mouth	LLG	Absent	
3ED0212	Nare	SLN	Absent	
3ED0212	Eye, left	EXPTH	Absent	
3ED0212	Eye, left	OPQ	Absent	
3ED0212	Eye, left	MIS	Absent	
3ED0212	Eye, left	HMR	Absent	
3ED0212	Eye, left	EMB	Absent	
3ED0212	Eye, right	EXPTH	Absent	
3ED0212	Eye, right	OPQ	Absent	
3ED0212	Eye, right	MIS	Absent	
3ED0212	Eye, right	HMR	Absent	
3ED0212	Eye, right	EMB	Absent	
3ED0212	Opercula	SLSH	Absent	
3ED0213	Body Surface	RGR	Absent	
3ED0213	Body Surface	RLSN	Absent	
3ED0213	Body Surface	SPDF	Absent	
3ED0213	Body Surface	HMRB	Present	
3ED0213	Body Surface	FDC	Absent	
3ED0213	Body Surface	BFG	Absent	
3ED0213	Body Surface	PRST	Absent	
3ED0213	Head	DFM	Absent	
3ED0213	Mouth	ULR	Absent	
3ED0213	Mouth	LLG	Absent	
3ED0213	Nare	SLN	Absent	
3ED0213	Eye, left	EXPTH	Absent	
3ED0213	Eye, left	OPQ	Absent	
3ED0213	Eye, left	MIS	Absent	
3ED0213	Eye, left	HMR	Absent	
3ED0213	Eye, left	EMB	Absent	
3ED0213	Eye, right	EXPTH	Absent	
3ED0213	Eye, right	OPQ	Absent	
3ED0213	Eye, right	MIS	Absent	
3ED0213	Eye, right	HMR	Absent	
3ED0213	Eye, right	EMB	Absent	
3ED0213	Opercula	SLSH	Absent	
3ED0214	Body Surface	RGR	Absent	
3ED0214	Body Surface	RLSN	Absent	
3ED0214	Body Surface	SPDF	Absent	
3ED0214	Body Surface	HMRB	Absent	
3ED0214	Body Surface	FDC	Absent	
3ED0214	Body Surface	BFG	Absent	
3ED0214	Body Surface	PRST	Absent	
3ED0214	Head	DFM	Absent	
3ED0214	Mouth	ULR	Absent	
3ED0214	Mouth	LLG	Absent	
3ED0214	Nare	SLN	Absent	
3ED0214	Eye, left	EXPTH	Absent	
3ED0214	Eye, left	OPQ	Absent	
3ED0214	Eye, left	MIS	Absent	
3ED0214	Eye, left	HMR	Absent	
3ED0214	Eye, left	EMB	Absent	
3ED0214	Eye, right	EXPTH	Absent	
3ED0214	Eye, right	OPQ	Absent	
3ED0214	Eye, right	MIS	Absent	
3ED0214	Eye, right	HMR	Absent	
3ED0214	Eye, right	EMB	Absent	
3ED0214	Opercula	SLSH	Absent	
3ED0215	Body Surface	RGR	Absent	
3ED0215	Body Surface	RLSN	Absent	
3ED0215	Body Surface	SPDF	Absent	
3ED0215	Body Surface	HMRB	Absent	
3ED0215	Body Surface	FDC	Absent	
3ED0215	Body Surface	BFG	Absent	
3ED0215	Body Surface	PRST	Absent	
3ED0215	Head	DFM	Absent	
3ED0215	Mouth	ULR	Absent	
3ED0215	Mouth	LLG	Absent	
3ED0215	Nare	SLN	Absent	
3ED0215	Eye, left	EXPTH	Absent	
3ED0215	Eye, left	OPQ	Absent	
3ED0215	Eye, left	MIS	Absent	
3ED0215	Eye, left	HMR	Absent	
3ED0215	Eye, left	EMB	Absent	
3ED0215	Eye, right	EXPTH	Absent	
3ED0215	Eye, right	OPQ	Absent	
3ED0215	Eye, right	MIS	Absent	
3ED0215	Eye, right	HMR	Absent	
3ED0215	Eye, right	EMB	Absent	
3ED0215	Opercula	SLSH	Absent	
3ED0216	Body Surface	RGR	Absent	
3ED0216	Body Surface	RLSN	Present	
3ED0216	Body Surface	SPDF	Absent	
3ED0216	Body Surface	HMRB	Absent	
3ED0216	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0216	Body Surface	BFG	Absent	
3ED0216	Body Surface	PRST	Absent	
3ED0216	Head	DFM	Absent	
3ED0216	Mouth	ULR	Absent	
3ED0216	Mouth	LLG	Absent	
3ED0216	Nare	SLN	Absent	
3ED0216	Eye, left	EXPTH	Absent	
3ED0216	Eye, left	OPQ	Absent	
3ED0216	Eye, left	MIS	Absent	
3ED0216	Eye, left	HMR	Absent	
3ED0216	Eye, left	EMB	Absent	
3ED0216	Eye, right	EXPTH	Absent	
3ED0216	Eye, right	OPQ	Absent	
3ED0216	Eye, right	MIS	Absent	
3ED0216	Eye, right	HMR	Absent	
3ED0216	Eye, right	EMB	Absent	
3ED0216	Opercula	SLSH	Absent	
3ED0217	Body Surface	RGR	Absent	
3ED0217	Body Surface	RLSN	Absent	
3ED0217	Body Surface	SPDF	Absent	
3ED0217	Body Surface	HMRB	Absent	
3ED0217	Body Surface	FDC	Absent	
3ED0217	Body Surface	BFG	Absent	
3ED0217	Body Surface	PRST	Absent	
3ED0217	Head	DFM	Absent	
3ED0217	Mouth	ULR	Absent	
3ED0217	Mouth	LLG	Absent	
3ED0217	Nare	SLN	Absent	
3ED0217	Eye, left	EXPTH	Absent	
3ED0217	Eye, left	OPQ	Absent	
3ED0217	Eye, left	MIS	Absent	
3ED0217	Eye, left	HMR	Absent	
3ED0217	Eye, left	EMB	Absent	
3ED0217	Eye, right	EXPTH	Absent	
3ED0217	Eye, right	OPQ	Absent	
3ED0217	Eye, right	MIS	Absent	
3ED0217	Eye, right	HMR	Absent	
3ED0217	Eye, right	EMB	Absent	
3ED0217	Opercula	SLSH	Absent	
3ED0218	Body Surface	RGR	Absent	
3ED0218	Body Surface	RLSN	Absent	
3ED0218	Body Surface	SPDF	Absent	
3ED0218	Body Surface	HMRB	Absent	
3ED0218	Body Surface	FDC	Absent	
3ED0218	Body Surface	BFG	Absent	
3ED0218	Body Surface	PRST	Absent	
3ED0218	Head	DFM	Absent	
3ED0218	Mouth	ULR	Absent	
3ED0218	Mouth	LLG	Absent	
3ED0218	Nare	SLN	Absent	
3ED0218	Eye, left	EXPTH	Absent	
3ED0218	Eye, left	OPQ	Absent	
3ED0218	Eye, left	MIS	Absent	
3ED0218	Eye, left	HMR	Absent	
3ED0218	Eye, left	EMB	Absent	
3ED0218	Eye, right	EXPTH	Absent	
3ED0218	Eye, right	OPQ	Absent	
3ED0218	Eye, right	MIS	Absent	
3ED0218	Eye, right	HMR	Absent	
3ED0218	Eye, right	EMB	Absent	
3ED0218	Opercula	SLSH	Absent	
3ED0219	Body Surface	RGR	Absent	
3ED0219	Body Surface	RLSN	Absent	
3ED0219	Body Surface	SPDF	Absent	
3ED0219	Body Surface	HMRB	Absent	
3ED0219	Body Surface	FDC	Absent	
3ED0219	Body Surface	BFG	Absent	
3ED0219	Body Surface	PRST	Absent	
3ED0219	Head	DFM	Absent	
3ED0219	Mouth	ULR	Absent	
3ED0219	Mouth	LLG	Absent	
3ED0219	Nare	SLN	Absent	
3ED0219	Eye, left	EXPTH	Absent	
3ED0219	Eye, left	OPQ	Absent	
3ED0219	Eye, left	MIS	Absent	
3ED0219	Eye, left	HMR	Absent	
3ED0219	Eye, left	EMB	Absent	
3ED0219	Eye, right	EXPTH	Absent	
3ED0219	Eye, right	OPQ	Absent	
3ED0219	Eye, right	MIS	Absent	
3ED0219	Eye, right	HMR	Absent	
3ED0219	Eye, right	EMB	Absent	
3ED0219	Opercula	SLSH	Absent	
3ED0220	Body Surface	RGR	Absent	
3ED0220	Body Surface	RLSN	Absent	
3ED0220	Body Surface	SPDF	Absent	
3ED0220	Body Surface	HMRB	Absent	
3ED0220	Body Surface	FDC	Absent	
3ED0220	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0220	Body Surface	PRST	Absent	
3ED0220	Head	DFM	Absent	
3ED0220	Mouth	ULR	Absent	
3ED0220	Mouth	LLG	Absent	
3ED0220	Nare	SLN	Absent	
3ED0220	Eye, left	EXPTH	Absent	
3ED0220	Eye, left	OPQ	Absent	
3ED0220	Eye, left	MIS	Absent	
3ED0220	Eye, left	HMR	Absent	
3ED0220	Eye, left	EMB	Absent	
3ED0220	Eye, right	EXPTH	Absent	
3ED0220	Eye, right	OPQ	Absent	
3ED0220	Eye, right	MIS	Absent	
3ED0220	Eye, right	HMR	Absent	
3ED0220	Eye, right	EMB	Absent	
3ED0220	Opercula	SLSH	Absent	
3ED0221	Body Surface	RGR	Absent	
3ED0221	Body Surface	RLSN	Absent	
3ED0221	Body Surface	SPDF	Absent	
3ED0221	Body Surface	HMRB	Absent	
3ED0221	Body Surface	FDC	Absent	
3ED0221	Body Surface	BFG	Absent	
3ED0221	Body Surface	PRST	Absent	
3ED0221	Head	DFM	Absent	
3ED0221	Mouth	ULR	Absent	
3ED0221	Mouth	LLG	Absent	
3ED0221	Nare	SLN	Absent	
3ED0221	Eye, left	EXPTH	Absent	
3ED0221	Eye, left	OPQ	Absent	
3ED0221	Eye, left	MIS	Absent	
3ED0221	Eye, left	HMR	Absent	
3ED0221	Eye, left	EMB	Absent	
3ED0221	Eye, right	EXPTH	Absent	
3ED0221	Eye, right	OPQ	Absent	
3ED0221	Eye, right	MIS	Absent	
3ED0221	Eye, right	HMR	Absent	
3ED0221	Eye, right	EMB	Absent	
3ED0221	Opercula	SLSH	Absent	
3ED0222	Body Surface	RGR	Absent	
3ED0222	Body Surface	RLSN	Absent	
3ED0222	Body Surface	SPDF	Absent	
3ED0222	Body Surface	HMRB	Absent	
3ED0222	Body Surface	FDC	Absent	
3ED0222	Body Surface	BFG	Absent	
3ED0222	Body Surface	PRST	Absent	
3ED0222	Head	DFM	Absent	
3ED0222	Mouth	ULR	Absent	
3ED0222	Mouth	LLG	Absent	
3ED0222	Nare	SLN	Absent	
3ED0222	Eye, left	EXPTH	Absent	
3ED0222	Eye, left	OPQ	Absent	
3ED0222	Eye, left	MIS	Absent	
3ED0222	Eye, left	HMR	Absent	
3ED0222	Eye, left	EMB	Absent	
3ED0222	Eye, right	EXPTH	Absent	
3ED0222	Eye, right	OPQ	Absent	
3ED0222	Eye, right	MIS	Absent	
3ED0222	Eye, right	HMR	Absent	
3ED0222	Eye, right	EMB	Absent	
3ED0222	Opercula	SLSH	Absent	
3ED0223	Body Surface	RGR	Absent	
3ED0223	Body Surface	RLSN	Absent	
3ED0223	Body Surface	SPDF	Absent	
3ED0223	Body Surface	HMRB	Absent	
3ED0223	Body Surface	FDC	Absent	
3ED0223	Body Surface	BFG	Absent	
3ED0223	Body Surface	PRST	Absent	
3ED0223	Head	DFM	Absent	
3ED0223	Mouth	ULR	Absent	
3ED0223	Mouth	LLG	Absent	
3ED0223	Nare	SLN	Absent	
3ED0223	Eye, left	EXPTH	Absent	
3ED0223	Eye, left	OPQ	Absent	
3ED0223	Eye, left	MIS	Absent	
3ED0223	Eye, left	HMR	Absent	
3ED0223	Eye, left	EMB	Absent	
3ED0223	Eye, right	EXPTH	Absent	
3ED0223	Eye, right	OPQ	Absent	
3ED0223	Eye, right	MIS	Absent	
3ED0223	Eye, right	HMR	Absent	
3ED0223	Eye, right	EMB	Absent	
3ED0223	Opercula	SLSH	Absent	
3ED0224	Body Surface	RGR	Absent	
3ED0224	Body Surface	RLSN	Absent	
3ED0224	Body Surface	SPDF	Absent	
3ED0224	Body Surface	HMRB	Absent	
3ED0224	Body Surface	FDC	Absent	
3ED0224	Body Surface	BFG	Absent	
3ED0224	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0224	Head	DFM	Absent	
3ED0224	Mouth	ULR	Absent	
3ED0224	Mouth	LLG	Absent	
3ED0224	Nare	SLN	Absent	
3ED0224	Eye, left	EXPTH	Absent	
3ED0224	Eye, left	OPQ	Absent	
3ED0224	Eye, left	MIS	Absent	
3ED0224	Eye, left	HMR	Absent	
3ED0224	Eye, left	EMB	Absent	
3ED0224	Eye, right	EXPTH	Absent	
3ED0224	Eye, right	OPQ	Absent	
3ED0224	Eye, right	MIS	Absent	
3ED0224	Eye, right	HMR	Absent	
3ED0224	Eye, right	EMB	Absent	
3ED0224	Opercula	SLSH	Absent	
3ED0225	Body Surface	RGR	Absent	
3ED0225	Body Surface	RLSN	Absent	
3ED0225	Body Surface	SPDF	Absent	
3ED0225	Body Surface	HMRB	Absent	
3ED0225	Body Surface	FDC	Absent	
3ED0225	Body Surface	BFG	Absent	
3ED0225	Body Surface	PRST	Absent	
3ED0225	Head	DFM	Absent	
3ED0225	Mouth	ULR	Absent	
3ED0225	Mouth	LLG	Absent	
3ED0225	Nare	SLN	Absent	
3ED0225	Eye, left	EXPTH	Absent	
3ED0225	Eye, left	OPQ	Absent	
3ED0225	Eye, left	MIS	Absent	
3ED0225	Eye, left	HMR	Absent	
3ED0225	Eye, left	EMB	Absent	
3ED0225	Eye, right	EXPTH	Absent	
3ED0225	Eye, right	OPQ	Absent	
3ED0225	Eye, right	MIS	Absent	
3ED0225	Eye, right	HMR	Absent	
3ED0225	Eye, right	EMB	Absent	
3ED0225	Opercula	SLSH	Absent	
3ED0226	Body Surface	RGR	Absent	
3ED0226	Body Surface	RLSN	Absent	
3ED0226	Body Surface	SPDF	Absent	
3ED0226	Body Surface	HMRB	Absent	
3ED0226	Body Surface	FDC	Absent	
3ED0226	Body Surface	BFG	Absent	
3ED0226	Body Surface	PRST	Absent	
3ED0226	Head	DFM	Absent	
3ED0226	Mouth	ULR	Absent	
3ED0226	Mouth	LLG	Absent	
3ED0226	Nare	SLN	Absent	
3ED0226	Eye, left	EXPTH	Absent	
3ED0226	Eye, left	OPQ	Absent	
3ED0226	Eye, left	MIS	Absent	
3ED0226	Eye, left	HMR	Absent	
3ED0226	Eye, left	EMB	Absent	
3ED0226	Eye, right	EXPTH	Absent	
3ED0226	Eye, right	OPQ	Absent	
3ED0226	Eye, right	MIS	Absent	
3ED0226	Eye, right	HMR	Absent	
3ED0226	Eye, right	EMB	Absent	
3ED0226	Opercula	SLSH	Absent	
3ED0227	Body Surface	RGR	Absent	
3ED0227	Body Surface	RLSN	Absent	
3ED0227	Body Surface	SPDF	Absent	
3ED0227	Body Surface	HMRB	Absent	
3ED0227	Body Surface	FDC	Absent	
3ED0227	Body Surface	BFG	Absent	
3ED0227	Body Surface	PRST	Absent	
3ED0227	Head	DFM	Absent	
3ED0227	Mouth	ULR	Absent	
3ED0227	Mouth	LLG	Absent	
3ED0227	Nare	SLN	Absent	
3ED0227	Eye, left	EXPTH	Absent	
3ED0227	Eye, left	OPQ	Absent	
3ED0227	Eye, left	MIS	Absent	
3ED0227	Eye, left	HMR	Absent	
3ED0227	Eye, left	EMB	Absent	
3ED0227	Eye, right	EXPTH	Absent	
3ED0227	Eye, right	OPQ	Absent	
3ED0227	Eye, right	MIS	Absent	
3ED0227	Eye, right	HMR	Absent	
3ED0227	Eye, right	EMB	Absent	
3ED0227	Opercula	SLSH	Absent	
3ED0229	Body Surface	RGR	Absent	
3ED0229	Body Surface	RLSN	Absent	
3ED0229	Body Surface	SPDF	Absent	
3ED0229	Body Surface	HMRB	Absent	
3ED0229	Body Surface	FDC	Absent	
3ED0229	Body Surface	BFG	Absent	
3ED0229	Body Surface	PRST	Absent	
3ED0229	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0229	Mouth	ULR	Absent	
3ED0229	Mouth	LLG	Absent	
3ED0229	Nare	SLN	Absent	
3ED0229	Eye, left	EXPTH	Absent	
3ED0229	Eye, left	OPQ	Absent	
3ED0229	Eye, left	MIS	Absent	
3ED0229	Eye, left	HMR	Absent	
3ED0229	Eye, left	EMB	Absent	
3ED0229	Eye, right	EXPTH	Absent	
3ED0229	Eye, right	OPQ	Absent	
3ED0229	Eye, right	MIS	Absent	
3ED0229	Eye, right	HMR	Absent	
3ED0229	Eye, right	EMB	Absent	
3ED0229	Opercula	SLSH	Absent	
3ED0230	Body Surface	RGR	Absent	
3ED0230	Body Surface	RLSN	Absent	
3ED0230	Body Surface	SPDF	Absent	
3ED0230	Body Surface	HMRB	Absent	
3ED0230	Body Surface	FDC	Absent	
3ED0230	Body Surface	BFG	Absent	
3ED0230	Body Surface	PRST	Absent	
3ED0230	Head	DFM	Absent	
3ED0230	Mouth	ULR	Absent	
3ED0230	Mouth	LLG	Absent	
3ED0230	Nare	SLN	Absent	
3ED0230	Eye, left	EXPTH	Absent	
3ED0230	Eye, left	OPQ	Absent	
3ED0230	Eye, left	MIS	Absent	
3ED0230	Eye, left	HMR	Absent	
3ED0230	Eye, left	EMB	Absent	
3ED0230	Eye, right	EXPTH	Absent	
3ED0230	Eye, right	OPQ	Absent	
3ED0230	Eye, right	MIS	Absent	
3ED0230	Eye, right	HMR	Absent	
3ED0230	Eye, right	EMB	Absent	
3ED0230	Opercula	SLSH	Absent	
3ED0231	Body Surface	RGR	Absent	
3ED0231	Body Surface	RLSN	Absent	
3ED0231	Body Surface	SPDF	Absent	
3ED0231	Body Surface	HMRB	Absent	
3ED0231	Body Surface	FDC	Absent	
3ED0231	Body Surface	BFG	Absent	
3ED0231	Body Surface	PRST	Absent	
3ED0231	Head	DFM	Absent	
3ED0231	Mouth	ULR	Absent	
3ED0231	Mouth	LLG	Absent	
3ED0231	Nare	SLN	Absent	
3ED0231	Eye, left	EXPTH	Absent	
3ED0231	Eye, left	OPQ	Absent	
3ED0231	Eye, left	MIS	Absent	
3ED0231	Eye, left	HMR	Absent	
3ED0231	Eye, left	EMB	Absent	
3ED0231	Eye, right	EXPTH	Absent	
3ED0231	Eye, right	OPQ	Absent	
3ED0231	Eye, right	MIS	Absent	
3ED0231	Eye, right	HMR	Absent	
3ED0231	Eye, right	EMB	Absent	
3ED0231	Opercula	SLSH	Absent	
3ED0232	Body Surface	RGR	Absent	
3ED0232	Body Surface	RLSN	Absent	
3ED0232	Body Surface	SPDF	Absent	
3ED0232	Body Surface	HMRB	Absent	
3ED0232	Body Surface	FDC	Absent	
3ED0232	Body Surface	BFG	Absent	
3ED0232	Body Surface	PRST	Absent	
3ED0232	Head	DFM	Absent	
3ED0232	Mouth	ULR	Absent	
3ED0232	Mouth	LLG	Absent	
3ED0232	Nare	SLN	Absent	
3ED0232	Eye, left	EXPTH	Absent	
3ED0232	Eye, left	OPQ	Absent	
3ED0232	Eye, left	MIS	Absent	
3ED0232	Eye, left	HMR	Absent	
3ED0232	Eye, left	EMB	Absent	
3ED0232	Eye, right	EXPTH	Absent	
3ED0232	Eye, right	OPQ	Absent	
3ED0232	Eye, right	MIS	Absent	
3ED0232	Eye, right	HMR	Absent	
3ED0232	Eye, right	EMB	Absent	
3ED0232	Opercula	SLSH	Absent	
3ED0233	Body Surface	RGR	Absent	
3ED0233	Body Surface	RLSN	Absent	
3ED0233	Body Surface	SPDF	Absent	
3ED0233	Body Surface	HMRB	Absent	
3ED0233	Body Surface	FDC	Absent	
3ED0233	Body Surface	BFG	Absent	
3ED0233	Body Surface	PRST	Absent	
3ED0233	Head	DFM	Absent	
3ED0233	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0233	Mouth	LLG	Absent	
3ED0233	Nare	SLN	Absent	
3ED0233	Eye, left	EXPTH	Absent	
3ED0233	Eye, left	OPQ	Absent	
3ED0233	Eye, left	MIS	Absent	
3ED0233	Eye, left	HMR	Absent	
3ED0233	Eye, left	EMB	Absent	
3ED0233	Eye, right	EXPTH	Absent	
3ED0233	Eye, right	OPQ	Absent	
3ED0233	Eye, right	MIS	Absent	
3ED0233	Eye, right	HMR	Absent	
3ED0233	Eye, right	EMB	Absent	
3ED0233	Opercula	SLSH	Absent	
3ED0234	Body Surface	RGR	Absent	
3ED0234	Body Surface	RLSN	Absent	
3ED0234	Body Surface	SPDF	Absent	
3ED0234	Body Surface	HMRB	Absent	
3ED0234	Body Surface	FDC	Absent	
3ED0234	Body Surface	BFG	Absent	
3ED0234	Body Surface	PRST	Absent	
3ED0234	Head	DFM	Absent	
3ED0234	Mouth	ULR	Absent	
3ED0234	Mouth	LLG	Absent	
3ED0234	Nare	SLN	Absent	
3ED0234	Eye, left	EXPTH	Absent	
3ED0234	Eye, left	OPQ	Absent	
3ED0234	Eye, left	MIS	Absent	
3ED0234	Eye, left	HMR	Absent	
3ED0234	Eye, left	EMB	Absent	
3ED0234	Eye, right	EXPTH	Absent	
3ED0234	Eye, right	OPQ	Absent	
3ED0234	Eye, right	MIS	Absent	
3ED0234	Eye, right	HMR	Absent	
3ED0234	Eye, right	EMB	Absent	
3ED0234	Opercula	SLSH	Absent	
3ED0235	Body Surface	RGR	Absent	
3ED0235	Body Surface	RLSN	Absent	
3ED0235	Body Surface	SPDF	Absent	
3ED0235	Body Surface	HMRB	Absent	
3ED0235	Body Surface	FDC	Absent	
3ED0235	Body Surface	BFG	Absent	
3ED0235	Body Surface	PRST	Absent	
3ED0235	Head	DFM	Absent	
3ED0235	Mouth	ULR	Absent	
3ED0235	Mouth	LLG	Absent	
3ED0235	Nare	SLN	Absent	
3ED0235	Eye, left	EXPTH	Absent	
3ED0235	Eye, left	OPQ	Absent	
3ED0235	Eye, left	MIS	Absent	
3ED0235	Eye, left	HMR	Absent	
3ED0235	Eye, left	EMB	Absent	
3ED0235	Eye, right	EXPTH	Absent	
3ED0235	Eye, right	OPQ	Absent	
3ED0235	Eye, right	MIS	Absent	
3ED0235	Eye, right	HMR	Absent	
3ED0235	Eye, right	EMB	Absent	
3ED0235	Opercula	SLSH	Absent	
3ED0236	Body Surface	RGR	Absent	
3ED0236	Body Surface	RLSN	Absent	
3ED0236	Body Surface	SPDF	Absent	
3ED0236	Body Surface	HMRB	Absent	
3ED0236	Body Surface	FDC	Absent	
3ED0236	Body Surface	BFG	Absent	
3ED0236	Body Surface	PRST	Absent	
3ED0236	Head	DFM	Absent	
3ED0236	Mouth	ULR	Absent	
3ED0236	Mouth	LLG	Absent	
3ED0236	Nare	SLN	Absent	
3ED0236	Eye, left	EXPTH	Absent	
3ED0236	Eye, left	OPQ	Absent	
3ED0236	Eye, left	MIS	Absent	
3ED0236	Eye, left	HMR	Absent	
3ED0236	Eye, left	EMB	Absent	
3ED0236	Eye, right	EXPTH	Absent	
3ED0236	Eye, right	OPQ	Absent	
3ED0236	Eye, right	MIS	Absent	
3ED0236	Eye, right	HMR	Absent	
3ED0236	Eye, right	EMB	Absent	
3ED0236	Opercula	SLSH	Absent	
3ED0237	Body Surface	RGR	Absent	
3ED0237	Body Surface	RLSN	Absent	
3ED0237	Body Surface	SPDF	Absent	
3ED0237	Body Surface	HMRB	Absent	
3ED0237	Body Surface	FDC	Absent	
3ED0237	Body Surface	BFG	Absent	
3ED0237	Body Surface	PRST	Absent	
3ED0237	Head	DFM	Absent	
3ED0237	Mouth	ULR	Absent	
3ED0237	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0237	Nare	SLN	Absent	
3ED0237	Eye, left	EXPTH	Absent	
3ED0237	Eye, left	OPQ	Absent	
3ED0237	Eye, left	MIS	Absent	
3ED0237	Eye, left	HMR	Absent	
3ED0237	Eye, left	EMB	Absent	
3ED0237	Eye, right	EXPTH	Absent	
3ED0237	Eye, right	OPQ	Absent	
3ED0237	Eye, right	MIS	Absent	
3ED0237	Eye, right	HMR	Absent	
3ED0237	Eye, right	EMB	Absent	
3ED0237	Opercula	SLSH	Absent	
3ED0238	Body Surface	RGR	Absent	
3ED0238	Body Surface	RLSN	Absent	
3ED0238	Body Surface	SPDF	Absent	
3ED0238	Body Surface	HMRB	Absent	
3ED0238	Body Surface	FDC	Absent	
3ED0238	Body Surface	BFG	Absent	
3ED0238	Body Surface	PRST	Absent	
3ED0238	Head	DFM	Absent	
3ED0238	Mouth	ULR	Absent	
3ED0238	Mouth	LLG	Absent	
3ED0238	Nare	SLN	Absent	
3ED0238	Eye, left	EXPTH	Absent	
3ED0238	Eye, left	OPQ	Absent	
3ED0238	Eye, left	MIS	Absent	
3ED0238	Eye, left	HMR	Absent	
3ED0238	Eye, left	EMB	Absent	
3ED0238	Eye, right	EXPTH	Absent	
3ED0238	Eye, right	OPQ	Absent	
3ED0238	Eye, right	MIS	Absent	
3ED0238	Eye, right	HMR	Absent	
3ED0238	Eye, right	EMB	Absent	
3ED0238	Opercula	SLSH	Absent	
3ED0239	Body Surface	RGR	Absent	
3ED0239	Body Surface	RLSN	Absent	
3ED0239	Body Surface	SPDF	Absent	
3ED0239	Body Surface	HMRB	Absent	
3ED0239	Body Surface	FDC	Absent	
3ED0239	Body Surface	BFG	Absent	
3ED0239	Body Surface	PRST	Absent	
3ED0239	Head	DFM	Absent	
3ED0239	Mouth	ULR	Absent	
3ED0239	Mouth	LLG	Absent	
3ED0239	Nare	SLN	Absent	
3ED0239	Eye, left	EXPTH	Absent	
3ED0239	Eye, left	OPQ	Absent	
3ED0239	Eye, left	MIS	Absent	
3ED0239	Eye, left	HMR	Absent	
3ED0239	Eye, left	EMB	Absent	
3ED0239	Eye, right	EXPTH	Absent	
3ED0239	Eye, right	OPQ	Absent	
3ED0239	Eye, right	MIS	Absent	
3ED0239	Eye, right	HMR	Absent	
3ED0239	Eye, right	EMB	Absent	
3ED0239	Opercula	SLSH	Absent	
3ED0240	Body Surface	RGR	Absent	
3ED0240	Body Surface	RLSN	Absent	
3ED0240	Body Surface	SPDF	Absent	
3ED0240	Body Surface	HMRB	Absent	
3ED0240	Body Surface	FDC	Absent	
3ED0240	Body Surface	BFG	Absent	
3ED0240	Body Surface	PRST	Absent	
3ED0240	Head	DFM	Absent	
3ED0240	Mouth	ULR	Absent	
3ED0240	Mouth	LLG	Absent	
3ED0240	Nare	SLN	Absent	
3ED0240	Eye, left	EXPTH	Absent	
3ED0240	Eye, left	OPQ	Absent	
3ED0240	Eye, left	MIS	Absent	
3ED0240	Eye, left	HMR	Absent	
3ED0240	Eye, left	EMB	Absent	
3ED0240	Eye, right	EXPTH	Absent	
3ED0240	Eye, right	OPQ	Absent	
3ED0240	Eye, right	MIS	Absent	
3ED0240	Eye, right	HMR	Absent	
3ED0240	Eye, right	EMB	Absent	
3ED0240	Opercula	SLSH	Absent	
3ED0241	Body Surface	RGR	Absent	
3ED0241	Body Surface	RLSN	Absent	
3ED0241	Body Surface	SPDF	Absent	
3ED0241	Body Surface	HMRB	Absent	
3ED0241	Body Surface	FDC	Absent	
3ED0241	Body Surface	BFG	Absent	
3ED0241	Body Surface	PRST	Absent	
3ED0241	Head	DFM	Absent	
3ED0241	Mouth	ULR	Absent	
3ED0241	Mouth	LLG	Absent	
3ED0241	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0241	Eye, left	EXPTH	Absent	
3ED0241	Eye, left	OPQ	Absent	
3ED0241	Eye, left	MIS	Absent	
3ED0241	Eye, left	HMR	Absent	
3ED0241	Eye, left	EMB	Absent	
3ED0241	Eye, right	EXPTH	Absent	
3ED0241	Eye, right	OPQ	Absent	
3ED0241	Eye, right	MIS	Absent	
3ED0241	Eye, right	HMR	Absent	
3ED0241	Eye, right	EMB	Absent	
3ED0241	Opercula	SLSH	Absent	
3ED0242	Body Surface	RGR	Absent	
3ED0242	Body Surface	RLSN	Absent	
3ED0242	Body Surface	SPDF	Absent	
3ED0242	Body Surface	HMRB	Absent	
3ED0242	Body Surface	FDC	Absent	
3ED0242	Body Surface	BFG	Absent	
3ED0242	Body Surface	PRST	Absent	
3ED0242	Head	DFM	Absent	
3ED0242	Mouth	ULR	Absent	
3ED0242	Mouth	LLG	Absent	
3ED0242	Nare	SLN	Absent	
3ED0242	Eye, left	EXPTH	Absent	
3ED0242	Eye, left	OPQ	Absent	
3ED0242	Eye, left	MIS	Absent	
3ED0242	Eye, left	HMR	Absent	
3ED0242	Eye, left	EMB	Absent	
3ED0242	Eye, right	EXPTH	Absent	
3ED0242	Eye, right	OPQ	Absent	
3ED0242	Eye, right	MIS	Absent	
3ED0242	Eye, right	HMR	Absent	
3ED0242	Eye, right	EMB	Absent	
3ED0242	Opercula	SLSH	Absent	
3ED0243	Body Surface	RGR	Absent	
3ED0243	Body Surface	RLSN	Absent	
3ED0243	Body Surface	SPDF	Absent	
3ED0243	Body Surface	HMRB	Absent	
3ED0243	Body Surface	FDC	Absent	
3ED0243	Body Surface	BFG	Absent	
3ED0243	Body Surface	PRST	Absent	
3ED0243	Head	DFM	Absent	
3ED0243	Mouth	ULR	Absent	
3ED0243	Mouth	LLG	Absent	
3ED0243	Nare	SLN	Absent	
3ED0243	Eye, left	EXPTH	Absent	
3ED0243	Eye, left	OPQ	Absent	
3ED0243	Eye, left	MIS	Absent	
3ED0243	Eye, left	HMR	Absent	
3ED0243	Eye, left	EMB	Absent	
3ED0243	Eye, right	EXPTH	Absent	
3ED0243	Eye, right	OPQ	Absent	
3ED0243	Eye, right	MIS	Absent	
3ED0243	Eye, right	HMR	Absent	
3ED0243	Eye, right	EMB	Absent	
3ED0243	Opercula	SLSH	Absent	
3ED0244	Body Surface	RGR	Absent	
3ED0244	Body Surface	RLSN	Absent	
3ED0244	Body Surface	SPDF	Absent	
3ED0244	Body Surface	HMRB	Absent	
3ED0244	Body Surface	FDC	Absent	
3ED0244	Body Surface	BFG	Absent	
3ED0244	Body Surface	PRST	Absent	
3ED0244	Head	DFM	Absent	
3ED0244	Mouth	ULR	Absent	
3ED0244	Mouth	LLG	Absent	
3ED0244	Nare	SLN	Absent	
3ED0244	Eye, left	EXPTH	Absent	
3ED0244	Eye, left	OPQ	Absent	
3ED0244	Eye, left	MIS	Absent	
3ED0244	Eye, left	HMR	Absent	
3ED0244	Eye, left	EMB	Absent	
3ED0244	Eye, right	EXPTH	Absent	
3ED0244	Eye, right	OPQ	Absent	
3ED0244	Eye, right	MIS	Absent	
3ED0244	Eye, right	HMR	Absent	
3ED0244	Eye, right	EMB	Absent	
3ED0244	Opercula	SLSH	Absent	
3ED0245	Body Surface	RGR	Absent	
3ED0245	Body Surface	RLSN	Absent	
3ED0245	Body Surface	SPDF	Absent	
3ED0245	Body Surface	HMRB	Absent	
3ED0245	Body Surface	FDC	Absent	
3ED0245	Body Surface	BFG	Absent	
3ED0245	Body Surface	PRST	Absent	
3ED0245	Head	DFM	Absent	
3ED0245	Mouth	ULR	Absent	
3ED0245	Mouth	LLG	Absent	
3ED0245	Nare	SLN	Absent	
3ED0245	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0245	Eye, left	OPQ	Absent	
3ED0245	Eye, left	MIS	Absent	
3ED0245	Eye, left	HMR	Absent	
3ED0245	Eye, left	EMB	Absent	
3ED0245	Eye, right	EXPTH	Absent	
3ED0245	Eye, right	OPQ	Absent	
3ED0245	Eye, right	MIS	Absent	
3ED0245	Eye, right	HMR	Absent	
3ED0245	Eye, right	EMB	Absent	
3ED0245	Opercula	SLSH	Absent	
3ED0246	Body Surface	RGR	Absent	
3ED0246	Body Surface	RLSN	Absent	
3ED0246	Body Surface	SPDF	Absent	
3ED0246	Body Surface	HMRB	Absent	
3ED0246	Body Surface	FDC	Absent	
3ED0246	Body Surface	BFG	Absent	
3ED0246	Body Surface	PRST	Absent	
3ED0246	Head	DFM	Absent	
3ED0246	Mouth	ULR	Absent	
3ED0246	Mouth	LLG	Absent	
3ED0246	Nare	SLN	Absent	
3ED0246	Eye, left	EXPTH	Absent	
3ED0246	Eye, left	OPQ	Absent	
3ED0246	Eye, left	MIS	Absent	
3ED0246	Eye, left	HMR	Absent	
3ED0246	Eye, left	EMB	Absent	
3ED0246	Eye, right	EXPTH	Absent	
3ED0246	Eye, right	OPQ	Absent	
3ED0246	Eye, right	MIS	Absent	
3ED0246	Eye, right	HMR	Absent	
3ED0246	Eye, right	EMB	Absent	
3ED0246	Opercula	SLSH	Absent	
3ED0247	Body Surface	RGR	Absent	
3ED0247	Body Surface	RLSN	Absent	
3ED0247	Body Surface	SPDF	Absent	
3ED0247	Body Surface	HMRB	Absent	
3ED0247	Body Surface	FDC	Absent	
3ED0247	Body Surface	BFG	Absent	
3ED0247	Body Surface	PRST	Absent	
3ED0247	Head	DFM	Absent	
3ED0247	Mouth	ULR	Absent	
3ED0247	Mouth	LLG	Absent	
3ED0247	Nare	SLN	Absent	
3ED0247	Eye, left	EXPTH	Absent	
3ED0247	Eye, left	OPQ	Absent	
3ED0247	Eye, left	MIS	Absent	
3ED0247	Eye, left	HMR	Absent	
3ED0247	Eye, left	EMB	Absent	
3ED0247	Eye, right	EXPTH	Absent	
3ED0247	Eye, right	OPQ	Absent	
3ED0247	Eye, right	MIS	Absent	
3ED0247	Eye, right	HMR	Absent	
3ED0247	Eye, right	EMB	Absent	
3ED0247	Opercula	SLSH	Absent	
3ED0248	Body Surface	RGR	Absent	
3ED0248	Body Surface	RLSN	Absent	
3ED0248	Body Surface	SPDF	Absent	
3ED0248	Body Surface	HMRB	Absent	
3ED0248	Body Surface	FDC	Absent	
3ED0248	Body Surface	BFG	Absent	
3ED0248	Body Surface	PRST	Absent	
3ED0248	Head	DFM	Absent	
3ED0248	Mouth	ULR	Absent	
3ED0248	Mouth	LLG	Absent	
3ED0248	Nare	SLN	Absent	
3ED0248	Eye, left	EXPTH	Absent	
3ED0248	Eye, left	OPQ	Absent	
3ED0248	Eye, left	MIS	Absent	
3ED0248	Eye, left	HMR	Absent	
3ED0248	Eye, left	EMB	Absent	
3ED0248	Eye, right	EXPTH	Absent	
3ED0248	Eye, right	OPQ	Absent	
3ED0248	Eye, right	MIS	Absent	
3ED0248	Eye, right	HMR	Absent	
3ED0248	Eye, right	EMB	Absent	
3ED0248	Opercula	SLSH	Absent	
3ED0249	Body Surface	RGR	Absent	
3ED0249	Body Surface	RLSN	Absent	
3ED0249	Body Surface	SPDF	Absent	
3ED0249	Body Surface	HMRB	Absent	
3ED0249	Body Surface	FDC	Absent	
3ED0249	Body Surface	BFG	Absent	
3ED0249	Body Surface	PRST	Absent	
3ED0249	Head	DFM	Absent	
3ED0249	Mouth	ULR	Absent	
3ED0249	Mouth	LLG	Absent	
3ED0249	Nare	SLN	Absent	
3ED0249	Eye, left	EXPTH	Absent	
3ED0249	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0249	Eye, left	MIS	Absent	
3ED0249	Eye, left	HMR	Absent	
3ED0249	Eye, left	EMB	Absent	
3ED0249	Eye, right	EXPTH	Absent	
3ED0249	Eye, right	OPQ	Absent	
3ED0249	Eye, right	MIS	Absent	
3ED0249	Eye, right	HMR	Absent	
3ED0249	Eye, right	EMB	Absent	
3ED0249	Opercula	SLSH	Absent	
3ED0250	Body Surface	RGR	Absent	
3ED0250	Body Surface	RLSN	Absent	
3ED0250	Body Surface	SPDF	Absent	
3ED0250	Body Surface	HMRB	Absent	
3ED0250	Body Surface	FDC	Absent	
3ED0250	Body Surface	BFG	Absent	
3ED0250	Body Surface	PRST	Absent	
3ED0250	Head	DFM	Absent	
3ED0250	Mouth	ULR	Absent	
3ED0250	Mouth	LLG	Absent	
3ED0250	Nare	SLN	Absent	
3ED0250	Eye, left	EXPTH	Absent	
3ED0250	Eye, left	OPQ	Absent	
3ED0250	Eye, left	MIS	Absent	
3ED0250	Eye, left	HMR	Absent	
3ED0250	Eye, left	EMB	Absent	
3ED0250	Eye, right	EXPTH	Absent	
3ED0250	Eye, right	OPQ	Absent	
3ED0250	Eye, right	MIS	Absent	
3ED0250	Eye, right	HMR	Absent	
3ED0250	Eye, right	EMB	Absent	
3ED0250	Opercula	SLSH	Absent	
3ED0251	Body Surface	RGR	Absent	
3ED0251	Body Surface	RLSN	Absent	
3ED0251	Body Surface	SPDF	Absent	
3ED0251	Body Surface	HMRB	Absent	
3ED0251	Body Surface	FDC	Absent	
3ED0251	Body Surface	BFG	Absent	
3ED0251	Body Surface	PRST	Absent	
3ED0251	Head	DFM	Absent	
3ED0251	Mouth	ULR	Absent	
3ED0251	Mouth	LLG	Absent	
3ED0251	Nare	SLN	Absent	
3ED0251	Eye, left	EXPTH	Absent	
3ED0251	Eye, left	OPQ	Absent	
3ED0251	Eye, left	MIS	Absent	
3ED0251	Eye, left	HMR	Absent	
3ED0251	Eye, left	EMB	Absent	
3ED0251	Eye, right	EXPTH	Absent	
3ED0251	Eye, right	OPQ	Absent	
3ED0251	Eye, right	MIS	Absent	
3ED0251	Eye, right	HMR	Absent	
3ED0251	Eye, right	EMB	Absent	
3ED0251	Opercula	SLSH	Absent	
3ED0252W	Body Surface	RGR	Absent	
3ED0252W	Body Surface	RLSN	Absent	
3ED0252W	Body Surface	SPDF	Absent	
3ED0252W	Body Surface	HMRB	Absent	
3ED0252W	Body Surface	FDC	Absent	
3ED0252W	Body Surface	BFG	Absent	
3ED0252W	Body Surface	PRST	Absent	
3ED0252W	Head	DFM	Absent	
3ED0252W	Mouth	ULR	Absent	
3ED0252W	Mouth	LLG	Absent	
3ED0252W	Nare	SLN	Absent	
3ED0252W	Eye, left	EXPTH	Absent	
3ED0252W	Eye, left	OPQ	Absent	
3ED0252W	Eye, left	MIS	Absent	
3ED0252W	Eye, left	HMR	Absent	
3ED0252W	Eye, left	EMB	Absent	
3ED0252W	Eye, right	EXPTH	Absent	
3ED0252W	Eye, right	OPQ	Absent	
3ED0252W	Eye, right	MIS	Absent	
3ED0252W	Eye, right	HMR	Absent	
3ED0252W	Eye, right	EMB	Absent	
3ED0252W	Opercula	SLSH	Absent	
3ED0253	Body Surface	RGR	Absent	
3ED0253	Body Surface	RLSN	Absent	
3ED0253	Body Surface	SPDF	Absent	
3ED0253	Body Surface	HMRB	Absent	
3ED0253	Body Surface	FDC	Absent	
3ED0253	Body Surface	BFG	Absent	
3ED0253	Body Surface	PRST	Absent	
3ED0253	Head	DFM	Absent	
3ED0253	Mouth	ULR	Absent	
3ED0253	Mouth	LLG	Absent	
3ED0253	Nare	SLN	Absent	
3ED0253	Eye, left	EXPTH	Absent	
3ED0253	Eye, left	OPQ	Absent	
3ED0253	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0253	Eye, left	HMR	Absent	
3ED0253	Eye, left	EMB	Absent	
3ED0253	Eye, right	EXPTH	Absent	
3ED0253	Eye, right	OPQ	Absent	
3ED0253	Eye, right	MIS	Absent	
3ED0253	Eye, right	HMR	Absent	
3ED0253	Eye, right	EMB	Absent	
3ED0253	Opercula	OTHER	Present	Reddened lesion
3ED0253	Opercula	SLSH	Absent	
3ED0254	Body Surface	RGR	Absent	
3ED0254	Body Surface	RLSN	Absent	
3ED0254	Body Surface	SPDF	Absent	
3ED0254	Body Surface	HMRB	Absent	
3ED0254	Body Surface	FDC	Absent	
3ED0254	Body Surface	BFG	Absent	
3ED0254	Body Surface	PRST	Absent	
3ED0254	Head	DFM	Absent	
3ED0254	Mouth	ULR	Absent	
3ED0254	Mouth	LLG	Absent	
3ED0254	Nare	SLN	Absent	
3ED0254	Eye, left	EXPTH	Absent	
3ED0254	Eye, left	OPQ	Absent	
3ED0254	Eye, left	MIS	Absent	
3ED0254	Eye, left	HMR	Absent	
3ED0254	Eye, left	EMB	Absent	
3ED0254	Eye, right	EXPTH	Absent	
3ED0254	Eye, right	OPQ	Absent	
3ED0254	Eye, right	MIS	Absent	
3ED0254	Eye, right	HMR	Absent	
3ED0254	Eye, right	EMB	Absent	
3ED0254	Opercula	SLSH	Absent	
3ED0255	Body Surface	RGR	Absent	
3ED0255	Body Surface	RLSN	Absent	
3ED0255	Body Surface	SPDF	Absent	
3ED0255	Body Surface	HMRB	Absent	
3ED0255	Body Surface	FDC	Absent	
3ED0255	Body Surface	BFG	Absent	
3ED0255	Body Surface	PRST	Absent	
3ED0255	Head	DFM	Absent	
3ED0255	Mouth	ULR	Absent	
3ED0255	Mouth	LLG	Absent	
3ED0255	Nare	SLN	Absent	
3ED0255	Eye, left	EXPTH	Absent	
3ED0255	Eye, left	OPQ	Absent	
3ED0255	Eye, left	MIS	Absent	
3ED0255	Eye, left	HMR	Absent	
3ED0255	Eye, left	EMB	Absent	
3ED0255	Eye, right	EXPTH	Absent	
3ED0255	Eye, right	OPQ	Absent	
3ED0255	Eye, right	MIS	Absent	
3ED0255	Eye, right	HMR	Absent	
3ED0255	Eye, right	EMB	Absent	
3ED0255	Opercula	SLSH	Absent	
3ED0256	Body Surface	RGR	Absent	
3ED0256	Body Surface	RLSN	Absent	
3ED0256	Body Surface	SPDF	Absent	
3ED0256	Body Surface	HMRB	Absent	
3ED0256	Body Surface	FDC	Absent	
3ED0256	Body Surface	BFG	Absent	
3ED0256	Body Surface	PRST	Absent	
3ED0256	Body Surface	OTHER	Present	Red spot under left gill
3ED0256	Head	DFM	Absent	
3ED0256	Mouth	ULR	Absent	
3ED0256	Mouth	LLG	Absent	
3ED0256	Nare	SLN	Absent	
3ED0256	Eye, left	EXPTH	Absent	
3ED0256	Eye, left	OPQ	Absent	
3ED0256	Eye, left	MIS	Absent	
3ED0256	Eye, left	HMR	Absent	
3ED0256	Eye, left	EMB	Absent	
3ED0256	Eye, right	EXPTH	Absent	
3ED0256	Eye, right	OPQ	Absent	
3ED0256	Eye, right	MIS	Absent	
3ED0256	Eye, right	HMR	Absent	
3ED0256	Eye, right	EMB	Absent	
3ED0256	Opercula	SLSH	Absent	
3ED0257	Body Surface	RGR	Absent	
3ED0257	Body Surface	RLSN	Absent	
3ED0257	Body Surface	SPDF	Absent	
3ED0257	Body Surface	HMRB	Absent	
3ED0257	Body Surface	FDC	Absent	
3ED0257	Body Surface	BFG	Absent	
3ED0257	Body Surface	PRST	Absent	
3ED0257	Head	DFM	Absent	
3ED0257	Mouth	ULR	Absent	
3ED0257	Mouth	LLG	Absent	
3ED0257	Nare	SLN	Absent	
3ED0257	Eye, left	EXPTH	Absent	
3ED0257	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0257	Eye, left	MIS	Absent	
3ED0257	Eye, left	HMR	Absent	
3ED0257	Eye, left	EMB	Absent	
3ED0257	Eye, right	EXPTH	Absent	
3ED0257	Eye, right	OPQ	Absent	
3ED0257	Eye, right	MIS	Absent	
3ED0257	Eye, right	HMR	Absent	
3ED0257	Eye, right	EMB	Absent	
3ED0257	Opercula	SLSH	Absent	
3ED0258	Body Surface	RGR	Absent	
3ED0258	Body Surface	RLSN	Absent	
3ED0258	Body Surface	SPDF	Absent	
3ED0258	Body Surface	HMRB	Absent	
3ED0258	Body Surface	FDC	Absent	
3ED0258	Body Surface	BFG	Absent	
3ED0258	Body Surface	PRST	Absent	
3ED0258	Body Surface	OTHER	Present	Abrasion on tail
3ED0258	Head	DFM	Absent	
3ED0258	Mouth	ULR	Absent	
3ED0258	Mouth	LLG	Absent	
3ED0258	Nare	SLN	Absent	
3ED0258	Eye, left	EXPTH	Absent	
3ED0258	Eye, left	OPQ	Absent	
3ED0258	Eye, left	MIS	Absent	
3ED0258	Eye, left	HMR	Absent	
3ED0258	Eye, left	EMB	Absent	
3ED0258	Eye, right	EXPTH	Absent	
3ED0258	Eye, right	OPQ	Absent	
3ED0258	Eye, right	MIS	Absent	
3ED0258	Eye, right	HMR	Absent	
3ED0258	Eye, right	EMB	Absent	
3ED0258	Opercula	SLSH	Absent	
3ED0259	Body Surface	RGR	Absent	
3ED0259	Body Surface	RLSN	Absent	
3ED0259	Body Surface	SPDF	Absent	
3ED0259	Body Surface	HMRB	Absent	
3ED0259	Body Surface	FDC	Absent	
3ED0259	Body Surface	BFG	Absent	
3ED0259	Body Surface	PRST	Absent	
3ED0259	Head	DFM	Absent	
3ED0259	Mouth	ULR	Absent	
3ED0259	Mouth	LLG	Absent	
3ED0259	Nare	SLN	Absent	
3ED0259	Eye, left	EXPTH	Absent	
3ED0259	Eye, left	OPQ	Absent	
3ED0259	Eye, left	MIS	Absent	
3ED0259	Eye, left	HMR	Absent	
3ED0259	Eye, left	EMB	Absent	
3ED0259	Eye, right	EXPTH	Absent	
3ED0259	Eye, right	OPQ	Absent	
3ED0259	Eye, right	MIS	Absent	
3ED0259	Eye, right	HMR	Absent	
3ED0259	Eye, right	EMB	Absent	
3ED0259	Opercula	SLSH	Absent	
3ED0260	Body Surface	RGR	Absent	
3ED0260	Body Surface	RLSN	Absent	
3ED0260	Body Surface	SPDF	Absent	
3ED0260	Body Surface	HMRB	Absent	
3ED0260	Body Surface	FDC	Absent	
3ED0260	Body Surface	BFG	Absent	
3ED0260	Body Surface	PRST	Absent	
3ED0260	Head	DFM	Absent	
3ED0260	Mouth	ULR	Absent	
3ED0260	Mouth	LLG	Absent	
3ED0260	Nare	SLN	Absent	
3ED0260	Eye, left	EXPTH	Absent	
3ED0260	Eye, left	OPQ	Absent	
3ED0260	Eye, left	MIS	Absent	
3ED0260	Eye, left	HMR	Absent	
3ED0260	Eye, left	EMB	Absent	
3ED0260	Eye, right	EXPTH	Absent	
3ED0260	Eye, right	OPQ	Absent	
3ED0260	Eye, right	MIS	Absent	
3ED0260	Eye, right	HMR	Absent	
3ED0260	Eye, right	EMB	Absent	
3ED0260	Opercula	SLSH	Absent	
3ED0261	Body Surface	RGR	Absent	
3ED0261	Body Surface	RLSN	Absent	
3ED0261	Body Surface	SPDF	Absent	
3ED0261	Body Surface	HMRB	Absent	
3ED0261	Body Surface	FDC	Absent	
3ED0261	Body Surface	BFG	Absent	
3ED0261	Body Surface	PRST	Absent	
3ED0261	Head	DFM	Absent	
3ED0261	Mouth	ULR	Absent	
3ED0261	Mouth	LLG	Absent	
3ED0261	Nare	SLN	Absent	
3ED0261	Eye, left	EXPTH	Absent	
3ED0261	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0261	Eye, left	MIS	Absent	
3ED0261	Eye, left	HMR	Absent	
3ED0261	Eye, left	EMB	Absent	
3ED0261	Eye, right	EXPTH	Absent	
3ED0261	Eye, right	OPQ	Absent	
3ED0261	Eye, right	MIS	Absent	
3ED0261	Eye, right	HMR	Absent	
3ED0261	Eye, right	EMB	Absent	
3ED0261	Opercula	SLSH	Absent	
3ED0262	Body Surface	RGR	Absent	
3ED0262	Body Surface	RLSN	Absent	
3ED0262	Body Surface	SPDF	Absent	
3ED0262	Body Surface	HMRB	Absent	
3ED0262	Body Surface	FDC	Absent	
3ED0262	Body Surface	BFG	Absent	
3ED0262	Body Surface	PRST	Absent	
3ED0262	Head	DFM	Absent	
3ED0262	Mouth	ULR	Absent	
3ED0262	Mouth	LLG	Absent	
3ED0262	Nare	SLN	Absent	
3ED0262	Eye, left	EXPTH	Absent	
3ED0262	Eye, left	OPQ	Absent	
3ED0262	Eye, left	MIS	Absent	
3ED0262	Eye, left	HMR	Absent	
3ED0262	Eye, left	EMB	Absent	
3ED0262	Eye, right	EXPTH	Absent	
3ED0262	Eye, right	OPQ	Absent	
3ED0262	Eye, right	MIS	Absent	
3ED0262	Eye, right	HMR	Absent	
3ED0262	Eye, right	EMB	Absent	
3ED0262	Opercula	SLSH	Absent	
3ED0263	Body Surface	RGR	Absent	
3ED0263	Body Surface	RLSN	Absent	
3ED0263	Body Surface	SPDF	Absent	
3ED0263	Body Surface	HMRB	Absent	
3ED0263	Body Surface	FDC	Absent	
3ED0263	Body Surface	BFG	Absent	
3ED0263	Body Surface	PRST	Absent	
3ED0263	Head	DFM	Absent	
3ED0263	Mouth	ULR	Absent	
3ED0263	Mouth	LLG	Absent	
3ED0263	Nare	SLN	Absent	
3ED0263	Eye, left	EXPTH	Absent	
3ED0263	Eye, left	OPQ	Absent	
3ED0263	Eye, left	MIS	Absent	
3ED0263	Eye, left	HMR	Absent	
3ED0263	Eye, left	EMB	Absent	
3ED0263	Eye, right	EXPTH	Absent	
3ED0263	Eye, right	OPQ	Absent	
3ED0263	Eye, right	MIS	Absent	
3ED0263	Eye, right	HMR	Absent	
3ED0263	Eye, right	EMB	Absent	
3ED0263	Opercula	SLSH	Absent	
3ED0264	Body Surface	RGR	Absent	
3ED0264	Body Surface	RLSN	Absent	
3ED0264	Body Surface	SPDF	Absent	
3ED0264	Body Surface	HMRB	Absent	
3ED0264	Body Surface	FDC	Absent	
3ED0264	Body Surface	BFG	Absent	
3ED0264	Body Surface	PRST	Absent	
3ED0264	Head	DFM	Absent	
3ED0264	Mouth	ULR	Absent	
3ED0264	Mouth	LLG	Absent	
3ED0264	Nare	SLN	Absent	
3ED0264	Eye, left	EXPTH	Absent	
3ED0264	Eye, left	OPQ	Absent	
3ED0264	Eye, left	MIS	Absent	
3ED0264	Eye, left	HMR	Absent	
3ED0264	Eye, left	EMB	Absent	
3ED0264	Eye, right	EXPTH	Absent	
3ED0264	Eye, right	OPQ	Absent	
3ED0264	Eye, right	MIS	Absent	
3ED0264	Eye, right	HMR	Absent	
3ED0264	Eye, right	EMB	Absent	
3ED0264	Opercula	SLSH	Absent	
3ED0265	Body Surface	RGR	Absent	
3ED0265	Body Surface	RLSN	Absent	
3ED0265	Body Surface	SPDF	Absent	
3ED0265	Body Surface	HMRB	Absent	
3ED0265	Body Surface	FDC	Absent	
3ED0265	Body Surface	BFG	Absent	
3ED0265	Body Surface	PRST	Absent	
3ED0265	Head	DFM	Absent	
3ED0265	Mouth	ULR	Absent	
3ED0265	Mouth	LLG	Absent	
3ED0265	Nare	SLN	Absent	
3ED0265	Eye, left	EXPTH	Absent	
3ED0265	Eye, left	OPQ	Absent	
3ED0265	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0265	Eye, left	HMR	Absent	
3ED0265	Eye, left	EMB	Absent	
3ED0265	Eye, right	EXPTH	Absent	
3ED0265	Eye, right	OPQ	Absent	
3ED0265	Eye, right	MIS	Absent	
3ED0265	Eye, right	HMR	Absent	
3ED0265	Eye, right	EMB	Absent	
3ED0265	Opercula	SLSH	Absent	
3ED0266	Body Surface	RGR	Absent	
3ED0266	Body Surface	RLSN	Absent	
3ED0266	Body Surface	SPDF	Absent	
3ED0266	Body Surface	HMRB	Absent	
3ED0266	Body Surface	FDC	Absent	
3ED0266	Body Surface	BFG	Absent	
3ED0266	Body Surface	PRST	Absent	
3ED0266	Head	DFM	Absent	
3ED0266	Mouth	ULR	Absent	
3ED0266	Mouth	LLG	Absent	
3ED0266	Nare	SLN	Absent	
3ED0266	Eye, left	EXPTH	Absent	
3ED0266	Eye, left	OPQ	Absent	
3ED0266	Eye, left	MIS	Absent	
3ED0266	Eye, left	HMR	Absent	
3ED0266	Eye, left	EMB	Absent	
3ED0266	Eye, right	EXPTH	Absent	
3ED0266	Eye, right	OPQ	Absent	
3ED0266	Eye, right	MIS	Absent	
3ED0266	Eye, right	HMR	Absent	
3ED0266	Eye, right	EMB	Absent	
3ED0266	Opercula	SLSH	Absent	
3ED0267	Body Surface	RGR	Absent	
3ED0267	Body Surface	RLSN	Absent	
3ED0267	Body Surface	SPDF	Absent	
3ED0267	Body Surface	HMRB	Absent	
3ED0267	Body Surface	FDC	Absent	
3ED0267	Body Surface	BFG	Absent	
3ED0267	Body Surface	PRST	Absent	
3ED0267	Head	DFM	Absent	
3ED0267	Mouth	ULR	Absent	
3ED0267	Mouth	LLG	Absent	
3ED0267	Nare	SLN	Absent	
3ED0267	Eye, left	EXPTH	Absent	
3ED0267	Eye, left	OPQ	Absent	
3ED0267	Eye, left	MIS	Absent	
3ED0267	Eye, left	HMR	Absent	
3ED0267	Eye, left	EMB	Absent	
3ED0267	Eye, right	EXPTH	Absent	
3ED0267	Eye, right	OPQ	Absent	
3ED0267	Eye, right	MIS	Absent	
3ED0267	Eye, right	HMR	Absent	
3ED0267	Eye, right	EMB	Absent	
3ED0267	Opercula	SLSH	Absent	
3ED0268	Body Surface	RGR	Absent	
3ED0268	Body Surface	RLSN	Absent	
3ED0268	Body Surface	SPDF	Absent	
3ED0268	Body Surface	HMRB	Absent	
3ED0268	Body Surface	FDC	Absent	
3ED0268	Body Surface	BFG	Absent	
3ED0268	Body Surface	PRST	Absent	
3ED0268	Body Surface	OTHER	Present	Red spot on abdomen
3ED0268	Head	DFM	Absent	
3ED0268	Mouth	ULR	Absent	
3ED0268	Mouth	LLG	Absent	
3ED0268	Nare	SLN	Absent	
3ED0268	Eye, left	EXPTH	Absent	
3ED0268	Eye, left	OPQ	Absent	
3ED0268	Eye, left	MIS	Absent	
3ED0268	Eye, left	HMR	Absent	
3ED0268	Eye, left	EMB	Absent	
3ED0268	Eye, right	EXPTH	Absent	
3ED0268	Eye, right	OPQ	Absent	
3ED0268	Eye, right	MIS	Absent	
3ED0268	Eye, right	HMR	Absent	
3ED0268	Eye, right	EMB	Absent	
3ED0268	Opercula	SLSH	Absent	
3ED0269	Body Surface	RGR	Absent	
3ED0269	Body Surface	RLSN	Absent	
3ED0269	Body Surface	SPDF	Absent	
3ED0269	Body Surface	HMRB	Absent	
3ED0269	Body Surface	FDC	Absent	
3ED0269	Body Surface	BFG	Absent	
3ED0269	Body Surface	PRST	Absent	
3ED0269	Head	DFM	Absent	
3ED0269	Mouth	ULR	Absent	
3ED0269	Mouth	LLG	Absent	
3ED0269	Nare	SLN	Absent	
3ED0269	Eye, left	EXPTH	Absent	
3ED0269	Eye, left	OPQ	Absent	
3ED0269	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0269	Eye, left	HMR	Absent	
3ED0269	Eye, left	EMB	Absent	
3ED0269	Eye, right	EXPTH	Absent	
3ED0269	Eye, right	OPQ	Absent	
3ED0269	Eye, right	MIS	Absent	
3ED0269	Eye, right	HMR	Absent	
3ED0269	Eye, right	EMB	Absent	
3ED0269	Opercula	SLSH	Absent	
3ED0270	Body Surface	RGR	Absent	
3ED0270	Body Surface	RLSN	Absent	
3ED0270	Body Surface	SPDF	Absent	
3ED0270	Body Surface	HMRB	Absent	
3ED0270	Body Surface	FDC	Absent	
3ED0270	Body Surface	BFG	Absent	
3ED0270	Body Surface	PRST	Absent	
3ED0270	Head	DFM	Absent	
3ED0270	Mouth	ULR	Absent	
3ED0270	Mouth	LLG	Absent	
3ED0270	Nare	SLN	Absent	
3ED0270	Eye, left	EXPTH	Absent	
3ED0270	Eye, left	OPQ	Absent	
3ED0270	Eye, left	MIS	Absent	
3ED0270	Eye, left	HMR	Absent	
3ED0270	Eye, left	EMB	Absent	
3ED0270	Eye, right	EXPTH	Absent	
3ED0270	Eye, right	OPQ	Absent	
3ED0270	Eye, right	MIS	Absent	
3ED0270	Eye, right	HMR	Absent	
3ED0270	Eye, right	EMB	Absent	
3ED0270	Opercula	SLSH	Absent	
3ED0271	Body Surface	RGR	Absent	
3ED0271	Body Surface	RLSN	Absent	
3ED0271	Body Surface	SPDF	Absent	
3ED0271	Body Surface	HMRB	Absent	
3ED0271	Body Surface	FDC	Absent	
3ED0271	Body Surface	BFG	Absent	
3ED0271	Body Surface	PRST	Absent	
3ED0271	Head	DFM	Absent	
3ED0271	Mouth	ULR	Absent	
3ED0271	Mouth	LLG	Absent	
3ED0271	Nare	SLN	Absent	
3ED0271	Eye, left	EXPTH	Absent	
3ED0271	Eye, left	OPQ	Absent	
3ED0271	Eye, left	MIS	Absent	
3ED0271	Eye, left	HMR	Absent	
3ED0271	Eye, left	EMB	Absent	
3ED0271	Eye, right	EXPTH	Absent	
3ED0271	Eye, right	OPQ	Absent	
3ED0271	Eye, right	MIS	Absent	
3ED0271	Eye, right	HMR	Absent	
3ED0271	Eye, right	EMB	Absent	
3ED0271	Opercula	SLSH	Absent	
3ED0272	Body Surface	RGR	Absent	
3ED0272	Body Surface	RLSN	Absent	
3ED0272	Body Surface	SPDF	Absent	
3ED0272	Body Surface	HMRB	Absent	
3ED0272	Body Surface	FDC	Absent	
3ED0272	Body Surface	BFG	Absent	
3ED0272	Body Surface	PRST	Absent	
3ED0272	Head	DFM	Absent	
3ED0272	Mouth	ULR	Absent	
3ED0272	Mouth	LLG	Absent	
3ED0272	Nare	SLN	Absent	
3ED0272	Eye, left	EXPTH	Absent	
3ED0272	Eye, left	OPQ	Absent	
3ED0272	Eye, left	MIS	Absent	
3ED0272	Eye, left	HMR	Absent	
3ED0272	Eye, left	EMB	Absent	
3ED0272	Eye, right	EXPTH	Absent	
3ED0272	Eye, right	OPQ	Absent	
3ED0272	Eye, right	MIS	Absent	
3ED0272	Eye, right	HMR	Absent	
3ED0272	Eye, right	EMB	Absent	
3ED0272	Opercula	SLSH	Absent	
3ED0273	Body Surface	RGR	Absent	
3ED0273	Body Surface	RLSN	Absent	
3ED0273	Body Surface	SPDF	Absent	
3ED0273	Body Surface	HMRB	Absent	
3ED0273	Body Surface	FDC	Absent	
3ED0273	Body Surface	BFG	Absent	
3ED0273	Body Surface	PRST	Absent	
3ED0273	Head	DFM	Absent	
3ED0273	Mouth	ULR	Absent	
3ED0273	Mouth	LLG	Absent	
3ED0273	Nare	SLN	Absent	
3ED0273	Eye, left	EXPTH	Absent	
3ED0273	Eye, left	OPQ	Absent	
3ED0273	Eye, left	MIS	Absent	
3ED0273	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0273	Eye, left	EMB	Absent	
3ED0273	Eye, right	EXPTH	Absent	
3ED0273	Eye, right	OPQ	Absent	
3ED0273	Eye, right	MIS	Absent	
3ED0273	Eye, right	HMR	Absent	
3ED0273	Eye, right	EMB	Absent	
3ED0273	Opercula	SLSH	Absent	
3ED0274	Body Surface	RGR	Absent	
3ED0274	Body Surface	RLSN	Absent	
3ED0274	Body Surface	SPDF	Absent	
3ED0274	Body Surface	HMRB	Absent	
3ED0274	Body Surface	FDC	Absent	
3ED0274	Body Surface	BFG	Absent	
3ED0274	Body Surface	PRST	Absent	
3ED0274	Head	DFM	Absent	
3ED0274	Mouth	ULR	Absent	
3ED0274	Mouth	LLG	Absent	
3ED0274	Nare	SLN	Absent	
3ED0274	Eye, left	EXPTH	Absent	
3ED0274	Eye, left	OPQ	Absent	
3ED0274	Eye, left	MIS	Absent	
3ED0274	Eye, left	HMR	Absent	
3ED0274	Eye, left	EMB	Absent	
3ED0274	Eye, right	EXPTH	Absent	
3ED0274	Eye, right	OPQ	Absent	
3ED0274	Eye, right	MIS	Absent	
3ED0274	Eye, right	HMR	Absent	
3ED0274	Eye, right	EMB	Absent	
3ED0274	Opercula	SLSH	Absent	
3ED0275	Body Surface	RGR	Absent	
3ED0275	Body Surface	RLSN	Absent	
3ED0275	Body Surface	SPDF	Absent	
3ED0275	Body Surface	HMRB	Absent	
3ED0275	Body Surface	FDC	Absent	
3ED0275	Body Surface	BFG	Absent	
3ED0275	Body Surface	PRST	Absent	
3ED0275	Head	DFM	Absent	
3ED0275	Mouth	ULR	Absent	
3ED0275	Mouth	LLG	Absent	
3ED0275	Nare	SLN	Absent	
3ED0275	Eye, left	EXPTH	Absent	
3ED0275	Eye, left	OPQ	Absent	
3ED0275	Eye, left	MIS	Absent	
3ED0275	Eye, left	HMR	Absent	
3ED0275	Eye, left	EMB	Absent	
3ED0275	Eye, right	EXPTH	Absent	
3ED0275	Eye, right	OPQ	Absent	
3ED0275	Eye, right	MIS	Absent	
3ED0275	Eye, right	HMR	Absent	
3ED0275	Eye, right	EMB	Absent	
3ED0275	Opercula	SLSH	Absent	
3ED0276	Body Surface	RGR	Absent	
3ED0276	Body Surface	RLSN	Absent	
3ED0276	Body Surface	SPDF	Absent	
3ED0276	Body Surface	HMRB	Absent	
3ED0276	Body Surface	FDC	Absent	
3ED0276	Body Surface	BFG	Absent	
3ED0276	Body Surface	PRST	Absent	
3ED0276	Head	DFM	Absent	
3ED0276	Mouth	ULR	Absent	
3ED0276	Mouth	LLG	Absent	
3ED0276	Nare	SLN	Absent	
3ED0276	Eye, left	EXPTH	Absent	
3ED0276	Eye, left	OPQ	Absent	
3ED0276	Eye, left	MIS	Absent	
3ED0276	Eye, left	HMR	Absent	
3ED0276	Eye, left	EMB	Absent	
3ED0276	Eye, right	EXPTH	Absent	
3ED0276	Eye, right	OPQ	Absent	
3ED0276	Eye, right	MIS	Absent	
3ED0276	Eye, right	HMR	Absent	
3ED0276	Eye, right	EMB	Absent	
3ED0276	Opercula	SLSH	Absent	
3ED0277	Body Surface	RGR	Absent	
3ED0277	Body Surface	RLSN	Absent	
3ED0277	Body Surface	SPDF	Absent	
3ED0277	Body Surface	HMRB	Absent	
3ED0277	Body Surface	FDC	Absent	
3ED0277	Body Surface	BFG	Absent	
3ED0277	Body Surface	PRST	Absent	
3ED0277	Head	DFM	Absent	
3ED0277	Mouth	ULR	Absent	
3ED0277	Mouth	LLG	Absent	
3ED0277	Nare	SLN	Absent	
3ED0277	Eye, left	EXPTH	Absent	
3ED0277	Eye, left	OPQ	Absent	
3ED0277	Eye, left	MIS	Absent	
3ED0277	Eye, left	HMR	Absent	
3ED0277	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0277	Eye, right	EXPTH	Absent	
3ED0277	Eye, right	OPQ	Absent	
3ED0277	Eye, right	MIS	Absent	
3ED0277	Eye, right	HMR	Absent	
3ED0277	Eye, right	EMB	Absent	
3ED0277	Opercula	SLSH	Absent	
3ED0278	Body Surface	RGR	Absent	
3ED0278	Body Surface	RLSN	Absent	
3ED0278	Body Surface	SPDF	Absent	
3ED0278	Body Surface	HMRB	Absent	
3ED0278	Body Surface	FDC	Absent	
3ED0278	Body Surface	BFG	Absent	
3ED0278	Body Surface	PRST	Absent	
3ED0278	Head	DFM	Absent	
3ED0278	Mouth	ULR	Absent	
3ED0278	Mouth	LLG	Absent	
3ED0278	Nare	SLN	Absent	
3ED0278	Eye, left	EXPTH	Absent	
3ED0278	Eye, left	OPQ	Absent	
3ED0278	Eye, left	MIS	Absent	
3ED0278	Eye, left	HMR	Absent	
3ED0278	Eye, left	EMB	Absent	
3ED0278	Eye, right	EXPTH	Absent	
3ED0278	Eye, right	OPQ	Absent	
3ED0278	Eye, right	MIS	Absent	
3ED0278	Eye, right	HMR	Absent	
3ED0278	Eye, right	EMB	Absent	
3ED0278	Opercula	SLSH	Absent	
3ED0279W	Body Surface	RGR	Absent	
3ED0279W	Body Surface	RLSN	Absent	
3ED0279W	Body Surface	SPDF	Absent	
3ED0279W	Body Surface	HMRB	Absent	
3ED0279W	Body Surface	FDC	Absent	
3ED0279W	Body Surface	BFG	Absent	
3ED0279W	Body Surface	PRST	Absent	
3ED0279W	Head	DFM	Absent	
3ED0279W	Mouth	ULR	Absent	
3ED0279W	Mouth	LLG	Absent	
3ED0279W	Nare	SLN	Absent	
3ED0279W	Eye, left	EXPTH	Absent	
3ED0279W	Eye, left	OPQ	Absent	
3ED0279W	Eye, left	MIS	Absent	
3ED0279W	Eye, left	HMR	Absent	
3ED0279W	Eye, left	EMB	Absent	
3ED0279W	Eye, right	EXPTH	Absent	
3ED0279W	Eye, right	OPQ	Absent	
3ED0279W	Eye, right	MIS	Absent	
3ED0279W	Eye, right	HMR	Absent	
3ED0279W	Eye, right	EMB	Absent	
3ED0279W	Opercula	SLSH	Absent	
3ED0280	Body Surface	RGR	Absent	
3ED0280	Body Surface	RLSN	Absent	
3ED0280	Body Surface	SPDF	Absent	
3ED0280	Body Surface	HMRB	Absent	
3ED0280	Body Surface	FDC	Absent	
3ED0280	Body Surface	BFG	Absent	
3ED0280	Body Surface	PRST	Absent	
3ED0280	Head	DFM	Absent	
3ED0280	Mouth	ULR	Absent	
3ED0280	Mouth	LLG	Absent	
3ED0280	Nare	SLN	Absent	
3ED0280	Eye, left	EXPTH	Absent	
3ED0280	Eye, left	OPQ	Absent	
3ED0280	Eye, left	MIS	Absent	
3ED0280	Eye, left	HMR	Absent	
3ED0280	Eye, left	EMB	Absent	
3ED0280	Eye, right	EXPTH	Absent	
3ED0280	Eye, right	OPQ	Absent	
3ED0280	Eye, right	MIS	Absent	
3ED0280	Eye, right	HMR	Absent	
3ED0280	Eye, right	EMB	Absent	
3ED0280	Opercula	SLSH	Absent	
3ED0281	Body Surface	RGR	Absent	
3ED0281	Body Surface	RLSN	Absent	
3ED0281	Body Surface	SPDF	Absent	
3ED0281	Body Surface	HMRB	Absent	
3ED0281	Body Surface	FDC	Absent	
3ED0281	Body Surface	BFG	Absent	
3ED0281	Body Surface	PRST	Absent	
3ED0281	Head	DFM	Absent	
3ED0281	Mouth	ULR	Absent	
3ED0281	Mouth	LLG	Absent	
3ED0281	Nare	SLN	Absent	
3ED0281	Eye, left	EXPTH	Absent	
3ED0281	Eye, left	OPQ	Absent	
3ED0281	Eye, left	MIS	Absent	
3ED0281	Eye, left	HMR	Absent	
3ED0281	Eye, left	EMB	Absent	
3ED0281	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0281	Eye, right	OPQ	Absent	
3ED0281	Eye, right	MIS	Absent	
3ED0281	Eye, right	HMR	Absent	
3ED0281	Eye, right	EMB	Absent	
3ED0281	Opercula	SLSH	Absent	
3ED0282	Body Surface	RGR	Absent	
3ED0282	Body Surface	RLSN	Absent	
3ED0282	Body Surface	SPDF	Absent	
3ED0282	Body Surface	HMRB	Absent	
3ED0282	Body Surface	FDC	Absent	
3ED0282	Body Surface	BFG	Absent	
3ED0282	Body Surface	PRST	Absent	
3ED0282	Body Surface	OTHER	Present	Red spots on right flank
3ED0282	Head	DFM	Absent	
3ED0282	Mouth	ULR	Absent	
3ED0282	Mouth	LLG	Absent	
3ED0282	Nare	SLN	Absent	
3ED0282	Eye, left	EXPTH	Absent	
3ED0282	Eye, left	OPQ	Absent	
3ED0282	Eye, left	MIS	Absent	
3ED0282	Eye, left	HMR	Absent	
3ED0282	Eye, left	EMB	Absent	
3ED0282	Eye, right	EXPTH	Absent	
3ED0282	Eye, right	OPQ	Absent	
3ED0282	Eye, right	MIS	Absent	
3ED0282	Eye, right	HMR	Absent	
3ED0282	Eye, right	EMB	Absent	
3ED0282	Opercula	SLSH	Absent	
3ED0283	Body Surface	RGR	Absent	
3ED0283	Body Surface	RLSN	Absent	
3ED0283	Body Surface	SPDF	Absent	
3ED0283	Body Surface	HMRB	Absent	
3ED0283	Body Surface	FDC	Absent	
3ED0283	Body Surface	BFG	Absent	
3ED0283	Body Surface	PRST	Absent	
3ED0283	Head	DFM	Absent	
3ED0283	Mouth	ULR	Absent	
3ED0283	Mouth	LLG	Absent	
3ED0283	Nare	SLN	Absent	
3ED0283	Eye, left	EXPTH	Absent	
3ED0283	Eye, left	OPQ	Absent	
3ED0283	Eye, left	MIS	Absent	
3ED0283	Eye, left	HMR	Absent	
3ED0283	Eye, left	EMB	Absent	
3ED0283	Eye, right	EXPTH	Absent	
3ED0283	Eye, right	OPQ	Absent	
3ED0283	Eye, right	MIS	Absent	
3ED0283	Eye, right	HMR	Absent	
3ED0283	Eye, right	EMB	Absent	
3ED0283	Opercula	SLSH	Absent	
3ED0284	Body Surface	RGR	Absent	
3ED0284	Body Surface	RLSN	Absent	
3ED0284	Body Surface	SPDF	Absent	
3ED0284	Body Surface	HMRB	Absent	
3ED0284	Body Surface	FDC	Absent	
3ED0284	Body Surface	BFG	Absent	
3ED0284	Body Surface	PRST	Absent	
3ED0284	Head	DFM	Absent	
3ED0284	Mouth	ULR	Absent	
3ED0284	Mouth	LLG	Absent	
3ED0284	Nare	SLN	Absent	
3ED0284	Eye, left	EXPTH	Absent	
3ED0284	Eye, left	OPQ	Absent	
3ED0284	Eye, left	MIS	Absent	
3ED0284	Eye, left	HMR	Absent	
3ED0284	Eye, left	EMB	Absent	
3ED0284	Eye, right	EXPTH	Absent	
3ED0284	Eye, right	OPQ	Absent	
3ED0284	Eye, right	MIS	Absent	
3ED0284	Eye, right	HMR	Absent	
3ED0284	Eye, right	EMB	Absent	
3ED0284	Opercula	SLSH	Absent	
3ED0285	Body Surface	RGR	Absent	
3ED0285	Body Surface	RLSN	Absent	
3ED0285	Body Surface	SPDF	Absent	
3ED0285	Body Surface	HMRB	Absent	
3ED0285	Body Surface	FDC	Absent	
3ED0285	Body Surface	BFG	Absent	
3ED0285	Body Surface	PRST	Absent	
3ED0285	Head	DFM	Absent	
3ED0285	Mouth	ULR	Absent	
3ED0285	Mouth	LLG	Absent	
3ED0285	Nare	SLN	Absent	
3ED0285	Eye, left	EXPTH	Absent	
3ED0285	Eye, left	OPQ	Absent	
3ED0285	Eye, left	MIS	Absent	
3ED0285	Eye, left	HMR	Absent	
3ED0285	Eye, left	EMB	Absent	
3ED0285	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0285	Eye, right	OPQ	Absent	
3ED0285	Eye, right	MIS	Absent	
3ED0285	Eye, right	HMR	Absent	
3ED0285	Eye, right	EMB	Absent	
3ED0285	Opercula	SLSH	Absent	
3ED0286	Body Surface	RGR	Absent	
3ED0286	Body Surface	RLSN	Absent	
3ED0286	Body Surface	SPDF	Absent	
3ED0286	Body Surface	HMRB	Absent	
3ED0286	Body Surface	FDC	Absent	
3ED0286	Body Surface	BFG	Absent	
3ED0286	Body Surface	PRST	Absent	
3ED0286	Head	DFM	Absent	
3ED0286	Mouth	ULR	Absent	
3ED0286	Mouth	LLG	Absent	
3ED0286	Nare	SLN	Absent	
3ED0286	Eye, left	EXPTH	Absent	
3ED0286	Eye, left	OPQ	Absent	
3ED0286	Eye, left	MIS	Absent	
3ED0286	Eye, left	HMR	Absent	
3ED0286	Eye, left	EMB	Absent	
3ED0286	Eye, right	EXPTH	Absent	
3ED0286	Eye, right	OPQ	Absent	
3ED0286	Eye, right	MIS	Absent	
3ED0286	Eye, right	HMR	Absent	
3ED0286	Eye, right	EMB	Absent	
3ED0286	Opercula	SLSH	Absent	
3ED0287	Body Surface	RGR	Absent	
3ED0287	Body Surface	RLSN	Absent	
3ED0287	Body Surface	SPDF	Absent	
3ED0287	Body Surface	HMRB	Absent	
3ED0287	Body Surface	FDC	Absent	
3ED0287	Body Surface	BFG	Absent	
3ED0287	Body Surface	PRST	Absent	
3ED0287	Head	DFM	Absent	
3ED0287	Mouth	ULR	Absent	
3ED0287	Mouth	LLG	Absent	
3ED0287	Nare	SLN	Absent	
3ED0287	Eye, left	EXPTH	Absent	
3ED0287	Eye, left	OPQ	Absent	
3ED0287	Eye, left	MIS	Absent	
3ED0287	Eye, left	HMR	Absent	
3ED0287	Eye, left	EMB	Absent	
3ED0287	Eye, right	EXPTH	Absent	
3ED0287	Eye, right	OPQ	Absent	
3ED0287	Eye, right	MIS	Absent	
3ED0287	Eye, right	HMR	Absent	
3ED0287	Eye, right	EMB	Absent	
3ED0287	Opercula	SLSH	Absent	
3ED0288	Body Surface	RGR	Absent	
3ED0288	Body Surface	RLSN	Absent	
3ED0288	Body Surface	SPDF	Absent	
3ED0288	Body Surface	HMRB	Present	
3ED0288	Body Surface	FDC	Absent	
3ED0288	Body Surface	BFG	Absent	
3ED0288	Body Surface	PRST	Absent	
3ED0288	Head	DFM	Absent	
3ED0288	Mouth	ULR	Absent	
3ED0288	Mouth	LLG	Absent	
3ED0288	Nare	SLN	Absent	
3ED0288	Eye, left	EXPTH	Absent	
3ED0288	Eye, left	OPQ	Absent	
3ED0288	Eye, left	MIS	Absent	
3ED0288	Eye, left	HMR	Absent	
3ED0288	Eye, left	EMB	Absent	
3ED0288	Eye, right	EXPTH	Absent	
3ED0288	Eye, right	OPQ	Absent	
3ED0288	Eye, right	MIS	Absent	
3ED0288	Eye, right	HMR	Absent	
3ED0288	Eye, right	EMB	Absent	
3ED0288	Opercula	SLSH	Absent	
3ED0289	Body Surface	RGR	Absent	
3ED0289	Body Surface	RLSN	Absent	
3ED0289	Body Surface	SPDF	Absent	
3ED0289	Body Surface	HMRB	Absent	
3ED0289	Body Surface	FDC	Absent	
3ED0289	Body Surface	BFG	Absent	
3ED0289	Body Surface	PRST	Absent	
3ED0289	Head	DFM	Absent	
3ED0289	Mouth	ULR	Absent	
3ED0289	Mouth	LLG	Absent	
3ED0289	Nare	SLN	Absent	
3ED0289	Eye, left	EXPTH	Absent	
3ED0289	Eye, left	OPQ	Absent	
3ED0289	Eye, left	MIS	Absent	
3ED0289	Eye, left	HMR	Absent	
3ED0289	Eye, left	EMB	Absent	
3ED0289	Eye, right	EXPTH	Absent	
3ED0289	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0289	Eye, right	MIS	Absent	
3ED0289	Eye, right	HMR	Absent	
3ED0289	Eye, right	EMB	Absent	
3ED0289	Opercula	SLSH	Absent	
3ED0290	Body Surface	RGR	Absent	
3ED0290	Body Surface	RLSN	Absent	
3ED0290	Body Surface	SPDF	Absent	
3ED0290	Body Surface	HMRB	Absent	
3ED0290	Body Surface	FDC	Absent	
3ED0290	Body Surface	BFG	Absent	
3ED0290	Body Surface	PRST	Absent	
3ED0290	Head	DFM	Absent	
3ED0290	Mouth	ULR	Absent	
3ED0290	Mouth	LLG	Absent	
3ED0290	Nare	SLN	Absent	
3ED0290	Eye, left	EXPTH	Absent	
3ED0290	Eye, left	OPQ	Absent	
3ED0290	Eye, left	MIS	Absent	
3ED0290	Eye, left	HMR	Absent	
3ED0290	Eye, left	EMB	Absent	
3ED0290	Eye, right	EXPTH	Absent	
3ED0290	Eye, right	OPQ	Absent	
3ED0290	Eye, right	MIS	Absent	
3ED0290	Eye, right	HMR	Absent	
3ED0290	Eye, right	EMB	Absent	
3ED0290	Opercula	SLSH	Absent	
3ED0291	Body Surface	RGR	Absent	
3ED0291	Body Surface	RLSN	Absent	
3ED0291	Body Surface	SPDF	Absent	
3ED0291	Body Surface	HMRB	Absent	
3ED0291	Body Surface	FDC	Absent	
3ED0291	Body Surface	BFG	Absent	
3ED0291	Body Surface	PRST	Absent	
3ED0291	Head	DFM	Absent	
3ED0291	Mouth	ULR	Absent	
3ED0291	Mouth	LLG	Absent	
3ED0291	Nare	SLN	Absent	
3ED0291	Eye, left	EXPTH	Absent	
3ED0291	Eye, left	OPQ	Absent	
3ED0291	Eye, left	MIS	Absent	
3ED0291	Eye, left	HMR	Absent	
3ED0291	Eye, left	EMB	Absent	
3ED0291	Eye, right	EXPTH	Absent	
3ED0291	Eye, right	OPQ	Absent	
3ED0291	Eye, right	MIS	Absent	
3ED0291	Eye, right	HMR	Absent	
3ED0291	Eye, right	EMB	Absent	
3ED0291	Opercula	SLSH	Absent	
3ED0292	Body Surface	RGR	Absent	
3ED0292	Body Surface	RLSN	Absent	
3ED0292	Body Surface	SPDF	Absent	
3ED0292	Body Surface	HMRB	Absent	
3ED0292	Body Surface	FDC	Absent	
3ED0292	Body Surface	BFG	Absent	
3ED0292	Body Surface	PRST	Absent	
3ED0292	Head	DFM	Absent	
3ED0292	Mouth	ULR	Absent	
3ED0292	Mouth	LLG	Absent	
3ED0292	Nare	SLN	Absent	
3ED0292	Eye, left	EXPTH	Absent	
3ED0292	Eye, left	OPQ	Absent	
3ED0292	Eye, left	MIS	Absent	
3ED0292	Eye, left	HMR	Absent	
3ED0292	Eye, left	EMB	Absent	
3ED0292	Eye, right	EXPTH	Absent	
3ED0292	Eye, right	OPQ	Absent	
3ED0292	Eye, right	MIS	Absent	
3ED0292	Eye, right	HMR	Absent	
3ED0292	Eye, right	EMB	Absent	
3ED0292	Opercula	SLSH	Absent	
3ED0293	Body Surface	RGR	Absent	
3ED0293	Body Surface	RLSN	Absent	
3ED0293	Body Surface	SPDF	Absent	
3ED0293	Body Surface	HMRB	Absent	
3ED0293	Body Surface	FDC	Absent	
3ED0293	Body Surface	BFG	Absent	
3ED0293	Body Surface	PRST	Absent	
3ED0293	Head	DFM	Absent	
3ED0293	Mouth	ULR	Absent	
3ED0293	Mouth	LLG	Absent	
3ED0293	Nare	SLN	Absent	
3ED0293	Eye, left	EXPTH	Absent	
3ED0293	Eye, left	OPQ	Absent	
3ED0293	Eye, left	MIS	Absent	
3ED0293	Eye, left	HMR	Absent	
3ED0293	Eye, left	EMB	Absent	
3ED0293	Eye, right	EXPTH	Absent	
3ED0293	Eye, right	OPQ	Absent	
3ED0293	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0293	Eye, right	HMR	Absent	
3ED0293	Eye, right	EMB	Absent	
3ED0293	Opercula	SLSH	Absent	
3ED0294	Body Surface	RGR	Absent	
3ED0294	Body Surface	RLSN	Absent	
3ED0294	Body Surface	SPDF	Absent	
3ED0294	Body Surface	HMRB	Absent	
3ED0294	Body Surface	FDC	Absent	
3ED0294	Body Surface	BFG	Absent	
3ED0294	Body Surface	PRST	Absent	
3ED0294	Head	DFM	Absent	
3ED0294	Mouth	ULR	Absent	
3ED0294	Mouth	LLG	Absent	
3ED0294	Nare	SLN	Absent	
3ED0294	Eye, left	EXPTH	Absent	
3ED0294	Eye, left	OPQ	Absent	
3ED0294	Eye, left	MIS	Absent	
3ED0294	Eye, left	HMR	Absent	
3ED0294	Eye, left	EMB	Absent	
3ED0294	Eye, right	EXPTH	Absent	
3ED0294	Eye, right	OPQ	Absent	
3ED0294	Eye, right	MIS	Absent	
3ED0294	Eye, right	HMR	Absent	
3ED0294	Eye, right	EMB	Absent	
3ED0294	Opercula	SLSH	Absent	
3ED0295	Body Surface	RGR	Absent	
3ED0295	Body Surface	RLSN	Absent	
3ED0295	Body Surface	SPDF	Absent	
3ED0295	Body Surface	HMRB	Absent	
3ED0295	Body Surface	FDC	Absent	
3ED0295	Body Surface	BFG	Absent	
3ED0295	Body Surface	PRST	Absent	
3ED0295	Head	DFM	Absent	
3ED0295	Mouth	ULR	Absent	
3ED0295	Mouth	LLG	Absent	
3ED0295	Nare	SLN	Absent	
3ED0295	Eye, left	EXPTH	Absent	
3ED0295	Eye, left	OPQ	Absent	
3ED0295	Eye, left	MIS	Absent	
3ED0295	Eye, left	HMR	Absent	
3ED0295	Eye, left	EMB	Absent	
3ED0295	Eye, right	EXPTH	Absent	
3ED0295	Eye, right	OPQ	Absent	
3ED0295	Eye, right	MIS	Absent	
3ED0295	Eye, right	HMR	Absent	
3ED0295	Eye, right	EMB	Absent	
3ED0295	Opercula	SLSH	Absent	
3ED0296	Body Surface	RGR	Absent	
3ED0296	Body Surface	RLSN	Absent	
3ED0296	Body Surface	SPDF	Absent	
3ED0296	Body Surface	HMRB	Absent	
3ED0296	Body Surface	FDC	Absent	
3ED0296	Body Surface	BFG	Absent	
3ED0296	Body Surface	PRST	Absent	
3ED0296	Head	DFM	Absent	
3ED0296	Mouth	ULR	Absent	
3ED0296	Mouth	LLG	Absent	
3ED0296	Nare	SLN	Absent	
3ED0296	Eye, left	EXPTH	Absent	
3ED0296	Eye, left	OPQ	Absent	
3ED0296	Eye, left	MIS	Absent	
3ED0296	Eye, left	HMR	Absent	
3ED0296	Eye, left	EMB	Absent	
3ED0296	Eye, right	EXPTH	Absent	
3ED0296	Eye, right	OPQ	Absent	
3ED0296	Eye, right	MIS	Absent	
3ED0296	Eye, right	HMR	Absent	
3ED0296	Eye, right	EMB	Absent	
3ED0296	Opercula	SLSH	Absent	
3ED0297	Body Surface	RGR	Absent	
3ED0297	Body Surface	RLSN	Absent	
3ED0297	Body Surface	SPDF	Absent	
3ED0297	Body Surface	HMRB	Absent	
3ED0297	Body Surface	FDC	Absent	
3ED0297	Body Surface	BFG	Absent	
3ED0297	Body Surface	PRST	Absent	
3ED0297	Head	DFM	Absent	
3ED0297	Mouth	ULR	Absent	
3ED0297	Mouth	LLG	Absent	
3ED0297	Nare	SLN	Absent	
3ED0297	Eye, left	EXPTH	Absent	
3ED0297	Eye, left	OPQ	Absent	
3ED0297	Eye, left	MIS	Absent	
3ED0297	Eye, left	HMR	Absent	
3ED0297	Eye, left	EMB	Absent	
3ED0297	Eye, right	EXPTH	Absent	
3ED0297	Eye, right	OPQ	Absent	
3ED0297	Eye, right	MIS	Absent	
3ED0297	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0297	Eye, right	EMB	Absent	
3ED0297	Opercula	SLSH	Absent	
3ED0298H	Body Surface	RGR	Absent	
3ED0298H	Body Surface	RLSN	Absent	
3ED0298H	Body Surface	SPDF	Absent	
3ED0298H	Body Surface	HMRB	Absent	
3ED0298H	Body Surface	FDC	Absent	
3ED0298H	Body Surface	BFG	Absent	
3ED0298H	Body Surface	PRST	Absent	
3ED0298H	Head	DFM	Absent	
3ED0298H	Mouth	ULR	Absent	
3ED0298H	Mouth	LLG	Absent	
3ED0298H	Nare	SLN	Absent	
3ED0298H	Eye, left	EXPTH	Absent	
3ED0298H	Eye, left	OPQ	Absent	
3ED0298H	Eye, left	MIS	Absent	
3ED0298H	Eye, left	HMR	Absent	
3ED0298H	Eye, left	EMB	Absent	
3ED0298H	Eye, right	EXPTH	Absent	
3ED0298H	Eye, right	OPQ	Absent	
3ED0298H	Eye, right	MIS	Absent	
3ED0298H	Eye, right	HMR	Absent	
3ED0298H	Eye, right	EMB	Absent	
3ED0298H	Opercula	SLSH	Absent	
3ED0299	Body Surface	RGR	Absent	
3ED0299	Body Surface	RLSN	Absent	
3ED0299	Body Surface	SPDF	Absent	
3ED0299	Body Surface	HMRB	Absent	
3ED0299	Body Surface	FDC	Absent	
3ED0299	Body Surface	BFG	Absent	
3ED0299	Body Surface	PRST	Absent	
3ED0299	Head	DFM	Absent	
3ED0299	Mouth	ULR	Absent	
3ED0299	Mouth	LLG	Absent	
3ED0299	Nare	SLN	Absent	
3ED0299	Eye, left	EXPTH	Absent	
3ED0299	Eye, left	OPQ	Absent	
3ED0299	Eye, left	MIS	Absent	
3ED0299	Eye, left	HMR	Absent	
3ED0299	Eye, left	EMB	Absent	
3ED0299	Eye, right	EXPTH	Absent	
3ED0299	Eye, right	OPQ	Absent	
3ED0299	Eye, right	MIS	Absent	
3ED0299	Eye, right	HMR	Absent	
3ED0299	Eye, right	EMB	Absent	
3ED0299	Opercula	SLSH	Absent	
3ED0300	Body Surface	RGR	Absent	
3ED0300	Body Surface	RLSN	Absent	
3ED0300	Body Surface	SPDF	Absent	
3ED0300	Body Surface	HMRB	Absent	
3ED0300	Body Surface	FDC	Absent	
3ED0300	Body Surface	BFG	Absent	
3ED0300	Body Surface	PRST	Absent	
3ED0300	Head	DFM	Absent	
3ED0300	Mouth	ULR	Absent	
3ED0300	Mouth	LLG	Absent	
3ED0300	Nare	SLN	Absent	
3ED0300	Eye, left	EXPTH	Absent	
3ED0300	Eye, left	OPQ	Absent	
3ED0300	Eye, left	MIS	Absent	
3ED0300	Eye, left	HMR	Absent	
3ED0300	Eye, left	EMB	Absent	
3ED0300	Eye, right	EXPTH	Absent	
3ED0300	Eye, right	OPQ	Absent	
3ED0300	Eye, right	MIS	Absent	
3ED0300	Eye, right	HMR	Absent	
3ED0300	Eye, right	EMB	Absent	
3ED0300	Opercula	SLSH	Absent	
3ED0301	Body Surface	RGR	Absent	
3ED0301	Body Surface	RLSN	Absent	
3ED0301	Body Surface	SPDF	Absent	
3ED0301	Body Surface	HMRB	Absent	
3ED0301	Body Surface	FDC	Absent	
3ED0301	Body Surface	BFG	Absent	
3ED0301	Body Surface	PRST	Absent	
3ED0301	Head	DFM	Absent	
3ED0301	Mouth	ULR	Absent	
3ED0301	Mouth	LLG	Absent	
3ED0301	Nare	SLN	Absent	
3ED0301	Eye, left	EXPTH	Absent	
3ED0301	Eye, left	OPQ	Absent	
3ED0301	Eye, left	MIS	Absent	
3ED0301	Eye, left	HMR	Absent	
3ED0301	Eye, left	EMB	Absent	
3ED0301	Eye, right	EXPTH	Absent	
3ED0301	Eye, right	OPQ	Absent	
3ED0301	Eye, right	MIS	Absent	
3ED0301	Eye, right	HMR	Absent	
3ED0301	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0301	Opercula	SLSH	Absent	
3ED0302	Body Surface	RGR	Absent	
3ED0302	Body Surface	RLSN	Absent	
3ED0302	Body Surface	SPDF	Absent	
3ED0302	Body Surface	HMRB	Absent	
3ED0302	Body Surface	FDC	Absent	
3ED0302	Body Surface	BFG	Absent	
3ED0302	Body Surface	PRST	Absent	
3ED0302	Head	DFM	Absent	
3ED0302	Mouth	ULR	Absent	
3ED0302	Mouth	LLG	Absent	
3ED0302	Nare	SLN	Absent	
3ED0302	Eye, left	EXPTH	Absent	
3ED0302	Eye, left	OPQ	Absent	
3ED0302	Eye, left	MIS	Absent	
3ED0302	Eye, left	HMR	Absent	
3ED0302	Eye, left	EMB	Absent	
3ED0302	Eye, right	EXPTH	Absent	
3ED0302	Eye, right	OPQ	Absent	
3ED0302	Eye, right	MIS	Absent	
3ED0302	Eye, right	HMR	Absent	
3ED0302	Eye, right	EMB	Absent	
3ED0302	Opercula	SLSH	Absent	
3ED0303	Body Surface	RGR	Absent	
3ED0303	Body Surface	RLSN	Absent	
3ED0303	Body Surface	SPDF	Absent	
3ED0303	Body Surface	HMRB	Present	
3ED0303	Body Surface	FDC	Absent	
3ED0303	Body Surface	BFG	Absent	
3ED0303	Body Surface	PRST	Absent	
3ED0303	Head	DFM	Absent	
3ED0303	Mouth	ULR	Absent	
3ED0303	Mouth	LLG	Absent	
3ED0303	Nare	SLN	Absent	
3ED0303	Eye, left	EXPTH	Absent	
3ED0303	Eye, left	OPQ	Absent	
3ED0303	Eye, left	MIS	Absent	
3ED0303	Eye, left	HMR	Absent	
3ED0303	Eye, left	EMB	Absent	
3ED0303	Eye, right	EXPTH	Absent	
3ED0303	Eye, right	OPQ	Absent	
3ED0303	Eye, right	MIS	Absent	
3ED0303	Eye, right	HMR	Absent	
3ED0303	Eye, right	EMB	Absent	
3ED0303	Opercula	SLSH	Absent	
3ED0304	Body Surface	RGR	Absent	
3ED0304	Body Surface	RLSN	Absent	
3ED0304	Body Surface	SPDF	Absent	
3ED0304	Body Surface	HMRB	Absent	
3ED0304	Body Surface	FDC	Absent	
3ED0304	Body Surface	BFG	Absent	
3ED0304	Body Surface	PRST	Absent	
3ED0304	Head	DFM	Absent	
3ED0304	Mouth	ULR	Absent	
3ED0304	Mouth	LLG	Absent	
3ED0304	Nare	SLN	Absent	
3ED0304	Eye, left	EXPTH	Absent	
3ED0304	Eye, left	OPQ	Absent	
3ED0304	Eye, left	MIS	Absent	
3ED0304	Eye, left	HMR	Absent	
3ED0304	Eye, left	EMB	Absent	
3ED0304	Eye, right	EXPTH	Absent	
3ED0304	Eye, right	OPQ	Absent	
3ED0304	Eye, right	MIS	Absent	
3ED0304	Eye, right	HMR	Absent	
3ED0304	Eye, right	EMB	Absent	
3ED0304	Opercula	SLSH	Absent	
3ED0305	Body Surface	RGR	Absent	
3ED0305	Body Surface	RLSN	Absent	
3ED0305	Body Surface	SPDF	Absent	
3ED0305	Body Surface	HMRB	Absent	
3ED0305	Body Surface	FDC	Absent	
3ED0305	Body Surface	BFG	Absent	
3ED0305	Body Surface	PRST	Absent	
3ED0305	Head	DFM	Absent	
3ED0305	Mouth	ULR	Absent	
3ED0305	Mouth	LLG	Absent	
3ED0305	Nare	SLN	Absent	
3ED0305	Eye, left	EXPTH	Absent	
3ED0305	Eye, left	OPQ	Absent	
3ED0305	Eye, left	MIS	Absent	
3ED0305	Eye, left	HMR	Absent	
3ED0305	Eye, left	EMB	Absent	
3ED0305	Eye, right	EXPTH	Absent	
3ED0305	Eye, right	OPQ	Absent	
3ED0305	Eye, right	MIS	Absent	
3ED0305	Eye, right	HMR	Absent	
3ED0305	Eye, right	EMB	Absent	
3ED0305	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0306	Body Surface	RGR	Absent	
3ED0306	Body Surface	RLSN	Absent	
3ED0306	Body Surface	SPDF	Absent	
3ED0306	Body Surface	HMRB	Absent	
3ED0306	Body Surface	FDC	Absent	
3ED0306	Body Surface	BFG	Absent	
3ED0306	Body Surface	PRST	Absent	
3ED0306	Head	DFM	Absent	
3ED0306	Mouth	ULR	Absent	
3ED0306	Mouth	LLG	Absent	
3ED0306	Nare	SLN	Absent	
3ED0306	Eye, left	EXPTH	Absent	
3ED0306	Eye, left	OPQ	Absent	
3ED0306	Eye, left	MIS	Absent	
3ED0306	Eye, left	HMR	Absent	
3ED0306	Eye, left	EMB	Absent	
3ED0306	Eye, right	EXPTH	Absent	
3ED0306	Eye, right	OPQ	Absent	
3ED0306	Eye, right	MIS	Absent	
3ED0306	Eye, right	HMR	Absent	
3ED0306	Eye, right	EMB	Absent	
3ED0306	Opercula	SLSH	Absent	
3ED0307	Body Surface	RGR	Absent	
3ED0307	Body Surface	RLSN	Absent	
3ED0307	Body Surface	SPDF	Absent	
3ED0307	Body Surface	HMRB	Absent	
3ED0307	Body Surface	FDC	Absent	
3ED0307	Body Surface	BFG	Absent	
3ED0307	Body Surface	PRST	Absent	
3ED0307	Head	DFM	Absent	
3ED0307	Mouth	ULR	Absent	
3ED0307	Mouth	LLG	Absent	
3ED0307	Nare	SLN	Absent	
3ED0307	Eye, left	EXPTH	Absent	
3ED0307	Eye, left	OPQ	Absent	
3ED0307	Eye, left	MIS	Absent	
3ED0307	Eye, left	HMR	Absent	
3ED0307	Eye, left	EMB	Absent	
3ED0307	Eye, right	EXPTH	Absent	
3ED0307	Eye, right	OPQ	Absent	
3ED0307	Eye, right	MIS	Absent	
3ED0307	Eye, right	HMR	Absent	
3ED0307	Eye, right	EMB	Absent	
3ED0307	Opercula	SLSH	Absent	
3ED0308	Body Surface	RGR	Absent	
3ED0308	Body Surface	RLSN	Absent	
3ED0308	Body Surface	SPDF	Absent	
3ED0308	Body Surface	HMRB	Absent	
3ED0308	Body Surface	FDC	Absent	
3ED0308	Body Surface	BFG	Absent	
3ED0308	Body Surface	PRST	Absent	
3ED0308	Head	DFM	Absent	
3ED0308	Mouth	ULR	Absent	
3ED0308	Mouth	LLG	Absent	
3ED0308	Nare	SLN	Absent	
3ED0308	Eye, left	EXPTH	Absent	
3ED0308	Eye, left	OPQ	Absent	
3ED0308	Eye, left	MIS	Absent	
3ED0308	Eye, left	HMR	Absent	
3ED0308	Eye, left	EMB	Absent	
3ED0308	Eye, right	EXPTH	Absent	
3ED0308	Eye, right	OPQ	Absent	
3ED0308	Eye, right	MIS	Absent	
3ED0308	Eye, right	HMR	Absent	
3ED0308	Eye, right	EMB	Absent	
3ED0308	Opercula	SLSH	Absent	
3ED0310	Body Surface	RGR	Absent	
3ED0310	Body Surface	RLSN	Absent	
3ED0310	Body Surface	SPDF	Absent	
3ED0310	Body Surface	HMRB	Absent	
3ED0310	Body Surface	FDC	Absent	
3ED0310	Body Surface	BFG	Absent	
3ED0310	Body Surface	PRST	Absent	
3ED0310	Head	DFM	Absent	
3ED0310	Mouth	ULR	Absent	
3ED0310	Mouth	LLG	Absent	
3ED0310	Nare	SLN	Absent	
3ED0310	Eye, left	EXPTH	Absent	
3ED0310	Eye, left	OPQ	Absent	
3ED0310	Eye, left	MIS	Absent	
3ED0310	Eye, left	HMR	Absent	
3ED0310	Eye, left	EMB	Absent	
3ED0310	Eye, right	EXPTH	Absent	
3ED0310	Eye, right	OPQ	Absent	
3ED0310	Eye, right	MIS	Absent	
3ED0310	Eye, right	HMR	Absent	
3ED0310	Eye, right	EMB	Absent	
3ED0310	Opercula	SLSH	Absent	
3ED0311	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0311	Body Surface	RLSN	Absent	
3ED0311	Body Surface	SPDF	Absent	
3ED0311	Body Surface	HMRB	Absent	
3ED0311	Body Surface	FDC	Absent	
3ED0311	Body Surface	BFG	Absent	
3ED0311	Body Surface	PRST	Absent	
3ED0311	Head	DFM	Absent	
3ED0311	Mouth	ULR	Absent	
3ED0311	Mouth	LLG	Absent	
3ED0311	Nare	SLN	Absent	
3ED0311	Eye, left	EXPTH	Absent	
3ED0311	Eye, left	OPQ	Absent	
3ED0311	Eye, left	MIS	Absent	
3ED0311	Eye, left	HMR	Absent	
3ED0311	Eye, left	EMB	Absent	
3ED0311	Eye, right	EXPTH	Absent	
3ED0311	Eye, right	OPQ	Absent	
3ED0311	Eye, right	MIS	Absent	
3ED0311	Eye, right	HMR	Absent	
3ED0311	Eye, right	EMB	Absent	
3ED0311	Opercula	SLSH	Absent	
3ED0312	Body Surface	RGR	Absent	
3ED0312	Body Surface	RLSN	Absent	
3ED0312	Body Surface	SPDF	Absent	
3ED0312	Body Surface	HMRB	Absent	
3ED0312	Body Surface	FDC	Absent	
3ED0312	Body Surface	BFG	Absent	
3ED0312	Body Surface	PRST	Absent	
3ED0312	Head	DFM	Absent	
3ED0312	Mouth	ULR	Absent	
3ED0312	Mouth	LLG	Absent	
3ED0312	Nare	SLN	Absent	
3ED0312	Eye, left	EXPTH	Absent	
3ED0312	Eye, left	OPQ	Absent	
3ED0312	Eye, left	MIS	Absent	
3ED0312	Eye, left	HMR	Absent	
3ED0312	Eye, left	EMB	Absent	
3ED0312	Eye, right	EXPTH	Absent	
3ED0312	Eye, right	OPQ	Absent	
3ED0312	Eye, right	MIS	Absent	
3ED0312	Eye, right	HMR	Absent	
3ED0312	Eye, right	EMB	Absent	
3ED0312	Opercula	SLSH	Absent	
3ED0314	Body Surface	RGR	Absent	
3ED0314	Body Surface	RLSN	Absent	
3ED0314	Body Surface	SPDF	Absent	
3ED0314	Body Surface	HMRB	Absent	
3ED0314	Body Surface	FDC	Absent	
3ED0314	Body Surface	BFG	Absent	
3ED0314	Body Surface	PRST	Absent	
3ED0314	Head	DFM	Absent	
3ED0314	Mouth	ULR	Absent	
3ED0314	Mouth	LLG	Absent	
3ED0314	Nare	SLN	Absent	
3ED0314	Eye, left	EXPTH	Absent	
3ED0314	Eye, left	OPQ	Absent	
3ED0314	Eye, left	MIS	Absent	
3ED0314	Eye, left	HMR	Absent	
3ED0314	Eye, left	EMB	Absent	
3ED0314	Eye, right	EXPTH	Absent	
3ED0314	Eye, right	OPQ	Absent	
3ED0314	Eye, right	MIS	Absent	
3ED0314	Eye, right	HMR	Absent	
3ED0314	Eye, right	EMB	Absent	
3ED0314	Opercula	SLSH	Absent	
3ED0315	Body Surface	RGR	Absent	
3ED0315	Body Surface	RLSN	Absent	
3ED0315	Body Surface	SPDF	Absent	
3ED0315	Body Surface	HMRB	Absent	
3ED0315	Body Surface	FDC	Absent	
3ED0315	Body Surface	BFG	Absent	
3ED0315	Body Surface	PRST	Absent	
3ED0315	Head	DFM	Absent	
3ED0315	Mouth	ULR	Absent	
3ED0315	Mouth	LLG	Absent	
3ED0315	Nare	SLN	Absent	
3ED0315	Eye, left	EXPTH	Absent	
3ED0315	Eye, left	OPQ	Absent	
3ED0315	Eye, left	MIS	Absent	
3ED0315	Eye, left	HMR	Absent	
3ED0315	Eye, left	EMB	Absent	
3ED0315	Eye, right	EXPTH	Absent	
3ED0315	Eye, right	OPQ	Absent	
3ED0315	Eye, right	MIS	Absent	
3ED0315	Eye, right	HMR	Absent	
3ED0315	Eye, right	EMB	Absent	
3ED0315	Opercula	SLSH	Absent	
3ED0316	Body Surface	RGR	Absent	
3ED0316	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0316	Body Surface	SPDF	Absent	
3ED0316	Body Surface	HMRB	Absent	
3ED0316	Body Surface	FDC	Absent	
3ED0316	Body Surface	BFG	Absent	
3ED0316	Body Surface	PRST	Absent	
3ED0316	Head	DFM	Absent	
3ED0316	Mouth	ULR	Absent	
3ED0316	Mouth	LLG	Absent	
3ED0316	Nare	SLN	Absent	
3ED0316	Eye, left	EXPTH	Absent	
3ED0316	Eye, left	OPQ	Absent	
3ED0316	Eye, left	MIS	Absent	
3ED0316	Eye, left	HMR	Absent	
3ED0316	Eye, left	EMB	Absent	
3ED0316	Eye, right	EXPTH	Absent	
3ED0316	Eye, right	OPQ	Absent	
3ED0316	Eye, right	MIS	Absent	
3ED0316	Eye, right	HMR	Absent	
3ED0316	Eye, right	EMB	Absent	
3ED0316	Opercula	SLSH	Absent	
3ED0317	Body Surface	RGR	Absent	
3ED0317	Body Surface	RLSN	Absent	
3ED0317	Body Surface	SPDF	Absent	
3ED0317	Body Surface	HMRB	Absent	
3ED0317	Body Surface	FDC	Absent	
3ED0317	Body Surface	BFG	Absent	
3ED0317	Body Surface	PRST	Absent	
3ED0317	Head	DFM	Absent	
3ED0317	Mouth	ULR	Absent	
3ED0317	Mouth	LLG	Absent	
3ED0317	Nare	SLN	Absent	
3ED0317	Eye, left	EXPTH	Absent	
3ED0317	Eye, left	OPQ	Absent	
3ED0317	Eye, left	MIS	Absent	
3ED0317	Eye, left	HMR	Absent	
3ED0317	Eye, left	EMB	Absent	
3ED0317	Eye, right	EXPTH	Absent	
3ED0317	Eye, right	OPQ	Absent	
3ED0317	Eye, right	MIS	Absent	
3ED0317	Eye, right	HMR	Absent	
3ED0317	Eye, right	EMB	Absent	
3ED0317	Opercula	SLSH	Absent	
3ED0318	Body Surface	RGR	Absent	
3ED0318	Body Surface	RLSN	Absent	
3ED0318	Body Surface	SPDF	Absent	
3ED0318	Body Surface	HMRB	Absent	
3ED0318	Body Surface	FDC	Absent	
3ED0318	Body Surface	BFG	Absent	
3ED0318	Body Surface	PRST	Absent	
3ED0318	Head	DFM	Absent	
3ED0318	Mouth	ULR	Absent	
3ED0318	Mouth	LLG	Absent	
3ED0318	Nare	SLN	Absent	
3ED0318	Eye, left	EXPTH	Absent	
3ED0318	Eye, left	OPQ	Absent	
3ED0318	Eye, left	MIS	Absent	
3ED0318	Eye, left	HMR	Absent	
3ED0318	Eye, left	EMB	Absent	
3ED0318	Eye, right	EXPTH	Absent	
3ED0318	Eye, right	OPQ	Absent	
3ED0318	Eye, right	MIS	Absent	
3ED0318	Eye, right	HMR	Absent	
3ED0318	Eye, right	EMB	Absent	
3ED0318	Opercula	SLSH	Absent	
3ED0319	Body Surface	RGR	Absent	
3ED0319	Body Surface	RLSN	Absent	
3ED0319	Body Surface	SPDF	Absent	
3ED0319	Body Surface	HMRB	Absent	
3ED0319	Body Surface	FDC	Absent	
3ED0319	Body Surface	BFG	Absent	
3ED0319	Body Surface	PRST	Absent	
3ED0319	Head	DFM	Absent	
3ED0319	Mouth	ULR	Absent	
3ED0319	Mouth	LLG	Absent	
3ED0319	Nare	SLN	Absent	
3ED0319	Eye, left	EXPTH	Absent	
3ED0319	Eye, left	OPQ	Absent	
3ED0319	Eye, left	MIS	Absent	
3ED0319	Eye, left	HMR	Absent	
3ED0319	Eye, left	EMB	Absent	
3ED0319	Eye, right	EXPTH	Absent	
3ED0319	Eye, right	OPQ	Absent	
3ED0319	Eye, right	MIS	Absent	
3ED0319	Eye, right	HMR	Absent	
3ED0319	Eye, right	EMB	Absent	
3ED0319	Opercula	SLSH	Absent	
3ED0320	Body Surface	RGR	Absent	
3ED0320	Body Surface	RLSN	Absent	
3ED0320	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0320	Body Surface	HMRB	Absent	
3ED0320	Body Surface	FDC	Absent	
3ED0320	Body Surface	BFG	Absent	
3ED0320	Body Surface	PRST	Absent	
3ED0320	Head	DFM	Absent	
3ED0320	Mouth	ULR	Absent	
3ED0320	Mouth	LLG	Absent	
3ED0320	Nare	SLN	Absent	
3ED0320	Eye, left	EXPTH	Absent	
3ED0320	Eye, left	OPQ	Absent	
3ED0320	Eye, left	MIS	Absent	
3ED0320	Eye, left	HMR	Absent	
3ED0320	Eye, left	EMB	Absent	
3ED0320	Eye, right	EXPTH	Absent	
3ED0320	Eye, right	OPQ	Absent	
3ED0320	Eye, right	MIS	Absent	
3ED0320	Eye, right	HMR	Absent	
3ED0320	Eye, right	EMB	Absent	
3ED0320	Opercula	SLSH	Absent	
3ED0321	Body Surface	RGR	Absent	
3ED0321	Body Surface	RLSN	Absent	
3ED0321	Body Surface	SPDF	Absent	
3ED0321	Body Surface	HMRB	Absent	
3ED0321	Body Surface	FDC	Absent	
3ED0321	Body Surface	BFG	Absent	
3ED0321	Body Surface	PRST	Absent	
3ED0321	Head	DFM	Absent	
3ED0321	Mouth	ULR	Absent	
3ED0321	Mouth	LLG	Absent	
3ED0321	Nare	SLN	Absent	
3ED0321	Eye, left	EXPTH	Absent	
3ED0321	Eye, left	OPQ	Absent	
3ED0321	Eye, left	MIS	Absent	
3ED0321	Eye, left	HMR	Absent	
3ED0321	Eye, left	EMB	Absent	
3ED0321	Eye, right	EXPTH	Absent	
3ED0321	Eye, right	OPQ	Absent	
3ED0321	Eye, right	MIS	Absent	
3ED0321	Eye, right	HMR	Absent	
3ED0321	Eye, right	EMB	Absent	
3ED0321	Opercula	SLSH	Absent	
3ED0323	Body Surface	RGR	Absent	
3ED0323	Body Surface	RLSN	Absent	
3ED0323	Body Surface	SPDF	Absent	
3ED0323	Body Surface	HMRB	Absent	
3ED0323	Body Surface	FDC	Absent	
3ED0323	Body Surface	BFG	Absent	
3ED0323	Body Surface	PRST	Absent	
3ED0323	Head	DFM	Absent	
3ED0323	Mouth	ULR	Absent	
3ED0323	Mouth	LLG	Absent	
3ED0323	Nare	SLN	Absent	
3ED0323	Eye, left	EXPTH	Absent	
3ED0323	Eye, left	OPQ	Absent	
3ED0323	Eye, left	MIS	Absent	
3ED0323	Eye, left	HMR	Absent	
3ED0323	Eye, left	EMB	Absent	
3ED0323	Eye, right	EXPTH	Absent	
3ED0323	Eye, right	OPQ	Absent	
3ED0323	Eye, right	MIS	Absent	
3ED0323	Eye, right	HMR	Absent	
3ED0323	Eye, right	EMB	Absent	
3ED0323	Opercula	SLSH	Absent	
3ED0324	Body Surface	RGR	Absent	
3ED0324	Body Surface	RLSN	Absent	
3ED0324	Body Surface	SPDF	Absent	
3ED0324	Body Surface	HMRB	Absent	
3ED0324	Body Surface	FDC	Absent	
3ED0324	Body Surface	BFG	Absent	
3ED0324	Body Surface	PRST	Absent	
3ED0324	Body Surface	OTHER	Present	Healed wound on abdomen
3ED0324	Head	DFM	Absent	
3ED0324	Mouth	ULR	Absent	
3ED0324	Mouth	LLG	Absent	
3ED0324	Nare	SLN	Absent	
3ED0324	Eye, left	EXPTH	Absent	
3ED0324	Eye, left	OPQ	Absent	
3ED0324	Eye, left	MIS	Absent	
3ED0324	Eye, left	HMR	Absent	
3ED0324	Eye, left	EMB	Absent	
3ED0324	Eye, right	EXPTH	Absent	
3ED0324	Eye, right	OPQ	Absent	
3ED0324	Eye, right	MIS	Absent	
3ED0324	Eye, right	HMR	Absent	
3ED0324	Eye, right	EMB	Absent	
3ED0324	Opercula	SLSH	Absent	
3ED0325	Body Surface	RGR	Absent	
3ED0325	Body Surface	RLSN	Absent	
3ED0325	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0325	Body Surface	HMRB	Absent	
3ED0325	Body Surface	FDC	Absent	
3ED0325	Body Surface	BFG	Absent	
3ED0325	Body Surface	PRST	Absent	
3ED0325	Head	DFM	Absent	
3ED0325	Mouth	ULR	Absent	
3ED0325	Mouth	LLG	Absent	
3ED0325	Nare	SLN	Absent	
3ED0325	Eye, left	EXPTH	Absent	
3ED0325	Eye, left	OPQ	Absent	
3ED0325	Eye, left	MIS	Absent	
3ED0325	Eye, left	HMR	Absent	
3ED0325	Eye, left	EMB	Absent	
3ED0325	Eye, right	EXPTH	Absent	
3ED0325	Eye, right	OPQ	Absent	
3ED0325	Eye, right	MIS	Absent	
3ED0325	Eye, right	HMR	Absent	
3ED0325	Eye, right	EMB	Absent	
3ED0325	Opercula	SLSH	Absent	
3ED0326	Body Surface	RGR	Absent	
3ED0326	Body Surface	RLSN	Absent	
3ED0326	Body Surface	SPDF	Absent	
3ED0326	Body Surface	HMRB	Absent	
3ED0326	Body Surface	FDC	Absent	
3ED0326	Body Surface	BFG	Absent	
3ED0326	Body Surface	PRST	Absent	
3ED0326	Head	DFM	Absent	
3ED0326	Mouth	ULR	Absent	
3ED0326	Mouth	LLG	Absent	
3ED0326	Nare	SLN	Absent	
3ED0326	Eye, left	EXPTH	Absent	
3ED0326	Eye, left	OPQ	Absent	
3ED0326	Eye, left	MIS	Absent	
3ED0326	Eye, left	HMR	Absent	
3ED0326	Eye, left	EMB	Absent	
3ED0326	Eye, right	EXPTH	Absent	
3ED0326	Eye, right	OPQ	Absent	
3ED0326	Eye, right	MIS	Absent	
3ED0326	Eye, right	HMR	Absent	
3ED0326	Eye, right	EMB	Absent	
3ED0326	Opercula	SLSH	Absent	
3ED0327W	Body Surface	RGR	Absent	
3ED0327W	Body Surface	RLSN	Absent	
3ED0327W	Body Surface	SPDF	Absent	
3ED0327W	Body Surface	HMRB	Absent	
3ED0327W	Body Surface	FDC	Absent	
3ED0327W	Body Surface	BFG	Absent	
3ED0327W	Body Surface	PRST	Absent	
3ED0327W	Body Surface	OTHER	Present	Healed wound on body
3ED0327W	Head	DFM	Absent	
3ED0327W	Mouth	ULR	Absent	
3ED0327W	Mouth	LLG	Absent	
3ED0327W	Nare	SLN	Absent	
3ED0327W	Eye, left	EXPTH	Absent	
3ED0327W	Eye, left	OPQ	Absent	
3ED0327W	Eye, left	MIS	Absent	
3ED0327W	Eye, left	HMR	Absent	
3ED0327W	Eye, left	EMB	Absent	
3ED0327W	Eye, right	EXPTH	Absent	
3ED0327W	Eye, right	OPQ	Absent	
3ED0327W	Eye, right	MIS	Absent	
3ED0327W	Eye, right	HMR	Absent	
3ED0327W	Eye, right	EMB	Absent	
3ED0327W	Opercula	SLSH	Absent	
3ED0328W	Body Surface	RGR	Absent	
3ED0328W	Body Surface	RLSN	Present	
3ED0328W	Body Surface	SPDF	Absent	
3ED0328W	Body Surface	HMRB	Absent	
3ED0328W	Body Surface	FDC	Absent	
3ED0328W	Body Surface	BFG	Absent	
3ED0328W	Body Surface	PRST	Absent	
3ED0328W	Body Surface	OTHER	Present	Lacerations on body
3ED0328W	Head	DFM	Absent	
3ED0328W	Mouth	ULR	Absent	
3ED0328W	Mouth	LLG	Absent	
3ED0328W	Nare	SLN	Absent	
3ED0328W	Eye, left	EXPTH	Absent	
3ED0328W	Eye, left	OPQ	Absent	
3ED0328W	Eye, left	MIS	Absent	
3ED0328W	Eye, left	HMR	Absent	
3ED0328W	Eye, left	EMB	Absent	
3ED0328W	Eye, right	EXPTH	Absent	
3ED0328W	Eye, right	OPQ	Absent	
3ED0328W	Eye, right	MIS	Absent	
3ED0328W	Eye, right	HMR	Absent	
3ED0328W	Eye, right	EMB	Absent	
3ED0328W	Opercula	SLSH	Absent	
3ED0329	Body Surface	RGR	Absent	
3ED0329	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0329	Body Surface	SPDF	Absent	
3ED0329	Body Surface	HMRB	Absent	
3ED0329	Body Surface	FDC	Absent	
3ED0329	Body Surface	BFG	Absent	
3ED0329	Body Surface	PRST	Absent	
3ED0329	Head	DFM	Absent	
3ED0329	Mouth	ULR	Absent	
3ED0329	Mouth	LLG	Absent	
3ED0329	Nare	SLN	Absent	
3ED0329	Eye, left	EXPTH	Absent	
3ED0329	Eye, left	OPQ	Absent	
3ED0329	Eye, left	MIS	Absent	
3ED0329	Eye, left	HMR	Absent	
3ED0329	Eye, left	EMB	Absent	
3ED0329	Eye, right	EXPTH	Absent	
3ED0329	Eye, right	OPQ	Absent	
3ED0329	Eye, right	MIS	Absent	
3ED0329	Eye, right	HMR	Absent	
3ED0329	Eye, right	EMB	Absent	
3ED0329	Opercula	SLSH	Absent	
3ED0330H	Body Surface	RGR	Absent	
3ED0330H	Body Surface	RLSN	Absent	
3ED0330H	Body Surface	SPDF	Absent	
3ED0330H	Body Surface	HMRB	Absent	
3ED0330H	Body Surface	FDC	Absent	
3ED0330H	Body Surface	BFG	Present	
3ED0330H	Body Surface	PRST	Absent	
3ED0330H	Head	DFM	Absent	
3ED0330H	Mouth	ULR	Absent	
3ED0330H	Mouth	LLG	Absent	
3ED0330H	Nare	SLN	Absent	
3ED0330H	Eye, left	EXPTH	Absent	
3ED0330H	Eye, left	OPQ	Absent	
3ED0330H	Eye, left	MIS	Absent	
3ED0330H	Eye, left	HMR	Absent	
3ED0330H	Eye, left	EMB	Absent	
3ED0330H	Eye, right	EXPTH	Absent	
3ED0330H	Eye, right	OPQ	Absent	
3ED0330H	Eye, right	MIS	Absent	
3ED0330H	Eye, right	HMR	Absent	
3ED0330H	Eye, right	EMB	Absent	
3ED0330H	Opercula	SLSH	Absent	
3ED0331	Body Surface	RGR	Absent	
3ED0331	Body Surface	RLSN	Absent	
3ED0331	Body Surface	SPDF	Absent	
3ED0331	Body Surface	HMRB	Absent	
3ED0331	Body Surface	FDC	Absent	
3ED0331	Body Surface	BFG	Absent	
3ED0331	Body Surface	PRST	Absent	
3ED0331	Head	DFM	Absent	
3ED0331	Mouth	ULR	Absent	
3ED0331	Mouth	LLG	Absent	
3ED0331	Nare	SLN	Absent	
3ED0331	Eye, left	EXPTH	Absent	
3ED0331	Eye, left	OPQ	Absent	
3ED0331	Eye, left	MIS	Absent	
3ED0331	Eye, left	HMR	Absent	
3ED0331	Eye, left	EMB	Absent	
3ED0331	Eye, right	EXPTH	Absent	
3ED0331	Eye, right	OPQ	Absent	
3ED0331	Eye, right	MIS	Absent	
3ED0331	Eye, right	HMR	Absent	
3ED0331	Eye, right	EMB	Absent	
3ED0331	Opercula	SLSH	Absent	
3ED0332	Body Surface	RGR	Absent	
3ED0332	Body Surface	RLSN	Absent	
3ED0332	Body Surface	SPDF	Absent	
3ED0332	Body Surface	HMRB	Absent	
3ED0332	Body Surface	FDC	Absent	
3ED0332	Body Surface	BFG	Absent	
3ED0332	Body Surface	PRST	Absent	
3ED0332	Head	DFM	Absent	
3ED0332	Mouth	ULR	Absent	
3ED0332	Mouth	LLG	Absent	
3ED0332	Nare	SLN	Absent	
3ED0332	Eye, left	EXPTH	Absent	
3ED0332	Eye, left	OPQ	Absent	
3ED0332	Eye, left	MIS	Absent	
3ED0332	Eye, left	HMR	Absent	
3ED0332	Eye, left	EMB	Absent	
3ED0332	Eye, right	EXPTH	Absent	
3ED0332	Eye, right	OPQ	Absent	
3ED0332	Eye, right	MIS	Absent	
3ED0332	Eye, right	HMR	Absent	
3ED0332	Eye, right	EMB	Absent	
3ED0332	Opercula	SLSH	Absent	
3ED0333	Body Surface	RGR	Absent	
3ED0333	Body Surface	RLSN	Absent	
3ED0333	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0333	Body Surface	HMRB	Absent	
3ED0333	Body Surface	FDC	Absent	
3ED0333	Body Surface	BFG	Absent	
3ED0333	Body Surface	PRST	Absent	
3ED0333	Head	DFM	Absent	
3ED0333	Mouth	ULR	Absent	
3ED0333	Mouth	LLG	Absent	
3ED0333	Nare	SLN	Absent	
3ED0333	Eye, left	EXPTH	Absent	
3ED0333	Eye, left	OPQ	Absent	
3ED0333	Eye, left	MIS	Absent	
3ED0333	Eye, left	HMR	Absent	
3ED0333	Eye, left	EMB	Absent	
3ED0333	Eye, right	EXPTH	Absent	
3ED0333	Eye, right	OPQ	Absent	
3ED0333	Eye, right	MIS	Absent	
3ED0333	Eye, right	HMR	Absent	
3ED0333	Eye, right	EMB	Absent	
3ED0333	Opercula	SLSH	Absent	
3ED0335	Body Surface	RGR	Absent	
3ED0335	Body Surface	RLSN	Absent	
3ED0335	Body Surface	SPDF	Absent	
3ED0335	Body Surface	HMRB	Absent	
3ED0335	Body Surface	FDC	Absent	
3ED0335	Body Surface	BFG	Absent	
3ED0335	Body Surface	PRST	Absent	
3ED0335	Body Surface	OTHER	Present	Healed lacerations
3ED0335	Head	DFM	Absent	
3ED0335	Mouth	ULR	Absent	
3ED0335	Mouth	LLG	Absent	
3ED0335	Nare	SLN	Absent	
3ED0335	Eye, left	EXPTH	Absent	
3ED0335	Eye, left	OPQ	Absent	
3ED0335	Eye, left	MIS	Absent	
3ED0335	Eye, left	HMR	Absent	
3ED0335	Eye, left	EMB	Absent	
3ED0335	Eye, right	EXPTH	Absent	
3ED0335	Eye, right	OPQ	Absent	
3ED0335	Eye, right	MIS	Absent	
3ED0335	Eye, right	HMR	Absent	
3ED0335	Eye, right	EMB	Absent	
3ED0335	Opercula	SLSH	Absent	
3ED0336W	Body Surface	RGR	Absent	
3ED0336W	Body Surface	RLSN	Absent	
3ED0336W	Body Surface	SPDF	Absent	
3ED0336W	Body Surface	HMRB	Absent	
3ED0336W	Body Surface	FDC	Absent	
3ED0336W	Body Surface	BFG	Absent	
3ED0336W	Body Surface	PRST	Absent	
3ED0336W	Head	DFM	Absent	
3ED0336W	Mouth	ULR	Absent	
3ED0336W	Mouth	LLG	Absent	
3ED0336W	Nare	SLN	Absent	
3ED0336W	Eye, left	EXPTH	Absent	
3ED0336W	Eye, left	OPQ	Absent	
3ED0336W	Eye, left	MIS	Absent	
3ED0336W	Eye, left	HMR	Absent	
3ED0336W	Eye, left	EMB	Absent	
3ED0336W	Eye, right	EXPTH	Absent	
3ED0336W	Eye, right	OPQ	Absent	
3ED0336W	Eye, right	MIS	Absent	
3ED0336W	Eye, right	HMR	Absent	
3ED0336W	Eye, right	EMB	Absent	
3ED0336W	Opercula	SLSH	Absent	
3ED0337	Body Surface	RGR	Absent	
3ED0337	Body Surface	RLSN	Absent	
3ED0337	Body Surface	SPDF	Absent	
3ED0337	Body Surface	HMRB	Absent	
3ED0337	Body Surface	FDC	Absent	
3ED0337	Body Surface	BFG	Absent	
3ED0337	Body Surface	PRST	Absent	
3ED0337	Head	DFM	Absent	
3ED0337	Mouth	ULR	Absent	
3ED0337	Mouth	LLG	Absent	
3ED0337	Nare	SLN	Absent	
3ED0337	Eye, left	EXPTH	Absent	
3ED0337	Eye, left	OPQ	Absent	
3ED0337	Eye, left	MIS	Absent	
3ED0337	Eye, left	HMR	Absent	
3ED0337	Eye, left	EMB	Absent	
3ED0337	Eye, right	EXPTH	Absent	
3ED0337	Eye, right	OPQ	Absent	
3ED0337	Eye, right	MIS	Absent	
3ED0337	Eye, right	HMR	Absent	
3ED0337	Eye, right	EMB	Absent	
3ED0337	Opercula	SLSH	Absent	
3ED0338	Body Surface	RGR	Absent	
3ED0338	Body Surface	RLSN	Absent	
3ED0338	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0338	Body Surface	HMRB	Absent	
3ED0338	Body Surface	FDC	Absent	
3ED0338	Body Surface	BFG	Absent	
3ED0338	Body Surface	PRST	Absent	
3ED0338	Head	DFM	Absent	
3ED0338	Mouth	ULR	Absent	
3ED0338	Mouth	LLG	Absent	
3ED0338	Nare	SLN	Absent	
3ED0338	Eye, left	EXPTH	Absent	
3ED0338	Eye, left	OPQ	Absent	
3ED0338	Eye, left	MIS	Absent	
3ED0338	Eye, left	HMR	Absent	
3ED0338	Eye, left	EMB	Absent	
3ED0338	Eye, right	EXPTH	Absent	
3ED0338	Eye, right	OPQ	Absent	
3ED0338	Eye, right	MIS	Absent	
3ED0338	Eye, right	HMR	Absent	
3ED0338	Eye, right	EMB	Absent	
3ED0338	Opercula	SLSH	Absent	
3ED0339	Body Surface	RGR	Absent	
3ED0339	Body Surface	RLSN	Absent	
3ED0339	Body Surface	SPDF	Absent	
3ED0339	Body Surface	HMRB	Absent	
3ED0339	Body Surface	FDC	Absent	
3ED0339	Body Surface	BFG	Absent	
3ED0339	Body Surface	PRST	Absent	
3ED0339	Head	DFM	Absent	
3ED0339	Mouth	ULR	Absent	
3ED0339	Mouth	LLG	Absent	
3ED0339	Nare	SLN	Absent	
3ED0339	Eye, left	EXPTH	Absent	
3ED0339	Eye, left	OPQ	Absent	
3ED0339	Eye, left	MIS	Absent	
3ED0339	Eye, left	HMR	Absent	
3ED0339	Eye, left	EMB	Absent	
3ED0339	Eye, right	EXPTH	Absent	
3ED0339	Eye, right	OPQ	Absent	
3ED0339	Eye, right	MIS	Absent	
3ED0339	Eye, right	HMR	Absent	
3ED0339	Eye, right	EMB	Absent	
3ED0339	Opercula	SLSH	Absent	
3ED0340	Body Surface	RGR	Absent	
3ED0340	Body Surface	RLSN	Present	
3ED0340	Body Surface	SPDF	Absent	
3ED0340	Body Surface	HMRB	Absent	
3ED0340	Body Surface	FDC	Absent	
3ED0340	Body Surface	BFG	Absent	
3ED0340	Body Surface	PRST	Absent	
3ED0340	Head	DFM	Absent	
3ED0340	Mouth	ULR	Absent	
3ED0340	Mouth	LLG	Absent	
3ED0340	Nare	SLN	Absent	
3ED0340	Eye, left	EXPTH	Absent	
3ED0340	Eye, left	OPQ	Absent	
3ED0340	Eye, left	MIS	Absent	
3ED0340	Eye, left	HMR	Absent	
3ED0340	Eye, left	EMB	Absent	
3ED0340	Eye, right	EXPTH	Absent	
3ED0340	Eye, right	OPQ	Absent	
3ED0340	Eye, right	MIS	Absent	
3ED0340	Eye, right	HMR	Absent	
3ED0340	Eye, right	EMB	Absent	
3ED0340	Opercula	SLSH	Absent	
3ED0341	Body Surface	RGR	Absent	
3ED0341	Body Surface	RLSN	Absent	
3ED0341	Body Surface	SPDF	Absent	
3ED0341	Body Surface	HMRB	Absent	
3ED0341	Body Surface	FDC	Absent	
3ED0341	Body Surface	BFG	Absent	
3ED0341	Body Surface	PRST	Absent	
3ED0341	Head	DFM	Absent	
3ED0341	Mouth	ULR	Absent	
3ED0341	Mouth	LLG	Absent	
3ED0341	Nare	SLN	Absent	
3ED0341	Eye, left	EXPTH	Absent	
3ED0341	Eye, left	OPQ	Absent	
3ED0341	Eye, left	MIS	Absent	
3ED0341	Eye, left	HMR	Absent	
3ED0341	Eye, left	EMB	Absent	
3ED0341	Eye, right	EXPTH	Absent	
3ED0341	Eye, right	OPQ	Absent	
3ED0341	Eye, right	MIS	Absent	
3ED0341	Eye, right	HMR	Absent	
3ED0341	Eye, right	EMB	Absent	
3ED0341	Opercula	SLSH	Absent	
3ED0342	Body Surface	RGR	Absent	
3ED0342	Body Surface	RLSN	Absent	
3ED0342	Body Surface	SPDF	Absent	
3ED0342	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0342	Body Surface	FDC	Absent	
3ED0342	Body Surface	BFG	Absent	
3ED0342	Body Surface	PRST	Absent	
3ED0342	Head	DFM	Absent	
3ED0342	Mouth	ULR	Absent	
3ED0342	Mouth	LLG	Absent	
3ED0342	Nare	SLN	Absent	
3ED0342	Eye, left	EXPTH	Absent	
3ED0342	Eye, left	OPQ	Absent	
3ED0342	Eye, left	MIS	Absent	
3ED0342	Eye, left	HMR	Absent	
3ED0342	Eye, left	EMB	Absent	
3ED0342	Eye, right	EXPTH	Absent	
3ED0342	Eye, right	OPQ	Absent	
3ED0342	Eye, right	MIS	Absent	
3ED0342	Eye, right	HMR	Absent	
3ED0342	Eye, right	EMB	Absent	
3ED0342	Opercula	SLSH	Absent	
3ED0343W	Body Surface	RGR	Absent	
3ED0343W	Body Surface	RLSN	Absent	
3ED0343W	Body Surface	SPDF	Absent	
3ED0343W	Body Surface	HMRB	Absent	
3ED0343W	Body Surface	FDC	Absent	
3ED0343W	Body Surface	BFG	Absent	
3ED0343W	Body Surface	PRST	Absent	
3ED0343W	Head	DFM	Absent	
3ED0343W	Mouth	ULR	Absent	
3ED0343W	Mouth	LLG	Absent	
3ED0343W	Nare	SLN	Absent	
3ED0343W	Eye, left	EXPTH	Absent	
3ED0343W	Eye, left	OPQ	Absent	
3ED0343W	Eye, left	MIS	Absent	
3ED0343W	Eye, left	HMR	Absent	
3ED0343W	Eye, left	EMB	Absent	
3ED0343W	Eye, right	EXPTH	Absent	
3ED0343W	Eye, right	OPQ	Absent	
3ED0343W	Eye, right	MIS	Absent	
3ED0343W	Eye, right	HMR	Absent	
3ED0343W	Eye, right	EMB	Absent	
3ED0343W	Opercula	SLSH	Absent	
3ED0344	Body Surface	RGR	Absent	
3ED0344	Body Surface	RLSN	Absent	
3ED0344	Body Surface	SPDF	Absent	
3ED0344	Body Surface	HMRB	Absent	
3ED0344	Body Surface	FDC	Absent	
3ED0344	Body Surface	BFG	Absent	
3ED0344	Body Surface	PRST	Absent	
3ED0344	Head	DFM	Absent	
3ED0344	Mouth	ULR	Absent	
3ED0344	Mouth	LLG	Absent	
3ED0344	Nare	SLN	Absent	
3ED0344	Eye, left	EXPTH	Absent	
3ED0344	Eye, left	OPQ	Absent	
3ED0344	Eye, left	MIS	Absent	
3ED0344	Eye, left	HMR	Absent	
3ED0344	Eye, left	EMB	Absent	
3ED0344	Eye, right	EXPTH	Absent	
3ED0344	Eye, right	OPQ	Absent	
3ED0344	Eye, right	MIS	Absent	
3ED0344	Eye, right	HMR	Absent	
3ED0344	Eye, right	EMB	Absent	
3ED0344	Opercula	SLSH	Absent	
3ED0345	Body Surface	RGR	Absent	
3ED0345	Body Surface	RLSN	Absent	
3ED0345	Body Surface	SPDF	Absent	
3ED0345	Body Surface	HMRB	Absent	
3ED0345	Body Surface	FDC	Absent	
3ED0345	Body Surface	BFG	Absent	
3ED0345	Body Surface	PRST	Absent	
3ED0345	Head	DFM	Absent	
3ED0345	Mouth	ULR	Absent	
3ED0345	Mouth	LLG	Absent	
3ED0345	Nare	SLN	Absent	
3ED0345	Eye, left	EXPTH	Absent	
3ED0345	Eye, left	OPQ	Absent	
3ED0345	Eye, left	MIS	Absent	
3ED0345	Eye, left	HMR	Absent	
3ED0345	Eye, left	EMB	Absent	
3ED0345	Eye, right	EXPTH	Absent	
3ED0345	Eye, right	OPQ	Absent	
3ED0345	Eye, right	MIS	Absent	
3ED0345	Eye, right	HMR	Absent	
3ED0345	Eye, right	EMB	Absent	
3ED0345	Opercula	SLSH	Absent	
3ED0346	Body Surface	RGR	Absent	
3ED0346	Body Surface	RLSN	Present	
3ED0346	Body Surface	SPDF	Absent	
3ED0346	Body Surface	HMRB	Absent	
3ED0346	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0346	Body Surface	BFG	Absent	
3ED0346	Body Surface	PRST	Absent	
3ED0346	Head	DFM	Absent	
3ED0346	Mouth	ULR	Absent	
3ED0346	Mouth	LLG	Absent	
3ED0346	Nare	SLN	Absent	
3ED0346	Eye, left	EXPTH	Absent	
3ED0346	Eye, left	OPQ	Absent	
3ED0346	Eye, left	MIS	Absent	
3ED0346	Eye, left	HMR	Absent	
3ED0346	Eye, left	EMB	Absent	
3ED0346	Eye, right	EXPTH	Absent	
3ED0346	Eye, right	OPQ	Absent	
3ED0346	Eye, right	MIS	Absent	
3ED0346	Eye, right	HMR	Absent	
3ED0346	Eye, right	EMB	Absent	
3ED0346	Opercula	SLSH	Absent	
3ED0347	Body Surface	RGR	Absent	
3ED0347	Body Surface	RLSN	Absent	
3ED0347	Body Surface	SPDF	Absent	
3ED0347	Body Surface	HMRB	Absent	
3ED0347	Body Surface	FDC	Absent	
3ED0347	Body Surface	BFG	Absent	
3ED0347	Body Surface	PRST	Absent	
3ED0347	Head	DFM	Absent	
3ED0347	Mouth	ULR	Absent	
3ED0347	Mouth	LLG	Absent	
3ED0347	Nare	SLN	Absent	
3ED0347	Eye, left	EXPTH	Absent	
3ED0347	Eye, left	OPQ	Absent	
3ED0347	Eye, left	MIS	Absent	
3ED0347	Eye, left	HMR	Absent	
3ED0347	Eye, left	EMB	Absent	
3ED0347	Eye, right	EXPTH	Absent	
3ED0347	Eye, right	OPQ	Absent	
3ED0347	Eye, right	MIS	Absent	
3ED0347	Eye, right	HMR	Absent	
3ED0347	Eye, right	EMB	Absent	
3ED0347	Opercula	OTHER	Present	Red spot
3ED0347	Opercula	SLSH	Absent	
3ED0348	Body Surface	RGR	Absent	
3ED0348	Body Surface	RLSN	Absent	
3ED0348	Body Surface	SPDF	Absent	
3ED0348	Body Surface	HMRB	Absent	
3ED0348	Body Surface	FDC	Absent	
3ED0348	Body Surface	BFG	Absent	
3ED0348	Body Surface	PRST	Absent	
3ED0348	Head	DFM	Absent	
3ED0348	Mouth	ULR	Absent	
3ED0348	Mouth	LLG	Absent	
3ED0348	Nare	SLN	Absent	
3ED0348	Eye, left	EXPTH	Absent	
3ED0348	Eye, left	OPQ	Absent	
3ED0348	Eye, left	MIS	Absent	
3ED0348	Eye, left	HMR	Absent	
3ED0348	Eye, left	EMB	Absent	
3ED0348	Eye, right	EXPTH	Absent	
3ED0348	Eye, right	OPQ	Absent	
3ED0348	Eye, right	MIS	Absent	
3ED0348	Eye, right	HMR	Absent	
3ED0348	Eye, right	EMB	Absent	
3ED0348	Opercula	SLSH	Absent	
3ED0349	Body Surface	RGR	Absent	
3ED0349	Body Surface	RLSN	Absent	
3ED0349	Body Surface	SPDF	Absent	
3ED0349	Body Surface	HMRB	Absent	
3ED0349	Body Surface	FDC	Absent	
3ED0349	Body Surface	BFG	Absent	
3ED0349	Body Surface	PRST	Absent	
3ED0349	Head	DFM	Absent	
3ED0349	Mouth	ULR	Absent	
3ED0349	Mouth	LLG	Absent	
3ED0349	Nare	SLN	Absent	
3ED0349	Eye, left	EXPTH	Absent	
3ED0349	Eye, left	OPQ	Absent	
3ED0349	Eye, left	MIS	Absent	
3ED0349	Eye, left	HMR	Absent	
3ED0349	Eye, left	EMB	Absent	
3ED0349	Eye, right	EXPTH	Absent	
3ED0349	Eye, right	OPQ	Absent	
3ED0349	Eye, right	MIS	Absent	
3ED0349	Eye, right	HMR	Absent	
3ED0349	Eye, right	EMB	Absent	
3ED0349	Opercula	SLSH	Absent	
3ED0350	Body Surface	RGR	Absent	
3ED0350	Body Surface	RLSN	Absent	
3ED0350	Body Surface	SPDF	Absent	
3ED0350	Body Surface	HMRB	Absent	
3ED0350	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0350	Body Surface	BFG	Absent	
3ED0350	Body Surface	PRST	Absent	
3ED0350	Head	DFM	Absent	
3ED0350	Mouth	ULR	Absent	
3ED0350	Mouth	LLG	Absent	
3ED0350	Nare	SLN	Absent	
3ED0350	Eye, left	EXPTH	Absent	
3ED0350	Eye, left	OPQ	Absent	
3ED0350	Eye, left	MIS	Absent	
3ED0350	Eye, left	HMR	Absent	
3ED0350	Eye, left	EMB	Absent	
3ED0350	Eye, right	EXPTH	Absent	
3ED0350	Eye, right	OPQ	Absent	
3ED0350	Eye, right	MIS	Absent	
3ED0350	Eye, right	HMR	Absent	
3ED0350	Eye, right	EMB	Absent	
3ED0350	Opercula	SLSH	Absent	
3ED0352	Body Surface	RGR	Absent	
3ED0352	Body Surface	RLSN	Absent	
3ED0352	Body Surface	SPDF	Absent	
3ED0352	Body Surface	HMRB	Absent	
3ED0352	Body Surface	FDC	Absent	
3ED0352	Body Surface	BFG	Absent	
3ED0352	Body Surface	PRST	Absent	
3ED0352	Head	DFM	Absent	
3ED0352	Mouth	ULR	Absent	
3ED0352	Mouth	LLG	Absent	
3ED0352	Nare	SLN	Absent	
3ED0352	Eye, left	EXPTH	Absent	
3ED0352	Eye, left	OPQ	Absent	
3ED0352	Eye, left	MIS	Absent	
3ED0352	Eye, left	HMR	Absent	
3ED0352	Eye, left	EMB	Absent	
3ED0352	Eye, right	EXPTH	Absent	
3ED0352	Eye, right	OPQ	Absent	
3ED0352	Eye, right	MIS	Absent	
3ED0352	Eye, right	HMR	Absent	
3ED0352	Eye, right	EMB	Absent	
3ED0352	Opercula	SLSH	Absent	
3ED0353	Body Surface	RGR	Absent	
3ED0353	Body Surface	RLSN	Absent	
3ED0353	Body Surface	SPDF	Absent	
3ED0353	Body Surface	HMRB	Absent	
3ED0353	Body Surface	FDC	Absent	
3ED0353	Body Surface	BFG	Absent	
3ED0353	Body Surface	PRST	Absent	
3ED0353	Head	DFM	Absent	
3ED0353	Mouth	ULR	Absent	
3ED0353	Mouth	LLG	Absent	
3ED0353	Nare	SLN	Absent	
3ED0353	Eye, left	EXPTH	Absent	
3ED0353	Eye, left	OPQ	Absent	
3ED0353	Eye, left	MIS	Absent	
3ED0353	Eye, left	HMR	Absent	
3ED0353	Eye, left	EMB	Absent	
3ED0353	Eye, right	EXPTH	Absent	
3ED0353	Eye, right	OPQ	Absent	
3ED0353	Eye, right	MIS	Absent	
3ED0353	Eye, right	HMR	Absent	
3ED0353	Eye, right	EMB	Absent	
3ED0353	Opercula	SLSH	Absent	
3ED0354	Body Surface	RGR	Absent	
3ED0354	Body Surface	RLSN	Absent	
3ED0354	Body Surface	SPDF	Absent	
3ED0354	Body Surface	HMRB	Absent	
3ED0354	Body Surface	FDC	Absent	
3ED0354	Body Surface	BFG	Absent	
3ED0354	Body Surface	PRST	Absent	
3ED0354	Head	DFM	Absent	
3ED0354	Mouth	ULR	Absent	
3ED0354	Mouth	LLG	Absent	
3ED0354	Nare	SLN	Absent	
3ED0354	Eye, left	EXPTH	Absent	
3ED0354	Eye, left	OPQ	Absent	
3ED0354	Eye, left	MIS	Absent	
3ED0354	Eye, left	HMR	Absent	
3ED0354	Eye, left	EMB	Absent	
3ED0354	Eye, right	EXPTH	Absent	
3ED0354	Eye, right	OPQ	Absent	
3ED0354	Eye, right	MIS	Absent	
3ED0354	Eye, right	HMR	Absent	
3ED0354	Eye, right	EMB	Absent	
3ED0354	Opercula	SLSH	Absent	
3ED0355	Body Surface	RGR	Absent	
3ED0355	Body Surface	RLSN	Absent	
3ED0355	Body Surface	SPDF	Absent	
3ED0355	Body Surface	HMRB	Absent	
3ED0355	Body Surface	FDC	Absent	
3ED0355	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0355	Body Surface	PRST	Absent	
3ED0355	Head	DFM	Absent	
3ED0355	Mouth	ULR	Absent	
3ED0355	Mouth	LLG	Absent	
3ED0355	Nare	SLN	Absent	
3ED0355	Eye, left	EXPTH	Absent	
3ED0355	Eye, left	OPQ	Absent	
3ED0355	Eye, left	MIS	Absent	
3ED0355	Eye, left	HMR	Absent	
3ED0355	Eye, left	EMB	Absent	
3ED0355	Eye, right	EXPTH	Absent	
3ED0355	Eye, right	OPQ	Absent	
3ED0355	Eye, right	MIS	Absent	
3ED0355	Eye, right	HMR	Absent	
3ED0355	Eye, right	EMB	Absent	
3ED0355	Opercula	SLSH	Absent	
3ED0356	Body Surface	RGR	Absent	
3ED0356	Body Surface	RLSN	Absent	
3ED0356	Body Surface	SPDF	Absent	
3ED0356	Body Surface	HMRB	Absent	
3ED0356	Body Surface	FDC	Absent	
3ED0356	Body Surface	BFG	Absent	
3ED0356	Body Surface	PRST	Absent	
3ED0356	Head	DFM	Absent	
3ED0356	Mouth	ULR	Absent	
3ED0356	Mouth	LLG	Absent	
3ED0356	Nare	SLN	Absent	
3ED0356	Eye, left	EXPTH	Absent	
3ED0356	Eye, left	OPQ	Absent	
3ED0356	Eye, left	MIS	Absent	
3ED0356	Eye, left	HMR	Absent	
3ED0356	Eye, left	EMB	Absent	
3ED0356	Eye, right	EXPTH	Absent	
3ED0356	Eye, right	OPQ	Absent	
3ED0356	Eye, right	MIS	Absent	
3ED0356	Eye, right	HMR	Absent	
3ED0356	Eye, right	EMB	Absent	
3ED0356	Opercula	SLSH	Absent	
3ED0357W	Body Surface	RGR	Absent	
3ED0357W	Body Surface	RLSN	Absent	
3ED0357W	Body Surface	SPDF	Absent	
3ED0357W	Body Surface	HMRB	Absent	
3ED0357W	Body Surface	FDC	Absent	
3ED0357W	Body Surface	BFG	Absent	
3ED0357W	Body Surface	PRST	Absent	
3ED0357W	Head	DFM	Absent	
3ED0357W	Mouth	ULR	Absent	
3ED0357W	Mouth	LLG	Absent	
3ED0357W	Nare	SLN	Absent	
3ED0357W	Eye, left	EXPTH	Absent	
3ED0357W	Eye, left	OPQ	Absent	
3ED0357W	Eye, left	MIS	Absent	
3ED0357W	Eye, left	HMR	Absent	
3ED0357W	Eye, left	EMB	Absent	
3ED0357W	Eye, right	EXPTH	Absent	
3ED0357W	Eye, right	OPQ	Absent	
3ED0357W	Eye, right	MIS	Absent	
3ED0357W	Eye, right	HMR	Absent	
3ED0357W	Eye, right	EMB	Absent	
3ED0357W	Opercula	SLSH	Absent	
3ED0358W	Body Surface	RGR	Absent	
3ED0358W	Body Surface	RLSN	Absent	
3ED0358W	Body Surface	SPDF	Absent	
3ED0358W	Body Surface	HMRB	Absent	
3ED0358W	Body Surface	FDC	Absent	
3ED0358W	Body Surface	BFG	Absent	
3ED0358W	Body Surface	PRST	Absent	
3ED0358W	Head	DFM	Absent	
3ED0358W	Mouth	ULR	Absent	
3ED0358W	Mouth	LLG	Absent	
3ED0358W	Nare	SLN	Absent	
3ED0358W	Eye, left	EXPTH	Absent	
3ED0358W	Eye, left	OPQ	Absent	
3ED0358W	Eye, left	MIS	Absent	
3ED0358W	Eye, left	HMR	Absent	
3ED0358W	Eye, left	EMB	Absent	
3ED0358W	Eye, right	EXPTH	Absent	
3ED0358W	Eye, right	OPQ	Absent	
3ED0358W	Eye, right	MIS	Absent	
3ED0358W	Eye, right	HMR	Absent	
3ED0358W	Eye, right	EMB	Absent	
3ED0358W	Opercula	SLSH	Absent	
3ED0359	Body Surface	RGR	Absent	
3ED0359	Body Surface	RLSN	Absent	
3ED0359	Body Surface	SPDF	Absent	
3ED0359	Body Surface	HMRB	Absent	
3ED0359	Body Surface	FDC	Absent	
3ED0359	Body Surface	BFG	Absent	
3ED0359	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0359	Head	DFM	Absent	
3ED0359	Mouth	ULR	Absent	
3ED0359	Mouth	LLG	Absent	
3ED0359	Nare	SLN	Absent	
3ED0359	Eye, left	EXPTH	Absent	
3ED0359	Eye, left	OPQ	Absent	
3ED0359	Eye, left	MIS	Absent	
3ED0359	Eye, left	HMR	Absent	
3ED0359	Eye, left	EMB	Absent	
3ED0359	Eye, right	EXPTH	Absent	
3ED0359	Eye, right	OPQ	Absent	
3ED0359	Eye, right	MIS	Absent	
3ED0359	Eye, right	HMR	Absent	
3ED0359	Eye, right	EMB	Absent	
3ED0359	Opercula	SLSH	Absent	
3ED0360	Body Surface	RGR	Absent	
3ED0360	Body Surface	RLSN	Absent	
3ED0360	Body Surface	SPDF	Absent	
3ED0360	Body Surface	HMRB	Absent	
3ED0360	Body Surface	FDC	Absent	
3ED0360	Body Surface	BFG	Absent	
3ED0360	Body Surface	PRST	Absent	
3ED0360	Head	DFM	Absent	
3ED0360	Mouth	ULR	Absent	
3ED0360	Mouth	LLG	Absent	
3ED0360	Nare	SLN	Absent	
3ED0360	Eye, left	EXPTH	Absent	
3ED0360	Eye, left	OPQ	Absent	
3ED0360	Eye, left	MIS	Absent	
3ED0360	Eye, left	HMR	Absent	
3ED0360	Eye, left	EMB	Absent	
3ED0360	Eye, right	EXPTH	Absent	
3ED0360	Eye, right	OPQ	Absent	
3ED0360	Eye, right	MIS	Absent	
3ED0360	Eye, right	HMR	Absent	
3ED0360	Eye, right	EMB	Absent	
3ED0360	Opercula	SLSH	Absent	
3ED0362	Body Surface	RGR	Absent	
3ED0362	Body Surface	RLSN	Absent	
3ED0362	Body Surface	SPDF	Absent	
3ED0362	Body Surface	HMRB	Absent	
3ED0362	Body Surface	FDC	Absent	
3ED0362	Body Surface	BFG	Absent	
3ED0362	Body Surface	PRST	Absent	
3ED0362	Body Surface	OTHER	Present	Gill net marks
3ED0362	Head	DFM	Absent	
3ED0362	Mouth	ULR	Absent	
3ED0362	Mouth	LLG	Absent	
3ED0362	Nare	SLN	Absent	
3ED0362	Eye, left	EXPTH	Absent	
3ED0362	Eye, left	OPQ	Absent	
3ED0362	Eye, left	MIS	Absent	
3ED0362	Eye, left	HMR	Absent	
3ED0362	Eye, left	EMB	Absent	
3ED0362	Eye, right	EXPTH	Absent	
3ED0362	Eye, right	OPQ	Absent	
3ED0362	Eye, right	MIS	Absent	
3ED0362	Eye, right	HMR	Absent	
3ED0362	Eye, right	EMB	Absent	
3ED0362	Opercula	SLSH	Absent	
3ED0363	Body Surface	RGR	Absent	
3ED0363	Body Surface	RLSN	Absent	
3ED0363	Body Surface	SPDF	Absent	
3ED0363	Body Surface	HMRB	Absent	
3ED0363	Body Surface	FDC	Absent	
3ED0363	Body Surface	BFG	Absent	
3ED0363	Body Surface	PRST	Absent	
3ED0363	Head	DFM	Absent	
3ED0363	Mouth	ULR	Absent	
3ED0363	Mouth	LLG	Absent	
3ED0363	Nare	SLN	Absent	
3ED0363	Eye, left	EXPTH	Absent	
3ED0363	Eye, left	OPQ	Absent	
3ED0363	Eye, left	MIS	Absent	
3ED0363	Eye, left	HMR	Absent	
3ED0363	Eye, left	EMB	Absent	
3ED0363	Eye, right	EXPTH	Absent	
3ED0363	Eye, right	OPQ	Absent	
3ED0363	Eye, right	MIS	Absent	
3ED0363	Eye, right	HMR	Absent	
3ED0363	Eye, right	EMB	Absent	
3ED0363	Opercula	SLSH	Absent	
3ED0364	Body Surface	RGR	Absent	
3ED0364	Body Surface	RLSN	Absent	
3ED0364	Body Surface	SPDF	Absent	
3ED0364	Body Surface	HMRB	Absent	
3ED0364	Body Surface	FDC	Absent	
3ED0364	Body Surface	BFG	Absent	
3ED0364	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0364	Head	DFM	Absent	
3ED0364	Mouth	ULR	Absent	
3ED0364	Mouth	LLG	Absent	
3ED0364	Nare	SLN	Absent	
3ED0364	Eye, left	EXPTH	Absent	
3ED0364	Eye, left	OPQ	Absent	
3ED0364	Eye, left	MIS	Absent	
3ED0364	Eye, left	HMR	Absent	
3ED0364	Eye, left	EMB	Absent	
3ED0364	Eye, right	EXPTH	Absent	
3ED0364	Eye, right	OPQ	Absent	
3ED0364	Eye, right	MIS	Absent	
3ED0364	Eye, right	HMR	Absent	
3ED0364	Eye, right	EMB	Absent	
3ED0364	Opercula	SLSH	Absent	
3ED0365	Body Surface	RGR	Absent	
3ED0365	Body Surface	RLSN	Absent	
3ED0365	Body Surface	SPDF	Absent	
3ED0365	Body Surface	HMRB	Absent	
3ED0365	Body Surface	FDC	Absent	
3ED0365	Body Surface	BFG	Absent	
3ED0365	Body Surface	PRST	Absent	
3ED0365	Head	DFM	Absent	
3ED0365	Mouth	ULR	Absent	
3ED0365	Mouth	LLG	Absent	
3ED0365	Nare	SLN	Absent	
3ED0365	Eye, left	EXPTH	Absent	
3ED0365	Eye, left	OPQ	Absent	
3ED0365	Eye, left	MIS	Absent	
3ED0365	Eye, left	HMR	Absent	
3ED0365	Eye, left	EMB	Absent	
3ED0365	Eye, right	EXPTH	Absent	
3ED0365	Eye, right	OPQ	Absent	
3ED0365	Eye, right	MIS	Absent	
3ED0365	Eye, right	HMR	Absent	
3ED0365	Eye, right	EMB	Absent	
3ED0365	Opercula	SLSH	Absent	
3ED0366	Body Surface	RGR	Absent	
3ED0366	Body Surface	RLSN	Absent	
3ED0366	Body Surface	SPDF	Absent	
3ED0366	Body Surface	HMRB	Absent	
3ED0366	Body Surface	FDC	Absent	
3ED0366	Body Surface	BFG	Absent	
3ED0366	Body Surface	PRST	Absent	
3ED0366	Head	DFM	Absent	
3ED0366	Mouth	ULR	Absent	
3ED0366	Mouth	LLG	Absent	
3ED0366	Nare	SLN	Absent	
3ED0366	Eye, left	EXPTH	Absent	
3ED0366	Eye, left	OPQ	Absent	
3ED0366	Eye, left	MIS	Absent	
3ED0366	Eye, left	HMR	Absent	
3ED0366	Eye, left	EMB	Absent	
3ED0366	Eye, right	EXPTH	Absent	
3ED0366	Eye, right	OPQ	Absent	
3ED0366	Eye, right	MIS	Absent	
3ED0366	Eye, right	HMR	Absent	
3ED0366	Eye, right	EMB	Absent	
3ED0366	Opercula	SLSH	Absent	
3ED0367	Body Surface	RGR	Absent	
3ED0367	Body Surface	RLSN	Absent	
3ED0367	Body Surface	SPDF	Absent	
3ED0367	Body Surface	HMRB	Absent	
3ED0367	Body Surface	FDC	Absent	
3ED0367	Body Surface	BFG	Absent	
3ED0367	Body Surface	PRST	Absent	
3ED0367	Head	DFM	Absent	
3ED0367	Mouth	ULR	Absent	
3ED0367	Mouth	LLG	Absent	
3ED0367	Nare	SLN	Absent	
3ED0367	Eye, left	EXPTH	Absent	
3ED0367	Eye, left	OPQ	Absent	
3ED0367	Eye, left	MIS	Absent	
3ED0367	Eye, left	HMR	Absent	
3ED0367	Eye, left	EMB	Absent	
3ED0367	Eye, right	EXPTH	Absent	
3ED0367	Eye, right	OPQ	Absent	
3ED0367	Eye, right	MIS	Absent	
3ED0367	Eye, right	HMR	Absent	
3ED0367	Eye, right	EMB	Absent	
3ED0367	Opercula	SLSH	Absent	
3ED0368	Body Surface	RGR	Absent	
3ED0368	Body Surface	RLSN	Absent	
3ED0368	Body Surface	SPDF	Absent	
3ED0368	Body Surface	HMRB	Absent	
3ED0368	Body Surface	FDC	Absent	
3ED0368	Body Surface	BFG	Absent	
3ED0368	Body Surface	PRST	Absent	
3ED0368	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0368	Mouth	ULR	Absent	
3ED0368	Mouth	LLG	Absent	
3ED0368	Nare	SLN	Absent	
3ED0368	Eye, left	EXPTH	Absent	
3ED0368	Eye, left	OPQ	Absent	
3ED0368	Eye, left	MIS	Absent	
3ED0368	Eye, left	HMR	Absent	
3ED0368	Eye, left	EMB	Absent	
3ED0368	Eye, right	EXPTH	Absent	
3ED0368	Eye, right	OPQ	Absent	
3ED0368	Eye, right	MIS	Absent	
3ED0368	Eye, right	HMR	Absent	
3ED0368	Eye, right	EMB	Absent	
3ED0368	Opercula	SLSH	Absent	
3ED0369	Body Surface	RGR	Absent	
3ED0369	Body Surface	RLSN	Absent	
3ED0369	Body Surface	SPDF	Absent	
3ED0369	Body Surface	HMRB	Absent	
3ED0369	Body Surface	FDC	Absent	
3ED0369	Body Surface	BFG	Absent	
3ED0369	Body Surface	PRST	Absent	
3ED0369	Head	DFM	Absent	
3ED0369	Mouth	ULR	Absent	
3ED0369	Mouth	LLG	Absent	
3ED0369	Nare	SLN	Absent	
3ED0369	Eye, left	EXPTH	Absent	
3ED0369	Eye, left	OPQ	Absent	
3ED0369	Eye, left	MIS	Absent	
3ED0369	Eye, left	HMR	Absent	
3ED0369	Eye, left	EMB	Absent	
3ED0369	Eye, right	EXPTH	Absent	
3ED0369	Eye, right	OPQ	Absent	
3ED0369	Eye, right	MIS	Absent	
3ED0369	Eye, right	HMR	Absent	
3ED0369	Eye, right	EMB	Absent	
3ED0369	Opercula	SLSH	Absent	
3ED0370	Body Surface	RGR	Absent	
3ED0370	Body Surface	RLSN	Absent	
3ED0370	Body Surface	SPDF	Absent	
3ED0370	Body Surface	HMRB	Absent	
3ED0370	Body Surface	FDC	Absent	
3ED0370	Body Surface	BFG	Absent	
3ED0370	Body Surface	PRST	Absent	
3ED0370	Head	DFM	Absent	
3ED0370	Mouth	ULR	Absent	
3ED0370	Mouth	LLG	Absent	
3ED0370	Nare	SLN	Absent	
3ED0370	Eye, left	EXPTH	Absent	
3ED0370	Eye, left	OPQ	Absent	
3ED0370	Eye, left	MIS	Absent	
3ED0370	Eye, left	HMR	Absent	
3ED0370	Eye, left	EMB	Absent	
3ED0370	Eye, right	EXPTH	Absent	
3ED0370	Eye, right	OPQ	Absent	
3ED0370	Eye, right	MIS	Absent	
3ED0370	Eye, right	HMR	Absent	
3ED0370	Eye, right	EMB	Absent	
3ED0370	Opercula	SLSH	Present	
3ED0371	Body Surface	RGR	Absent	
3ED0371	Body Surface	RLSN	Absent	
3ED0371	Body Surface	SPDF	Absent	
3ED0371	Body Surface	HMRB	Absent	
3ED0371	Body Surface	FDC	Absent	
3ED0371	Body Surface	BFG	Absent	
3ED0371	Body Surface	PRST	Absent	
3ED0371	Head	DFM	Absent	
3ED0371	Mouth	ULR	Absent	
3ED0371	Mouth	LLG	Absent	
3ED0371	Nare	SLN	Absent	
3ED0371	Eye, left	EXPTH	Absent	
3ED0371	Eye, left	OPQ	Absent	
3ED0371	Eye, left	MIS	Absent	
3ED0371	Eye, left	HMR	Absent	
3ED0371	Eye, left	EMB	Absent	
3ED0371	Eye, right	EXPTH	Absent	
3ED0371	Eye, right	OPQ	Absent	
3ED0371	Eye, right	MIS	Absent	
3ED0371	Eye, right	HMR	Absent	
3ED0371	Eye, right	EMB	Absent	
3ED0371	Opercula	SLSH	Absent	
3ED0372	Body Surface	RGR	Absent	
3ED0372	Body Surface	RLSN	Absent	
3ED0372	Body Surface	SPDF	Absent	
3ED0372	Body Surface	HMRB	Absent	
3ED0372	Body Surface	FDC	Absent	
3ED0372	Body Surface	BFG	Absent	
3ED0372	Body Surface	PRST	Absent	
3ED0372	Head	DFM	Absent	
3ED0372	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0372	Mouth	LLG	Absent	
3ED0372	Nare	SLN	Absent	
3ED0372	Eye, left	EXPTH	Absent	
3ED0372	Eye, left	OPQ	Absent	
3ED0372	Eye, left	MIS	Absent	
3ED0372	Eye, left	HMR	Absent	
3ED0372	Eye, left	EMB	Absent	
3ED0372	Eye, right	EXPTH	Absent	
3ED0372	Eye, right	OPQ	Absent	
3ED0372	Eye, right	MIS	Absent	
3ED0372	Eye, right	HMR	Absent	
3ED0372	Eye, right	EMB	Absent	
3ED0372	Opercula	SLSH	Absent	
3ED0373	Body Surface	RGR	Absent	
3ED0373	Body Surface	RLSN	Absent	
3ED0373	Body Surface	SPDF	Absent	
3ED0373	Body Surface	HMRB	Absent	
3ED0373	Body Surface	FDC	Absent	
3ED0373	Body Surface	BFG	Absent	
3ED0373	Body Surface	PRST	Absent	
3ED0373	Head	DFM	Absent	
3ED0373	Mouth	ULR	Absent	
3ED0373	Mouth	LLG	Absent	
3ED0373	Nare	SLN	Absent	
3ED0373	Eye, left	EXPTH	Absent	
3ED0373	Eye, left	OPQ	Absent	
3ED0373	Eye, left	MIS	Absent	
3ED0373	Eye, left	HMR	Absent	
3ED0373	Eye, left	EMB	Absent	
3ED0373	Eye, right	EXPTH	Absent	
3ED0373	Eye, right	OPQ	Absent	
3ED0373	Eye, right	MIS	Absent	
3ED0373	Eye, right	HMR	Absent	
3ED0373	Eye, right	EMB	Absent	
3ED0373	Opercula	SLSH	Absent	
3ED0374	Body Surface	RGR	Absent	
3ED0374	Body Surface	RGR	Absent	
3ED0374	Body Surface	RLSN	Absent	
3ED0374	Body Surface	RLSN	Absent	
3ED0374	Body Surface	SPDF	Absent	
3ED0374	Body Surface	SPDF	Absent	
3ED0374	Body Surface	HMRB	Absent	
3ED0374	Body Surface	HMRB	Absent	
3ED0374	Body Surface	FDC	Absent	
3ED0374	Body Surface	FDC	Absent	
3ED0374	Body Surface	BFG	Absent	
3ED0374	Body Surface	BFG	Absent	
3ED0374	Body Surface	PRST	Absent	
3ED0374	Body Surface	PRST	Absent	
3ED0374	Body Surface	OTHER	Present	Gill net marks
3ED0374	Head	DFM	Absent	
3ED0374	Head	DFM	Absent	
3ED0374	Mouth	ULR	Absent	
3ED0374	Mouth	ULR	Absent	
3ED0374	Mouth	LLG	Absent	
3ED0374	Mouth	LLG	Absent	
3ED0374	Nare	SLN	Absent	
3ED0374	Nare	SLN	Absent	
3ED0374	Eye, left	EXPTH	Absent	
3ED0374	Eye, left	EXPTH	Absent	
3ED0374	Eye, left	OPQ	Absent	
3ED0374	Eye, left	OPQ	Absent	
3ED0374	Eye, left	MIS	Absent	
3ED0374	Eye, left	MIS	Absent	
3ED0374	Eye, left	HMR	Absent	
3ED0374	Eye, left	HMR	Absent	
3ED0374	Eye, left	EMB	Absent	
3ED0374	Eye, left	EMB	Absent	
3ED0374	Eye, right	EXPTH	Absent	
3ED0374	Eye, right	EXPTH	Absent	
3ED0374	Eye, right	OPQ	Absent	
3ED0374	Eye, right	OPQ	Absent	
3ED0374	Eye, right	MIS	Absent	
3ED0374	Eye, right	MIS	Absent	
3ED0374	Eye, right	HMR	Absent	
3ED0374	Eye, right	HMR	Absent	
3ED0374	Eye, right	EMB	Absent	
3ED0374	Eye, right	EMB	Absent	
3ED0374	Opercula	SLSH	Absent	
3ED0374	Opercula	SLSH	Absent	
3ED0376	Body Surface	RGR	Absent	
3ED0376	Body Surface	RLSN	Absent	
3ED0376	Body Surface	SPDF	Absent	
3ED0376	Body Surface	HMRB	Absent	
3ED0376	Body Surface	FDC	Absent	
3ED0376	Body Surface	BFG	Absent	
3ED0376	Body Surface	PRST	Absent	
3ED0376	Head	DFM	Absent	
3ED0376	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0376	Mouth	LLG	Absent	
3ED0376	Nare	SLN	Absent	
3ED0376	Eye, left	EXPTH	Absent	
3ED0376	Eye, left	OPQ	Absent	
3ED0376	Eye, left	MIS	Absent	
3ED0376	Eye, left	HMR	Absent	
3ED0376	Eye, left	EMB	Absent	
3ED0376	Eye, right	EXPTH	Absent	
3ED0376	Eye, right	OPQ	Absent	
3ED0376	Eye, right	MIS	Absent	
3ED0376	Eye, right	HMR	Absent	
3ED0376	Eye, right	EMB	Absent	
3ED0376	Opercula	SLSH	Absent	
3ED0378	Body Surface	RGR	Absent	
3ED0378	Body Surface	RLSN	Absent	
3ED0378	Body Surface	SPDF	Absent	
3ED0378	Body Surface	HMRB	Absent	
3ED0378	Body Surface	FDC	Absent	
3ED0378	Body Surface	BFG	Absent	
3ED0378	Body Surface	PRST	Absent	
3ED0378	Head	DFM	Absent	
3ED0378	Mouth	ULR	Absent	
3ED0378	Mouth	LLG	Absent	
3ED0378	Nare	SLN	Absent	
3ED0378	Eye, left	EXPTH	Absent	
3ED0378	Eye, left	OPQ	Absent	
3ED0378	Eye, left	MIS	Absent	
3ED0378	Eye, left	HMR	Absent	
3ED0378	Eye, left	EMB	Absent	
3ED0378	Eye, right	EXPTH	Absent	
3ED0378	Eye, right	OPQ	Absent	
3ED0378	Eye, right	MIS	Absent	
3ED0378	Eye, right	HMR	Absent	
3ED0378	Eye, right	EMB	Absent	
3ED0378	Opercula	SLSH	Absent	
3ED0379	Body Surface	RGR	Absent	
3ED0379	Body Surface	RLSN	Absent	
3ED0379	Body Surface	SPDF	Absent	
3ED0379	Body Surface	HMRB	Absent	
3ED0379	Body Surface	FDC	Absent	
3ED0379	Body Surface	BFG	Absent	
3ED0379	Body Surface	PRST	Absent	
3ED0379	Head	DFM	Absent	
3ED0379	Mouth	ULR	Absent	
3ED0379	Mouth	LLG	Absent	
3ED0379	Nare	SLN	Absent	
3ED0379	Eye, left	EXPTH	Absent	
3ED0379	Eye, left	OPQ	Absent	
3ED0379	Eye, left	MIS	Absent	
3ED0379	Eye, left	HMR	Absent	
3ED0379	Eye, left	EMB	Absent	
3ED0379	Eye, right	EXPTH	Absent	
3ED0379	Eye, right	OPQ	Absent	
3ED0379	Eye, right	MIS	Absent	
3ED0379	Eye, right	HMR	Absent	
3ED0379	Eye, right	EMB	Absent	
3ED0379	Opercula	SLSH	Absent	
3ED0380	Body Surface	RGR	Absent	
3ED0380	Body Surface	RLSN	Absent	
3ED0380	Body Surface	SPDF	Absent	
3ED0380	Body Surface	HMRB	Absent	
3ED0380	Body Surface	FDC	Absent	
3ED0380	Body Surface	BFG	Absent	
3ED0380	Body Surface	PRST	Absent	
3ED0380	Head	DFM	Absent	
3ED0380	Mouth	ULR	Absent	
3ED0380	Mouth	LLG	Absent	
3ED0380	Nare	SLN	Absent	
3ED0380	Eye, left	EXPTH	Absent	
3ED0380	Eye, left	OPQ	Absent	
3ED0380	Eye, left	MIS	Absent	
3ED0380	Eye, left	HMR	Absent	
3ED0380	Eye, left	EMB	Absent	
3ED0380	Eye, right	EXPTH	Absent	
3ED0380	Eye, right	OPQ	Absent	
3ED0380	Eye, right	MIS	Absent	
3ED0380	Eye, right	HMR	Absent	
3ED0380	Eye, right	EMB	Absent	
3ED0380	Opercula	SLSH	Absent	
3ED0381	Body Surface	RGR	Absent	
3ED0381	Body Surface	RLSN	Absent	
3ED0381	Body Surface	SPDF	Absent	
3ED0381	Body Surface	HMRB	Absent	
3ED0381	Body Surface	FDC	Absent	
3ED0381	Body Surface	BFG	Absent	
3ED0381	Body Surface	PRST	Absent	
3ED0381	Head	DFM	Absent	
3ED0381	Mouth	ULR	Absent	
3ED0381	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0381	Nare	SLN	Absent	
3ED0381	Eye, left	EXPTH	Absent	
3ED0381	Eye, left	OPQ	Absent	
3ED0381	Eye, left	MIS	Absent	
3ED0381	Eye, left	HMR	Absent	
3ED0381	Eye, left	EMB	Absent	
3ED0381	Eye, right	EXPTH	Absent	
3ED0381	Eye, right	OPQ	Absent	
3ED0381	Eye, right	MIS	Absent	
3ED0381	Eye, right	HMR	Absent	
3ED0381	Eye, right	EMB	Absent	
3ED0381	Opercula	SLSH	Absent	
3ED0382	Body Surface	RGR	Absent	
3ED0382	Body Surface	RLSN	Absent	
3ED0382	Body Surface	SPDF	Absent	
3ED0382	Body Surface	HMRB	Absent	
3ED0382	Body Surface	FDC	Absent	
3ED0382	Body Surface	BFG	Absent	
3ED0382	Body Surface	PRST	Absent	
3ED0382	Head	DFM	Absent	
3ED0382	Mouth	ULR	Absent	
3ED0382	Mouth	LLG	Absent	
3ED0382	Nare	SLN	Absent	
3ED0382	Eye, left	EXPTH	Absent	
3ED0382	Eye, left	OPQ	Absent	
3ED0382	Eye, left	MIS	Absent	
3ED0382	Eye, left	HMR	Absent	
3ED0382	Eye, left	EMB	Absent	
3ED0382	Eye, right	EXPTH	Absent	
3ED0382	Eye, right	OPQ	Absent	
3ED0382	Eye, right	MIS	Absent	
3ED0382	Eye, right	HMR	Absent	
3ED0382	Eye, right	EMB	Absent	
3ED0382	Opercula	SLSH	Absent	
3ED0383	Body Surface	RGR	Absent	
3ED0383	Body Surface	RLSN	Absent	
3ED0383	Body Surface	SPDF	Absent	
3ED0383	Body Surface	HMRB	Absent	
3ED0383	Body Surface	FDC	Absent	
3ED0383	Body Surface	BFG	Absent	
3ED0383	Body Surface	PRST	Absent	
3ED0383	Body Surface	OTHER	Present	Damage from handling
3ED0383	Head	DFM	Absent	
3ED0383	Mouth	ULR	Absent	
3ED0383	Mouth	LLG	Absent	
3ED0383	Nare	SLN	Absent	
3ED0383	Eye, left	EXPTH	Absent	
3ED0383	Eye, left	OPQ	Absent	
3ED0383	Eye, left	MIS	Absent	
3ED0383	Eye, left	HMR	Absent	
3ED0383	Eye, left	EMB	Absent	
3ED0383	Eye, right	EXPTH	Absent	
3ED0383	Eye, right	OPQ	Absent	
3ED0383	Eye, right	MIS	Absent	
3ED0383	Eye, right	HMR	Absent	
3ED0383	Eye, right	EMB	Absent	
3ED0383	Opercula	SLSH	Absent	
3ED0384	Body Surface	RGR	Absent	
3ED0384	Body Surface	RLSN	Absent	
3ED0384	Body Surface	SPDF	Absent	
3ED0384	Body Surface	HMRB	Absent	
3ED0384	Body Surface	FDC	Absent	
3ED0384	Body Surface	BFG	Absent	
3ED0384	Body Surface	PRST	Absent	
3ED0384	Head	DFM	Absent	
3ED0384	Mouth	ULR	Absent	
3ED0384	Mouth	LLG	Absent	
3ED0384	Nare	SLN	Absent	
3ED0384	Eye, left	EXPTH	Absent	
3ED0384	Eye, left	OPQ	Absent	
3ED0384	Eye, left	MIS	Absent	
3ED0384	Eye, left	HMR	Absent	
3ED0384	Eye, left	EMB	Absent	
3ED0384	Eye, right	EXPTH	Absent	
3ED0384	Eye, right	OPQ	Absent	
3ED0384	Eye, right	MIS	Absent	
3ED0384	Eye, right	HMR	Absent	
3ED0384	Eye, right	EMB	Absent	
3ED0384	Opercula	SLSH	Absent	
3ED0385	Body Surface	RGR	Absent	
3ED0385	Body Surface	RGR	Absent	
3ED0385	Body Surface	RLSN	Absent	
3ED0385	Body Surface	RLSN	Absent	
3ED0385	Body Surface	SPDF	Absent	
3ED0385	Body Surface	SPDF	Absent	
3ED0385	Body Surface	HMRB	Absent	
3ED0385	Body Surface	HMRB	Absent	
3ED0385	Body Surface	FDC	Absent	
3ED0385	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0385	Body Surface	BFG	Absent	
3ED0385	Body Surface	BFG	Absent	
3ED0385	Body Surface	PRST	Absent	
3ED0385	Body Surface	PRST	Absent	
3ED0385	Body Surface	OTHER	Present	Scar on right side
3ED0385	Body Surface	OTHER	Present	Gill net marks
3ED0385	Head	DFM	Absent	
3ED0385	Head	DFM	Absent	
3ED0385	Mouth	ULR	Absent	
3ED0385	Mouth	ULR	Absent	
3ED0385	Mouth	LLG	Absent	
3ED0385	Mouth	LLG	Absent	
3ED0385	Nare	SLN	Absent	
3ED0385	Nare	SLN	Absent	
3ED0385	Eye, left	EXPTH	Absent	
3ED0385	Eye, left	EXPTH	Absent	
3ED0385	Eye, left	OPQ	Absent	
3ED0385	Eye, left	OPQ	Absent	
3ED0385	Eye, left	MIS	Absent	
3ED0385	Eye, left	MIS	Absent	
3ED0385	Eye, left	HMR	Absent	
3ED0385	Eye, left	HMR	Absent	
3ED0385	Eye, left	EMB	Absent	
3ED0385	Eye, left	EMB	Absent	
3ED0385	Eye, right	EXPTH	Absent	
3ED0385	Eye, right	EXPTH	Absent	
3ED0385	Eye, right	OPQ	Absent	
3ED0385	Eye, right	OPQ	Absent	
3ED0385	Eye, right	MIS	Absent	
3ED0385	Eye, right	MIS	Absent	
3ED0385	Eye, right	HMR	Absent	
3ED0385	Eye, right	HMR	Absent	
3ED0385	Eye, right	EMB	Absent	
3ED0385	Eye, right	EMB	Absent	
3ED0385	Opercula	SLSH	Absent	
3ED0385	Opercula	SLSH	Absent	
3ED0386	Body Surface	RGR	Absent	
3ED0386	Body Surface	RLSN	Absent	
3ED0386	Body Surface	SPDF	Absent	
3ED0386	Body Surface	HMRB	Absent	
3ED0386	Body Surface	FDC	Absent	
3ED0386	Body Surface	BFG	Absent	
3ED0386	Body Surface	PRST	Absent	
3ED0386	Head	DFM	Absent	
3ED0386	Mouth	ULR	Absent	
3ED0386	Mouth	LLG	Absent	
3ED0386	Nare	SLN	Absent	
3ED0386	Eye, left	EXPTH	Absent	
3ED0386	Eye, left	OPQ	Absent	
3ED0386	Eye, left	MIS	Absent	
3ED0386	Eye, left	HMR	Absent	
3ED0386	Eye, left	EMB	Absent	
3ED0386	Eye, right	EXPTH	Absent	
3ED0386	Eye, right	OPQ	Absent	
3ED0386	Eye, right	MIS	Absent	
3ED0386	Eye, right	HMR	Absent	
3ED0386	Eye, right	EMB	Absent	
3ED0386	Opercula	SLSH	Absent	
3ED0388	Body Surface	RGR	Absent	
3ED0388	Body Surface	RLSN	Absent	
3ED0388	Body Surface	SPDF	Absent	
3ED0388	Body Surface	HMRB	Present	
3ED0388	Body Surface	FDC	Absent	
3ED0388	Body Surface	BFG	Absent	
3ED0388	Body Surface	PRST	Absent	
3ED0388	Head	DFM	Absent	
3ED0388	Mouth	ULR	Absent	
3ED0388	Mouth	LLG	Absent	
3ED0388	Nare	SLN	Absent	
3ED0388	Eye, left	EXPTH	Absent	
3ED0388	Eye, left	OPQ	Absent	
3ED0388	Eye, left	MIS	Absent	
3ED0388	Eye, left	HMR	Absent	
3ED0388	Eye, left	EMB	Absent	
3ED0388	Eye, right	EXPTH	Absent	
3ED0388	Eye, right	OPQ	Absent	
3ED0388	Eye, right	MIS	Absent	
3ED0388	Eye, right	HMR	Absent	
3ED0388	Eye, right	EMB	Absent	
3ED0388	Opercula	SLSH	Absent	
3ED0389	Body Surface	RGR	Absent	
3ED0389	Body Surface	RLSN	Absent	
3ED0389	Body Surface	SPDF	Absent	
3ED0389	Body Surface	HMRB	Absent	
3ED0389	Body Surface	FDC	Absent	
3ED0389	Body Surface	BFG	Absent	
3ED0389	Body Surface	PRST	Absent	
3ED0389	Head	DFM	Absent	
3ED0389	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0389	Mouth	LLG	Absent	
3ED0389	Nare	SLN	Absent	
3ED0389	Eye, left	EXPTH	Absent	
3ED0389	Eye, left	OPQ	Absent	
3ED0389	Eye, left	MIS	Absent	
3ED0389	Eye, left	HMR	Absent	
3ED0389	Eye, left	EMB	Absent	
3ED0389	Eye, right	EXPTH	Absent	
3ED0389	Eye, right	OPQ	Absent	
3ED0389	Eye, right	MIS	Absent	
3ED0389	Eye, right	HMR	Absent	
3ED0389	Eye, right	EMB	Absent	
3ED0389	Opercula	SLSH	Absent	
3ED0390	Body Surface	RGR	Absent	
3ED0390	Body Surface	RLSN	Absent	
3ED0390	Body Surface	SPDF	Absent	
3ED0390	Body Surface	HMRB	Absent	
3ED0390	Body Surface	FDC	Absent	
3ED0390	Body Surface	BFG	Absent	
3ED0390	Body Surface	PRST	Absent	
3ED0390	Head	DFM	Absent	
3ED0390	Mouth	ULR	Absent	
3ED0390	Mouth	LLG	Absent	
3ED0390	Nare	SLN	Absent	
3ED0390	Eye, left	EXPTH	Absent	
3ED0390	Eye, left	OPQ	Absent	
3ED0390	Eye, left	MIS	Absent	
3ED0390	Eye, left	HMR	Absent	
3ED0390	Eye, left	EMB	Absent	
3ED0390	Eye, right	EXPTH	Absent	
3ED0390	Eye, right	OPQ	Absent	
3ED0390	Eye, right	MIS	Absent	
3ED0390	Eye, right	HMR	Absent	
3ED0390	Eye, right	EMB	Absent	
3ED0390	Opercula	SLSH	Absent	
3ED0391	Body Surface	RGR	Absent	
3ED0391	Body Surface	RLSN	Absent	
3ED0391	Body Surface	SPDF	Absent	
3ED0391	Body Surface	HMRB	Absent	
3ED0391	Body Surface	FDC	Absent	
3ED0391	Body Surface	BFG	Absent	
3ED0391	Body Surface	PRST	Absent	
3ED0391	Head	DFM	Absent	
3ED0391	Mouth	ULR	Absent	
3ED0391	Mouth	LLG	Absent	
3ED0391	Nare	SLN	Absent	
3ED0391	Eye, left	EXPTH	Absent	
3ED0391	Eye, left	OPQ	Absent	
3ED0391	Eye, left	MIS	Absent	
3ED0391	Eye, left	HMR	Absent	
3ED0391	Eye, left	EMB	Absent	
3ED0391	Eye, right	EXPTH	Absent	
3ED0391	Eye, right	OPQ	Absent	
3ED0391	Eye, right	MIS	Absent	
3ED0391	Eye, right	HMR	Absent	
3ED0391	Eye, right	EMB	Absent	
3ED0391	Opercula	SLSH	Absent	
3ED0392	Body Surface	RGR	Absent	
3ED0392	Body Surface	RLSN	Absent	
3ED0392	Body Surface	SPDF	Absent	
3ED0392	Body Surface	HMRB	Absent	
3ED0392	Body Surface	FDC	Absent	
3ED0392	Body Surface	BFG	Absent	
3ED0392	Body Surface	PRST	Absent	
3ED0392	Body Surface	OTHER	Present	Damage from handling
3ED0392	Head	DFM	Absent	
3ED0392	Mouth	ULR	Absent	
3ED0392	Mouth	LLG	Absent	
3ED0392	Nare	SLN	Absent	
3ED0392	Eye, left	EXPTH	Absent	
3ED0392	Eye, left	OPQ	Absent	
3ED0392	Eye, left	MIS	Absent	
3ED0392	Eye, left	HMR	Absent	
3ED0392	Eye, left	EMB	Absent	
3ED0392	Eye, right	EXPTH	Absent	
3ED0392	Eye, right	OPQ	Absent	
3ED0392	Eye, right	MIS	Absent	
3ED0392	Eye, right	HMR	Absent	
3ED0392	Eye, right	EMB	Absent	
3ED0392	Opercula	SLSH	Absent	
3ED0393	Body Surface	RGR	Absent	
3ED0393	Body Surface	RLSN	Absent	
3ED0393	Body Surface	SPDF	Absent	
3ED0393	Body Surface	HMRB	Absent	
3ED0393	Body Surface	FDC	Absent	
3ED0393	Body Surface	BFG	Absent	
3ED0393	Body Surface	PRST	Absent	
3ED0393	Head	DFM	Absent	
3ED0393	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0393	Mouth	LLG	Absent	
3ED0393	Nare	SLN	Absent	
3ED0393	Eye, left	EXPTH	Absent	
3ED0393	Eye, left	OPQ	Absent	
3ED0393	Eye, left	MIS	Absent	
3ED0393	Eye, left	HMR	Absent	
3ED0393	Eye, left	EMB	Absent	
3ED0393	Eye, right	EXPTH	Absent	
3ED0393	Eye, right	OPQ	Absent	
3ED0393	Eye, right	MIS	Absent	
3ED0393	Eye, right	HMR	Absent	
3ED0393	Eye, right	EMB	Absent	
3ED0393	Opercula	SLSH	Absent	
3ED0394	Body Surface	RGR	Absent	
3ED0394	Body Surface	RLSN	Absent	
3ED0394	Body Surface	SPDF	Absent	
3ED0394	Body Surface	HMRB	Absent	
3ED0394	Body Surface	FDC	Absent	
3ED0394	Body Surface	BFG	Absent	
3ED0394	Body Surface	PRST	Absent	
3ED0394	Head	DFM	Absent	
3ED0394	Mouth	ULR	Absent	
3ED0394	Mouth	LLG	Absent	
3ED0394	Nare	SLN	Absent	
3ED0394	Eye, left	EXPTH	Absent	
3ED0394	Eye, left	OPQ	Absent	
3ED0394	Eye, left	MIS	Absent	
3ED0394	Eye, left	HMR	Absent	
3ED0394	Eye, left	EMB	Absent	
3ED0394	Eye, right	EXPTH	Absent	
3ED0394	Eye, right	OPQ	Absent	
3ED0394	Eye, right	MIS	Absent	
3ED0394	Eye, right	HMR	Absent	
3ED0394	Eye, right	EMB	Absent	
3ED0394	Opercula	SLSH	Absent	
3ED0395	Body Surface	RGR	Absent	
3ED0395	Body Surface	RLSN	Absent	
3ED0395	Body Surface	SPDF	Absent	
3ED0395	Body Surface	HMRB	Absent	
3ED0395	Body Surface	FDC	Absent	
3ED0395	Body Surface	BFG	Absent	
3ED0395	Body Surface	PRST	Absent	
3ED0395	Head	DFM	Absent	
3ED0395	Mouth	ULR	Absent	
3ED0395	Mouth	LLG	Absent	
3ED0395	Nare	SLN	Absent	
3ED0395	Eye, left	EXPTH	Absent	
3ED0395	Eye, left	OPQ	Absent	
3ED0395	Eye, left	MIS	Absent	
3ED0395	Eye, left	HMR	Absent	
3ED0395	Eye, left	EMB	Absent	
3ED0395	Eye, right	EXPTH	Absent	
3ED0395	Eye, right	OPQ	Absent	
3ED0395	Eye, right	MIS	Absent	
3ED0395	Eye, right	HMR	Absent	
3ED0395	Eye, right	EMB	Absent	
3ED0395	Opercula	SLSH	Absent	
3EF0001W	Body Surface	RGR	Absent	
3EF0001W	Body Surface	RLSN	Absent	
3EF0001W	Body Surface	SPDF	Absent	
3EF0001W	Body Surface	HMRB	Absent	
3EF0001W	Body Surface	FDC	Absent	
3EF0001W	Body Surface	BFG	Absent	
3EF0001W	Body Surface	PRST	Absent	
3EF0001W	Head	DFM	Absent	
3EF0001W	Mouth	ULR	Absent	
3EF0001W	Mouth	LLG	Absent	
3EF0001W	Nare	SLN	Absent	
3EF0001W	Eye, left	EXPTH	Absent	
3EF0001W	Eye, left	OPQ	Absent	
3EF0001W	Eye, left	MIS	Absent	
3EF0001W	Eye, left	HMR	Absent	
3EF0001W	Eye, left	EMB	Absent	
3EF0001W	Eye, right	EXPTH	Absent	
3EF0001W	Eye, right	OPQ	Absent	
3EF0001W	Eye, right	MIS	Absent	
3EF0001W	Eye, right	HMR	Absent	
3EF0001W	Eye, right	EMB	Absent	
3EF0001W	Opercula	SLSH	Absent	
3EF0002W	Body Surface	RGR	Absent	
3EF0002W	Body Surface	RLSN	Absent	
3EF0002W	Body Surface	SPDF	Absent	
3EF0002W	Body Surface	HMRB	Absent	
3EF0002W	Body Surface	FDC	Absent	
3EF0002W	Body Surface	BFG	Absent	
3EF0002W	Body Surface	PRST	Present	
3EF0002W	Head	DFM	Absent	
3EF0002W	Mouth	ULR	Absent	
3EF0002W	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0002W	Nare	SLN	Absent	
3EF0002W	Eye, left	EXPTH	Absent	
3EF0002W	Eye, left	OPQ	Absent	
3EF0002W	Eye, left	MIS	Absent	
3EF0002W	Eye, left	HMR	Absent	
3EF0002W	Eye, left	EMB	Absent	
3EF0002W	Eye, right	EXPTH	Absent	
3EF0002W	Eye, right	OPQ	Absent	
3EF0002W	Eye, right	MIS	Absent	
3EF0002W	Eye, right	HMR	Absent	
3EF0002W	Eye, right	EMB	Absent	
3EF0002W	Opercula	SLSH	Absent	
3EF0003W	Body Surface	RGR	Absent	
3EF0003W	Body Surface	RLSN	Absent	
3EF0003W	Body Surface	SPDF	Absent	
3EF0003W	Body Surface	HMRB	Absent	
3EF0003W	Body Surface	FDC	Absent	
3EF0003W	Body Surface	BFG	Absent	
3EF0003W	Body Surface	PRST	Absent	
3EF0003W	Head	DFM	Absent	
3EF0003W	Mouth	ULR	Absent	
3EF0003W	Mouth	LLG	Absent	
3EF0003W	Nare	SLN	Absent	
3EF0003W	Eye, left	EXPTH	Absent	
3EF0003W	Eye, left	OPQ	Absent	
3EF0003W	Eye, left	MIS	Absent	
3EF0003W	Eye, left	HMR	Absent	
3EF0003W	Eye, left	EMB	Absent	
3EF0003W	Eye, right	EXPTH	Absent	
3EF0003W	Eye, right	OPQ	Absent	
3EF0003W	Eye, right	MIS	Absent	
3EF0003W	Eye, right	HMR	Absent	
3EF0003W	Eye, right	EMB	Absent	
3EF0003W	Opercula	SLSH	Absent	
3EF0004W	Body Surface	RGR	Absent	
3EF0004W	Body Surface	RLSN	Absent	
3EF0004W	Body Surface	SPDF	Absent	
3EF0004W	Body Surface	HMRB	Absent	
3EF0004W	Body Surface	FDC	Absent	
3EF0004W	Body Surface	BFG	Absent	
3EF0004W	Body Surface	PRST	Absent	
3EF0004W	Head	DFM	Absent	
3EF0004W	Mouth	ULR	Absent	
3EF0004W	Mouth	LLG	Absent	
3EF0004W	Nare	SLN	Absent	
3EF0004W	Eye, left	EXPTH	Absent	
3EF0004W	Eye, left	OPQ	Absent	
3EF0004W	Eye, left	MIS	Absent	
3EF0004W	Eye, left	HMR	Absent	
3EF0004W	Eye, left	EMB	Absent	
3EF0004W	Eye, right	EXPTH	Absent	
3EF0004W	Eye, right	OPQ	Absent	
3EF0004W	Eye, right	MIS	Absent	
3EF0004W	Eye, right	HMR	Absent	
3EF0004W	Eye, right	EMB	Absent	
3EF0004W	Opercula	SLSH	Absent	
3EF0005	Body Surface	RGR	Absent	
3EF0005	Body Surface	RLSN	Absent	
3EF0005	Body Surface	SPDF	Absent	
3EF0005	Body Surface	HMRB	Present	
3EF0005	Body Surface	FDC	Present	
3EF0005	Body Surface	BFG	Absent	
3EF0005	Body Surface	PRST	Absent	
3EF0005	Head	DFM	Absent	
3EF0005	Mouth	ULR	Absent	
3EF0005	Mouth	LLG	Absent	
3EF0005	Nare	SLN	Absent	
3EF0005	Eye, left	EXPTH	Absent	
3EF0005	Eye, left	OPQ	Absent	
3EF0005	Eye, left	MIS	Absent	
3EF0005	Eye, left	HMR	Absent	
3EF0005	Eye, left	EMB	Absent	
3EF0005	Eye, right	EXPTH	Absent	
3EF0005	Eye, right	OPQ	Absent	
3EF0005	Eye, right	MIS	Absent	
3EF0005	Eye, right	HMR	Absent	
3EF0005	Eye, right	EMB	Absent	
3EF0005	Opercula	SLSH	Absent	
3EF0006	Body Surface	RGR	Absent	
3EF0006	Body Surface	RLSN	Absent	
3EF0006	Body Surface	SPDF	Absent	
3EF0006	Body Surface	HMRB	Absent	
3EF0006	Body Surface	FDC	Absent	
3EF0006	Body Surface	BFG	Absent	
3EF0006	Body Surface	PRST	Absent	
3EF0006	Head	DFM	Absent	
3EF0006	Mouth	ULR	Absent	
3EF0006	Mouth	LLG	Absent	
3EF0006	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0006	Eye, left	EXPTH	Absent	
3EF0006	Eye, left	OPQ	Absent	
3EF0006	Eye, left	MIS	Absent	
3EF0006	Eye, left	HMR	Absent	
3EF0006	Eye, left	EMB	Absent	
3EF0006	Eye, right	EXPTH	Absent	
3EF0006	Eye, right	OPQ	Absent	
3EF0006	Eye, right	MIS	Absent	
3EF0006	Eye, right	HMR	Absent	
3EF0006	Eye, right	EMB	Absent	
3EF0006	Opercula	SLSH	Absent	
3EF0007	Body Surface	RGR	Absent	
3EF0007	Body Surface	RLSN	Absent	
3EF0007	Body Surface	SPDF	Absent	
3EF0007	Body Surface	HMRB	Present	
3EF0007	Body Surface	FDC	Absent	
3EF0007	Body Surface	BFG	Absent	
3EF0007	Body Surface	PRST	Absent	
3EF0007	Head	DFM	Absent	
3EF0007	Mouth	ULR	Absent	
3EF0007	Mouth	LLG	Absent	
3EF0007	Nare	SLN	Absent	
3EF0007	Eye, left	EXPTH	Absent	
3EF0007	Eye, left	OPQ	Absent	
3EF0007	Eye, left	MIS	Absent	
3EF0007	Eye, left	HMR	Absent	
3EF0007	Eye, left	EMB	Absent	
3EF0007	Eye, right	EXPTH	Absent	
3EF0007	Eye, right	OPQ	Absent	
3EF0007	Eye, right	MIS	Absent	
3EF0007	Eye, right	HMR	Absent	
3EF0007	Eye, right	EMB	Absent	
3EF0007	Opercula	SLSH	Absent	
3EF0008	Body Surface	RGR	Absent	
3EF0008	Body Surface	RLSN	Absent	
3EF0008	Body Surface	SPDF	Absent	
3EF0008	Body Surface	HMRB	Absent	
3EF0008	Body Surface	FDC	Absent	
3EF0008	Body Surface	BFG	Absent	
3EF0008	Body Surface	PRST	Absent	
3EF0008	Head	DFM	Absent	
3EF0008	Mouth	ULR	Absent	
3EF0008	Mouth	LLG	Absent	
3EF0008	Nare	SLN	Absent	
3EF0008	Eye, left	EXPTH	Absent	
3EF0008	Eye, left	OPQ	Absent	
3EF0008	Eye, left	MIS	Absent	
3EF0008	Eye, left	HMR	Absent	
3EF0008	Eye, left	EMB	Absent	
3EF0008	Eye, right	EXPTH	Absent	
3EF0008	Eye, right	OPQ	Absent	
3EF0008	Eye, right	MIS	Absent	
3EF0008	Eye, right	HMR	Absent	
3EF0008	Eye, right	EMB	Absent	
3EF0008	Opercula	SLSH	Absent	
3EF0009	Body Surface	RGR	Absent	
3EF0009	Body Surface	RLSN	Absent	
3EF0009	Body Surface	SPDF	Absent	
3EF0009	Body Surface	HMRB	Present	
3EF0009	Body Surface	FDC	Absent	
3EF0009	Body Surface	BFG	Absent	
3EF0009	Body Surface	PRST	Absent	
3EF0009	Head	DFM	Absent	
3EF0009	Mouth	ULR	Absent	
3EF0009	Mouth	LLG	Absent	
3EF0009	Nare	SLN	Absent	
3EF0009	Eye, left	EXPTH	Absent	
3EF0009	Eye, left	OPQ	Absent	
3EF0009	Eye, left	MIS	Absent	
3EF0009	Eye, left	HMR	Absent	
3EF0009	Eye, left	EMB	Absent	
3EF0009	Eye, right	EXPTH	Absent	
3EF0009	Eye, right	OPQ	Absent	
3EF0009	Eye, right	MIS	Absent	
3EF0009	Eye, right	HMR	Absent	
3EF0009	Eye, right	EMB	Absent	
3EF0009	Opercula	SLSH	Absent	
3EF0010H	Body Surface	RGR	Absent	
3EF0010H	Body Surface	RLSN	Absent	
3EF0010H	Body Surface	SPDF	Absent	
3EF0010H	Body Surface	HMRB	Present	
3EF0010H	Body Surface	FDC	Absent	
3EF0010H	Body Surface	BFG	Absent	
3EF0010H	Body Surface	PRST	Absent	
3EF0010H	Head	DFM	Absent	
3EF0010H	Mouth	ULR	Absent	
3EF0010H	Mouth	LLG	Absent	
3EF0010H	Nare	SLN	Absent	
3EF0010H	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0010H	Eye, left	OPQ	Absent	
3EF0010H	Eye, left	MIS	Absent	
3EF0010H	Eye, left	HMR	Absent	
3EF0010H	Eye, left	EMB	Absent	
3EF0010H	Eye, right	EXPTH	Absent	
3EF0010H	Eye, right	OPQ	Absent	
3EF0010H	Eye, right	MIS	Absent	
3EF0010H	Eye, right	HMR	Absent	
3EF0010H	Eye, right	EMB	Absent	
3EF0010H	Opercula	SLSH	Absent	
3EF0011	Body Surface	RGR	Absent	
3EF0011	Body Surface	RLSN	Absent	
3EF0011	Body Surface	SPDF	Absent	
3EF0011	Body Surface	HMRB	Absent	
3EF0011	Body Surface	FDC	Absent	
3EF0011	Body Surface	BFG	Absent	
3EF0011	Body Surface	PRST	Absent	
3EF0011	Head	DFM	Absent	
3EF0011	Mouth	ULR	Absent	
3EF0011	Mouth	LLG	Absent	
3EF0011	Nare	SLN	Absent	
3EF0011	Eye, left	EXPTH	Absent	
3EF0011	Eye, left	OPQ	Absent	
3EF0011	Eye, left	MIS	Absent	
3EF0011	Eye, left	HMR	Absent	
3EF0011	Eye, left	EMB	Absent	
3EF0011	Eye, right	EXPTH	Absent	
3EF0011	Eye, right	OPQ	Absent	
3EF0011	Eye, right	MIS	Absent	
3EF0011	Eye, right	HMR	Absent	
3EF0011	Eye, right	EMB	Absent	
3EF0011	Opercula	SLSH	Absent	
3EF0012W	Body Surface	RGR	Absent	
3EF0012W	Body Surface	RLSN	Absent	
3EF0012W	Body Surface	SPDF	Absent	
3EF0012W	Body Surface	HMRB	Absent	
3EF0012W	Body Surface	FDC	Absent	
3EF0012W	Body Surface	BFG	Absent	
3EF0012W	Body Surface	PRST	Absent	
3EF0012W	Body Surface	OTHER	Present	Laceration on right side
3EF0012W	Head	DFM	Absent	
3EF0012W	Mouth	ULR	Absent	
3EF0012W	Mouth	LLG	Absent	
3EF0012W	Nare	SLN	Absent	
3EF0012W	Eye, left	EXPTH	Absent	
3EF0012W	Eye, left	OPQ	Absent	
3EF0012W	Eye, left	MIS	Absent	
3EF0012W	Eye, left	HMR	Absent	
3EF0012W	Eye, left	EMB	Absent	
3EF0012W	Eye, right	EXPTH	Absent	
3EF0012W	Eye, right	OPQ	Absent	
3EF0012W	Eye, right	MIS	Absent	
3EF0012W	Eye, right	HMR	Absent	
3EF0012W	Eye, right	EMB	Absent	
3EF0012W	Opercula	SLSH	Absent	
3EF0013	Body Surface	RGR	Absent	
3EF0013	Body Surface	RLSN	Absent	
3EF0013	Body Surface	SPDF	Absent	
3EF0013	Body Surface	HMRB	Absent	
3EF0013	Body Surface	FDC	Absent	
3EF0013	Body Surface	BFG	Absent	
3EF0013	Body Surface	PRST	Absent	
3EF0013	Head	DFM	Absent	
3EF0013	Mouth	ULR	Absent	
3EF0013	Mouth	LLG	Absent	
3EF0013	Nare	SLN	Absent	
3EF0013	Eye, left	EXPTH	Absent	
3EF0013	Eye, left	OPQ	Absent	
3EF0013	Eye, left	MIS	Absent	
3EF0013	Eye, left	HMR	Absent	
3EF0013	Eye, left	EMB	Absent	
3EF0013	Eye, right	EXPTH	Absent	
3EF0013	Eye, right	OPQ	Absent	
3EF0013	Eye, right	MIS	Absent	
3EF0013	Eye, right	HMR	Absent	
3EF0013	Eye, right	EMB	Absent	
3EF0013	Opercula	SLSH	Absent	
3EF0014	Body Surface	RGR	Absent	
3EF0014	Body Surface	RLSN	Absent	
3EF0014	Body Surface	SPDF	Absent	
3EF0014	Body Surface	HMRB	Absent	
3EF0014	Body Surface	FDC	Absent	
3EF0014	Body Surface	BFG	Absent	
3EF0014	Body Surface	PRST	Absent	
3EF0014	Head	DFM	Absent	
3EF0014	Mouth	ULR	Absent	
3EF0014	Mouth	LLG	Absent	
3EF0014	Nare	SLN	Absent	
3EF0014	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0014	Eye, left	OPQ	Absent	
3EF0014	Eye, left	MIS	Absent	
3EF0014	Eye, left	HMR	Absent	
3EF0014	Eye, left	EMB	Absent	
3EF0014	Eye, right	EXPTH	Absent	
3EF0014	Eye, right	OPQ	Absent	
3EF0014	Eye, right	MIS	Absent	
3EF0014	Eye, right	HMR	Absent	
3EF0014	Eye, right	EMB	Absent	
3EF0014	Opercula	SLSH	Absent	
3EF0015	Body Surface	RGR	Absent	
3EF0015	Body Surface	RLSN	Absent	
3EF0015	Body Surface	SPDF	Absent	
3EF0015	Body Surface	HMRB	Absent	
3EF0015	Body Surface	FDC	Absent	
3EF0015	Body Surface	BFG	Absent	
3EF0015	Body Surface	PRST	Absent	
3EF0015	Head	DFM	Absent	
3EF0015	Mouth	ULR	Absent	
3EF0015	Mouth	LLG	Absent	
3EF0015	Nare	SLN	Absent	
3EF0015	Eye, left	EXPTH	Absent	
3EF0015	Eye, left	OPQ	Absent	
3EF0015	Eye, left	MIS	Absent	
3EF0015	Eye, left	HMR	Absent	
3EF0015	Eye, left	EMB	Absent	
3EF0015	Eye, right	EXPTH	Absent	
3EF0015	Eye, right	OPQ	Absent	
3EF0015	Eye, right	MIS	Absent	
3EF0015	Eye, right	HMR	Absent	
3EF0015	Eye, right	EMB	Absent	
3EF0015	Opercula	SLSH	Absent	
3EF0016	Body Surface	RGR	Absent	
3EF0016	Body Surface	RLSN	Absent	
3EF0016	Body Surface	SPDF	Absent	
3EF0016	Body Surface	HMRB	Absent	
3EF0016	Body Surface	FDC	Absent	
3EF0016	Body Surface	BFG	Absent	
3EF0016	Body Surface	PRST	Absent	
3EF0016	Head	DFM	Absent	
3EF0016	Mouth	ULR	Absent	
3EF0016	Mouth	LLG	Absent	
3EF0016	Nare	SLN	Absent	
3EF0016	Eye, left	EXPTH	Absent	
3EF0016	Eye, left	OPQ	Absent	
3EF0016	Eye, left	MIS	Absent	
3EF0016	Eye, left	HMR	Absent	
3EF0016	Eye, left	EMB	Absent	
3EF0016	Eye, right	EXPTH	Absent	
3EF0016	Eye, right	OPQ	Absent	
3EF0016	Eye, right	MIS	Absent	
3EF0016	Eye, right	HMR	Absent	
3EF0016	Eye, right	EMB	Absent	
3EF0016	Opercula	SLSH	Absent	
3EF0017	Body Surface	RGR	Absent	
3EF0017	Body Surface	RLSN	Absent	
3EF0017	Body Surface	SPDF	Absent	
3EF0017	Body Surface	HMRB	Absent	
3EF0017	Body Surface	FDC	Absent	
3EF0017	Body Surface	BFG	Absent	
3EF0017	Body Surface	PRST	Absent	
3EF0017	Head	DFM	Absent	
3EF0017	Mouth	ULR	Absent	
3EF0017	Mouth	LLG	Absent	
3EF0017	Nare	SLN	Absent	
3EF0017	Eye, left	EXPTH	Absent	
3EF0017	Eye, left	OPQ	Absent	
3EF0017	Eye, left	MIS	Absent	
3EF0017	Eye, left	HMR	Absent	
3EF0017	Eye, left	EMB	Absent	
3EF0017	Eye, right	EXPTH	Absent	
3EF0017	Eye, right	OPQ	Absent	
3EF0017	Eye, right	MIS	Absent	
3EF0017	Eye, right	HMR	Absent	
3EF0017	Eye, right	EMB	Absent	
3EF0017	Opercula	SLSH	Present	
3EF0018	Body Surface	RGR	Absent	
3EF0018	Body Surface	RLSN	Absent	
3EF0018	Body Surface	SPDF	Absent	
3EF0018	Body Surface	HMRB	Absent	
3EF0018	Body Surface	FDC	Absent	
3EF0018	Body Surface	BFG	Absent	
3EF0018	Body Surface	PRST	Absent	
3EF0018	Body Surface	OTHER	Present	Damage from handling
3EF0018	Head	DFM	Absent	
3EF0018	Mouth	ULR	Absent	
3EF0018	Mouth	LLG	Absent	
3EF0018	Nare	SLN	Absent	
3EF0018	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0018	Eye, left	OPQ	Absent	
3EF0018	Eye, left	MIS	Absent	
3EF0018	Eye, left	HMR	Absent	
3EF0018	Eye, left	EMB	Absent	
3EF0018	Eye, right	EXPTH	Absent	
3EF0018	Eye, right	OPQ	Absent	
3EF0018	Eye, right	MIS	Absent	
3EF0018	Eye, right	HMR	Absent	
3EF0018	Eye, right	EMB	Absent	
3EF0018	Opercula	SLSH	Absent	
3EF0019	Body Surface	RGR	Absent	
3EF0019	Body Surface	RLSN	Absent	
3EF0019	Body Surface	SPDF	Absent	
3EF0019	Body Surface	HMRB	Absent	
3EF0019	Body Surface	FDC	Absent	
3EF0019	Body Surface	BFG	Absent	
3EF0019	Body Surface	PRST	Absent	
3EF0019	Head	DFM	Absent	
3EF0019	Mouth	ULR	Absent	
3EF0019	Mouth	LLG	Absent	
3EF0019	Nare	SLN	Absent	
3EF0019	Eye, left	EXPTH	Absent	
3EF0019	Eye, left	OPQ	Absent	
3EF0019	Eye, left	MIS	Absent	
3EF0019	Eye, left	HMR	Absent	
3EF0019	Eye, left	EMB	Absent	
3EF0019	Eye, right	EXPTH	Absent	
3EF0019	Eye, right	OPQ	Absent	
3EF0019	Eye, right	MIS	Absent	
3EF0019	Eye, right	HMR	Absent	
3EF0019	Eye, right	EMB	Absent	
3EF0019	Opercula	SLSH	Absent	
3EF0020	Body Surface	RGR	Absent	
3EF0020	Body Surface	RLSN	Absent	
3EF0020	Body Surface	SPDF	Absent	
3EF0020	Body Surface	HMRB	Absent	
3EF0020	Body Surface	FDC	Absent	
3EF0020	Body Surface	BFG	Absent	
3EF0020	Body Surface	PRST	Absent	
3EF0020	Head	DFM	Absent	
3EF0020	Mouth	ULR	Absent	
3EF0020	Mouth	LLG	Absent	
3EF0020	Nare	SLN	Absent	
3EF0020	Eye, left	EXPTH	Absent	
3EF0020	Eye, left	OPQ	Absent	
3EF0020	Eye, left	MIS	Absent	
3EF0020	Eye, left	HMR	Absent	
3EF0020	Eye, left	EMB	Absent	
3EF0020	Eye, right	EXPTH	Absent	
3EF0020	Eye, right	OPQ	Absent	
3EF0020	Eye, right	MIS	Absent	
3EF0020	Eye, right	HMR	Absent	
3EF0020	Eye, right	EMB	Absent	
3EF0020	Opercula	SLSH	Absent	
3EF0021	Body Surface	RGR	Absent	
3EF0021	Body Surface	RLSN	Absent	
3EF0021	Body Surface	SPDF	Absent	
3EF0021	Body Surface	HMRB	Absent	
3EF0021	Body Surface	FDC	Absent	
3EF0021	Body Surface	BFG	Absent	
3EF0021	Body Surface	PRST	Absent	
3EF0021	Head	DFM	Absent	
3EF0021	Mouth	ULR	Absent	
3EF0021	Mouth	LLG	Absent	
3EF0021	Nare	SLN	Absent	
3EF0021	Eye, left	EXPTH	Absent	
3EF0021	Eye, left	OPQ	Absent	
3EF0021	Eye, left	MIS	Absent	
3EF0021	Eye, left	HMR	Absent	
3EF0021	Eye, left	EMB	Absent	
3EF0021	Eye, right	EXPTH	Absent	
3EF0021	Eye, right	OPQ	Absent	
3EF0021	Eye, right	MIS	Absent	
3EF0021	Eye, right	HMR	Absent	
3EF0021	Eye, right	EMB	Absent	
3EF0021	Opercula	SLSH	Absent	
3EF0022	Body Surface	RGR	Absent	
3EF0022	Body Surface	RLSN	Absent	
3EF0022	Body Surface	SPDF	Absent	
3EF0022	Body Surface	HMRB	Absent	
3EF0022	Body Surface	FDC	Absent	
3EF0022	Body Surface	BFG	Absent	
3EF0022	Body Surface	PRST	Absent	
3EF0022	Body Surface	OTHER	Present	Laceration on abdomen
3EF0022	Head	DFM	Absent	
3EF0022	Mouth	ULR	Absent	
3EF0022	Mouth	LLG	Absent	
3EF0022	Nare	SLN	Absent	
3EF0022	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0022	Eye, left	OPQ	Absent	
3EF0022	Eye, left	MIS	Absent	
3EF0022	Eye, left	HMR	Absent	
3EF0022	Eye, left	EMB	Absent	
3EF0022	Eye, right	EXPTH	Absent	
3EF0022	Eye, right	OPQ	Absent	
3EF0022	Eye, right	MIS	Absent	
3EF0022	Eye, right	HMR	Absent	
3EF0022	Eye, right	EMB	Absent	
3EF0022	Opercula	SLSH	Absent	
3EF0023	Body Surface	RGR	Absent	
3EF0023	Body Surface	RLSN	Absent	
3EF0023	Body Surface	SPDF	Absent	
3EF0023	Body Surface	HMRB	Absent	
3EF0023	Body Surface	FDC	Absent	
3EF0023	Body Surface	BFG	Absent	
3EF0023	Body Surface	PRST	Absent	
3EF0023	Head	DFM	Absent	
3EF0023	Mouth	ULR	Absent	
3EF0023	Mouth	LLG	Absent	
3EF0023	Nare	SLN	Absent	
3EF0023	Eye, left	EXPTH	Absent	
3EF0023	Eye, left	OPQ	Absent	
3EF0023	Eye, left	MIS	Absent	
3EF0023	Eye, left	HMR	Absent	
3EF0023	Eye, left	EMB	Absent	
3EF0023	Eye, right	EXPTH	Absent	
3EF0023	Eye, right	OPQ	Absent	
3EF0023	Eye, right	MIS	Absent	
3EF0023	Eye, right	HMR	Absent	
3EF0023	Eye, right	EMB	Absent	
3EF0023	Opercula	OTHER	Present	Hemorrhagic
3EF0023	Opercula	SLSH	Absent	
3EF0024	Body Surface	RGR	Absent	
3EF0024	Body Surface	RLSN	Absent	
3EF0024	Body Surface	SPDF	Absent	
3EF0024	Body Surface	HMRB	Absent	
3EF0024	Body Surface	FDC	Absent	
3EF0024	Body Surface	BFG	Absent	
3EF0024	Body Surface	PRST	Absent	
3EF0024	Head	DFM	Absent	
3EF0024	Mouth	ULR	Absent	
3EF0024	Mouth	LLG	Absent	
3EF0024	Nare	SLN	Absent	
3EF0024	Eye, left	EXPTH	Absent	
3EF0024	Eye, left	OPQ	Absent	
3EF0024	Eye, left	MIS	Absent	
3EF0024	Eye, left	HMR	Absent	
3EF0024	Eye, left	EMB	Absent	
3EF0024	Eye, right	EXPTH	Absent	
3EF0024	Eye, right	OPQ	Absent	
3EF0024	Eye, right	MIS	Absent	
3EF0024	Eye, right	HMR	Absent	
3EF0024	Eye, right	EMB	Absent	
3EF0024	Opercula	SLSH	Absent	
3EF0025	Body Surface	RGR	Absent	
3EF0025	Body Surface	RLSN	Absent	
3EF0025	Body Surface	SPDF	Absent	
3EF0025	Body Surface	HMRB	Absent	
3EF0025	Body Surface	FDC	Absent	
3EF0025	Body Surface	BFG	Absent	
3EF0025	Body Surface	PRST	Absent	
3EF0025	Head	DFM	Absent	
3EF0025	Mouth	ULR	Absent	
3EF0025	Mouth	LLG	Absent	
3EF0025	Nare	SLN	Absent	
3EF0025	Eye, left	EXPTH	Absent	
3EF0025	Eye, left	OPQ	Absent	
3EF0025	Eye, left	MIS	Absent	
3EF0025	Eye, left	HMR	Absent	
3EF0025	Eye, left	EMB	Absent	
3EF0025	Eye, right	EXPTH	Absent	
3EF0025	Eye, right	OPQ	Absent	
3EF0025	Eye, right	MIS	Absent	
3EF0025	Eye, right	HMR	Absent	
3EF0025	Eye, right	EMB	Absent	
3EF0025	Opercula	SLSH	Absent	
3EF0026	Body Surface	RGR	Absent	
3EF0026	Body Surface	RLSN	Absent	
3EF0026	Body Surface	SPDF	Absent	
3EF0026	Body Surface	HMRB	Absent	
3EF0026	Body Surface	FDC	Absent	
3EF0026	Body Surface	BFG	Absent	
3EF0026	Body Surface	PRST	Absent	
3EF0026	Head	DFM	Absent	
3EF0026	Mouth	ULR	Absent	
3EF0026	Mouth	LLG	Absent	
3EF0026	Nare	SLN	Absent	
3EF0026	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0026	Eye, left	OPQ	Absent	
3EF0026	Eye, left	MIS	Absent	
3EF0026	Eye, left	HMR	Absent	
3EF0026	Eye, left	EMB	Absent	
3EF0026	Eye, right	EXPTH	Absent	
3EF0026	Eye, right	OPQ	Absent	
3EF0026	Eye, right	MIS	Absent	
3EF0026	Eye, right	HMR	Absent	
3EF0026	Eye, right	EMB	Absent	
3EF0026	Opercula	SLSH	Absent	
3EF0027	Body Surface	RGR	Absent	
3EF0027	Body Surface	RLSN	Absent	
3EF0027	Body Surface	SPDF	Absent	
3EF0027	Body Surface	HMRB	Absent	
3EF0027	Body Surface	FDC	Absent	
3EF0027	Body Surface	BFG	Absent	
3EF0027	Body Surface	PRST	Absent	
3EF0027	Head	DFM	Absent	
3EF0027	Mouth	ULR	Absent	
3EF0027	Mouth	LLG	Absent	
3EF0027	Nare	SLN	Absent	
3EF0027	Eye, left	EXPTH	Absent	
3EF0027	Eye, left	OPQ	Absent	
3EF0027	Eye, left	MIS	Absent	
3EF0027	Eye, left	HMR	Absent	
3EF0027	Eye, left	EMB	Absent	
3EF0027	Eye, right	EXPTH	Absent	
3EF0027	Eye, right	OPQ	Absent	
3EF0027	Eye, right	MIS	Absent	
3EF0027	Eye, right	HMR	Absent	
3EF0027	Eye, right	EMB	Absent	
3EF0027	Opercula	SLSH	Absent	
3EF0028	Body Surface	RGR	Absent	
3EF0028	Body Surface	RLSN	Absent	
3EF0028	Body Surface	SPDF	Absent	
3EF0028	Body Surface	HMRB	Absent	
3EF0028	Body Surface	FDC	Absent	
3EF0028	Body Surface	BFG	Absent	
3EF0028	Body Surface	PRST	Absent	
3EF0028	Head	DFM	Absent	
3EF0028	Mouth	ULR	Absent	
3EF0028	Mouth	LLG	Absent	
3EF0028	Nare	SLN	Absent	
3EF0028	Eye, left	EXPTH	Absent	
3EF0028	Eye, left	OPQ	Absent	
3EF0028	Eye, left	MIS	Absent	
3EF0028	Eye, left	HMR	Absent	
3EF0028	Eye, left	EMB	Absent	
3EF0028	Eye, right	EXPTH	Absent	
3EF0028	Eye, right	OPQ	Absent	
3EF0028	Eye, right	MIS	Absent	
3EF0028	Eye, right	HMR	Absent	
3EF0028	Eye, right	EMB	Absent	
3EF0028	Opercula	SLSH	Absent	
3EF0029	Body Surface	RGR	Absent	
3EF0029	Body Surface	RLSN	Absent	
3EF0029	Body Surface	SPDF	Absent	
3EF0029	Body Surface	HMRB	Absent	
3EF0029	Body Surface	FDC	Absent	
3EF0029	Body Surface	BFG	Absent	
3EF0029	Body Surface	PRST	Absent	
3EF0029	Head	DFM	Absent	
3EF0029	Mouth	ULR	Absent	
3EF0029	Mouth	LLG	Absent	
3EF0029	Nare	SLN	Absent	
3EF0029	Eye, left	EXPTH	Absent	
3EF0029	Eye, left	OPQ	Absent	
3EF0029	Eye, left	MIS	Absent	
3EF0029	Eye, left	HMR	Absent	
3EF0029	Eye, left	EMB	Absent	
3EF0029	Eye, right	EXPTH	Absent	
3EF0029	Eye, right	OPQ	Absent	
3EF0029	Eye, right	MIS	Absent	
3EF0029	Eye, right	HMR	Absent	
3EF0029	Eye, right	EMB	Absent	
3EF0029	Opercula	SLSH	Present	
3EF0030	Body Surface	RGR	Absent	
3EF0030	Body Surface	RLSN	Absent	
3EF0030	Body Surface	SPDF	Absent	
3EF0030	Body Surface	HMRB	Absent	
3EF0030	Body Surface	FDC	Absent	
3EF0030	Body Surface	BFG	Absent	
3EF0030	Body Surface	PRST	Absent	
3EF0030	Head	DFM	Absent	
3EF0030	Mouth	ULR	Absent	
3EF0030	Mouth	LLG	Absent	
3EF0030	Nare	SLN	Absent	
3EF0030	Eye, left	EXPTH	Absent	
3EF0030	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0030	Eye, left	MIS	Absent	
3EF0030	Eye, left	HMR	Absent	
3EF0030	Eye, left	EMB	Absent	
3EF0030	Eye, right	EXPTH	Absent	
3EF0030	Eye, right	OPQ	Absent	
3EF0030	Eye, right	MIS	Absent	
3EF0030	Eye, right	HMR	Absent	
3EF0030	Eye, right	EMB	Absent	
3EF0030	Opercula	SLSH	Absent	
3EF0031	Body Surface	RGR	Absent	
3EF0031	Body Surface	RLSN	Absent	
3EF0031	Body Surface	SPDF	Absent	
3EF0031	Body Surface	HMRB	Absent	
3EF0031	Body Surface	FDC	Present	
3EF0031	Body Surface	BFG	Absent	
3EF0031	Body Surface	PRST	Absent	
3EF0031	Body Surface	OTHER	Present	Lacerations on body
3EF0031	Head	DFM	Absent	
3EF0031	Mouth	ULR	Absent	
3EF0031	Mouth	LLG	Absent	
3EF0031	Nare	SLN	Absent	
3EF0031	Eye, left	EXPTH	Absent	
3EF0031	Eye, left	OPQ	Absent	
3EF0031	Eye, left	MIS	Absent	
3EF0031	Eye, left	HMR	Absent	
3EF0031	Eye, left	EMB	Absent	
3EF0031	Eye, right	EXPTH	Absent	
3EF0031	Eye, right	OPQ	Absent	
3EF0031	Eye, right	MIS	Absent	
3EF0031	Eye, right	HMR	Absent	
3EF0031	Eye, right	EMB	Absent	
3EF0031	Opercula	SLSH	Absent	
3EF0032	Body Surface	RGR	Absent	
3EF0032	Body Surface	RLSN	Absent	
3EF0032	Body Surface	SPDF	Absent	
3EF0032	Body Surface	HMRB	Absent	
3EF0032	Body Surface	FDC	Absent	
3EF0032	Body Surface	BFG	Absent	
3EF0032	Body Surface	PRST	Absent	
3EF0032	Head	DFM	Absent	
3EF0032	Mouth	ULR	Absent	
3EF0032	Mouth	LLG	Absent	
3EF0032	Nare	SLN	Absent	
3EF0032	Eye, left	EXPTH	Absent	
3EF0032	Eye, left	OPQ	Absent	
3EF0032	Eye, left	MIS	Absent	
3EF0032	Eye, left	HMR	Absent	
3EF0032	Eye, left	EMB	Absent	
3EF0032	Eye, right	EXPTH	Absent	
3EF0032	Eye, right	OPQ	Absent	
3EF0032	Eye, right	MIS	Absent	
3EF0032	Eye, right	HMR	Absent	
3EF0032	Eye, right	EMB	Absent	
3EF0032	Opercula	SLSH	Absent	
3EF0033	Body Surface	RGR	Absent	
3EF0033	Body Surface	RLSN	Absent	
3EF0033	Body Surface	SPDF	Absent	
3EF0033	Body Surface	HMRB	Absent	
3EF0033	Body Surface	FDC	Absent	
3EF0033	Body Surface	BFG	Absent	
3EF0033	Body Surface	PRST	Absent	
3EF0033	Head	DFM	Absent	
3EF0033	Mouth	ULR	Absent	
3EF0033	Mouth	LLG	Absent	
3EF0033	Nare	SLN	Absent	
3EF0033	Eye, left	EXPTH	Absent	
3EF0033	Eye, left	OPQ	Absent	
3EF0033	Eye, left	MIS	Absent	
3EF0033	Eye, left	HMR	Absent	
3EF0033	Eye, left	EMB	Absent	
3EF0033	Eye, right	EXPTH	Absent	
3EF0033	Eye, right	OPQ	Absent	
3EF0033	Eye, right	MIS	Absent	
3EF0033	Eye, right	HMR	Absent	
3EF0033	Eye, right	EMB	Absent	
3EF0033	Opercula	SLSH	Absent	
3EF0035	Body Surface	RGR	Absent	
3EF0035	Body Surface	RLSN	Absent	
3EF0035	Body Surface	SPDF	Absent	
3EF0035	Body Surface	HMRB	Absent	
3EF0035	Body Surface	FDC	Absent	
3EF0035	Body Surface	BFG	Absent	
3EF0035	Body Surface	PRST	Absent	
3EF0035	Head	DFM	Absent	
3EF0035	Mouth	ULR	Absent	
3EF0035	Mouth	LLG	Absent	
3EF0035	Nare	SLN	Absent	
3EF0035	Eye, left	EXPTH	Absent	
3EF0035	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0035	Eye, left	MIS	Absent	
3EF0035	Eye, left	HMR	Absent	
3EF0035	Eye, left	EMB	Absent	
3EF0035	Eye, right	EXPTH	Absent	
3EF0035	Eye, right	OPQ	Absent	
3EF0035	Eye, right	MIS	Absent	
3EF0035	Eye, right	HMR	Absent	
3EF0035	Eye, right	EMB	Absent	
3EF0035	Opercula	SLSH	Absent	
3GNA0001W	Body Surface	RGR	Absent	
3GNA0001W	Body Surface	RLSN	Absent	
3GNA0001W	Body Surface	SPDF	Absent	
3GNA0001W	Body Surface	HMRB	Absent	
3GNA0001W	Body Surface	FDC	Absent	
3GNA0001W	Body Surface	BFG	Absent	
3GNA0001W	Body Surface	PRST	Absent	
3GNA0001W	Body Surface	OTHER	Present	Yellow spots on abdomen
3GNA0001W	Head	DFM	Absent	
3GNA0001W	Mouth	ULR	Absent	
3GNA0001W	Mouth	LLG	Absent	
3GNA0001W	Nare	SLN	Absent	
3GNA0001W	Eye, left	EXPTH	Absent	
3GNA0001W	Eye, left	OPQ	Absent	
3GNA0001W	Eye, left	MIS	Absent	
3GNA0001W	Eye, left	HMR	Absent	
3GNA0001W	Eye, left	EMB	Absent	
3GNA0001W	Eye, right	EXPTH	Absent	
3GNA0001W	Eye, right	OPQ	Absent	
3GNA0001W	Eye, right	MIS	Absent	
3GNA0001W	Eye, right	HMR	Absent	
3GNA0001W	Eye, right	EMB	Absent	
3GNA0001W	Opercula	OTHER	Present	Gill net damage
3GNA0001W	Opercula	SLSH	Absent	
3GNA0002W	Body Surface	RGR	Absent	
3GNA0002W	Body Surface	RLSN	Absent	
3GNA0002W	Body Surface	SPDF	Absent	
3GNA0002W	Body Surface	HMRB	Absent	
3GNA0002W	Body Surface	FDC	Absent	
3GNA0002W	Body Surface	BFG	Absent	
3GNA0002W	Body Surface	PRST	Absent	
3GNA0002W	Body Surface	OTHER	Present	Gill net marks
3GNA0002W	Head	DFM	Absent	
3GNA0002W	Mouth	ULR	Absent	
3GNA0002W	Mouth	LLG	Absent	
3GNA0002W	Nare	SLN	Absent	
3GNA0002W	Eye, left	EXPTH	Absent	
3GNA0002W	Eye, left	OPQ	Absent	
3GNA0002W	Eye, left	MIS	Absent	
3GNA0002W	Eye, left	HMR	Absent	
3GNA0002W	Eye, left	EMB	Absent	
3GNA0002W	Eye, right	EXPTH	Absent	
3GNA0002W	Eye, right	OPQ	Absent	
3GNA0002W	Eye, right	MIS	Absent	
3GNA0002W	Eye, right	HMR	Absent	
3GNA0002W	Eye, right	EMB	Absent	
3GNA0002W	Opercula	SLSH	Absent	
3GNA0003H	Body Surface	RGR	Absent	
3GNA0003H	Body Surface	RLSN	Absent	
3GNA0003H	Body Surface	SPDF	Absent	
3GNA0003H	Body Surface	HMRB	Absent	
3GNA0003H	Body Surface	FDC	Absent	
3GNA0003H	Body Surface	BFG	Absent	
3GNA0003H	Body Surface	PRST	Absent	
3GNA0003H	Body Surface	OTHER	Present	Gill net marks
3GNA0003H	Head	DFM	Absent	
3GNA0003H	Mouth	ULR	Absent	
3GNA0003H	Mouth	LLG	Absent	
3GNA0003H	Nare	SLN	Absent	
3GNA0003H	Eye, left	EXPTH	Absent	
3GNA0003H	Eye, left	OPQ	Absent	
3GNA0003H	Eye, left	MIS	Absent	
3GNA0003H	Eye, left	HMR	Absent	
3GNA0003H	Eye, left	EMB	Absent	
3GNA0003H	Eye, right	EXPTH	Absent	
3GNA0003H	Eye, right	OPQ	Absent	
3GNA0003H	Eye, right	MIS	Absent	
3GNA0003H	Eye, right	HMR	Absent	
3GNA0003H	Eye, right	EMB	Absent	
3GNA0003H	Opercula	SLSH	Absent	
3GNA0004	Body Surface	RGR	Absent	
3GNA0004	Body Surface	RLSN	Absent	
3GNA0004	Body Surface	SPDF	Absent	
3GNA0004	Body Surface	HMRB	Absent	
3GNA0004	Body Surface	FDC	Absent	
3GNA0004	Body Surface	BFG	Absent	
3GNA0004	Body Surface	PRST	Absent	
3GNA0004	Body Surface	OTHER	Present	Gill net marks
3GNA0004	Head	DFM	Absent	
3GNA0004	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0004	Mouth	LLG	Absent	
3GNA0004	Nare	SLN	Absent	
3GNA0004	Eye, left	EXPTH	Absent	
3GNA0004	Eye, left	OPQ	Absent	
3GNA0004	Eye, left	MIS	Absent	
3GNA0004	Eye, left	HMR	Absent	
3GNA0004	Eye, left	EMB	Absent	
3GNA0004	Eye, right	EXPTH	Absent	
3GNA0004	Eye, right	OPQ	Absent	
3GNA0004	Eye, right	MIS	Absent	
3GNA0004	Eye, right	HMR	Absent	
3GNA0004	Eye, right	EMB	Absent	
3GNA0004	Opercula	SLSH	Absent	
3GNA0005	Body Surface	RGR	Absent	
3GNA0005	Body Surface	RGR	Absent	
3GNA0005	Body Surface	RLSN	Absent	
3GNA0005	Body Surface	RLSN	Absent	
3GNA0005	Body Surface	SPDF	Absent	
3GNA0005	Body Surface	SPDF	Absent	
3GNA0005	Body Surface	HMRB	Absent	
3GNA0005	Body Surface	HMRB	Absent	
3GNA0005	Body Surface	FDC	Absent	
3GNA0005	Body Surface	FDC	Absent	
3GNA0005	Body Surface	BFG	Absent	
3GNA0005	Body Surface	BFG	Absent	
3GNA0005	Body Surface	PRST	Absent	
3GNA0005	Body Surface	PRST	Absent	
3GNA0005	Head	DFM	Absent	
3GNA0005	Head	DFM	Absent	
3GNA0005	Mouth	ULR	Absent	
3GNA0005	Mouth	ULR	Absent	
3GNA0005	Mouth	LLG	Absent	
3GNA0005	Mouth	LLG	Absent	
3GNA0005	Nare	SLN	Absent	
3GNA0005	Nare	SLN	Absent	
3GNA0005	Eye, left	EXPTH	Absent	
3GNA0005	Eye, left	EXPTH	Absent	
3GNA0005	Eye, left	OPQ	Absent	
3GNA0005	Eye, left	OPQ	Absent	
3GNA0005	Eye, left	MIS	Absent	
3GNA0005	Eye, left	MIS	Absent	
3GNA0005	Eye, left	HMR	Absent	
3GNA0005	Eye, left	HMR	Absent	
3GNA0005	Eye, left	EMB	Absent	
3GNA0005	Eye, left	EMB	Absent	
3GNA0005	Eye, right	EXPTH	Absent	
3GNA0005	Eye, right	EXPTH	Absent	
3GNA0005	Eye, right	OPQ	Absent	
3GNA0005	Eye, right	OPQ	Absent	
3GNA0005	Eye, right	MIS	Absent	
3GNA0005	Eye, right	MIS	Absent	
3GNA0005	Eye, right	HMR	Absent	
3GNA0005	Eye, right	HMR	Absent	
3GNA0005	Eye, right	EMB	Absent	
3GNA0005	Eye, right	EMB	Absent	
3GNA0005	Opercula	SLSH	Absent	
3GNA0005	Opercula	SLSH	Absent	
3GNA0006H	Body Surface	RGR	Absent	
3GNA0006H	Body Surface	RLSN	Present	
3GNA0006H	Body Surface	SPDF	Absent	
3GNA0006H	Body Surface	HMRB	Absent	
3GNA0006H	Body Surface	FDC	Absent	
3GNA0006H	Body Surface	BFG	Absent	
3GNA0006H	Body Surface	PRST	Absent	
3GNA0006H	Head	DFM	Absent	
3GNA0006H	Mouth	ULR	Absent	
3GNA0006H	Mouth	LLG	Absent	
3GNA0006H	Nare	SLN	Absent	
3GNA0006H	Eye, left	EXPTH	Absent	
3GNA0006H	Eye, left	OPQ	Absent	
3GNA0006H	Eye, left	MIS	Absent	
3GNA0006H	Eye, left	HMR	Absent	
3GNA0006H	Eye, left	EMB	Absent	
3GNA0006H	Eye, right	EXPTH	Absent	
3GNA0006H	Eye, right	OPQ	Absent	
3GNA0006H	Eye, right	MIS	Absent	
3GNA0006H	Eye, right	HMR	Absent	
3GNA0006H	Eye, right	EMB	Absent	
3GNA0006H	Opercula	SLSH	Severe	
3GNA0007	Body Surface	RGR	Absent	
3GNA0007	Body Surface	RLSN	Absent	
3GNA0007	Body Surface	SPDF	Absent	
3GNA0007	Body Surface	HMRB	Absent	
3GNA0007	Body Surface	FDC	Absent	
3GNA0007	Body Surface	BFG	Absent	
3GNA0007	Body Surface	PRST	Absent	
3GNA0007	Body Surface	OTHER	Present	Gill net marks
3GNA0007	Head	DFM	Absent	
3GNA0007	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0007	Mouth	LLG	Absent	
3GNA0007	Nare	SLN	Absent	
3GNA0007	Eye, left	EXPTH	Absent	
3GNA0007	Eye, left	OPQ	Absent	
3GNA0007	Eye, left	MIS	Absent	
3GNA0007	Eye, left	HMR	Absent	
3GNA0007	Eye, left	EMB	Absent	
3GNA0007	Eye, right	EXPTH	Absent	
3GNA0007	Eye, right	OPQ	Absent	
3GNA0007	Eye, right	MIS	Absent	
3GNA0007	Eye, right	HMR	Absent	
3GNA0007	Eye, right	EMB	Absent	
3GNA0007	Opercula	SLSH	Absent	
3GNA0008	Body Surface	RGR	Absent	
3GNA0008	Body Surface	RLSN	Absent	
3GNA0008	Body Surface	SPDF	Absent	
3GNA0008	Body Surface	HMRB	Absent	
3GNA0008	Body Surface	FDC	Absent	
3GNA0008	Body Surface	BFG	Absent	
3GNA0008	Body Surface	PRST	Absent	
3GNA0008	Head	DFM	Absent	
3GNA0008	Mouth	ULR	Absent	
3GNA0008	Mouth	LLG	Absent	
3GNA0008	Nare	SLN	Absent	
3GNA0008	Eye, left	EXPTH	Absent	
3GNA0008	Eye, left	OPQ	Absent	
3GNA0008	Eye, left	MIS	Absent	
3GNA0008	Eye, left	HMR	Absent	
3GNA0008	Eye, left	EMB	Absent	
3GNA0008	Eye, right	EXPTH	Absent	
3GNA0008	Eye, right	OPQ	Absent	
3GNA0008	Eye, right	MIS	Absent	
3GNA0008	Eye, right	HMR	Absent	
3GNA0008	Eye, right	EMB	Absent	
3GNA0008	Opercula	SLSH	Absent	
3GNA0009	Body Surface	RGR	Absent	
3GNA0009	Body Surface	RLSN	Absent	
3GNA0009	Body Surface	SPDF	Absent	
3GNA0009	Body Surface	HMRB	Absent	
3GNA0009	Body Surface	FDC	Absent	
3GNA0009	Body Surface	BFG	Absent	
3GNA0009	Body Surface	PRST	Absent	
3GNA0009	Head	DFM	Absent	
3GNA0009	Mouth	ULR	Absent	
3GNA0009	Mouth	LLG	Absent	
3GNA0009	Nare	SLN	Absent	
3GNA0009	Eye, left	EXPTH	Absent	
3GNA0009	Eye, left	OPQ	Absent	
3GNA0009	Eye, left	MIS	Absent	
3GNA0009	Eye, left	HMR	Absent	
3GNA0009	Eye, left	EMB	Absent	
3GNA0009	Eye, right	EXPTH	Absent	
3GNA0009	Eye, right	OPQ	Absent	
3GNA0009	Eye, right	MIS	Absent	
3GNA0009	Eye, right	HMR	Absent	
3GNA0009	Eye, right	EMB	Absent	
3GNA0009	Opercula	SLSH	Absent	
3GNA0010	Body Surface	RGR	Absent	
3GNA0010	Body Surface	RLSN	Absent	
3GNA0010	Body Surface	SPDF	Absent	
3GNA0010	Body Surface	HMRB	Absent	
3GNA0010	Body Surface	FDC	Absent	
3GNA0010	Body Surface	BFG	Absent	
3GNA0010	Body Surface	PRST	Absent	
3GNA0010	Head	DFM	Absent	
3GNA0010	Mouth	ULR	Absent	
3GNA0010	Mouth	LLG	Absent	
3GNA0010	Nare	SLN	Absent	
3GNA0010	Eye, left	EXPTH	Absent	
3GNA0010	Eye, left	OPQ	Absent	
3GNA0010	Eye, left	MIS	Absent	
3GNA0010	Eye, left	HMR	Absent	
3GNA0010	Eye, left	EMB	Absent	
3GNA0010	Eye, right	EXPTH	Absent	
3GNA0010	Eye, right	OPQ	Absent	
3GNA0010	Eye, right	MIS	Absent	
3GNA0010	Eye, right	HMR	Absent	
3GNA0010	Eye, right	EMB	Absent	
3GNA0010	Opercula	SLSH	Absent	
3GNA0011	Body Surface	RGR	Absent	
3GNA0011	Body Surface	RLSN	Absent	
3GNA0011	Body Surface	SPDF	Absent	
3GNA0011	Body Surface	HMRB	Absent	
3GNA0011	Body Surface	FDC	Absent	
3GNA0011	Body Surface	BFG	Absent	
3GNA0011	Body Surface	PRST	Absent	
3GNA0011	Head	DFM	Absent	
3GNA0011	Mouth	ULR	Absent	
3GNA0011	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0011	Nare	SLN	Absent	
3GNA0011	Eye, left	EXPTH	Absent	
3GNA0011	Eye, left	OPQ	Absent	
3GNA0011	Eye, left	MIS	Absent	
3GNA0011	Eye, left	HMR	Absent	
3GNA0011	Eye, left	EMB	Absent	
3GNA0011	Eye, right	EXPTH	Absent	
3GNA0011	Eye, right	OPQ	Absent	
3GNA0011	Eye, right	MIS	Absent	
3GNA0011	Eye, right	HMR	Absent	
3GNA0011	Eye, right	EMB	Absent	
3GNA0011	Opercula	SLSH	Absent	
3GNA0012	Body Surface	RGR	Absent	
3GNA0012	Body Surface	RLSN	Absent	
3GNA0012	Body Surface	SPDF	Absent	
3GNA0012	Body Surface	HMRB	Absent	
3GNA0012	Body Surface	FDC	Absent	
3GNA0012	Body Surface	BFG	Absent	
3GNA0012	Body Surface	PRST	Absent	
3GNA0012	Head	DFM	Absent	
3GNA0012	Mouth	ULR	Absent	
3GNA0012	Mouth	LLG	Absent	
3GNA0012	Nare	SLN	Absent	
3GNA0012	Eye, left	EXPTH	Absent	
3GNA0012	Eye, left	OPQ	Absent	
3GNA0012	Eye, left	MIS	Absent	
3GNA0012	Eye, left	HMR	Absent	
3GNA0012	Eye, left	EMB	Absent	
3GNA0012	Eye, right	EXPTH	Absent	
3GNA0012	Eye, right	OPQ	Absent	
3GNA0012	Eye, right	MIS	Absent	
3GNA0012	Eye, right	HMR	Absent	
3GNA0012	Eye, right	EMB	Absent	
3GNA0012	Opercula	SLSH	Absent	
3GNA0013	Body Surface	RGR	Absent	
3GNA0013	Body Surface	RLSN	Absent	
3GNA0013	Body Surface	SPDF	Absent	
3GNA0013	Body Surface	HMRB	Absent	
3GNA0013	Body Surface	FDC	Absent	
3GNA0013	Body Surface	BFG	Absent	
3GNA0013	Body Surface	PRST	Absent	
3GNA0013	Head	DFM	Absent	
3GNA0013	Mouth	ULR	Absent	
3GNA0013	Mouth	LLG	Absent	
3GNA0013	Nare	SLN	Absent	
3GNA0013	Eye, left	EXPTH	Absent	
3GNA0013	Eye, left	OPQ	Absent	
3GNA0013	Eye, left	MIS	Absent	
3GNA0013	Eye, left	HMR	Absent	
3GNA0013	Eye, left	EMB	Absent	
3GNA0013	Eye, right	EXPTH	Absent	
3GNA0013	Eye, right	OPQ	Absent	
3GNA0013	Eye, right	MIS	Absent	
3GNA0013	Eye, right	HMR	Absent	
3GNA0013	Eye, right	EMB	Absent	
3GNA0013	Opercula	SLSH	Present	
3GNA0014	Body Surface	RGR	Absent	
3GNA0014	Body Surface	RLSN	Absent	
3GNA0014	Body Surface	SPDF	Absent	
3GNA0014	Body Surface	HMRB	Absent	
3GNA0014	Body Surface	FDC	Absent	
3GNA0014	Body Surface	BFG	Absent	
3GNA0014	Body Surface	PRST	Absent	
3GNA0014	Head	DFM	Absent	
3GNA0014	Mouth	ULR	Absent	
3GNA0014	Mouth	LLG	Absent	
3GNA0014	Nare	SLN	Absent	
3GNA0014	Eye, left	EXPTH	Absent	
3GNA0014	Eye, left	OPQ	Absent	
3GNA0014	Eye, left	MIS	Absent	
3GNA0014	Eye, left	HMR	Absent	
3GNA0014	Eye, left	EMB	Absent	
3GNA0014	Eye, right	EXPTH	Absent	
3GNA0014	Eye, right	OPQ	Absent	
3GNA0014	Eye, right	MIS	Absent	
3GNA0014	Eye, right	HMR	Absent	
3GNA0014	Eye, right	EMB	Absent	
3GNA0014	Opercula	SLSH	Absent	
3GNA0015	Body Surface	RGR	Absent	
3GNA0015	Body Surface	RLSN	Absent	
3GNA0015	Body Surface	SPDF	Absent	
3GNA0015	Body Surface	HMRB	Absent	
3GNA0015	Body Surface	FDC	Absent	
3GNA0015	Body Surface	BFG	Absent	
3GNA0015	Body Surface	PRST	Absent	
3GNA0015	Head	DFM	Absent	
3GNA0015	Mouth	ULR	Absent	
3GNA0015	Mouth	LLG	Absent	
3GNA0015	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0015	Eye, left	EXPTH	Absent	
3GNA0015	Eye, left	OPQ	Absent	
3GNA0015	Eye, left	MIS	Absent	
3GNA0015	Eye, left	HMR	Absent	
3GNA0015	Eye, left	EMB	Absent	
3GNA0015	Eye, right	EXPTH	Absent	
3GNA0015	Eye, right	OPQ	Absent	
3GNA0015	Eye, right	MIS	Absent	
3GNA0015	Eye, right	HMR	Absent	
3GNA0015	Eye, right	EMB	Absent	
3GNA0015	Opercula	SLSH	Absent	
3GNA0016	Body Surface	RGR	Absent	
3GNA0016	Body Surface	RLSN	Absent	
3GNA0016	Body Surface	SPDF	Absent	
3GNA0016	Body Surface	HMRB	Absent	
3GNA0016	Body Surface	FDC	Absent	
3GNA0016	Body Surface	BFG	Absent	
3GNA0016	Body Surface	PRST	Absent	
3GNA0016	Head	DFM	Absent	
3GNA0016	Mouth	ULR	Absent	
3GNA0016	Mouth	LLG	Absent	
3GNA0016	Nare	SLN	Absent	
3GNA0016	Eye, left	EXPTH	Absent	
3GNA0016	Eye, left	OPQ	Absent	
3GNA0016	Eye, left	MIS	Absent	
3GNA0016	Eye, left	HMR	Absent	
3GNA0016	Eye, left	EMB	Absent	
3GNA0016	Eye, right	EXPTH	Absent	
3GNA0016	Eye, right	OPQ	Absent	
3GNA0016	Eye, right	MIS	Absent	
3GNA0016	Eye, right	HMR	Absent	
3GNA0016	Eye, right	EMB	Absent	
3GNA0016	Opercula	SLSH	Absent	
3GNA0017	Body Surface	RGR	Absent	
3GNA0017	Body Surface	RLSN	Absent	
3GNA0017	Body Surface	SPDF	Absent	
3GNA0017	Body Surface	HMRB	Absent	
3GNA0017	Body Surface	FDC	Absent	
3GNA0017	Body Surface	BFG	Absent	
3GNA0017	Body Surface	PRST	Absent	
3GNA0017	Body Surface	OTHER	Present	Gill net marks
3GNA0017	Head	DFM	Absent	
3GNA0017	Mouth	ULR	Absent	
3GNA0017	Mouth	LLG	Absent	
3GNA0017	Nare	SLN	Absent	
3GNA0017	Eye, left	EXPTH	Absent	
3GNA0017	Eye, left	OPQ	Absent	
3GNA0017	Eye, left	MIS	Absent	
3GNA0017	Eye, left	HMR	Absent	
3GNA0017	Eye, left	EMB	Absent	
3GNA0017	Eye, right	EXPTH	Absent	
3GNA0017	Eye, right	OPQ	Absent	
3GNA0017	Eye, right	MIS	Absent	
3GNA0017	Eye, right	HMR	Absent	
3GNA0017	Eye, right	EMB	Absent	
3GNA0017	Opercula	SLSH	Absent	
3GNA0018	Body Surface	RGR	Absent	
3GNA0018	Body Surface	RLSN	Absent	
3GNA0018	Body Surface	SPDF	Absent	
3GNA0018	Body Surface	HMRB	Absent	
3GNA0018	Body Surface	FDC	Absent	
3GNA0018	Body Surface	BFG	Absent	
3GNA0018	Body Surface	PRST	Absent	
3GNA0018	Head	DFM	Absent	
3GNA0018	Mouth	ULR	Absent	
3GNA0018	Mouth	LLG	Absent	
3GNA0018	Nare	SLN	Absent	
3GNA0018	Eye, left	EXPTH	Absent	
3GNA0018	Eye, left	OPQ	Absent	
3GNA0018	Eye, left	MIS	Absent	
3GNA0018	Eye, left	HMR	Absent	
3GNA0018	Eye, left	EMB	Absent	
3GNA0018	Eye, right	EXPTH	Absent	
3GNA0018	Eye, right	OPQ	Absent	
3GNA0018	Eye, right	MIS	Absent	
3GNA0018	Eye, right	HMR	Absent	
3GNA0018	Eye, right	EMB	Absent	
3GNA0018	Opercula	SLSH	Absent	
3GNA0019	Body Surface	RGR	Absent	
3GNA0019	Body Surface	RLSN	Absent	
3GNA0019	Body Surface	SPDF	Absent	
3GNA0019	Body Surface	HMRB	Absent	
3GNA0019	Body Surface	FDC	Absent	
3GNA0019	Body Surface	BFG	Absent	
3GNA0019	Body Surface	PRST	Absent	
3GNA0019	Head	DFM	Absent	
3GNA0019	Mouth	ULR	Absent	
3GNA0019	Mouth	LLG	Absent	
3GNA0019	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0019	Eye, left	EXPTH	Absent	
3GNA0019	Eye, left	OPQ	Absent	
3GNA0019	Eye, left	MIS	Absent	
3GNA0019	Eye, left	HMR	Absent	
3GNA0019	Eye, left	EMB	Absent	
3GNA0019	Eye, right	EXPTH	Absent	
3GNA0019	Eye, right	OPQ	Absent	
3GNA0019	Eye, right	MIS	Absent	
3GNA0019	Eye, right	HMR	Absent	
3GNA0019	Eye, right	EMB	Absent	
3GNA0019	Opercula	SLSH	Absent	
3GNA0020	Body Surface	RGR	Absent	
3GNA0020	Body Surface	RLSN	Present	
3GNA0020	Body Surface	SPDF	Absent	
3GNA0020	Body Surface	HMRB	Absent	
3GNA0020	Body Surface	FDC	Absent	
3GNA0020	Body Surface	BFG	Absent	
3GNA0020	Body Surface	PRST	Absent	
3GNA0020	Barbel	NORM	Present	
3GNA0020	Head	DFM	Absent	
3GNA0020	Mouth	ULR	Absent	
3GNA0020	Mouth	LLG	Absent	
3GNA0020	Nare	SLN	Absent	
3GNA0020	Eye, left	EXPTH	Absent	
3GNA0020	Eye, left	OPQ	Absent	
3GNA0020	Eye, left	MIS	Absent	
3GNA0020	Eye, left	HMR	Absent	
3GNA0020	Eye, left	EMB	Absent	
3GNA0020	Eye, right	EXPTH	Absent	
3GNA0020	Eye, right	OPQ	Absent	
3GNA0020	Eye, right	MIS	Absent	
3GNA0020	Eye, right	HMR	Absent	
3GNA0020	Eye, right	EMB	Absent	
3GNA0020	Opercula	SLSH	Absent	
3GNA0021	Body Surface	RGR	Absent	
3GNA0021	Body Surface	RLSN	Absent	
3GNA0021	Body Surface	SPDF	Absent	
3GNA0021	Body Surface	HMRB	Absent	
3GNA0021	Body Surface	FDC	Absent	
3GNA0021	Body Surface	BFG	Absent	
3GNA0021	Body Surface	PRST	Absent	
3GNA0021	Barbel	NORM	Present	
3GNA0021	Head	DFM	Absent	
3GNA0021	Mouth	ULR	Absent	
3GNA0021	Mouth	LLG	Absent	
3GNA0021	Nare	SLN	Absent	
3GNA0021	Eye, left	EXPTH	Absent	
3GNA0021	Eye, left	OPQ	Absent	
3GNA0021	Eye, left	MIS	Absent	
3GNA0021	Eye, left	HMR	Absent	
3GNA0021	Eye, left	EMB	Absent	
3GNA0021	Eye, right	EXPTH	Absent	
3GNA0021	Eye, right	OPQ	Absent	
3GNA0021	Eye, right	MIS	Absent	
3GNA0021	Eye, right	HMR	Absent	
3GNA0021	Eye, right	EMB	Absent	
3GNA0021	Opercula	SLSH	Absent	
3GNA0022	Body Surface	RGR	Absent	
3GNA0022	Body Surface	RLSN	Present	
3GNA0022	Body Surface	SPDF	Absent	
3GNA0022	Body Surface	HMRB	Absent	
3GNA0022	Body Surface	FDC	Absent	
3GNA0022	Body Surface	BFG	Absent	
3GNA0022	Body Surface	PRST	Absent	
3GNA0022	Head	DFM	Absent	
3GNA0022	Mouth	ULR	Absent	
3GNA0022	Mouth	LLG	Absent	
3GNA0022	Nare	SLN	Absent	
3GNA0022	Eye, left	EXPTH	Absent	
3GNA0022	Eye, left	OPQ	Absent	
3GNA0022	Eye, left	MIS	Absent	
3GNA0022	Eye, left	HMR	Absent	
3GNA0022	Eye, left	EMB	Absent	
3GNA0022	Eye, right	EXPTH	Absent	
3GNA0022	Eye, right	OPQ	Absent	
3GNA0022	Eye, right	MIS	Absent	
3GNA0022	Eye, right	HMR	Absent	
3GNA0022	Eye, right	EMB	Absent	
3GNA0022	Opercula	SLSH	Absent	
3GNA0023	Body Surface	RGR	Absent	
3GNA0023	Body Surface	RLSN	Absent	
3GNA0023	Body Surface	SPDF	Absent	
3GNA0023	Body Surface	HMRB	Absent	
3GNA0023	Body Surface	FDC	Absent	
3GNA0023	Body Surface	BFG	Absent	
3GNA0023	Body Surface	PRST	Absent	
3GNA0023	Body Surface	OTHER	Present	Gill net marks
3GNA0023	Head	DFM	Absent	
3GNA0023	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0023	Mouth	LLG	Absent	
3GNA0023	Nare	SLN	Absent	
3GNA0023	Eye, left	EXPTH	Absent	
3GNA0023	Eye, left	OPQ	Absent	
3GNA0023	Eye, left	MIS	Absent	
3GNA0023	Eye, left	HMR	Absent	
3GNA0023	Eye, left	EMB	Absent	
3GNA0023	Eye, right	EXPTH	Absent	
3GNA0023	Eye, right	OPQ	Absent	
3GNA0023	Eye, right	MIS	Absent	
3GNA0023	Eye, right	HMR	Absent	
3GNA0023	Eye, right	EMB	Absent	
3GNA0023	Opercula	SLSH	Absent	
3GNA0024	Body Surface	RGR	Absent	
3GNA0024	Body Surface	RLSN	Absent	
3GNA0024	Body Surface	SPDF	Absent	
3GNA0024	Body Surface	HMRB	Absent	
3GNA0024	Body Surface	FDC	Absent	
3GNA0024	Body Surface	BFG	Absent	
3GNA0024	Body Surface	PRST	Absent	
3GNA0024	Body Surface	OTHER	Present	Gill net marks
3GNA0024	Head	DFM	Absent	
3GNA0024	Mouth	ULR	Absent	
3GNA0024	Mouth	LLG	Absent	
3GNA0024	Nare	SLN	Absent	
3GNA0024	Eye, left	EXPTH	Absent	
3GNA0024	Eye, left	OPQ	Absent	
3GNA0024	Eye, left	MIS	Absent	
3GNA0024	Eye, left	HMR	Absent	
3GNA0024	Eye, left	EMB	Absent	
3GNA0024	Eye, right	EXPTH	Absent	
3GNA0024	Eye, right	OPQ	Absent	
3GNA0024	Eye, right	MIS	Absent	
3GNA0024	Eye, right	HMR	Absent	
3GNA0024	Eye, right	EMB	Absent	
3GNA0024	Opercula	SLSH	Absent	
3GNA0025	Body Surface	RGR	Absent	
3GNA0025	Body Surface	RLSN	Absent	
3GNA0025	Body Surface	SPDF	Absent	
3GNA0025	Body Surface	HMRB	Absent	
3GNA0025	Body Surface	FDC	Absent	
3GNA0025	Body Surface	BFG	Absent	
3GNA0025	Body Surface	PRST	Absent	
3GNA0025	Body Surface	OTHER	Present	Gill net marks
3GNA0025	Head	DFM	Absent	
3GNA0025	Mouth	ULR	Absent	
3GNA0025	Mouth	LLG	Absent	
3GNA0025	Nare	SLN	Absent	
3GNA0025	Eye, left	EXPTH	Absent	
3GNA0025	Eye, left	OPQ	Absent	
3GNA0025	Eye, left	MIS	Absent	
3GNA0025	Eye, left	HMR	Absent	
3GNA0025	Eye, left	EMB	Absent	
3GNA0025	Eye, right	EXPTH	Absent	
3GNA0025	Eye, right	OPQ	Absent	
3GNA0025	Eye, right	MIS	Absent	
3GNA0025	Eye, right	HMR	Absent	
3GNA0025	Eye, right	EMB	Absent	
3GNA0025	Opercula	SLSH	Absent	
3GNA0026	Body Surface	RGR	Absent	
3GNA0026	Body Surface	RLSN	Absent	
3GNA0026	Body Surface	SPDF	Absent	
3GNA0026	Body Surface	HMRB	Absent	
3GNA0026	Body Surface	FDC	Absent	
3GNA0026	Body Surface	BFG	Absent	
3GNA0026	Body Surface	PRST	Absent	
3GNA0026	Head	DFM	Absent	
3GNA0026	Mouth	ULR	Absent	
3GNA0026	Mouth	LLG	Absent	
3GNA0026	Nare	SLN	Absent	
3GNA0026	Eye, left	EXPTH	Absent	
3GNA0026	Eye, left	OPQ	Absent	
3GNA0026	Eye, left	MIS	Absent	
3GNA0026	Eye, left	HMR	Absent	
3GNA0026	Eye, left	EMB	Absent	
3GNA0026	Eye, right	EXPTH	Absent	
3GNA0026	Eye, right	OPQ	Absent	
3GNA0026	Eye, right	MIS	Absent	
3GNA0026	Eye, right	HMR	Absent	
3GNA0026	Eye, right	EMB	Absent	
3GNA0026	Opercula	SLSH	Absent	
3GNA0027	Body Surface	RGR	Absent	
3GNA0027	Body Surface	RLSN	Absent	
3GNA0027	Body Surface	SPDF	Absent	
3GNA0027	Body Surface	HMRB	Absent	
3GNA0027	Body Surface	FDC	Absent	
3GNA0027	Body Surface	BFG	Absent	
3GNA0027	Body Surface	PRST	Absent	
3GNA0027	Body Surface	OTHER	Present	Gill net marks

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0027	Head	DFM	Absent	
3GNA0027	Mouth	ULR	Absent	
3GNA0027	Mouth	LLG	Absent	
3GNA0027	Nare	SLN	Absent	
3GNA0027	Eye, left	EXPTH	Absent	
3GNA0027	Eye, left	OPQ	Absent	
3GNA0027	Eye, left	MIS	Absent	
3GNA0027	Eye, left	HMR	Absent	
3GNA0027	Eye, left	EMB	Absent	
3GNA0027	Eye, right	EXPTH	Absent	
3GNA0027	Eye, right	OPQ	Absent	
3GNA0027	Eye, right	MIS	Absent	
3GNA0027	Eye, right	HMR	Absent	
3GNA0027	Eye, right	EMB	Absent	
3GNA0027	Opercula	SLSH	Absent	
3GNA0028	Body Surface	RGR	Absent	
3GNA0028	Body Surface	RLSN	Absent	
3GNA0028	Body Surface	SPDF	Absent	
3GNA0028	Body Surface	HMRB	Absent	
3GNA0028	Body Surface	FDC	Absent	
3GNA0028	Body Surface	BFG	Absent	
3GNA0028	Body Surface	PRST	Absent	
3GNA0028	Body Surface	OTHER	Present	Gill net marks
3GNA0028	Head	DFM	Absent	
3GNA0028	Mouth	ULR	Absent	
3GNA0028	Mouth	LLG	Absent	
3GNA0028	Nare	SLN	Absent	
3GNA0028	Eye, left	EXPTH	Absent	
3GNA0028	Eye, left	OPQ	Absent	
3GNA0028	Eye, left	MIS	Absent	
3GNA0028	Eye, left	HMR	Absent	
3GNA0028	Eye, left	EMB	Absent	
3GNA0028	Eye, right	EXPTH	Absent	
3GNA0028	Eye, right	OPQ	Absent	
3GNA0028	Eye, right	MIS	Absent	
3GNA0028	Eye, right	HMR	Absent	
3GNA0028	Eye, right	EMB	Absent	
3GNA0028	Opercula	OTHER	Present	Gill net damage
3GNA0028	Opercula	SLSH	Absent	
3GNA0029	Body Surface	RGR	Absent	
3GNA0029	Body Surface	RLSN	Absent	
3GNA0029	Body Surface	SPDF	Absent	
3GNA0029	Body Surface	HMRB	Absent	
3GNA0029	Body Surface	FDC	Absent	
3GNA0029	Body Surface	BFG	Absent	
3GNA0029	Body Surface	PRST	Absent	
3GNA0029	Head	DFM	Absent	
3GNA0029	Mouth	ULR	Absent	
3GNA0029	Mouth	LLG	Absent	
3GNA0029	Nare	SLN	Absent	
3GNA0029	Eye, left	EXPTH	Absent	
3GNA0029	Eye, left	OPQ	Absent	
3GNA0029	Eye, left	MIS	Absent	
3GNA0029	Eye, left	HMR	Absent	
3GNA0029	Eye, left	EMB	Absent	
3GNA0029	Eye, right	EXPTH	Absent	
3GNA0029	Eye, right	OPQ	Absent	
3GNA0029	Eye, right	MIS	Absent	
3GNA0029	Eye, right	HMR	Absent	
3GNA0029	Eye, right	EMB	Absent	
3GNA0029	Opercula	SLSH	Absent	
3GNA0030	Body Surface	RGR	Absent	
3GNA0030	Body Surface	RLSN	Absent	
3GNA0030	Body Surface	SPDF	Absent	
3GNA0030	Body Surface	HMRB	Absent	
3GNA0030	Body Surface	FDC	Absent	
3GNA0030	Body Surface	BFG	Absent	
3GNA0030	Body Surface	PRST	Absent	
3GNA0030	Head	DFM	Absent	
3GNA0030	Mouth	ULR	Absent	
3GNA0030	Mouth	LLG	Absent	
3GNA0030	Nare	SLN	Absent	
3GNA0030	Eye, left	EXPTH	Absent	
3GNA0030	Eye, left	OPQ	Absent	
3GNA0030	Eye, left	MIS	Absent	
3GNA0030	Eye, left	HMR	Absent	
3GNA0030	Eye, left	EMB	Absent	
3GNA0030	Eye, right	EXPTH	Absent	
3GNA0030	Eye, right	OPQ	Absent	
3GNA0030	Eye, right	MIS	Absent	
3GNA0030	Eye, right	HMR	Absent	
3GNA0030	Eye, right	EMB	Absent	
3GNA0030	Opercula	SLSH	Absent	
3GNA0031	Body Surface	RGR	Absent	
3GNA0031	Body Surface	RLSN	Absent	
3GNA0031	Body Surface	SPDF	Absent	
3GNA0031	Body Surface	HMRB	Absent	
3GNA0031	Body Surface	FDC	Absent	
3GNA0031	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0031	Body Surface	PRST	Absent	
3GNA0031	Head	DFM	Absent	
3GNA0031	Mouth	ULR	Absent	
3GNA0031	Mouth	LLG	Absent	
3GNA0031	Nare	SLN	Absent	
3GNA0031	Eye, left	EXPTH	Absent	
3GNA0031	Eye, left	OPQ	Absent	
3GNA0031	Eye, left	MIS	Absent	
3GNA0031	Eye, left	HMR	Absent	
3GNA0031	Eye, left	EMB	Absent	
3GNA0031	Eye, right	EXPTH	Absent	
3GNA0031	Eye, right	OPQ	Absent	
3GNA0031	Eye, right	MIS	Absent	
3GNA0031	Eye, right	HMR	Absent	
3GNA0031	Eye, right	EMB	Absent	
3GNA0031	Opercula	SLSH	Absent	
3GNA0032	Body Surface	RGR	Absent	
3GNA0032	Body Surface	RLSN	Absent	
3GNA0032	Body Surface	SPDF	Absent	
3GNA0032	Body Surface	HMRB	Absent	
3GNA0032	Body Surface	FDC	Absent	
3GNA0032	Body Surface	BFG	Absent	
3GNA0032	Body Surface	PRST	Absent	
3GNA0032	Head	DFM	Absent	
3GNA0032	Mouth	ULR	Absent	
3GNA0032	Mouth	LLG	Absent	
3GNA0032	Nare	SLN	Absent	
3GNA0032	Eye, left	EXPTH	Absent	
3GNA0032	Eye, left	OPQ	Absent	
3GNA0032	Eye, left	MIS	Absent	
3GNA0032	Eye, left	HMR	Absent	
3GNA0032	Eye, left	EMB	Absent	
3GNA0032	Eye, right	EXPTH	Absent	
3GNA0032	Eye, right	OPQ	Absent	
3GNA0032	Eye, right	MIS	Absent	
3GNA0032	Eye, right	HMR	Absent	
3GNA0032	Eye, right	EMB	Absent	
3GNA0032	Opercula	SLSH	Absent	
3GNA0033	Body Surface	RGR	Absent	
3GNA0033	Body Surface	RLSN	Absent	
3GNA0033	Body Surface	SPDF	Absent	
3GNA0033	Body Surface	HMRB	Absent	
3GNA0033	Body Surface	FDC	Absent	
3GNA0033	Body Surface	BFG	Absent	
3GNA0033	Body Surface	PRST	Absent	
3GNA0033	Head	DFM	Absent	
3GNA0033	Mouth	ULR	Absent	
3GNA0033	Mouth	LLG	Absent	
3GNA0033	Nare	SLN	Absent	
3GNA0033	Eye, left	EXPTH	Absent	
3GNA0033	Eye, left	OPQ	Absent	
3GNA0033	Eye, left	MIS	Absent	
3GNA0033	Eye, left	HMR	Absent	
3GNA0033	Eye, left	EMB	Absent	
3GNA0033	Eye, right	EXPTH	Absent	
3GNA0033	Eye, right	OPQ	Absent	
3GNA0033	Eye, right	MIS	Absent	
3GNA0033	Eye, right	HMR	Absent	
3GNA0033	Eye, right	EMB	Absent	
3GNA0033	Opercula	SLSH	Absent	
3GNA0034	Body Surface	RGR	Absent	
3GNA0034	Body Surface	RLSN	Absent	
3GNA0034	Body Surface	SPDF	Absent	
3GNA0034	Body Surface	HMRB	Absent	
3GNA0034	Body Surface	FDC	Absent	
3GNA0034	Body Surface	BFG	Absent	
3GNA0034	Body Surface	PRST	Absent	
3GNA0034	Head	DFM	Absent	
3GNA0034	Mouth	ULR	Absent	
3GNA0034	Mouth	LLG	Absent	
3GNA0034	Nare	SLN	Absent	
3GNA0034	Eye, left	EXPTH	Absent	
3GNA0034	Eye, left	OPQ	Absent	
3GNA0034	Eye, left	MIS	Absent	
3GNA0034	Eye, left	HMR	Absent	
3GNA0034	Eye, left	EMB	Absent	
3GNA0034	Eye, right	EXPTH	Absent	
3GNA0034	Eye, right	OPQ	Absent	
3GNA0034	Eye, right	MIS	Absent	
3GNA0034	Eye, right	HMR	Absent	
3GNA0034	Eye, right	EMB	Absent	
3GNA0034	Opercula	SLSH	Absent	
3GNA0035	Body Surface	RGR	Absent	
3GNA0035	Body Surface	RLSN	Absent	
3GNA0035	Body Surface	SPDF	Absent	
3GNA0035	Body Surface	HMRB	Absent	
3GNA0035	Body Surface	FDC	Absent	
3GNA0035	Body Surface	BFG	Absent	
3GNA0035	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0035	Body Surface	OTHER	Present	Gill net marks
3GNA0035	Head	DFM	Absent	
3GNA0035	Mouth	ULR	Absent	
3GNA0035	Mouth	LLG	Absent	
3GNA0035	Nare	SLN	Absent	
3GNA0035	Eye, left	EXPTH	Absent	
3GNA0035	Eye, left	OPQ	Absent	
3GNA0035	Eye, left	MIS	Absent	
3GNA0035	Eye, left	HMR	Absent	
3GNA0035	Eye, left	EMB	Absent	
3GNA0035	Eye, right	EXPTH	Absent	
3GNA0035	Eye, right	OPQ	Absent	
3GNA0035	Eye, right	MIS	Absent	
3GNA0035	Eye, right	HMR	Absent	
3GNA0035	Eye, right	EMB	Absent	
3GNA0035	Opercula	SLSH	Absent	
3GNA0036	Body Surface	RGR	Absent	
3GNA0036	Body Surface	RLSN	Absent	
3GNA0036	Body Surface	SPDF	Absent	
3GNA0036	Body Surface	HMRB	Absent	
3GNA0036	Body Surface	FDC	Absent	
3GNA0036	Body Surface	BFG	Absent	
3GNA0036	Body Surface	PRST	Absent	
3GNA0036	Head	DFM	Absent	
3GNA0036	Mouth	ULR	Absent	
3GNA0036	Mouth	LLG	Absent	
3GNA0036	Nare	SLN	Absent	
3GNA0036	Eye, left	EXPTH	Absent	
3GNA0036	Eye, left	OPQ	Absent	
3GNA0036	Eye, left	MIS	Absent	
3GNA0036	Eye, left	HMR	Absent	
3GNA0036	Eye, left	EMB	Absent	
3GNA0036	Eye, right	EXPTH	Absent	
3GNA0036	Eye, right	OPQ	Absent	
3GNA0036	Eye, right	MIS	Absent	
3GNA0036	Eye, right	HMR	Absent	
3GNA0036	Eye, right	EMB	Absent	
3GNA0036	Opercula	SLSH	Absent	
3GNA0037	Body Surface	RGR	Absent	
3GNA0037	Body Surface	RLSN	Absent	
3GNA0037	Body Surface	SPDF	Absent	
3GNA0037	Body Surface	HMRB	Absent	
3GNA0037	Body Surface	FDC	Absent	
3GNA0037	Body Surface	BFG	Absent	
3GNA0037	Body Surface	PRST	Absent	
3GNA0037	Head	DFM	Absent	
3GNA0037	Mouth	ULR	Absent	
3GNA0037	Mouth	LLG	Absent	
3GNA0037	Nare	SLN	Absent	
3GNA0037	Eye, left	EXPTH	Absent	
3GNA0037	Eye, left	OPQ	Absent	
3GNA0037	Eye, left	MIS	Absent	
3GNA0037	Eye, left	HMR	Absent	
3GNA0037	Eye, left	EMB	Absent	
3GNA0037	Eye, right	EXPTH	Absent	
3GNA0037	Eye, right	OPQ	Absent	
3GNA0037	Eye, right	MIS	Absent	
3GNA0037	Eye, right	HMR	Absent	
3GNA0037	Eye, right	EMB	Absent	
3GNA0037	Opercula	SLSH	Absent	
3GNA0038	Body Surface	RGR	Absent	
3GNA0038	Body Surface	RLSN	Absent	
3GNA0038	Body Surface	SPDF	Absent	
3GNA0038	Body Surface	HMRB	Absent	
3GNA0038	Body Surface	FDC	Absent	
3GNA0038	Body Surface	BFG	Absent	
3GNA0038	Body Surface	PRST	Absent	
3GNA0038	Body Surface	OTHER	Present	Gill net marks
3GNA0038	Head	DFM	Absent	
3GNA0038	Mouth	ULR	Absent	
3GNA0038	Mouth	LLG	Absent	
3GNA0038	Nare	SLN	Absent	
3GNA0038	Eye, left	EXPTH	Absent	
3GNA0038	Eye, left	OPQ	Absent	
3GNA0038	Eye, left	MIS	Absent	
3GNA0038	Eye, left	HMR	Absent	
3GNA0038	Eye, left	EMB	Absent	
3GNA0038	Eye, right	EXPTH	Absent	
3GNA0038	Eye, right	OPQ	Absent	
3GNA0038	Eye, right	MIS	Absent	
3GNA0038	Eye, right	HMR	Absent	
3GNA0038	Eye, right	EMB	Absent	
3GNA0038	Opercula	SLSH	Absent	
3GNA0039H	Body Surface	RGR	Absent	
3GNA0039H	Body Surface	RLSN	Absent	
3GNA0039H	Body Surface	SPDF	Absent	
3GNA0039H	Body Surface	HMRB	Absent	
3GNA0039H	Body Surface	FDC	Absent	
3GNA0039H	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0039H	Body Surface	PRST	Absent	
3GNA0039H	Body Surface	OTHER	Present	Gill net marks
3GNA0039H	Head	DFM	Absent	
3GNA0039H	Mouth	ULR	Absent	
3GNA0039H	Mouth	LLG	Absent	
3GNA0039H	Nare	SLN	Absent	
3GNA0039H	Eye, left	EXPTH	Absent	
3GNA0039H	Eye, left	OPQ	Absent	
3GNA0039H	Eye, left	MIS	Absent	
3GNA0039H	Eye, left	HMR	Absent	
3GNA0039H	Eye, left	EMB	Absent	
3GNA0039H	Eye, right	EXPTH	Absent	
3GNA0039H	Eye, right	OPQ	Absent	
3GNA0039H	Eye, right	MIS	Absent	
3GNA0039H	Eye, right	HMR	Absent	
3GNA0039H	Eye, right	EMB	Absent	
3GNA0039H	Opercula	SLSH	Absent	
3GNA0040H	Body Surface	RGR	Absent	
3GNA0040H	Body Surface	RLSN	Absent	
3GNA0040H	Body Surface	SPDF	Absent	
3GNA0040H	Body Surface	HMRB	Absent	
3GNA0040H	Body Surface	FDC	Absent	
3GNA0040H	Body Surface	BFG	Absent	
3GNA0040H	Body Surface	PRST	Absent	
3GNA0040H	Body Surface	OTHER	Present	Gill net marks
3GNA0040H	Head	DFM	Absent	
3GNA0040H	Mouth	ULR	Absent	
3GNA0040H	Mouth	LLG	Absent	
3GNA0040H	Nare	SLN	Absent	
3GNA0040H	Eye, left	EXPTH	Absent	
3GNA0040H	Eye, left	OPQ	Absent	
3GNA0040H	Eye, left	MIS	Absent	
3GNA0040H	Eye, left	HMR	Absent	
3GNA0040H	Eye, left	EMB	Absent	
3GNA0040H	Eye, right	EXPTH	Absent	
3GNA0040H	Eye, right	OPQ	Absent	
3GNA0040H	Eye, right	MIS	Absent	
3GNA0040H	Eye, right	HMR	Absent	
3GNA0040H	Eye, right	EMB	Absent	
3GNA0040H	Opercula	SLSH	Absent	
3GNA0041H	Body Surface	RGR	Absent	
3GNA0041H	Body Surface	RLSN	Absent	
3GNA0041H	Body Surface	SPDF	Absent	
3GNA0041H	Body Surface	HMRB	Absent	
3GNA0041H	Body Surface	FDC	Absent	
3GNA0041H	Body Surface	BFG	Absent	
3GNA0041H	Body Surface	PRST	Absent	
3GNA0041H	Body Surface	OTHER	Present	Gill net marks
3GNA0041H	Head	DFM	Absent	
3GNA0041H	Mouth	ULR	Absent	
3GNA0041H	Mouth	LLG	Absent	
3GNA0041H	Nare	SLN	Absent	
3GNA0041H	Eye, left	EXPTH	Absent	
3GNA0041H	Eye, left	OPQ	Absent	
3GNA0041H	Eye, left	MIS	Absent	
3GNA0041H	Eye, left	HMR	Absent	
3GNA0041H	Eye, left	EMB	Absent	
3GNA0041H	Eye, right	EXPTH	Absent	
3GNA0041H	Eye, right	OPQ	Absent	
3GNA0041H	Eye, right	MIS	Absent	
3GNA0041H	Eye, right	HMR	Absent	
3GNA0041H	Eye, right	EMB	Absent	
3GNA0041H	Opercula	SLSH	Absent	
3GNA0042H	Body Surface	RGR	Absent	
3GNA0042H	Body Surface	RLSN	Absent	
3GNA0042H	Body Surface	SPDF	Absent	
3GNA0042H	Body Surface	HMRB	Absent	
3GNA0042H	Body Surface	FDC	Absent	
3GNA0042H	Body Surface	BFG	Absent	
3GNA0042H	Body Surface	PRST	Present	
3GNA0042H	Body Surface	OTHER	Present	Gill net marks
3GNA0042H	Head	DFM	Absent	
3GNA0042H	Mouth	ULR	Absent	
3GNA0042H	Mouth	LLG	Absent	
3GNA0042H	Nare	SLN	Absent	
3GNA0042H	Eye, left	EXPTH	Absent	
3GNA0042H	Eye, left	OPQ	Absent	
3GNA0042H	Eye, left	MIS	Absent	
3GNA0042H	Eye, left	HMR	Absent	
3GNA0042H	Eye, left	EMB	Absent	
3GNA0042H	Eye, right	EXPTH	Absent	
3GNA0042H	Eye, right	OPQ	Absent	
3GNA0042H	Eye, right	MIS	Absent	
3GNA0042H	Eye, right	HMR	Absent	
3GNA0042H	Eye, right	EMB	Absent	
3GNA0042H	Opercula	SLSH	Absent	
3GNA0043H	Body Surface	RGR	Absent	
3GNA0043H	Body Surface	RLSN	Absent	
3GNA0043H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0043H	Body Surface	HMRB	Absent	
3GNA0043H	Body Surface	FDC	Absent	
3GNA0043H	Body Surface	BFG	Absent	
3GNA0043H	Body Surface	PRST	Absent	
3GNA0043H	Body Surface	OTHER	Present	Gill net marks
3GNA0043H	Head	DFM	Absent	
3GNA0043H	Mouth	ULR	Absent	
3GNA0043H	Mouth	LLG	Absent	
3GNA0043H	Nare	SLN	Absent	
3GNA0043H	Eye, left	EXPTH	Absent	
3GNA0043H	Eye, left	OPQ	Absent	
3GNA0043H	Eye, left	MIS	Absent	
3GNA0043H	Eye, left	HMR	Absent	
3GNA0043H	Eye, left	EMB	Absent	
3GNA0043H	Eye, right	EXPTH	Absent	
3GNA0043H	Eye, right	OPQ	Absent	
3GNA0043H	Eye, right	MIS	Absent	
3GNA0043H	Eye, right	HMR	Absent	
3GNA0043H	Eye, right	EMB	Absent	
3GNA0043H	Opercula	SLSH	Absent	
3GNA0044H	Body Surface	RGR	Absent	
3GNA0044H	Body Surface	RLSN	Absent	
3GNA0044H	Body Surface	SPDF	Absent	
3GNA0044H	Body Surface	HMRB	Absent	
3GNA0044H	Body Surface	FDC	Absent	
3GNA0044H	Body Surface	BFG	Absent	
3GNA0044H	Body Surface	PRST	Absent	
3GNA0044H	Body Surface	OTHER	Present	Gill net marks
3GNA0044H	Head	DFM	Absent	
3GNA0044H	Mouth	ULR	Absent	
3GNA0044H	Mouth	LLG	Absent	
3GNA0044H	Nare	SLN	Absent	
3GNA0044H	Eye, left	EXPTH	Absent	
3GNA0044H	Eye, left	OPQ	Absent	
3GNA0044H	Eye, left	MIS	Absent	
3GNA0044H	Eye, left	HMR	Absent	
3GNA0044H	Eye, left	EMB	Absent	
3GNA0044H	Eye, right	EXPTH	Absent	
3GNA0044H	Eye, right	OPQ	Absent	
3GNA0044H	Eye, right	MIS	Absent	
3GNA0044H	Eye, right	HMR	Absent	
3GNA0044H	Eye, right	EMB	Absent	
3GNA0044H	Opercula	SLSH	Absent	
3GNA0045H	Body Surface	RGR	Absent	
3GNA0045H	Body Surface	RLSN	Absent	
3GNA0045H	Body Surface	SPDF	Absent	
3GNA0045H	Body Surface	HMRB	Absent	
3GNA0045H	Body Surface	FDC	Absent	
3GNA0045H	Body Surface	BFG	Absent	
3GNA0045H	Body Surface	PRST	Absent	
3GNA0045H	Body Surface	OTHER	Present	Gill net marks
3GNA0045H	Head	DFM	Absent	
3GNA0045H	Mouth	ULR	Absent	
3GNA0045H	Mouth	LLG	Absent	
3GNA0045H	Nare	SLN	Absent	
3GNA0045H	Eye, left	EXPTH	Absent	
3GNA0045H	Eye, left	OPQ	Absent	
3GNA0045H	Eye, left	MIS	Absent	
3GNA0045H	Eye, left	HMR	Absent	
3GNA0045H	Eye, left	EMB	Absent	
3GNA0045H	Eye, right	EXPTH	Absent	
3GNA0045H	Eye, right	OPQ	Absent	
3GNA0045H	Eye, right	MIS	Absent	
3GNA0045H	Eye, right	HMR	Absent	
3GNA0045H	Eye, right	EMB	Absent	
3GNA0045H	Opercula	SLSH	Absent	
3GNA0046H	Body Surface	RGR	Absent	
3GNA0046H	Body Surface	RLSN	Absent	
3GNA0046H	Body Surface	SPDF	Absent	
3GNA0046H	Body Surface	HMRB	Absent	
3GNA0046H	Body Surface	FDC	Absent	
3GNA0046H	Body Surface	BFG	Absent	
3GNA0046H	Body Surface	PRST	Absent	
3GNA0046H	Body Surface	OTHER	Present	Gill net marks
3GNA0046H	Head	DFM	Absent	
3GNA0046H	Mouth	ULR	Absent	
3GNA0046H	Mouth	LLG	Absent	
3GNA0046H	Nare	SLN	Absent	
3GNA0046H	Eye, left	EXPTH	Absent	
3GNA0046H	Eye, left	OPQ	Absent	
3GNA0046H	Eye, left	MIS	Absent	
3GNA0046H	Eye, left	HMR	Absent	
3GNA0046H	Eye, left	EMB	Absent	
3GNA0046H	Eye, right	EXPTH	Absent	
3GNA0046H	Eye, right	OPQ	Absent	
3GNA0046H	Eye, right	MIS	Absent	
3GNA0046H	Eye, right	HMR	Absent	
3GNA0046H	Eye, right	EMB	Absent	
3GNA0046H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0047H	Body Surface	RGR	Absent	
3GNA0047H	Body Surface	RLSN	Absent	
3GNA0047H	Body Surface	SPDF	Absent	
3GNA0047H	Body Surface	HMRB	Absent	
3GNA0047H	Body Surface	FDC	Absent	
3GNA0047H	Body Surface	BFG	Absent	
3GNA0047H	Body Surface	PRST	Absent	
3GNA0047H	Head	DFM	Absent	
3GNA0047H	Mouth	ULR	Absent	
3GNA0047H	Mouth	LLG	Absent	
3GNA0047H	Nare	SLN	Absent	
3GNA0047H	Eye, left	EXPTH	Absent	
3GNA0047H	Eye, left	OPQ	Absent	
3GNA0047H	Eye, left	MIS	Absent	
3GNA0047H	Eye, left	HMR	Absent	
3GNA0047H	Eye, left	EMB	Absent	
3GNA0047H	Eye, right	EXPTH	Absent	
3GNA0047H	Eye, right	OPQ	Absent	
3GNA0047H	Eye, right	MIS	Absent	
3GNA0047H	Eye, right	HMR	Absent	
3GNA0047H	Eye, right	EMB	Absent	
3GNA0047H	Opercula	SLSH	Absent	
3GNA0048	Body Surface	RGR	Absent	
3GNA0048	Body Surface	RLSN	Absent	
3GNA0048	Body Surface	SPDF	Absent	
3GNA0048	Body Surface	HMRB	Absent	
3GNA0048	Body Surface	FDC	Absent	
3GNA0048	Body Surface	BFG	Absent	
3GNA0048	Body Surface	PRST	Absent	
3GNA0048	Head	DFM	Absent	
3GNA0048	Mouth	ULR	Absent	
3GNA0048	Mouth	LLG	Absent	
3GNA0048	Nare	SLN	Absent	
3GNA0048	Eye, left	EXPTH	Absent	
3GNA0048	Eye, left	OPQ	Absent	
3GNA0048	Eye, left	MIS	Absent	
3GNA0048	Eye, left	HMR	Absent	
3GNA0048	Eye, left	EMB	Absent	
3GNA0048	Eye, right	EXPTH	Absent	
3GNA0048	Eye, right	OPQ	Absent	
3GNA0048	Eye, right	MIS	Absent	
3GNA0048	Eye, right	HMR	Absent	
3GNA0048	Eye, right	EMB	Absent	
3GNA0048	Opercula	SLSH	Absent	
3GNA0049	Body Surface	RGR	Absent	
3GNA0049	Body Surface	RLSN	Absent	
3GNA0049	Body Surface	SPDF	Absent	
3GNA0049	Body Surface	HMRB	Absent	
3GNA0049	Body Surface	FDC	Absent	
3GNA0049	Body Surface	BFG	Absent	
3GNA0049	Body Surface	PRST	Absent	
3GNA0049	Head	DFM	Absent	
3GNA0049	Mouth	ULR	Absent	
3GNA0049	Mouth	LLG	Absent	
3GNA0049	Nare	SLN	Absent	
3GNA0049	Eye, left	EXPTH	Absent	
3GNA0049	Eye, left	OPQ	Absent	
3GNA0049	Eye, left	MIS	Absent	
3GNA0049	Eye, left	HMR	Absent	
3GNA0049	Eye, left	EMB	Absent	
3GNA0049	Eye, right	EXPTH	Absent	
3GNA0049	Eye, right	OPQ	Absent	
3GNA0049	Eye, right	MIS	Absent	
3GNA0049	Eye, right	HMR	Absent	
3GNA0049	Eye, right	EMB	Absent	
3GNA0049	Opercula	SLSH	Absent	
3GNA0051	Body Surface	RGR	Absent	
3GNA0051	Body Surface	RLSN	Absent	
3GNA0051	Body Surface	SPDF	Absent	
3GNA0051	Body Surface	HMRB	Absent	
3GNA0051	Body Surface	FDC	Absent	
3GNA0051	Body Surface	BFG	Absent	
3GNA0051	Body Surface	PRST	Absent	
3GNA0051	Head	DFM	Absent	
3GNA0051	Mouth	ULR	Absent	
3GNA0051	Mouth	LLG	Absent	
3GNA0051	Nare	SLN	Absent	
3GNA0051	Eye, left	EXPTH	Absent	
3GNA0051	Eye, left	OPQ	Absent	
3GNA0051	Eye, left	MIS	Absent	
3GNA0051	Eye, left	HMR	Absent	
3GNA0051	Eye, left	EMB	Absent	
3GNA0051	Eye, right	EXPTH	Absent	
3GNA0051	Eye, right	OPQ	Absent	
3GNA0051	Eye, right	MIS	Absent	
3GNA0051	Eye, right	HMR	Absent	
3GNA0051	Eye, right	EMB	Absent	
3GNA0051	Opercula	SLSH	Absent	
3GNA0052	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0052	Body Surface	RLSN	Absent	
3GNA0052	Body Surface	SPDF	Absent	
3GNA0052	Body Surface	HMRB	Absent	
3GNA0052	Body Surface	FDC	Absent	
3GNA0052	Body Surface	BFG	Absent	
3GNA0052	Body Surface	PRST	Absent	
3GNA0052	Head	DFM	Absent	
3GNA0052	Mouth	ULR	Absent	
3GNA0052	Mouth	LLG	Absent	
3GNA0052	Nare	SLN	Absent	
3GNA0052	Eye, left	EXPTH	Absent	
3GNA0052	Eye, left	OPQ	Absent	
3GNA0052	Eye, left	MIS	Absent	
3GNA0052	Eye, left	HMR	Absent	
3GNA0052	Eye, left	EMB	Absent	
3GNA0052	Eye, right	EXPTH	Absent	
3GNA0052	Eye, right	OPQ	Absent	
3GNA0052	Eye, right	MIS	Absent	
3GNA0052	Eye, right	HMR	Absent	
3GNA0052	Eye, right	EMB	Absent	
3GNA0052	Opercula	SLSH	Absent	
3GNA0053	Body Surface	RGR	Absent	
3GNA0053	Body Surface	RLSN	Absent	
3GNA0053	Body Surface	SPDF	Absent	
3GNA0053	Body Surface	HMRB	Absent	
3GNA0053	Body Surface	FDC	Absent	
3GNA0053	Body Surface	BFG	Absent	
3GNA0053	Body Surface	PRST	Absent	
3GNA0053	Head	DFM	Absent	
3GNA0053	Mouth	ULR	Absent	
3GNA0053	Mouth	LLG	Absent	
3GNA0053	Nare	SLN	Absent	
3GNA0053	Eye, left	EXPTH	Absent	
3GNA0053	Eye, left	OPQ	Absent	
3GNA0053	Eye, left	MIS	Absent	
3GNA0053	Eye, left	HMR	Absent	
3GNA0053	Eye, left	EMB	Absent	
3GNA0053	Eye, right	EXPTH	Absent	
3GNA0053	Eye, right	OPQ	Absent	
3GNA0053	Eye, right	MIS	Absent	
3GNA0053	Eye, right	HMR	Absent	
3GNA0053	Eye, right	EMB	Absent	
3GNA0053	Opercula	SLSH	Absent	
3GNA0054	Body Surface	RGR	Absent	
3GNA0054	Body Surface	RLSN	Absent	
3GNA0054	Body Surface	SPDF	Absent	
3GNA0054	Body Surface	HMRB	Absent	
3GNA0054	Body Surface	FDC	Absent	
3GNA0054	Body Surface	BFG	Absent	
3GNA0054	Body Surface	PRST	Absent	
3GNA0054	Head	DFM	Absent	
3GNA0054	Mouth	ULR	Absent	
3GNA0054	Mouth	LLG	Absent	
3GNA0054	Nare	SLN	Absent	
3GNA0054	Eye, left	EXPTH	Absent	
3GNA0054	Eye, left	OPQ	Absent	
3GNA0054	Eye, left	MIS	Absent	
3GNA0054	Eye, left	HMR	Absent	
3GNA0054	Eye, left	EMB	Absent	
3GNA0054	Eye, right	EXPTH	Absent	
3GNA0054	Eye, right	OPQ	Absent	
3GNA0054	Eye, right	MIS	Absent	
3GNA0054	Eye, right	HMR	Absent	
3GNA0054	Eye, right	EMB	Absent	
3GNA0054	Opercula	OTHER	Present	Gill net damage
3GNA0054	Opercula	SLSH	Absent	
3GNA0055	Body Surface	RGR	Absent	
3GNA0055	Body Surface	RLSN	Absent	
3GNA0055	Body Surface	SPDF	Absent	
3GNA0055	Body Surface	HMRB	Absent	
3GNA0055	Body Surface	FDC	Absent	
3GNA0055	Body Surface	BFG	Absent	
3GNA0055	Body Surface	PRST	Absent	
3GNA0055	Head	DFM	Absent	
3GNA0055	Mouth	ULR	Absent	
3GNA0055	Mouth	LLG	Absent	
3GNA0055	Nare	SLN	Absent	
3GNA0055	Eye, left	EXPTH	Absent	
3GNA0055	Eye, left	OPQ	Absent	
3GNA0055	Eye, left	MIS	Absent	
3GNA0055	Eye, left	HMR	Absent	
3GNA0055	Eye, left	EMB	Absent	
3GNA0055	Eye, right	EXPTH	Absent	
3GNA0055	Eye, right	OPQ	Absent	
3GNA0055	Eye, right	MIS	Absent	
3GNA0055	Eye, right	HMR	Absent	
3GNA0055	Eye, right	EMB	Absent	
3GNA0055	Opercula	SLSH	Absent	
3GNA0056	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0056	Body Surface	RLSN	Absent	
3GNA0056	Body Surface	SPDF	Absent	
3GNA0056	Body Surface	HMRB	Absent	
3GNA0056	Body Surface	FDC	Absent	
3GNA0056	Body Surface	BFG	Absent	
3GNA0056	Body Surface	PRST	Absent	
3GNA0056	Head	DFM	Absent	
3GNA0056	Mouth	ULR	Absent	
3GNA0056	Mouth	LLG	Absent	
3GNA0056	Nare	SLN	Absent	
3GNA0056	Eye, left	EXPTH	Absent	
3GNA0056	Eye, left	OPQ	Absent	
3GNA0056	Eye, left	MIS	Absent	
3GNA0056	Eye, left	HMR	Absent	
3GNA0056	Eye, left	EMB	Absent	
3GNA0056	Eye, right	EXPTH	Absent	
3GNA0056	Eye, right	OPQ	Absent	
3GNA0056	Eye, right	MIS	Absent	
3GNA0056	Eye, right	HMR	Absent	
3GNA0056	Eye, right	EMB	Absent	
3GNA0056	Opercula	SLSH	Absent	
3GNA0057	Body Surface	RGR	Absent	
3GNA0057	Body Surface	RLSN	Absent	
3GNA0057	Body Surface	SPDF	Absent	
3GNA0057	Body Surface	HMRB	Absent	
3GNA0057	Body Surface	FDC	Absent	
3GNA0057	Body Surface	BFG	Absent	
3GNA0057	Body Surface	PRST	Absent	
3GNA0057	Head	DFM	Absent	
3GNA0057	Mouth	ULR	Absent	
3GNA0057	Mouth	LLG	Absent	
3GNA0057	Nare	SLN	Absent	
3GNA0057	Eye, left	EXPTH	Absent	
3GNA0057	Eye, left	OPQ	Absent	
3GNA0057	Eye, left	MIS	Absent	
3GNA0057	Eye, left	HMR	Absent	
3GNA0057	Eye, left	EMB	Absent	
3GNA0057	Eye, right	EXPTH	Absent	
3GNA0057	Eye, right	OPQ	Absent	
3GNA0057	Eye, right	MIS	Absent	
3GNA0057	Eye, right	HMR	Absent	
3GNA0057	Eye, right	EMB	Absent	
3GNA0057	Opercula	SLSH	Absent	
3GNA0058	Body Surface	RGR	Absent	
3GNA0058	Body Surface	RLSN	Absent	
3GNA0058	Body Surface	SPDF	Absent	
3GNA0058	Body Surface	HMRB	Present	
3GNA0058	Body Surface	FDC	Absent	
3GNA0058	Body Surface	BFG	Absent	
3GNA0058	Body Surface	PRST	Absent	
3GNA0058	Head	DFM	Absent	
3GNA0058	Mouth	ULR	Absent	
3GNA0058	Mouth	LLG	Absent	
3GNA0058	Nare	SLN	Absent	
3GNA0058	Eye, left	EXPTH	Absent	
3GNA0058	Eye, left	OPQ	Absent	
3GNA0058	Eye, left	MIS	Absent	
3GNA0058	Eye, left	HMR	Absent	
3GNA0058	Eye, left	EMB	Absent	
3GNA0058	Eye, right	EXPTH	Absent	
3GNA0058	Eye, right	OPQ	Absent	
3GNA0058	Eye, right	MIS	Absent	
3GNA0058	Eye, right	HMR	Absent	
3GNA0058	Eye, right	EMB	Absent	
3GNA0058	Opercula	SLSH	Absent	
3GNA0059	Body Surface	RGR	Absent	
3GNA0059	Body Surface	RLSN	Absent	
3GNA0059	Body Surface	SPDF	Absent	
3GNA0059	Body Surface	HMRB	Absent	
3GNA0059	Body Surface	FDC	Absent	
3GNA0059	Body Surface	BFG	Absent	
3GNA0059	Body Surface	PRST	Absent	
3GNA0059	Head	DFM	Absent	
3GNA0059	Mouth	ULR	Absent	
3GNA0059	Mouth	LLG	Absent	
3GNA0059	Nare	SLN	Absent	
3GNA0059	Eye, left	EXPTH	Absent	
3GNA0059	Eye, left	OPQ	Absent	
3GNA0059	Eye, left	MIS	Absent	
3GNA0059	Eye, left	HMR	Absent	
3GNA0059	Eye, left	EMB	Absent	
3GNA0059	Eye, right	EXPTH	Absent	
3GNA0059	Eye, right	OPQ	Absent	
3GNA0059	Eye, right	MIS	Absent	
3GNA0059	Eye, right	HMR	Absent	
3GNA0059	Eye, right	EMB	Absent	
3GNA0059	Opercula	SLSH	Absent	
3GNA0060	Body Surface	RGR	Absent	
3GNA0060	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0060	Body Surface	SPDF	Absent	
3GNA0060	Body Surface	HMRB	Absent	
3GNA0060	Body Surface	FDC	Absent	
3GNA0060	Body Surface	BFG	Absent	
3GNA0060	Body Surface	PRST	Absent	
3GNA0060	Body Surface	OTHER	Present	Gill net marks
3GNA0060	Head	DFM	Absent	
3GNA0060	Mouth	ULR	Absent	
3GNA0060	Mouth	LLG	Absent	
3GNA0060	Nare	SLN	Absent	
3GNA0060	Eye, left	EXPTH	Absent	
3GNA0060	Eye, left	OPQ	Absent	
3GNA0060	Eye, left	MIS	Absent	
3GNA0060	Eye, left	HMR	Absent	
3GNA0060	Eye, left	EMB	Absent	
3GNA0060	Eye, right	EXPTH	Absent	
3GNA0060	Eye, right	OPQ	Absent	
3GNA0060	Eye, right	MIS	Absent	
3GNA0060	Eye, right	HMR	Absent	
3GNA0060	Eye, right	EMB	Absent	
3GNA0060	Opercula	SLSH	Absent	
3GNA0061	Body Surface	RGR	Absent	
3GNA0061	Body Surface	RLSN	Absent	
3GNA0061	Body Surface	SPDF	Absent	
3GNA0061	Body Surface	HMRB	Absent	
3GNA0061	Body Surface	FDC	Absent	
3GNA0061	Body Surface	BFG	Absent	
3GNA0061	Body Surface	PRST	Absent	
3GNA0061	Head	DFM	Absent	
3GNA0061	Mouth	ULR	Absent	
3GNA0061	Mouth	LLG	Absent	
3GNA0061	Nare	SLN	Absent	
3GNA0061	Eye, left	EXPTH	Absent	
3GNA0061	Eye, left	OPQ	Absent	
3GNA0061	Eye, left	MIS	Absent	
3GNA0061	Eye, left	HMR	Absent	
3GNA0061	Eye, left	EMB	Absent	
3GNA0061	Eye, right	EXPTH	Absent	
3GNA0061	Eye, right	OPQ	Absent	
3GNA0061	Eye, right	MIS	Absent	
3GNA0061	Eye, right	HMR	Absent	
3GNA0061	Eye, right	EMB	Absent	
3GNA0061	Opercula	SLSH	Absent	
3GNA0062	Body Surface	RGR	Absent	
3GNA0062	Body Surface	RLSN	Absent	
3GNA0062	Body Surface	SPDF	Absent	
3GNA0062	Body Surface	HMRB	Absent	
3GNA0062	Body Surface	FDC	Absent	
3GNA0062	Body Surface	BFG	Absent	
3GNA0062	Body Surface	PRST	Absent	
3GNA0062	Head	DFM	Absent	
3GNA0062	Mouth	ULR	Absent	
3GNA0062	Mouth	LLG	Absent	
3GNA0062	Nare	SLN	Absent	
3GNA0062	Eye, left	EXPTH	Absent	
3GNA0062	Eye, left	OPQ	Absent	
3GNA0062	Eye, left	MIS	Absent	
3GNA0062	Eye, left	HMR	Absent	
3GNA0062	Eye, left	EMB	Absent	
3GNA0062	Eye, right	EXPTH	Absent	
3GNA0062	Eye, right	OPQ	Absent	
3GNA0062	Eye, right	MIS	Absent	
3GNA0062	Eye, right	HMR	Absent	
3GNA0062	Eye, right	EMB	Absent	
3GNA0062	Opercula	SLSH	Absent	
3GNA0063	Body Surface	RGR	Absent	
3GNA0063	Body Surface	RLSN	Absent	
3GNA0063	Body Surface	SPDF	Absent	
3GNA0063	Body Surface	HMRB	Absent	
3GNA0063	Body Surface	FDC	Absent	
3GNA0063	Body Surface	BFG	Absent	
3GNA0063	Body Surface	PRST	Absent	
3GNA0063	Head	DFM	Absent	
3GNA0063	Mouth	ULR	Absent	
3GNA0063	Mouth	LLG	Absent	
3GNA0063	Nare	SLN	Absent	
3GNA0063	Eye, left	EXPTH	Absent	
3GNA0063	Eye, left	OPQ	Absent	
3GNA0063	Eye, left	MIS	Absent	
3GNA0063	Eye, left	HMR	Absent	
3GNA0063	Eye, left	EMB	Absent	
3GNA0063	Eye, right	EXPTH	Absent	
3GNA0063	Eye, right	OPQ	Absent	
3GNA0063	Eye, right	MIS	Absent	
3GNA0063	Eye, right	HMR	Absent	
3GNA0063	Eye, right	EMB	Absent	
3GNA0063	Opercula	SLSH	Absent	
3GNA0064	Body Surface	RGR	Absent	
3GNA0064	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0064	Body Surface	SPDF	Absent	
3GNA0064	Body Surface	HMRB	Absent	
3GNA0064	Body Surface	FDC	Absent	
3GNA0064	Body Surface	BFG	Absent	
3GNA0064	Body Surface	PRST	Absent	
3GNA0064	Head	DFM	Absent	
3GNA0064	Mouth	ULR	Absent	
3GNA0064	Mouth	LLG	Absent	
3GNA0064	Nare	SLN	Absent	
3GNA0064	Eye, left	EXPTH	Absent	
3GNA0064	Eye, left	OPQ	Absent	
3GNA0064	Eye, left	MIS	Absent	
3GNA0064	Eye, left	HMR	Absent	
3GNA0064	Eye, left	EMB	Absent	
3GNA0064	Eye, right	EXPTH	Absent	
3GNA0064	Eye, right	OPQ	Absent	
3GNA0064	Eye, right	MIS	Absent	
3GNA0064	Eye, right	HMR	Absent	
3GNA0064	Eye, right	EMB	Absent	
3GNA0064	Opercula	SLSH	Absent	
3GNA0065	Body Surface	RGR	Absent	
3GNA0065	Body Surface	RLSN	Absent	
3GNA0065	Body Surface	SPDF	Absent	
3GNA0065	Body Surface	HMRB	Present	
3GNA0065	Body Surface	FDC	Absent	
3GNA0065	Body Surface	BFG	Absent	
3GNA0065	Body Surface	PRST	Absent	
3GNA0065	Body Surface	OTHER	Present	Gill net marks
3GNA0065	Head	DFM	Absent	
3GNA0065	Mouth	ULR	Absent	
3GNA0065	Mouth	LLG	Absent	
3GNA0065	Nare	SLN	Absent	
3GNA0065	Eye, left	EXPTH	Absent	
3GNA0065	Eye, left	OPQ	Absent	
3GNA0065	Eye, left	MIS	Absent	
3GNA0065	Eye, left	HMR	Absent	
3GNA0065	Eye, left	EMB	Absent	
3GNA0065	Eye, right	EXPTH	Absent	
3GNA0065	Eye, right	OPQ	Absent	
3GNA0065	Eye, right	MIS	Absent	
3GNA0065	Eye, right	HMR	Absent	
3GNA0065	Eye, right	EMB	Absent	
3GNA0065	Opercula	SLSH	Absent	
3GNA0066	Body Surface	RGR	Absent	
3GNA0066	Body Surface	RLSN	Absent	
3GNA0066	Body Surface	SPDF	Absent	
3GNA0066	Body Surface	HMRB	Present	
3GNA0066	Body Surface	FDC	Absent	
3GNA0066	Body Surface	BFG	Absent	
3GNA0066	Body Surface	PRST	Absent	
3GNA0066	Body Surface	OTHER	Present	Gill net marks
3GNA0066	Head	DFM	Absent	
3GNA0066	Mouth	ULR	Absent	
3GNA0066	Mouth	LLG	Absent	
3GNA0066	Nare	SLN	Absent	
3GNA0066	Eye, left	EXPTH	Absent	
3GNA0066	Eye, left	OPQ	Absent	
3GNA0066	Eye, left	MIS	Absent	
3GNA0066	Eye, left	HMR	Absent	
3GNA0066	Eye, left	EMB	Absent	
3GNA0066	Eye, right	EXPTH	Absent	
3GNA0066	Eye, right	OPQ	Absent	
3GNA0066	Eye, right	MIS	Absent	
3GNA0066	Eye, right	HMR	Absent	
3GNA0066	Eye, right	EMB	Absent	
3GNA0066	Opercula	SLSH	Absent	
3GNA0067	Body Surface	RGR	Absent	
3GNA0067	Body Surface	RLSN	Absent	
3GNA0067	Body Surface	SPDF	Absent	
3GNA0067	Body Surface	HMRB	Absent	
3GNA0067	Body Surface	FDC	Absent	
3GNA0067	Body Surface	BFG	Absent	
3GNA0067	Body Surface	PRST	Absent	
3GNA0067	Body Surface	OTHER	Present	Gill net marks
3GNA0067	Head	DFM	Absent	
3GNA0067	Mouth	ULR	Absent	
3GNA0067	Mouth	LLG	Absent	
3GNA0067	Nare	SLN	Absent	
3GNA0067	Eye, left	EXPTH	Absent	
3GNA0067	Eye, left	OPQ	Absent	
3GNA0067	Eye, left	MIS	Absent	
3GNA0067	Eye, left	HMR	Absent	
3GNA0067	Eye, left	EMB	Absent	
3GNA0067	Eye, right	EXPTH	Absent	
3GNA0067	Eye, right	OPQ	Absent	
3GNA0067	Eye, right	MIS	Absent	
3GNA0067	Eye, right	HMR	Absent	
3GNA0067	Eye, right	EMB	Absent	
3GNA0067	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0068	Body Surface	RGR	Absent	
3GNA0068	Body Surface	RLSN	Absent	
3GNA0068	Body Surface	SPDF	Absent	
3GNA0068	Body Surface	HMRB	Absent	
3GNA0068	Body Surface	FDC	Absent	
3GNA0068	Body Surface	BFG	Absent	
3GNA0068	Body Surface	PRST	Absent	
3GNA0068	Body Surface	OTHER	Present	Gill net marks
3GNA0068	Head	DFM	Absent	
3GNA0068	Mouth	ULR	Absent	
3GNA0068	Mouth	LLG	Absent	
3GNA0068	Nare	SLN	Absent	
3GNA0068	Eye, left	EXPTH	Absent	
3GNA0068	Eye, left	OPQ	Absent	
3GNA0068	Eye, left	MIS	Absent	
3GNA0068	Eye, left	HMR	Absent	
3GNA0068	Eye, left	EMB	Absent	
3GNA0068	Eye, right	EXPTH	Absent	
3GNA0068	Eye, right	OPQ	Absent	
3GNA0068	Eye, right	MIS	Absent	
3GNA0068	Eye, right	HMR	Absent	
3GNA0068	Eye, right	EMB	Absent	
3GNA0068	Opercula	SLSH	Absent	
3GNA0069	Body Surface	RGR	Absent	
3GNA0069	Body Surface	RLSN	Absent	
3GNA0069	Body Surface	SPDF	Absent	
3GNA0069	Body Surface	HMRB	Absent	
3GNA0069	Body Surface	FDC	Absent	
3GNA0069	Body Surface	BFG	Absent	
3GNA0069	Body Surface	PRST	Absent	
3GNA0069	Barbel	NORM	Present	
3GNA0069	Head	DFM	Absent	
3GNA0069	Mouth	ULR	Absent	
3GNA0069	Mouth	LLG	Absent	
3GNA0069	Nare	SLN	Absent	
3GNA0069	Eye, left	EXPTH	Absent	
3GNA0069	Eye, left	OPQ	Absent	
3GNA0069	Eye, left	MIS	Absent	
3GNA0069	Eye, left	HMR	Absent	
3GNA0069	Eye, left	EMB	Absent	
3GNA0069	Eye, right	EXPTH	Absent	
3GNA0069	Eye, right	OPQ	Absent	
3GNA0069	Eye, right	MIS	Absent	
3GNA0069	Eye, right	HMR	Absent	
3GNA0069	Eye, right	EMB	Absent	
3GNA0069	Opercula	SLSH	Absent	
3GNA0070	Body Surface	RGR	Absent	
3GNA0070	Body Surface	RLSN	Absent	
3GNA0070	Body Surface	SPDF	Absent	
3GNA0070	Body Surface	HMRB	Absent	
3GNA0070	Body Surface	FDC	Absent	
3GNA0070	Body Surface	BFG	Absent	
3GNA0070	Body Surface	PRST	Absent	
3GNA0070	Body Surface	OTHER	Present	Gill net marks
3GNA0070	Barbel	NORM	Present	
3GNA0070	Head	DFM	Absent	
3GNA0070	Mouth	ULR	Absent	
3GNA0070	Mouth	LLG	Absent	
3GNA0070	Nare	SLN	Absent	
3GNA0070	Eye, left	EXPTH	Absent	
3GNA0070	Eye, left	OPQ	Absent	
3GNA0070	Eye, left	MIS	Absent	
3GNA0070	Eye, left	HMR	Absent	
3GNA0070	Eye, left	EMB	Absent	
3GNA0070	Eye, right	EXPTH	Absent	
3GNA0070	Eye, right	OPQ	Absent	
3GNA0070	Eye, right	MIS	Absent	
3GNA0070	Eye, right	HMR	Absent	
3GNA0070	Eye, right	EMB	Absent	
3GNA0070	Opercula	SLSH	Absent	
3GNA0071	Body Surface	RGR	Absent	
3GNA0071	Body Surface	RLSN	Absent	
3GNA0071	Body Surface	SPDF	Absent	
3GNA0071	Body Surface	HMRB	Absent	
3GNA0071	Body Surface	FDC	Absent	
3GNA0071	Body Surface	BFG	Absent	
3GNA0071	Body Surface	PRST	Absent	
3GNA0071	Head	DFM	Absent	
3GNA0071	Mouth	ULR	Absent	
3GNA0071	Mouth	LLG	Absent	
3GNA0071	Nare	SLN	Absent	
3GNA0071	Eye, left	EXPTH	Absent	
3GNA0071	Eye, left	OPQ	Absent	
3GNA0071	Eye, left	MIS	Absent	
3GNA0071	Eye, left	HMR	Present	
3GNA0071	Eye, left	EMB	Absent	
3GNA0071	Eye, right	EXPTH	Absent	
3GNA0071	Eye, right	OPQ	Absent	
3GNA0071	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0071	Eye, right	HMR	Present	
3GNA0071	Eye, right	EMB	Absent	
3GNA0071	Opercula	SLSH	Absent	
3GNA0072	Body Surface	RGR	Absent	
3GNA0072	Body Surface	RLSN	Absent	
3GNA0072	Body Surface	SPDF	Absent	
3GNA0072	Body Surface	HMRB	Absent	
3GNA0072	Body Surface	FDC	Absent	
3GNA0072	Body Surface	BFG	Absent	
3GNA0072	Body Surface	PRST	Absent	
3GNA0072	Head	DFM	Absent	
3GNA0072	Mouth	ULR	Absent	
3GNA0072	Mouth	LLG	Absent	
3GNA0072	Nare	SLN	Absent	
3GNA0072	Eye, left	EXPTH	Absent	
3GNA0072	Eye, left	OPQ	Absent	
3GNA0072	Eye, left	MIS	Absent	
3GNA0072	Eye, left	HMR	Present	
3GNA0072	Eye, left	EMB	Absent	
3GNA0072	Eye, right	EXPTH	Absent	
3GNA0072	Eye, right	OPQ	Absent	
3GNA0072	Eye, right	MIS	Absent	
3GNA0072	Eye, right	HMR	Present	
3GNA0072	Eye, right	EMB	Absent	
3GNA0072	Opercula	SLSH	Absent	
3GNA0073	Body Surface	RGR	Absent	
3GNA0073	Body Surface	RLSN	Absent	
3GNA0073	Body Surface	SPDF	Absent	
3GNA0073	Body Surface	HMRB	Absent	
3GNA0073	Body Surface	FDC	Absent	
3GNA0073	Body Surface	BFG	Absent	
3GNA0073	Body Surface	PRST	Absent	
3GNA0073	Body Surface	OTHER	Present	Gill net marks
3GNA0073	Head	DFM	Absent	
3GNA0073	Mouth	ULR	Absent	
3GNA0073	Mouth	LLG	Absent	
3GNA0073	Nare	SLN	Absent	
3GNA0073	Eye, left	EXPTH	Absent	
3GNA0073	Eye, left	OPQ	Absent	
3GNA0073	Eye, left	MIS	Absent	
3GNA0073	Eye, left	HMR	Absent	
3GNA0073	Eye, left	EMB	Absent	
3GNA0073	Eye, right	EXPTH	Absent	
3GNA0073	Eye, right	OPQ	Absent	
3GNA0073	Eye, right	MIS	Absent	
3GNA0073	Eye, right	HMR	Absent	
3GNA0073	Eye, right	EMB	Absent	
3GNA0073	Opercula	SLSH	Absent	
3GNA0074	Body Surface	RGR	Absent	
3GNA0074	Body Surface	RLSN	Absent	
3GNA0074	Body Surface	SPDF	Absent	
3GNA0074	Body Surface	HMRB	Absent	
3GNA0074	Body Surface	FDC	Absent	
3GNA0074	Body Surface	BFG	Absent	
3GNA0074	Body Surface	PRST	Absent	
3GNA0074	Body Surface	OTHER	Present	Gill net marks
3GNA0074	Head	DFM	Absent	
3GNA0074	Mouth	ULR	Absent	
3GNA0074	Mouth	LLG	Absent	
3GNA0074	Nare	SLN	Absent	
3GNA0074	Eye, left	EXPTH	Absent	
3GNA0074	Eye, left	OPQ	Absent	
3GNA0074	Eye, left	MIS	Absent	
3GNA0074	Eye, left	HMR	Absent	
3GNA0074	Eye, left	EMB	Absent	
3GNA0074	Eye, right	EXPTH	Absent	
3GNA0074	Eye, right	OPQ	Absent	
3GNA0074	Eye, right	MIS	Absent	
3GNA0074	Eye, right	HMR	Absent	
3GNA0074	Eye, right	EMB	Absent	
3GNA0074	Opercula	SLSH	Absent	
3GNA0075	Body Surface	RGR	Absent	
3GNA0075	Body Surface	RLSN	Absent	
3GNA0075	Body Surface	SPDF	Absent	
3GNA0075	Body Surface	HMRB	Absent	
3GNA0075	Body Surface	FDC	Absent	
3GNA0075	Body Surface	BFG	Absent	
3GNA0075	Body Surface	PRST	Absent	
3GNA0075	Body Surface	OTHER	Present	Gill net marks
3GNA0075	Head	DFM	Absent	
3GNA0075	Mouth	ULR	Absent	
3GNA0075	Mouth	LLG	Absent	
3GNA0075	Nare	SLN	Absent	
3GNA0075	Eye, left	EXPTH	Absent	
3GNA0075	Eye, left	OPQ	Absent	
3GNA0075	Eye, left	MIS	Absent	
3GNA0075	Eye, left	HMR	Absent	
3GNA0075	Eye, left	EMB	Absent	
3GNA0075	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0075	Eye, right	OPQ	Absent	
3GNA0075	Eye, right	MIS	Absent	
3GNA0075	Eye, right	HMR	Absent	
3GNA0075	Eye, right	EMB	Absent	
3GNA0075	Opercula	SLSH	Absent	
3GNA0076	Body Surface	RGR	Absent	
3GNA0076	Body Surface	RLSN	Absent	
3GNA0076	Body Surface	SPDF	Absent	
3GNA0076	Body Surface	HMRB	Absent	
3GNA0076	Body Surface	FDC	Absent	
3GNA0076	Body Surface	BFG	Absent	
3GNA0076	Body Surface	PRST	Absent	
3GNA0076	Body Surface	OTHER	Present	Gill net marks
3GNA0076	Head	DFM	Absent	
3GNA0076	Mouth	ULR	Absent	
3GNA0076	Mouth	LLG	Absent	
3GNA0076	Nare	SLN	Absent	
3GNA0076	Eye, left	EXPTH	Absent	
3GNA0076	Eye, left	OPQ	Absent	
3GNA0076	Eye, left	MIS	Absent	
3GNA0076	Eye, left	HMR	Absent	
3GNA0076	Eye, left	EMB	Absent	
3GNA0076	Eye, right	EXPTH	Absent	
3GNA0076	Eye, right	OPQ	Absent	
3GNA0076	Eye, right	MIS	Absent	
3GNA0076	Eye, right	HMR	Absent	
3GNA0076	Eye, right	EMB	Absent	
3GNA0076	Opercula	SLSH	Absent	
3GNA0077	Body Surface	RGR	Absent	
3GNA0077	Body Surface	RLSN	Absent	
3GNA0077	Body Surface	SPDF	Absent	
3GNA0077	Body Surface	HMRB	Absent	
3GNA0077	Body Surface	FDC	Absent	
3GNA0077	Body Surface	BFG	Absent	
3GNA0077	Body Surface	PRST	Absent	
3GNA0077	Head	DFM	Absent	
3GNA0077	Mouth	ULR	Absent	
3GNA0077	Mouth	LLG	Absent	
3GNA0077	Nare	SLN	Absent	
3GNA0077	Eye, left	EXPTH	Absent	
3GNA0077	Eye, left	OPQ	Absent	
3GNA0077	Eye, left	MIS	Absent	
3GNA0077	Eye, left	HMR	Absent	
3GNA0077	Eye, left	EMB	Absent	
3GNA0077	Eye, right	EXPTH	Absent	
3GNA0077	Eye, right	OPQ	Absent	
3GNA0077	Eye, right	MIS	Absent	
3GNA0077	Eye, right	HMR	Absent	
3GNA0077	Eye, right	EMB	Absent	
3GNA0077	Opercula	SLSH	Absent	
3GNA0078	Body Surface	RGR	Absent	
3GNA0078	Body Surface	RLSN	Absent	
3GNA0078	Body Surface	SPDF	Absent	
3GNA0078	Body Surface	HMRB	Absent	
3GNA0078	Body Surface	FDC	Absent	
3GNA0078	Body Surface	BFG	Absent	
3GNA0078	Body Surface	PRST	Absent	
3GNA0078	Head	DFM	Absent	
3GNA0078	Mouth	ULR	Absent	
3GNA0078	Mouth	LLG	Absent	
3GNA0078	Nare	SLN	Absent	
3GNA0078	Eye, left	EXPTH	Absent	
3GNA0078	Eye, left	OPQ	Absent	
3GNA0078	Eye, left	MIS	Absent	
3GNA0078	Eye, left	HMR	Absent	
3GNA0078	Eye, left	EMB	Absent	
3GNA0078	Eye, right	EXPTH	Absent	
3GNA0078	Eye, right	OPQ	Absent	
3GNA0078	Eye, right	MIS	Absent	
3GNA0078	Eye, right	HMR	Absent	
3GNA0078	Eye, right	EMB	Absent	
3GNA0078	Opercula	SLSH	Absent	
3GNA0079	Body Surface	RGR	Absent	
3GNA0079	Body Surface	RLSN	Absent	
3GNA0079	Body Surface	SPDF	Absent	
3GNA0079	Body Surface	HMRB	Absent	
3GNA0079	Body Surface	FDC	Absent	
3GNA0079	Body Surface	BFG	Absent	
3GNA0079	Body Surface	PRST	Absent	
3GNA0079	Head	DFM	Absent	
3GNA0079	Mouth	ULR	Absent	
3GNA0079	Mouth	LLG	Absent	
3GNA0079	Nare	SLN	Absent	
3GNA0079	Eye, left	EXPTH	Absent	
3GNA0079	Eye, left	OPQ	Absent	
3GNA0079	Eye, left	MIS	Absent	
3GNA0079	Eye, left	HMR	Absent	
3GNA0079	Eye, left	EMB	Absent	
3GNA0079	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0079	Eye, right	OPQ	Absent	
3GNA0079	Eye, right	MIS	Absent	
3GNA0079	Eye, right	HMR	Absent	
3GNA0079	Eye, right	EMB	Absent	
3GNA0079	Opercula	SLSH	Absent	
3GNA0080	Body Surface	RGR	Absent	
3GNA0080	Body Surface	RLSN	Absent	
3GNA0080	Body Surface	SPDF	Absent	
3GNA0080	Body Surface	HMRB	Absent	
3GNA0080	Body Surface	FDC	Absent	
3GNA0080	Body Surface	BFG	Absent	
3GNA0080	Body Surface	PRST	Absent	
3GNA0080	Head	DFM	Absent	
3GNA0080	Mouth	ULR	Absent	
3GNA0080	Mouth	LLG	Absent	
3GNA0080	Nare	SLN	Absent	
3GNA0080	Eye, left	EXPTH	Absent	
3GNA0080	Eye, left	OPQ	Absent	
3GNA0080	Eye, left	MIS	Absent	
3GNA0080	Eye, left	HMR	Absent	
3GNA0080	Eye, left	EMB	Absent	
3GNA0080	Eye, right	EXPTH	Absent	
3GNA0080	Eye, right	OPQ	Absent	
3GNA0080	Eye, right	MIS	Absent	
3GNA0080	Eye, right	HMR	Absent	
3GNA0080	Eye, right	EMB	Absent	
3GNA0080	Opercula	SLSH	Absent	
3GNA0081	Body Surface	RGR	Absent	
3GNA0081	Body Surface	RLSN	Absent	
3GNA0081	Body Surface	SPDF	Absent	
3GNA0081	Body Surface	HMRB	Absent	
3GNA0081	Body Surface	FDC	Absent	
3GNA0081	Body Surface	BFG	Absent	
3GNA0081	Body Surface	PRST	Absent	
3GNA0081	Head	DFM	Absent	
3GNA0081	Mouth	ULR	Absent	
3GNA0081	Mouth	LLG	Absent	
3GNA0081	Nare	SLN	Absent	
3GNA0081	Eye, left	EXPTH	Absent	
3GNA0081	Eye, left	OPQ	Absent	
3GNA0081	Eye, left	MIS	Absent	
3GNA0081	Eye, left	HMR	Absent	
3GNA0081	Eye, left	EMB	Absent	
3GNA0081	Eye, right	EXPTH	Absent	
3GNA0081	Eye, right	OPQ	Absent	
3GNA0081	Eye, right	MIS	Absent	
3GNA0081	Eye, right	HMR	Absent	
3GNA0081	Eye, right	EMB	Absent	
3GNA0081	Opercula	SLSH	Absent	
3GNA0082	Body Surface	RGR	Absent	
3GNA0082	Body Surface	RLSN	Absent	
3GNA0082	Body Surface	SPDF	Absent	
3GNA0082	Body Surface	HMRB	Present	
3GNA0082	Body Surface	FDC	Absent	
3GNA0082	Body Surface	BFG	Absent	
3GNA0082	Body Surface	PRST	Absent	
3GNA0082	Head	DFM	Absent	
3GNA0082	Mouth	ULR	Absent	
3GNA0082	Mouth	LLG	Absent	
3GNA0082	Nare	SLN	Absent	
3GNA0082	Eye, left	EXPTH	Absent	
3GNA0082	Eye, left	OPQ	Absent	
3GNA0082	Eye, left	MIS	Absent	
3GNA0082	Eye, left	HMR	Absent	
3GNA0082	Eye, left	EMB	Absent	
3GNA0082	Eye, right	EXPTH	Absent	
3GNA0082	Eye, right	OPQ	Absent	
3GNA0082	Eye, right	MIS	Absent	
3GNA0082	Eye, right	HMR	Absent	
3GNA0082	Eye, right	EMB	Absent	
3GNA0082	Opercula	SLSH	Absent	
3GNA0083	Body Surface	RGR	Absent	
3GNA0083	Body Surface	RLSN	Absent	
3GNA0083	Body Surface	SPDF	Absent	
3GNA0083	Body Surface	HMRB	Present	
3GNA0083	Body Surface	FDC	Absent	
3GNA0083	Body Surface	BFG	Absent	
3GNA0083	Body Surface	PRST	Absent	
3GNA0083	Head	DFM	Absent	
3GNA0083	Mouth	ULR	Absent	
3GNA0083	Mouth	LLG	Absent	
3GNA0083	Nare	SLN	Absent	
3GNA0083	Eye, left	EXPTH	Absent	
3GNA0083	Eye, left	OPQ	Absent	
3GNA0083	Eye, left	MIS	Absent	
3GNA0083	Eye, left	HMR	Present	
3GNA0083	Eye, left	EMB	Absent	
3GNA0083	Eye, right	EXPTH	Absent	
3GNA0083	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0083	Eye, right	MIS	Absent	
3GNA0083	Eye, right	HMR	Present	
3GNA0083	Eye, right	EMB	Absent	
3GNA0083	Opercula	SLSH	Absent	
3GNA0084	Body Surface	RGR	Absent	
3GNA0084	Body Surface	RLSN	Absent	
3GNA0084	Body Surface	SPDF	Absent	
3GNA0084	Body Surface	HMRB	Absent	
3GNA0084	Body Surface	FDC	Absent	
3GNA0084	Body Surface	BFG	Absent	
3GNA0084	Body Surface	PRST	Absent	
3GNA0084	Body Surface	OTHER	Present	Gill net marks
3GNA0084	Head	DFM	Absent	
3GNA0084	Mouth	ULR	Absent	
3GNA0084	Mouth	LLG	Absent	
3GNA0084	Nare	SLN	Absent	
3GNA0084	Eye, left	EXPTH	Absent	
3GNA0084	Eye, left	OPQ	Absent	
3GNA0084	Eye, left	MIS	Absent	
3GNA0084	Eye, left	HMR	Absent	
3GNA0084	Eye, left	EMB	Absent	
3GNA0084	Eye, right	EXPTH	Absent	
3GNA0084	Eye, right	OPQ	Absent	
3GNA0084	Eye, right	MIS	Absent	
3GNA0084	Eye, right	HMR	Absent	
3GNA0084	Eye, right	EMB	Absent	
3GNA0084	Opercula	SLSH	Absent	
3GNA0085	Body Surface	RGR	Absent	
3GNA0085	Body Surface	RLSN	Absent	
3GNA0085	Body Surface	SPDF	Absent	
3GNA0085	Body Surface	HMRB	Absent	
3GNA0085	Body Surface	FDC	Absent	
3GNA0085	Body Surface	BFG	Absent	
3GNA0085	Body Surface	PRST	Absent	
3GNA0085	Body Surface	OTHER	Present	Gill net marks
3GNA0085	Head	DFM	Absent	
3GNA0085	Mouth	ULR	Absent	
3GNA0085	Mouth	LLG	Absent	
3GNA0085	Nare	SLN	Absent	
3GNA0085	Eye, left	EXPTH	Absent	
3GNA0085	Eye, left	OPQ	Absent	
3GNA0085	Eye, left	MIS	Absent	
3GNA0085	Eye, left	HMR	Absent	
3GNA0085	Eye, left	EMB	Absent	
3GNA0085	Eye, right	EXPTH	Absent	
3GNA0085	Eye, right	OPQ	Absent	
3GNA0085	Eye, right	MIS	Absent	
3GNA0085	Eye, right	HMR	Absent	
3GNA0085	Eye, right	EMB	Absent	
3GNA0085	Opercula	SLSH	Absent	
3GNA0086	Body Surface	RGR	Absent	
3GNA0086	Body Surface	RLSN	Absent	
3GNA0086	Body Surface	SPDF	Absent	
3GNA0086	Body Surface	HMRB	Absent	
3GNA0086	Body Surface	FDC	Absent	
3GNA0086	Body Surface	BFG	Absent	
3GNA0086	Body Surface	PRST	Absent	
3GNA0086	Body Surface	OTHER	Present	Gill net marks
3GNA0086	Head	DFM	Absent	
3GNA0086	Mouth	ULR	Absent	
3GNA0086	Mouth	LLG	Absent	
3GNA0086	Nare	SLN	Absent	
3GNA0086	Eye, left	EXPTH	Absent	
3GNA0086	Eye, left	OPQ	Absent	
3GNA0086	Eye, left	MIS	Absent	
3GNA0086	Eye, left	HMR	Absent	
3GNA0086	Eye, left	EMB	Absent	
3GNA0086	Eye, right	EXPTH	Absent	
3GNA0086	Eye, right	OPQ	Absent	
3GNA0086	Eye, right	MIS	Absent	
3GNA0086	Eye, right	HMR	Absent	
3GNA0086	Eye, right	EMB	Absent	
3GNA0086	Opercula	SLSH	Absent	
3GNA0087	Body Surface	RGR	Absent	
3GNA0087	Body Surface	RLSN	Absent	
3GNA0087	Body Surface	SPDF	Absent	
3GNA0087	Body Surface	HMRB	Absent	
3GNA0087	Body Surface	FDC	Absent	
3GNA0087	Body Surface	BFG	Absent	
3GNA0087	Body Surface	PRST	Absent	
3GNA0087	Body Surface	OTHER	Present	Gill net marks
3GNA0087	Head	DFM	Absent	
3GNA0087	Mouth	ULR	Absent	
3GNA0087	Mouth	LLG	Absent	
3GNA0087	Nare	SLN	Absent	
3GNA0087	Eye, left	EXPTH	Absent	
3GNA0087	Eye, left	OPQ	Absent	
3GNA0087	Eye, left	MIS	Absent	
3GNA0087	Eye, left	HMR	Present	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0087	Eye, left	EMB	Absent	
3GNA0087	Eye, right	EXPTH	Absent	
3GNA0087	Eye, right	OPQ	Absent	
3GNA0087	Eye, right	MIS	Absent	
3GNA0087	Eye, right	HMR	Absent	
3GNA0087	Eye, right	EMB	Absent	
3GNA0087	Opercula	OTHER	Present	Hemorrhagic
3GNA0087	Opercula	SLSH	Absent	
3GNA0088	Body Surface	RGR	Absent	
3GNA0088	Body Surface	RLSN	Absent	
3GNA0088	Body Surface	SPDF	Absent	
3GNA0088	Body Surface	HMRB	Absent	
3GNA0088	Body Surface	FDC	Absent	
3GNA0088	Body Surface	BFG	Absent	
3GNA0088	Body Surface	PRST	Absent	
3GNA0088	Body Surface	OTHER	Present	Gill net marks
3GNA0088	Head	DFM	Absent	
3GNA0088	Mouth	ULR	Absent	
3GNA0088	Mouth	LLG	Absent	
3GNA0088	Nare	SLN	Absent	
3GNA0088	Eye, left	EXPTH	Absent	
3GNA0088	Eye, left	OPQ	Absent	
3GNA0088	Eye, left	MIS	Absent	
3GNA0088	Eye, left	HMR	Absent	
3GNA0088	Eye, left	EMB	Absent	
3GNA0088	Eye, right	EXPTH	Absent	
3GNA0088	Eye, right	OPQ	Absent	
3GNA0088	Eye, right	MIS	Absent	
3GNA0088	Eye, right	HMR	Absent	
3GNA0088	Eye, right	EMB	Absent	
3GNA0088	Opercula	SLSH	Absent	
3GNA0089	Body Surface	RGR	Absent	
3GNA0089	Body Surface	RLSN	Absent	
3GNA0089	Body Surface	SPDF	Absent	
3GNA0089	Body Surface	HMRB	Absent	
3GNA0089	Body Surface	FDC	Absent	
3GNA0089	Body Surface	BFG	Absent	
3GNA0089	Body Surface	PRST	Absent	
3GNA0089	Body Surface	OTHER	Present	Gill net marks
3GNA0089	Head	DFM	Absent	
3GNA0089	Mouth	ULR	Absent	
3GNA0089	Mouth	LLG	Absent	
3GNA0089	Nare	SLN	Absent	
3GNA0089	Eye, left	EXPTH	Absent	
3GNA0089	Eye, left	OPQ	Absent	
3GNA0089	Eye, left	MIS	Absent	
3GNA0089	Eye, left	HMR	Absent	
3GNA0089	Eye, left	EMB	Absent	
3GNA0089	Eye, right	EXPTH	Absent	
3GNA0089	Eye, right	OPQ	Absent	
3GNA0089	Eye, right	MIS	Absent	
3GNA0089	Eye, right	HMR	Absent	
3GNA0089	Eye, right	EMB	Absent	
3GNA0089	Opercula	SLSH	Absent	
3GNA0090	Body Surface	RGR	Absent	
3GNA0090	Body Surface	RLSN	Absent	
3GNA0090	Body Surface	SPDF	Absent	
3GNA0090	Body Surface	HMRB	Absent	
3GNA0090	Body Surface	FDC	Absent	
3GNA0090	Body Surface	BFG	Absent	
3GNA0090	Body Surface	PRST	Absent	
3GNA0090	Body Surface	OTHER	Present	Gill net marks
3GNA0090	Head	DFM	Absent	
3GNA0090	Mouth	ULR	Absent	
3GNA0090	Mouth	LLG	Absent	
3GNA0090	Nare	SLN	Absent	
3GNA0090	Eye, left	EXPTH	Absent	
3GNA0090	Eye, left	OPQ	Absent	
3GNA0090	Eye, left	MIS	Absent	
3GNA0090	Eye, left	HMR	Absent	
3GNA0090	Eye, left	EMB	Absent	
3GNA0090	Eye, right	EXPTH	Absent	
3GNA0090	Eye, right	OPQ	Absent	
3GNA0090	Eye, right	MIS	Absent	
3GNA0090	Eye, right	HMR	Absent	
3GNA0090	Eye, right	EMB	Absent	
3GNA0090	Opercula	SLSH	Absent	
3GNA0091	Body Surface	RGR	Absent	
3GNA0091	Body Surface	RLSN	Absent	
3GNA0091	Body Surface	SPDF	Absent	
3GNA0091	Body Surface	HMRB	Absent	
3GNA0091	Body Surface	FDC	Absent	
3GNA0091	Body Surface	BFG	Absent	
3GNA0091	Body Surface	PRST	Absent	
3GNA0091	Body Surface	OTHER	Present	Gill net marks
3GNA0091	Head	DFM	Absent	
3GNA0091	Mouth	ULR	Absent	
3GNA0091	Mouth	LLG	Absent	
3GNA0091	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0091	Eye, left	EXPTH	Absent	
3GNA0091	Eye, left	OPQ	Absent	
3GNA0091	Eye, left	MIS	Absent	
3GNA0091	Eye, left	HMR	Absent	
3GNA0091	Eye, left	EMB	Absent	
3GNA0091	Eye, right	EXPTH	Absent	
3GNA0091	Eye, right	OPQ	Absent	
3GNA0091	Eye, right	MIS	Absent	
3GNA0091	Eye, right	HMR	Absent	
3GNA0091	Eye, right	EMB	Absent	
3GNA0091	Opercula	SLSH	Absent	
3GNA0092	Body Surface	RGR	Absent	
3GNA0092	Body Surface	RLSN	Absent	
3GNA0092	Body Surface	SPDF	Absent	
3GNA0092	Body Surface	HMRB	Absent	
3GNA0092	Body Surface	FDC	Absent	
3GNA0092	Body Surface	BFG	Absent	
3GNA0092	Body Surface	PRST	Absent	
3GNA0092	Body Surface	OTHER	Present	Gill net marks
3GNA0092	Head	DFM	Absent	
3GNA0092	Mouth	ULR	Absent	
3GNA0092	Mouth	LLG	Absent	
3GNA0092	Nare	SLN	Absent	
3GNA0092	Eye, left	EXPTH	Absent	
3GNA0092	Eye, left	OPQ	Absent	
3GNA0092	Eye, left	MIS	Absent	
3GNA0092	Eye, left	HMR	Absent	
3GNA0092	Eye, left	EMB	Absent	
3GNA0092	Eye, right	EXPTH	Absent	
3GNA0092	Eye, right	OPQ	Absent	
3GNA0092	Eye, right	MIS	Absent	
3GNA0092	Eye, right	HMR	Absent	
3GNA0092	Eye, right	EMB	Absent	
3GNA0092	Opercula	SLSH	Absent	
3GNA0093	Body Surface	RGR	Absent	
3GNA0093	Body Surface	RLSN	Absent	
3GNA0093	Body Surface	SPDF	Absent	
3GNA0093	Body Surface	HMRB	Present	
3GNA0093	Body Surface	FDC	Absent	
3GNA0093	Body Surface	BFG	Absent	
3GNA0093	Body Surface	PRST	Absent	
3GNA0093	Head	DFM	Absent	
3GNA0093	Mouth	ULR	Absent	
3GNA0093	Mouth	LLG	Absent	
3GNA0093	Nare	SLN	Absent	
3GNA0093	Eye, left	EXPTH	Absent	
3GNA0093	Eye, left	OPQ	Absent	
3GNA0093	Eye, left	MIS	Absent	
3GNA0093	Eye, left	HMR	Absent	
3GNA0093	Eye, left	EMB	Absent	
3GNA0093	Eye, right	EXPTH	Absent	
3GNA0093	Eye, right	OPQ	Absent	
3GNA0093	Eye, right	MIS	Absent	
3GNA0093	Eye, right	HMR	Absent	
3GNA0093	Eye, right	EMB	Absent	
3GNA0093	Opercula	SLSH	Absent	
3GNA0094	Body Surface	RGR	Absent	
3GNA0094	Body Surface	RLSN	Absent	
3GNA0094	Body Surface	SPDF	Absent	
3GNA0094	Body Surface	HMRB	Absent	
3GNA0094	Body Surface	FDC	Absent	
3GNA0094	Body Surface	BFG	Absent	
3GNA0094	Body Surface	PRST	Absent	
3GNA0094	Body Surface	OTHER	Present	Gill net marks, Healed lacerations
3GNA0094	Head	DFM	Absent	
3GNA0094	Mouth	ULR	Absent	
3GNA0094	Mouth	LLG	Absent	
3GNA0094	Nare	SLN	Absent	
3GNA0094	Eye, left	EXPTH	Absent	
3GNA0094	Eye, left	OPQ	Absent	
3GNA0094	Eye, left	MIS	Absent	
3GNA0094	Eye, left	HMR	Absent	
3GNA0094	Eye, left	EMB	Absent	
3GNA0094	Eye, right	EXPTH	Absent	
3GNA0094	Eye, right	OPQ	Absent	
3GNA0094	Eye, right	MIS	Absent	
3GNA0094	Eye, right	HMR	Absent	
3GNA0094	Eye, right	EMB	Absent	
3GNA0094	Opercula	SLSH	Absent	
3GNA0095	Body Surface	RGR	Absent	
3GNA0095	Body Surface	RLSN	Absent	
3GNA0095	Body Surface	SPDF	Absent	
3GNA0095	Body Surface	HMRB	Absent	
3GNA0095	Body Surface	FDC	Absent	
3GNA0095	Body Surface	BFG	Absent	
3GNA0095	Body Surface	PRST	Absent	
3GNA0095	Body Surface	OTHER	Present	Gill net marks
3GNA0095	Head	DFM	Absent	
3GNA0095	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0095	Mouth	LLG	Absent	
3GNA0095	Nare	SLN	Absent	
3GNA0095	Eye, left	EXPTH	Absent	
3GNA0095	Eye, left	OPQ	Absent	
3GNA0095	Eye, left	MIS	Absent	
3GNA0095	Eye, left	HMR	Absent	
3GNA0095	Eye, left	EMB	Absent	
3GNA0095	Eye, right	EXPTH	Absent	
3GNA0095	Eye, right	OPQ	Absent	
3GNA0095	Eye, right	MIS	Absent	
3GNA0095	Eye, right	HMR	Absent	
3GNA0095	Eye, right	EMB	Absent	
3GNA0095	Opercula	SLSH	Absent	
3GNA0096	Body Surface	RGR	Absent	
3GNA0096	Body Surface	RLSN	Absent	
3GNA0096	Body Surface	SPDF	Absent	
3GNA0096	Body Surface	HMRB	Absent	
3GNA0096	Body Surface	FDC	Absent	
3GNA0096	Body Surface	BFG	Absent	
3GNA0096	Body Surface	PRST	Absent	
3GNA0096	Head	DFM	Absent	
3GNA0096	Mouth	ULR	Absent	
3GNA0096	Mouth	LLG	Absent	
3GNA0096	Nare	SLN	Absent	
3GNA0096	Eye, left	EXPTH	Absent	
3GNA0096	Eye, left	OPQ	Absent	
3GNA0096	Eye, left	MIS	Absent	
3GNA0096	Eye, left	HMR	Absent	
3GNA0096	Eye, left	EMB	Absent	
3GNA0096	Eye, right	EXPTH	Absent	
3GNA0096	Eye, right	OPQ	Absent	
3GNA0096	Eye, right	MIS	Absent	
3GNA0096	Eye, right	HMR	Absent	
3GNA0096	Eye, right	EMB	Absent	
3GNA0096	Opercula	SLSH	Absent	
3GNA0097	Body Surface	RGR	Absent	
3GNA0097	Body Surface	RLSN	Absent	
3GNA0097	Body Surface	SPDF	Absent	
3GNA0097	Body Surface	HMRB	Absent	
3GNA0097	Body Surface	FDC	Absent	
3GNA0097	Body Surface	BFG	Absent	
3GNA0097	Body Surface	PRST	Absent	
3GNA0097	Head	DFM	Absent	
3GNA0097	Mouth	ULR	Absent	
3GNA0097	Mouth	LLG	Absent	
3GNA0097	Nare	SLN	Absent	
3GNA0097	Eye, left	EXPTH	Absent	
3GNA0097	Eye, left	OPQ	Absent	
3GNA0097	Eye, left	MIS	Absent	
3GNA0097	Eye, left	HMR	Absent	
3GNA0097	Eye, left	EMB	Absent	
3GNA0097	Eye, right	EXPTH	Absent	
3GNA0097	Eye, right	OPQ	Absent	
3GNA0097	Eye, right	MIS	Absent	
3GNA0097	Eye, right	HMR	Absent	
3GNA0097	Eye, right	EMB	Absent	
3GNA0097	Opercula	SLSH	Absent	
3GNA0098	Body Surface	RGR	Absent	
3GNA0098	Body Surface	RLSN	Absent	
3GNA0098	Body Surface	SPDF	Absent	
3GNA0098	Body Surface	HMRB	Absent	
3GNA0098	Body Surface	FDC	Absent	
3GNA0098	Body Surface	BFG	Absent	
3GNA0098	Body Surface	PRST	Absent	
3GNA0098	Head	DFM	Absent	
3GNA0098	Mouth	ULR	Absent	
3GNA0098	Mouth	LLG	Absent	
3GNA0098	Nare	SLN	Absent	
3GNA0098	Eye, left	EXPTH	Absent	
3GNA0098	Eye, left	OPQ	Absent	
3GNA0098	Eye, left	MIS	Absent	
3GNA0098	Eye, left	HMR	Absent	
3GNA0098	Eye, left	EMB	Absent	
3GNA0098	Eye, right	EXPTH	Absent	
3GNA0098	Eye, right	OPQ	Absent	
3GNA0098	Eye, right	MIS	Absent	
3GNA0098	Eye, right	HMR	Absent	
3GNA0098	Eye, right	EMB	Absent	
3GNA0098	Opercula	SLSH	Absent	
3GNA0099	Body Surface	RGR	Absent	
3GNA0099	Body Surface	RLSN	Absent	
3GNA0099	Body Surface	SPDF	Absent	
3GNA0099	Body Surface	HMRB	Absent	
3GNA0099	Body Surface	FDC	Absent	
3GNA0099	Body Surface	BFG	Absent	
3GNA0099	Body Surface	PRST	Absent	
3GNA0099	Head	DFM	Absent	
3GNA0099	Mouth	ULR	Absent	
3GNA0099	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0099	Nare	SLN	Absent	
3GNA0099	Eye, left	EXPTH	Absent	
3GNA0099	Eye, left	OPQ	Absent	
3GNA0099	Eye, left	MIS	Absent	
3GNA0099	Eye, left	HMR	Absent	
3GNA0099	Eye, left	EMB	Absent	
3GNA0099	Eye, right	EXPTH	Absent	
3GNA0099	Eye, right	OPQ	Absent	
3GNA0099	Eye, right	MIS	Absent	
3GNA0099	Eye, right	HMR	Absent	
3GNA0099	Eye, right	EMB	Absent	
3GNA0099	Opercula	SLSH	Absent	
3GNA0100	Body Surface	RGR	Absent	
3GNA0100	Body Surface	RLSN	Absent	
3GNA0100	Body Surface	SPDF	Absent	
3GNA0100	Body Surface	HMRB	Absent	
3GNA0100	Body Surface	FDC	Absent	
3GNA0100	Body Surface	BFG	Present	
3GNA0100	Body Surface	PRST	Absent	
3GNA0100	Head	DFM	Absent	
3GNA0100	Mouth	ULR	Absent	
3GNA0100	Mouth	LLG	Absent	
3GNA0100	Nare	SLN	Absent	
3GNA0100	Eye, left	EXPTH	Absent	
3GNA0100	Eye, left	OPQ	Absent	
3GNA0100	Eye, left	MIS	Absent	
3GNA0100	Eye, left	HMR	Absent	
3GNA0100	Eye, left	EMB	Absent	
3GNA0100	Eye, right	EXPTH	Absent	
3GNA0100	Eye, right	OPQ	Absent	
3GNA0100	Eye, right	MIS	Absent	
3GNA0100	Eye, right	HMR	Absent	
3GNA0100	Eye, right	EMB	Absent	
3GNA0100	Opercula	SLSH	Absent	
3GNA0101	Body Surface	RGR	Absent	
3GNA0101	Body Surface	RLSN	Absent	
3GNA0101	Body Surface	SPDF	Absent	
3GNA0101	Body Surface	HMRB	Absent	
3GNA0101	Body Surface	FDC	Absent	
3GNA0101	Body Surface	BFG	Absent	
3GNA0101	Body Surface	PRST	Absent	
3GNA0101	Body Surface	OTHER	Present	Gill net marks
3GNA0101	Head	DFM	Absent	
3GNA0101	Mouth	ULR	Absent	
3GNA0101	Mouth	LLG	Absent	
3GNA0101	Nare	SLN	Absent	
3GNA0101	Eye, left	EXPTH	Absent	
3GNA0101	Eye, left	OPQ	Absent	
3GNA0101	Eye, left	MIS	Absent	
3GNA0101	Eye, left	HMR	Absent	
3GNA0101	Eye, left	EMB	Absent	
3GNA0101	Eye, right	EXPTH	Absent	
3GNA0101	Eye, right	OPQ	Absent	
3GNA0101	Eye, right	MIS	Absent	
3GNA0101	Eye, right	HMR	Absent	
3GNA0101	Eye, right	EMB	Absent	
3GNA0101	Opercula	SLSH	Absent	
3GNA0102	Body Surface	RGR	Absent	
3GNA0102	Body Surface	RLSN	Absent	
3GNA0102	Body Surface	SPDF	Absent	
3GNA0102	Body Surface	HMRB	Absent	
3GNA0102	Body Surface	FDC	Absent	
3GNA0102	Body Surface	BFG	Absent	
3GNA0102	Body Surface	PRST	Absent	
3GNA0102	Body Surface	OTHER	Present	Gill net marks
3GNA0102	Head	DFM	Absent	
3GNA0102	Mouth	ULR	Absent	
3GNA0102	Mouth	LLG	Absent	
3GNA0102	Nare	SLN	Absent	
3GNA0102	Eye, left	EXPTH	Absent	
3GNA0102	Eye, left	OPQ	Absent	
3GNA0102	Eye, left	MIS	Absent	
3GNA0102	Eye, left	HMR	Absent	
3GNA0102	Eye, left	EMB	Absent	
3GNA0102	Eye, right	EXPTH	Absent	
3GNA0102	Eye, right	OPQ	Absent	
3GNA0102	Eye, right	MIS	Absent	
3GNA0102	Eye, right	HMR	Absent	
3GNA0102	Eye, right	EMB	Absent	
3GNA0102	Opercula	SLSH	Absent	
3GNA0103	Body Surface	RGR	Absent	
3GNA0103	Body Surface	RLSN	Absent	
3GNA0103	Body Surface	SPDF	Absent	
3GNA0103	Body Surface	HMRB	Absent	
3GNA0103	Body Surface	FDC	Absent	
3GNA0103	Body Surface	BFG	Absent	
3GNA0103	Body Surface	PRST	Absent	
3GNA0103	Head	DFM	Absent	
3GNA0103	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0103	Mouth	LLG	Absent	
3GNA0103	Nare	SLN	Absent	
3GNA0103	Eye, left	EXPTH	Absent	
3GNA0103	Eye, left	OPQ	Absent	
3GNA0103	Eye, left	MIS	Absent	
3GNA0103	Eye, left	HMR	Absent	
3GNA0103	Eye, left	EMB	Absent	
3GNA0103	Eye, right	EXPTH	Absent	
3GNA0103	Eye, right	OPQ	Absent	
3GNA0103	Eye, right	MIS	Absent	
3GNA0103	Eye, right	HMR	Absent	
3GNA0103	Eye, right	EMB	Absent	
3GNA0103	Opercula	SLSH	Absent	
3GNA0104	Body Surface	RGR	Absent	
3GNA0104	Body Surface	RLSN	Absent	
3GNA0104	Body Surface	SPDF	Absent	
3GNA0104	Body Surface	HMRB	Absent	
3GNA0104	Body Surface	FDC	Absent	
3GNA0104	Body Surface	BFG	Absent	
3GNA0104	Body Surface	PRST	Absent	
3GNA0104	Head	DFM	Absent	
3GNA0104	Mouth	ULR	Absent	
3GNA0104	Mouth	LLG	Absent	
3GNA0104	Nare	SLN	Absent	
3GNA0104	Eye, left	EXPTH	Absent	
3GNA0104	Eye, left	OPQ	Absent	
3GNA0104	Eye, left	MIS	Absent	
3GNA0104	Eye, left	HMR	Absent	
3GNA0104	Eye, left	EMB	Absent	
3GNA0104	Eye, right	EXPTH	Absent	
3GNA0104	Eye, right	OPQ	Absent	
3GNA0104	Eye, right	MIS	Absent	
3GNA0104	Eye, right	HMR	Absent	
3GNA0104	Eye, right	EMB	Absent	
3GNA0104	Opercula	SLSH	Absent	
3GNA0105	Body Surface	RGR	Absent	
3GNA0105	Body Surface	RLSN	Absent	
3GNA0105	Body Surface	SPDF	Absent	
3GNA0105	Body Surface	HMRB	Absent	
3GNA0105	Body Surface	FDC	Absent	
3GNA0105	Body Surface	BFG	Absent	
3GNA0105	Body Surface	PRST	Absent	
3GNA0105	Body Surface	OTHER	Present	Gill net marks
3GNA0105	Head	DFM	Absent	
3GNA0105	Mouth	ULR	Absent	
3GNA0105	Mouth	LLG	Absent	
3GNA0105	Nare	SLN	Absent	
3GNA0105	Eye, left	EXPTH	Absent	
3GNA0105	Eye, left	OPQ	Absent	
3GNA0105	Eye, left	MIS	Absent	
3GNA0105	Eye, left	HMR	Absent	
3GNA0105	Eye, left	EMB	Absent	
3GNA0105	Eye, right	EXPTH	Absent	
3GNA0105	Eye, right	OPQ	Absent	
3GNA0105	Eye, right	MIS	Absent	
3GNA0105	Eye, right	HMR	Absent	
3GNA0105	Eye, right	EMB	Absent	
3GNA0105	Opercula	OTHER	Present	Gill net damage
3GNA0105	Opercula	SLSH	Absent	
3GNA0106	Body Surface	RGR	Absent	
3GNA0106	Body Surface	RLSN	Absent	
3GNA0106	Body Surface	SPDF	Absent	
3GNA0106	Body Surface	HMRB	Absent	
3GNA0106	Body Surface	FDC	Absent	
3GNA0106	Body Surface	BFG	Absent	
3GNA0106	Body Surface	PRST	Absent	
3GNA0106	Head	DFM	Absent	
3GNA0106	Mouth	ULR	Absent	
3GNA0106	Mouth	LLG	Absent	
3GNA0106	Nare	SLN	Absent	
3GNA0106	Eye, left	EXPTH	Absent	
3GNA0106	Eye, left	OPQ	Absent	
3GNA0106	Eye, left	MIS	Absent	
3GNA0106	Eye, left	HMR	Absent	
3GNA0106	Eye, left	EMB	Absent	
3GNA0106	Eye, right	EXPTH	Absent	
3GNA0106	Eye, right	OPQ	Absent	
3GNA0106	Eye, right	MIS	Absent	
3GNA0106	Eye, right	HMR	Absent	
3GNA0106	Eye, right	EMB	Absent	
3GNA0106	Opercula	SLSH	Absent	
3GNA0107	Body Surface	RGR	Absent	
3GNA0107	Body Surface	RLSN	Absent	
3GNA0107	Body Surface	SPDF	Absent	
3GNA0107	Body Surface	HMRB	Absent	
3GNA0107	Body Surface	FDC	Absent	
3GNA0107	Body Surface	BFG	Absent	
3GNA0107	Body Surface	PRST	Absent	
3GNA0107	Body Surface	OTHER	Present	Gill net marks

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0107	Head	DFM	Absent	
3GNA0107	Mouth	ULR	Absent	
3GNA0107	Mouth	LLG	Absent	
3GNA0107	Nare	SLN	Absent	
3GNA0107	Eye, left	EXPTH	Absent	
3GNA0107	Eye, left	OPQ	Absent	
3GNA0107	Eye, left	MIS	Absent	
3GNA0107	Eye, left	HMR	Absent	
3GNA0107	Eye, left	EMB	Absent	
3GNA0107	Eye, right	EXPTH	Absent	
3GNA0107	Eye, right	OPQ	Absent	
3GNA0107	Eye, right	MIS	Absent	
3GNA0107	Eye, right	HMR	Absent	
3GNA0107	Eye, right	EMB	Absent	
3GNA0107	Opercula	SLSH	Absent	
3GNA0108	Body Surface	RGR	Absent	
3GNA0108	Body Surface	RLSN	Absent	
3GNA0108	Body Surface	SPDF	Absent	
3GNA0108	Body Surface	HMRB	Absent	
3GNA0108	Body Surface	FDC	Absent	
3GNA0108	Body Surface	BFG	Absent	
3GNA0108	Body Surface	PRST	Absent	
3GNA0108	Body Surface	OTHER	Present	Gill net marks
3GNA0108	Head	DFM	Absent	
3GNA0108	Mouth	ULR	Absent	
3GNA0108	Mouth	LLG	Absent	
3GNA0108	Nare	SLN	Absent	
3GNA0108	Eye, left	EXPTH	Absent	
3GNA0108	Eye, left	OPQ	Absent	
3GNA0108	Eye, left	MIS	Absent	
3GNA0108	Eye, left	HMR	Absent	
3GNA0108	Eye, left	EMB	Absent	
3GNA0108	Eye, right	EXPTH	Absent	
3GNA0108	Eye, right	OPQ	Absent	
3GNA0108	Eye, right	MIS	Absent	
3GNA0108	Eye, right	HMR	Absent	
3GNA0108	Eye, right	EMB	Absent	
3GNA0108	Opercula	SLSH	Absent	
3GNA0109	Body Surface	RGR	Absent	
3GNA0109	Body Surface	RLSN	Absent	
3GNA0109	Body Surface	SPDF	Absent	
3GNA0109	Body Surface	HMRB	Absent	
3GNA0109	Body Surface	FDC	Absent	
3GNA0109	Body Surface	BFG	Absent	
3GNA0109	Body Surface	PRST	Absent	
3GNA0109	Body Surface	OTHER	Present	Gill net marks
3GNA0109	Head	DFM	Absent	
3GNA0109	Mouth	ULR	Absent	
3GNA0109	Mouth	LLG	Absent	
3GNA0109	Nare	SLN	Absent	
3GNA0109	Eye, left	EXPTH	Absent	
3GNA0109	Eye, left	OPQ	Absent	
3GNA0109	Eye, left	MIS	Absent	
3GNA0109	Eye, left	HMR	Absent	
3GNA0109	Eye, left	EMB	Absent	
3GNA0109	Eye, right	EXPTH	Absent	
3GNA0109	Eye, right	OPQ	Absent	
3GNA0109	Eye, right	MIS	Absent	
3GNA0109	Eye, right	HMR	Absent	
3GNA0109	Eye, right	EMB	Absent	
3GNA0109	Opercula	OTHER	Present	Scarring
3GNA0109	Opercula	SLSH	Absent	
3GNA0110	Body Surface	RGR	Absent	
3GNA0110	Body Surface	RLSN	Absent	
3GNA0110	Body Surface	SPDF	Absent	
3GNA0110	Body Surface	HMRB	Absent	
3GNA0110	Body Surface	FDC	Absent	
3GNA0110	Body Surface	BFG	Absent	
3GNA0110	Body Surface	PRST	Absent	
3GNA0110	Body Surface	OTHER	Present	Gill net marks
3GNA0110	Head	DFM	Absent	
3GNA0110	Mouth	ULR	Absent	
3GNA0110	Mouth	LLG	Absent	
3GNA0110	Nare	SLN	Absent	
3GNA0110	Eye, left	EXPTH	Absent	
3GNA0110	Eye, left	OPQ	Absent	
3GNA0110	Eye, left	MIS	Absent	
3GNA0110	Eye, left	HMR	Absent	
3GNA0110	Eye, left	EMB	Absent	
3GNA0110	Eye, right	EXPTH	Absent	
3GNA0110	Eye, right	OPQ	Absent	
3GNA0110	Eye, right	MIS	Absent	
3GNA0110	Eye, right	HMR	Absent	
3GNA0110	Eye, right	EMB	Absent	
3GNA0110	Opercula	SLSH	Absent	
3GNA0111	Body Surface	RGR	Absent	
3GNA0111	Body Surface	RLSN	Absent	
3GNA0111	Body Surface	SPDF	Absent	
3GNA0111	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0111	Body Surface	FDC	Absent	
3GNA0111	Body Surface	BFG	Absent	
3GNA0111	Body Surface	PRST	Absent	
3GNA0111	Body Surface	OTHER	Present	Gill net marks
3GNA0111	Head	DFM	Absent	
3GNA0111	Mouth	ULR	Absent	
3GNA0111	Mouth	LLG	Absent	
3GNA0111	Nare	SLN	Absent	
3GNA0111	Eye, left	EXPTH	Absent	
3GNA0111	Eye, left	OPQ	Absent	
3GNA0111	Eye, left	MIS	Absent	
3GNA0111	Eye, left	HMR	Absent	
3GNA0111	Eye, left	EMB	Absent	
3GNA0111	Eye, right	EXPTH	Absent	
3GNA0111	Eye, right	OPQ	Absent	
3GNA0111	Eye, right	MIS	Absent	
3GNA0111	Eye, right	HMR	Absent	
3GNA0111	Eye, right	EMB	Absent	
3GNA0111	Opercula	SLSH	Absent	
3GNA0112	Body Surface	RGR	Absent	
3GNA0112	Body Surface	RLSN	Absent	
3GNA0112	Body Surface	SPDF	Absent	
3GNA0112	Body Surface	HMRB	Absent	
3GNA0112	Body Surface	FDC	Absent	
3GNA0112	Body Surface	BFG	Absent	
3GNA0112	Body Surface	PRST	Absent	
3GNA0112	Body Surface	OTHER	Present	Red spots behind right operculum
3GNA0112	Head	DFM	Absent	
3GNA0112	Mouth	ULR	Absent	
3GNA0112	Mouth	LLG	Absent	
3GNA0112	Nare	SLN	Absent	
3GNA0112	Eye, left	EXPTH	Absent	
3GNA0112	Eye, left	OPQ	Absent	
3GNA0112	Eye, left	MIS	Absent	
3GNA0112	Eye, left	HMR	Absent	
3GNA0112	Eye, left	EMB	Absent	
3GNA0112	Eye, right	EXPTH	Absent	
3GNA0112	Eye, right	OPQ	Absent	
3GNA0112	Eye, right	MIS	Absent	
3GNA0112	Eye, right	HMR	Absent	
3GNA0112	Eye, right	EMB	Absent	
3GNA0112	Opercula	SLSH	Absent	
3GNA0113	Body Surface	RGR	Absent	
3GNA0113	Body Surface	RLSN	Absent	
3GNA0113	Body Surface	SPDF	Absent	
3GNA0113	Body Surface	HMRB	Absent	
3GNA0113	Body Surface	FDC	Absent	
3GNA0113	Body Surface	BFG	Absent	
3GNA0113	Body Surface	PRST	Absent	
3GNA0113	Body Surface	OTHER	Present	Gill net marks
3GNA0113	Head	DFM	Absent	
3GNA0113	Mouth	ULR	Absent	
3GNA0113	Mouth	LLG	Absent	
3GNA0113	Nare	SLN	Absent	
3GNA0113	Eye, left	EXPTH	Absent	
3GNA0113	Eye, left	OPQ	Absent	
3GNA0113	Eye, left	MIS	Absent	
3GNA0113	Eye, left	HMR	Absent	
3GNA0113	Eye, left	EMB	Absent	
3GNA0113	Eye, right	EXPTH	Absent	
3GNA0113	Eye, right	OPQ	Absent	
3GNA0113	Eye, right	MIS	Absent	
3GNA0113	Eye, right	HMR	Absent	
3GNA0113	Eye, right	EMB	Absent	
3GNA0113	Opercula	SLSH	Absent	
3GNA0114	Body Surface	RGR	Absent	
3GNA0114	Body Surface	RLSN	Absent	
3GNA0114	Body Surface	SPDF	Absent	
3GNA0114	Body Surface	HMRB	Absent	
3GNA0114	Body Surface	FDC	Absent	
3GNA0114	Body Surface	BFG	Absent	
3GNA0114	Body Surface	PRST	Absent	
3GNA0114	Head	DFM	Absent	
3GNA0114	Mouth	ULR	Absent	
3GNA0114	Mouth	LLG	Absent	
3GNA0114	Nare	SLN	Absent	
3GNA0114	Eye, left	EXPTH	Absent	
3GNA0114	Eye, left	OPQ	Absent	
3GNA0114	Eye, left	MIS	Absent	
3GNA0114	Eye, left	HMR	Absent	
3GNA0114	Eye, left	EMB	Absent	
3GNA0114	Eye, right	EXPTH	Absent	
3GNA0114	Eye, right	OPQ	Absent	
3GNA0114	Eye, right	MIS	Absent	
3GNA0114	Eye, right	HMR	Absent	
3GNA0114	Eye, right	EMB	Absent	
3GNA0114	Opercula	SLSH	Absent	
3GNA0115	Body Surface	RGR	Absent	
3GNA0115	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0115	Body Surface	SPDF	Absent	
3GNA0115	Body Surface	HMRB	Absent	
3GNA0115	Body Surface	FDC	Absent	
3GNA0115	Body Surface	BFG	Absent	
3GNA0115	Body Surface	PRST	Absent	
3GNA0115	Head	DFM	Absent	
3GNA0115	Mouth	ULR	Absent	
3GNA0115	Mouth	LLG	Absent	
3GNA0115	Nare	SLN	Absent	
3GNA0115	Eye, left	EXPTH	Absent	
3GNA0115	Eye, left	OPQ	Absent	
3GNA0115	Eye, left	MIS	Absent	
3GNA0115	Eye, left	HMR	Absent	
3GNA0115	Eye, left	EMB	Absent	
3GNA0115	Eye, right	EXPTH	Absent	
3GNA0115	Eye, right	OPQ	Absent	
3GNA0115	Eye, right	MIS	Absent	
3GNA0115	Eye, right	HMR	Absent	
3GNA0115	Eye, right	EMB	Absent	
3GNA0115	Opercula	SLSH	Absent	
3GNA0116	Body Surface	RGR	Absent	
3GNA0116	Body Surface	RLSN	Absent	
3GNA0116	Body Surface	SPDF	Absent	
3GNA0116	Body Surface	HMRB	Absent	
3GNA0116	Body Surface	FDC	Absent	
3GNA0116	Body Surface	BFG	Absent	
3GNA0116	Body Surface	PRST	Absent	
3GNA0116	Head	DFM	Absent	
3GNA0116	Mouth	ULR	Absent	
3GNA0116	Mouth	LLG	Absent	
3GNA0116	Nare	SLN	Absent	
3GNA0116	Eye, left	EXPTH	Absent	
3GNA0116	Eye, left	OPQ	Absent	
3GNA0116	Eye, left	MIS	Absent	
3GNA0116	Eye, left	HMR	Absent	
3GNA0116	Eye, left	EMB	Absent	
3GNA0116	Eye, right	EXPTH	Absent	
3GNA0116	Eye, right	OPQ	Absent	
3GNA0116	Eye, right	MIS	Absent	
3GNA0116	Eye, right	HMR	Absent	
3GNA0116	Eye, right	EMB	Absent	
3GNA0116	Opercula	SLSH	Absent	
3GNA0117	Body Surface	RGR	Absent	
3GNA0117	Body Surface	RLSN	Absent	
3GNA0117	Body Surface	SPDF	Absent	
3GNA0117	Body Surface	HMRB	Absent	
3GNA0117	Body Surface	FDC	Absent	
3GNA0117	Body Surface	BFG	Absent	
3GNA0117	Body Surface	PRST	Absent	
3GNA0117	Head	DFM	Absent	
3GNA0117	Mouth	ULR	Absent	
3GNA0117	Mouth	LLG	Absent	
3GNA0117	Nare	SLN	Absent	
3GNA0117	Eye, left	EXPTH	Absent	
3GNA0117	Eye, left	OPQ	Absent	
3GNA0117	Eye, left	MIS	Absent	
3GNA0117	Eye, left	HMR	Absent	
3GNA0117	Eye, left	EMB	Absent	
3GNA0117	Eye, right	EXPTH	Absent	
3GNA0117	Eye, right	OPQ	Absent	
3GNA0117	Eye, right	MIS	Absent	
3GNA0117	Eye, right	HMR	Absent	
3GNA0117	Eye, right	EMB	Absent	
3GNA0117	Opercula	SLSH	Absent	
3GNA0118H	Body Surface	RGR	Absent	
3GNA0118H	Body Surface	RLSN	Absent	
3GNA0118H	Body Surface	SPDF	Absent	
3GNA0118H	Body Surface	HMRB	Absent	
3GNA0118H	Body Surface	FDC	Absent	
3GNA0118H	Body Surface	BFG	Absent	
3GNA0118H	Body Surface	PRST	Absent	
3GNA0118H	Body Surface	OTHER	Present	Gill net marks
3GNA0118H	Head	DFM	Absent	
3GNA0118H	Mouth	ULR	Absent	
3GNA0118H	Mouth	LLG	Absent	
3GNA0118H	Nare	SLN	Absent	
3GNA0118H	Eye, left	EXPTH	Absent	
3GNA0118H	Eye, left	OPQ	Absent	
3GNA0118H	Eye, left	MIS	Absent	
3GNA0118H	Eye, left	HMR	Absent	
3GNA0118H	Eye, left	EMB	Absent	
3GNA0118H	Eye, right	EXPTH	Absent	
3GNA0118H	Eye, right	OPQ	Absent	
3GNA0118H	Eye, right	MIS	Absent	
3GNA0118H	Eye, right	HMR	Absent	
3GNA0118H	Eye, right	EMB	Absent	
3GNA0118H	Opercula	SLSH	Absent	
3GNA0119H	Body Surface	RGR	Absent	
3GNA0119H	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0119H	Body Surface	SPDF	Absent	
3GNA0119H	Body Surface	HMRB	Absent	
3GNA0119H	Body Surface	FDC	Absent	
3GNA0119H	Body Surface	BFG	Absent	
3GNA0119H	Body Surface	PRST	Absent	
3GNA0119H	Body Surface	OTHER	Present	Gill net marks
3GNA0119H	Head	DFM	Absent	
3GNA0119H	Mouth	ULR	Absent	
3GNA0119H	Mouth	LLG	Absent	
3GNA0119H	Nare	SLN	Absent	
3GNA0119H	Eye, left	EXPTH	Absent	
3GNA0119H	Eye, left	OPQ	Absent	
3GNA0119H	Eye, left	MIS	Absent	
3GNA0119H	Eye, left	HMR	Absent	
3GNA0119H	Eye, left	EMB	Absent	
3GNA0119H	Eye, right	EXPTH	Absent	
3GNA0119H	Eye, right	OPQ	Absent	
3GNA0119H	Eye, right	MIS	Absent	
3GNA0119H	Eye, right	HMR	Absent	
3GNA0119H	Eye, right	EMB	Absent	
3GNA0119H	Opercula	SLSH	Absent	
3GNA0120H	Body Surface	RGR	Absent	
3GNA0120H	Body Surface	RLSN	Absent	
3GNA0120H	Body Surface	SPDF	Absent	
3GNA0120H	Body Surface	HMRB	Absent	
3GNA0120H	Body Surface	FDC	Absent	
3GNA0120H	Body Surface	BFG	Absent	
3GNA0120H	Body Surface	PRST	Absent	
3GNA0120H	Body Surface	OTHER	Present	Gill net marks
3GNA0120H	Head	DFM	Absent	
3GNA0120H	Mouth	ULR	Absent	
3GNA0120H	Mouth	LLG	Absent	
3GNA0120H	Nare	SLN	Absent	
3GNA0120H	Eye, left	EXPTH	Absent	
3GNA0120H	Eye, left	OPQ	Absent	
3GNA0120H	Eye, left	MIS	Absent	
3GNA0120H	Eye, left	HMR	Absent	
3GNA0120H	Eye, left	EMB	Absent	
3GNA0120H	Eye, right	EXPTH	Absent	
3GNA0120H	Eye, right	OPQ	Absent	
3GNA0120H	Eye, right	MIS	Absent	
3GNA0120H	Eye, right	HMR	Absent	
3GNA0120H	Eye, right	EMB	Absent	
3GNA0120H	Opercula	SLSH	Absent	
3GNA0121H	Body Surface	RGR	Absent	
3GNA0121H	Body Surface	RLSN	Absent	
3GNA0121H	Body Surface	SPDF	Absent	
3GNA0121H	Body Surface	HMRB	Absent	
3GNA0121H	Body Surface	FDC	Absent	
3GNA0121H	Body Surface	BFG	Absent	
3GNA0121H	Body Surface	PRST	Absent	
3GNA0121H	Body Surface	OTHER	Present	Gill net marks
3GNA0121H	Head	DFM	Absent	
3GNA0121H	Mouth	ULR	Absent	
3GNA0121H	Mouth	LLG	Absent	
3GNA0121H	Nare	SLN	Absent	
3GNA0121H	Eye, left	EXPTH	Absent	
3GNA0121H	Eye, left	OPQ	Absent	
3GNA0121H	Eye, left	MIS	Absent	
3GNA0121H	Eye, left	HMR	Absent	
3GNA0121H	Eye, left	EMB	Absent	
3GNA0121H	Eye, right	EXPTH	Absent	
3GNA0121H	Eye, right	OPQ	Absent	
3GNA0121H	Eye, right	MIS	Absent	
3GNA0121H	Eye, right	HMR	Absent	
3GNA0121H	Eye, right	EMB	Absent	
3GNA0121H	Opercula	SLSH	Absent	
3GNA0122H	Body Surface	RGR	Absent	
3GNA0122H	Body Surface	RLSN	Absent	
3GNA0122H	Body Surface	SPDF	Absent	
3GNA0122H	Body Surface	HMRB	Absent	
3GNA0122H	Body Surface	FDC	Absent	
3GNA0122H	Body Surface	BFG	Absent	
3GNA0122H	Body Surface	PRST	Absent	
3GNA0122H	Body Surface	OTHER	Present	Gill net marks
3GNA0122H	Head	DFM	Absent	
3GNA0122H	Mouth	ULR	Absent	
3GNA0122H	Mouth	LLG	Absent	
3GNA0122H	Nare	SLN	Absent	
3GNA0122H	Eye, left	EXPTH	Absent	
3GNA0122H	Eye, left	OPQ	Absent	
3GNA0122H	Eye, left	MIS	Absent	
3GNA0122H	Eye, left	HMR	Absent	
3GNA0122H	Eye, left	EMB	Absent	
3GNA0122H	Eye, right	EXPTH	Absent	
3GNA0122H	Eye, right	OPQ	Absent	
3GNA0122H	Eye, right	MIS	Absent	
3GNA0122H	Eye, right	HMR	Absent	
3GNA0122H	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0122H	Opercula	SLSH	Absent	
3GNA0123H	Body Surface	RGR	Absent	
3GNA0123H	Body Surface	RLSN	Absent	
3GNA0123H	Body Surface	SPDF	Absent	
3GNA0123H	Body Surface	HMRB	Absent	
3GNA0123H	Body Surface	FDC	Absent	
3GNA0123H	Body Surface	BFG	Absent	
3GNA0123H	Body Surface	PRST	Absent	
3GNA0123H	Body Surface	OTHER	Present	Gill net marks
3GNA0123H	Head	DFM	Absent	
3GNA0123H	Mouth	ULR	Absent	
3GNA0123H	Mouth	LLG	Absent	
3GNA0123H	Nare	SLN	Absent	
3GNA0123H	Eye, left	EXPTH	Absent	
3GNA0123H	Eye, left	OPQ	Absent	
3GNA0123H	Eye, left	MIS	Absent	
3GNA0123H	Eye, left	HMR	Absent	
3GNA0123H	Eye, left	EMB	Absent	
3GNA0123H	Eye, right	EXPTH	Absent	
3GNA0123H	Eye, right	OPQ	Absent	
3GNA0123H	Eye, right	MIS	Absent	
3GNA0123H	Eye, right	HMR	Absent	
3GNA0123H	Eye, right	EMB	Absent	
3GNA0123H	Opercula	SLSH	Absent	
3GNA0124	Body Surface	RGR	Absent	
3GNA0124	Body Surface	RLSN	Absent	
3GNA0124	Body Surface	SPDF	Absent	
3GNA0124	Body Surface	HMRB	Present	
3GNA0124	Body Surface	FDC	Absent	
3GNA0124	Body Surface	BFG	Absent	
3GNA0124	Body Surface	PRST	Absent	
3GNA0124	Body Surface	OTHER	Present	Gill net marks
3GNA0124	Head	DFM	Absent	
3GNA0124	Mouth	ULR	Absent	
3GNA0124	Mouth	LLG	Absent	
3GNA0124	Nare	SLN	Absent	
3GNA0124	Eye, left	EXPTH	Absent	
3GNA0124	Eye, left	OPQ	Absent	
3GNA0124	Eye, left	MIS	Absent	
3GNA0124	Eye, left	HMR	Absent	
3GNA0124	Eye, left	EMB	Absent	
3GNA0124	Eye, right	EXPTH	Absent	
3GNA0124	Eye, right	OPQ	Absent	
3GNA0124	Eye, right	MIS	Absent	
3GNA0124	Eye, right	HMR	Absent	
3GNA0124	Eye, right	EMB	Absent	
3GNA0124	Opercula	SLSH	Absent	
3GNA0125H	Body Surface	RGR	Absent	
3GNA0125H	Body Surface	RLSN	Absent	
3GNA0125H	Body Surface	SPDF	Absent	
3GNA0125H	Body Surface	HMRB	Absent	
3GNA0125H	Body Surface	FDC	Absent	
3GNA0125H	Body Surface	BFG	Absent	
3GNA0125H	Body Surface	PRST	Absent	
3GNA0125H	Body Surface	OTHER	Present	Gill net marks
3GNA0125H	Head	DFM	Absent	
3GNA0125H	Mouth	ULR	Absent	
3GNA0125H	Mouth	LLG	Absent	
3GNA0125H	Nare	SLN	Absent	
3GNA0125H	Eye, left	EXPTH	Absent	
3GNA0125H	Eye, left	OPQ	Absent	
3GNA0125H	Eye, left	MIS	Absent	
3GNA0125H	Eye, left	HMR	Absent	
3GNA0125H	Eye, left	EMB	Absent	
3GNA0125H	Eye, right	EXPTH	Absent	
3GNA0125H	Eye, right	OPQ	Absent	
3GNA0125H	Eye, right	MIS	Absent	
3GNA0125H	Eye, right	HMR	Absent	
3GNA0125H	Eye, right	EMB	Absent	
3GNA0125H	Opercula	SLSH	Absent	
3GNA0126H	Body Surface	RGR	Absent	
3GNA0126H	Body Surface	RLSN	Absent	
3GNA0126H	Body Surface	SPDF	Absent	
3GNA0126H	Body Surface	HMRB	Absent	
3GNA0126H	Body Surface	FDC	Absent	
3GNA0126H	Body Surface	BFG	Absent	
3GNA0126H	Body Surface	PRST	Absent	
3GNA0126H	Body Surface	OTHER	Present	Gill net marks
3GNA0126H	Head	DFM	Absent	
3GNA0126H	Mouth	ULR	Absent	
3GNA0126H	Mouth	LLG	Absent	
3GNA0126H	Nare	SLN	Absent	
3GNA0126H	Eye, left	EXPTH	Absent	
3GNA0126H	Eye, left	OPQ	Absent	
3GNA0126H	Eye, left	MIS	Absent	
3GNA0126H	Eye, left	HMR	Absent	
3GNA0126H	Eye, left	EMB	Absent	
3GNA0126H	Eye, right	EXPTH	Absent	
3GNA0126H	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0126H	Eye, right	MIS	Absent	
3GNA0126H	Eye, right	HMR	Absent	
3GNA0126H	Eye, right	EMB	Absent	
3GNA0126H	Opercula	SLSH	Absent	
3GNA0127	Body Surface	RGR	Absent	
3GNA0127	Body Surface	RLSN	Absent	
3GNA0127	Body Surface	SPDF	Absent	
3GNA0127	Body Surface	HMRB	Absent	
3GNA0127	Body Surface	FDC	Absent	
3GNA0127	Body Surface	BFG	Absent	
3GNA0127	Body Surface	PRST	Absent	
3GNA0127	Body Surface	OTHER	Present	Gill net marks
3GNA0127	Head	DFM	Absent	
3GNA0127	Mouth	ULR	Absent	
3GNA0127	Mouth	LLG	Absent	
3GNA0127	Nare	SLN	Absent	
3GNA0127	Eye, left	EXPTH	Absent	
3GNA0127	Eye, left	OPQ	Absent	
3GNA0127	Eye, left	MIS	Absent	
3GNA0127	Eye, left	HMR	Absent	
3GNA0127	Eye, left	EMB	Absent	
3GNA0127	Eye, right	EXPTH	Absent	
3GNA0127	Eye, right	OPQ	Absent	
3GNA0127	Eye, right	MIS	Absent	
3GNA0127	Eye, right	HMR	Absent	
3GNA0127	Eye, right	EMB	Absent	
3GNA0127	Opercula	SLSH	Absent	
3GNA0128	Body Surface	RGR	Absent	
3GNA0128	Body Surface	RLSN	Absent	
3GNA0128	Body Surface	SPDF	Absent	
3GNA0128	Body Surface	HMRB	Absent	
3GNA0128	Body Surface	FDC	Absent	
3GNA0128	Body Surface	BFG	Absent	
3GNA0128	Body Surface	PRST	Absent	
3GNA0128	Head	DFM	Absent	
3GNA0128	Mouth	ULR	Absent	
3GNA0128	Mouth	LLG	Absent	
3GNA0128	Nare	SLN	Absent	
3GNA0128	Eye, left	EXPTH	Absent	
3GNA0128	Eye, left	OPQ	Absent	
3GNA0128	Eye, left	MIS	Absent	
3GNA0128	Eye, left	HMR	Absent	
3GNA0128	Eye, left	EMB	Absent	
3GNA0128	Eye, right	EXPTH	Absent	
3GNA0128	Eye, right	OPQ	Absent	
3GNA0128	Eye, right	MIS	Absent	
3GNA0128	Eye, right	HMR	Absent	
3GNA0128	Eye, right	EMB	Absent	
3GNA0128	Opercula	SLSH	Absent	
3GNA0129	Body Surface	RGR	Absent	
3GNA0129	Body Surface	RLSN	Absent	
3GNA0129	Body Surface	SPDF	Absent	
3GNA0129	Body Surface	HMRB	Absent	
3GNA0129	Body Surface	FDC	Absent	
3GNA0129	Body Surface	BFG	Absent	
3GNA0129	Body Surface	PRST	Absent	
3GNA0129	Body Surface	OTHER	Present	Gill net marks
3GNA0129	Head	DFM	Absent	
3GNA0129	Mouth	ULR	Absent	
3GNA0129	Mouth	LLG	Absent	
3GNA0129	Nare	SLN	Absent	
3GNA0129	Eye, left	EXPTH	Absent	
3GNA0129	Eye, left	OPQ	Absent	
3GNA0129	Eye, left	MIS	Absent	
3GNA0129	Eye, left	HMR	Absent	
3GNA0129	Eye, left	EMB	Absent	
3GNA0129	Eye, right	EXPTH	Absent	
3GNA0129	Eye, right	OPQ	Absent	
3GNA0129	Eye, right	MIS	Absent	
3GNA0129	Eye, right	HMR	Absent	
3GNA0129	Eye, right	EMB	Absent	
3GNA0129	Opercula	SLSH	Absent	
3GNA0130H	Body Surface	RGR	Absent	
3GNA0130H	Body Surface	RLSN	Absent	
3GNA0130H	Body Surface	SPDF	Absent	
3GNA0130H	Body Surface	HMRB	Absent	
3GNA0130H	Body Surface	FDC	Absent	
3GNA0130H	Body Surface	BFG	Absent	
3GNA0130H	Body Surface	PRST	Absent	
3GNA0130H	Body Surface	OTHER	Present	Gill net marks
3GNA0130H	Head	DFM	Absent	
3GNA0130H	Mouth	ULR	Absent	
3GNA0130H	Mouth	LLG	Absent	
3GNA0130H	Nare	SLN	Absent	
3GNA0130H	Eye, left	EXPTH	Absent	
3GNA0130H	Eye, left	OPQ	Absent	
3GNA0130H	Eye, left	MIS	Absent	
3GNA0130H	Eye, left	HMR	Absent	
3GNA0130H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0130H	Eye, right	EXPTH	Absent	
3GNA0130H	Eye, right	OPQ	Absent	
3GNA0130H	Eye, right	MIS	Absent	
3GNA0130H	Eye, right	HMR	Absent	
3GNA0130H	Eye, right	EMB	Absent	
3GNA0130H	Opercula	SLSH	Absent	
3GNA0131H	Body Surface	RGR	Absent	
3GNA0131H	Body Surface	RLSN	Absent	
3GNA0131H	Body Surface	SPDF	Absent	
3GNA0131H	Body Surface	HMRB	Absent	
3GNA0131H	Body Surface	FDC	Absent	
3GNA0131H	Body Surface	BFG	Absent	
3GNA0131H	Body Surface	PRST	Absent	
3GNA0131H	Body Surface	OTHER	Present	Gill net marks
3GNA0131H	Head	DFM	Absent	
3GNA0131H	Mouth	ULR	Absent	
3GNA0131H	Mouth	LLG	Absent	
3GNA0131H	Nare	SLN	Absent	
3GNA0131H	Eye, left	EXPTH	Absent	
3GNA0131H	Eye, left	OPQ	Absent	
3GNA0131H	Eye, left	MIS	Absent	
3GNA0131H	Eye, left	HMR	Absent	
3GNA0131H	Eye, left	EMB	Absent	
3GNA0131H	Eye, right	EXPTH	Absent	
3GNA0131H	Eye, right	OPQ	Absent	
3GNA0131H	Eye, right	MIS	Absent	
3GNA0131H	Eye, right	HMR	Absent	
3GNA0131H	Eye, right	EMB	Absent	
3GNA0131H	Opercula	SLSH	Absent	
3GNA0132H	Body Surface	RGR	Absent	
3GNA0132H	Body Surface	RLSN	Absent	
3GNA0132H	Body Surface	SPDF	Absent	
3GNA0132H	Body Surface	HMRB	Absent	
3GNA0132H	Body Surface	FDC	Absent	
3GNA0132H	Body Surface	BFG	Absent	
3GNA0132H	Body Surface	PRST	Absent	
3GNA0132H	Body Surface	OTHER	Present	Gill net marks
3GNA0132H	Head	DFM	Absent	
3GNA0132H	Mouth	ULR	Absent	
3GNA0132H	Mouth	LLG	Absent	
3GNA0132H	Nare	SLN	Absent	
3GNA0132H	Eye, left	EXPTH	Absent	
3GNA0132H	Eye, left	OPQ	Absent	
3GNA0132H	Eye, left	MIS	Absent	
3GNA0132H	Eye, left	HMR	Absent	
3GNA0132H	Eye, left	EMB	Absent	
3GNA0132H	Eye, right	EXPTH	Absent	
3GNA0132H	Eye, right	OPQ	Absent	
3GNA0132H	Eye, right	MIS	Absent	
3GNA0132H	Eye, right	HMR	Absent	
3GNA0132H	Eye, right	EMB	Absent	
3GNA0132H	Opercula	SLSH	Absent	
3GNA0133H	Body Surface	RGR	Absent	
3GNA0133H	Body Surface	RLSN	Absent	
3GNA0133H	Body Surface	SPDF	Absent	
3GNA0133H	Body Surface	HMRB	Absent	
3GNA0133H	Body Surface	FDC	Absent	
3GNA0133H	Body Surface	BFG	Absent	
3GNA0133H	Body Surface	PRST	Absent	
3GNA0133H	Body Surface	OTHER	Present	Gill net marks
3GNA0133H	Head	DFM	Absent	
3GNA0133H	Mouth	ULR	Absent	
3GNA0133H	Mouth	LLG	Absent	
3GNA0133H	Nare	SLN	Absent	
3GNA0133H	Eye, left	EXPTH	Absent	
3GNA0133H	Eye, left	OPQ	Absent	
3GNA0133H	Eye, left	MIS	Absent	
3GNA0133H	Eye, left	HMR	Absent	
3GNA0133H	Eye, left	EMB	Absent	
3GNA0133H	Eye, right	EXPTH	Absent	
3GNA0133H	Eye, right	OPQ	Absent	
3GNA0133H	Eye, right	MIS	Absent	
3GNA0133H	Eye, right	HMR	Absent	
3GNA0133H	Eye, right	EMB	Absent	
3GNA0133H	Opercula	SLSH	Absent	
3GNA0134H	Body Surface	RGR	Absent	
3GNA0134H	Body Surface	RLSN	Absent	
3GNA0134H	Body Surface	SPDF	Absent	
3GNA0134H	Body Surface	HMRB	Absent	
3GNA0134H	Body Surface	FDC	Absent	
3GNA0134H	Body Surface	BFG	Absent	
3GNA0134H	Body Surface	PRST	Absent	
3GNA0134H	Body Surface	OTHER	Present	Gill net marks
3GNA0134H	Head	DFM	Absent	
3GNA0134H	Mouth	ULR	Absent	
3GNA0134H	Mouth	LLG	Absent	
3GNA0134H	Nare	SLN	Absent	
3GNA0134H	Eye, left	EXPTH	Absent	
3GNA0134H	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0134H	Eye, left	MIS	Absent	
3GNA0134H	Eye, left	HMR	Absent	
3GNA0134H	Eye, left	EMB	Absent	
3GNA0134H	Eye, right	EXPTH	Absent	
3GNA0134H	Eye, right	OPQ	Absent	
3GNA0134H	Eye, right	MIS	Absent	
3GNA0134H	Eye, right	HMR	Absent	
3GNA0134H	Eye, right	EMB	Absent	
3GNA0134H	Opercula	SLSH	Absent	
3GNA0135H	Body Surface	RGR	Absent	
3GNA0135H	Body Surface	RLSN	Absent	
3GNA0135H	Body Surface	SPDF	Absent	
3GNA0135H	Body Surface	HMRB	Absent	
3GNA0135H	Body Surface	FDC	Absent	
3GNA0135H	Body Surface	BFG	Absent	
3GNA0135H	Body Surface	PRST	Absent	
3GNA0135H	Body Surface	OTHER	Present	Gill net marks
3GNA0135H	Head	DFM	Absent	
3GNA0135H	Mouth	ULR	Absent	
3GNA0135H	Mouth	LLG	Absent	
3GNA0135H	Nare	SLN	Absent	
3GNA0135H	Eye, left	EXPTH	Absent	
3GNA0135H	Eye, left	OPQ	Absent	
3GNA0135H	Eye, left	MIS	Absent	
3GNA0135H	Eye, left	HMR	Absent	
3GNA0135H	Eye, left	EMB	Absent	
3GNA0135H	Eye, right	EXPTH	Absent	
3GNA0135H	Eye, right	OPQ	Absent	
3GNA0135H	Eye, right	MIS	Absent	
3GNA0135H	Eye, right	HMR	Absent	
3GNA0135H	Eye, right	EMB	Absent	
3GNA0135H	Opercula	SLSH	Absent	
3GNA0136H	Body Surface	RGR	Absent	
3GNA0136H	Body Surface	RLSN	Absent	
3GNA0136H	Body Surface	SPDF	Absent	
3GNA0136H	Body Surface	HMRB	Absent	
3GNA0136H	Body Surface	FDC	Absent	
3GNA0136H	Body Surface	BFG	Absent	
3GNA0136H	Body Surface	PRST	Absent	
3GNA0136H	Body Surface	OTHER	Present	Gill net marks
3GNA0136H	Head	DFM	Absent	
3GNA0136H	Mouth	ULR	Absent	
3GNA0136H	Mouth	LLG	Absent	
3GNA0136H	Nare	SLN	Absent	
3GNA0136H	Eye, left	EXPTH	Absent	
3GNA0136H	Eye, left	OPQ	Absent	
3GNA0136H	Eye, left	MIS	Absent	
3GNA0136H	Eye, left	HMR	Absent	
3GNA0136H	Eye, left	EMB	Absent	
3GNA0136H	Eye, right	EXPTH	Absent	
3GNA0136H	Eye, right	OPQ	Absent	
3GNA0136H	Eye, right	MIS	Absent	
3GNA0136H	Eye, right	HMR	Absent	
3GNA0136H	Eye, right	EMB	Absent	
3GNA0136H	Opercula	SLSH	Absent	
3GNA0137H	Body Surface	RGR	Absent	
3GNA0137H	Body Surface	RLSN	Absent	
3GNA0137H	Body Surface	SPDF	Absent	
3GNA0137H	Body Surface	HMRB	Absent	
3GNA0137H	Body Surface	FDC	Absent	
3GNA0137H	Body Surface	BFG	Absent	
3GNA0137H	Body Surface	PRST	Absent	
3GNA0137H	Body Surface	OTHER	Present	Gill net marks
3GNA0137H	Head	DFM	Absent	
3GNA0137H	Mouth	ULR	Absent	
3GNA0137H	Mouth	LLG	Absent	
3GNA0137H	Nare	SLN	Absent	
3GNA0137H	Eye, left	EXPTH	Absent	
3GNA0137H	Eye, left	OPQ	Absent	
3GNA0137H	Eye, left	MIS	Absent	
3GNA0137H	Eye, left	HMR	Absent	
3GNA0137H	Eye, left	EMB	Absent	
3GNA0137H	Eye, right	EXPTH	Absent	
3GNA0137H	Eye, right	OPQ	Absent	
3GNA0137H	Eye, right	MIS	Absent	
3GNA0137H	Eye, right	HMR	Absent	
3GNA0137H	Eye, right	EMB	Absent	
3GNA0137H	Opercula	SLSH	Absent	
3GNA0138	Body Surface	RGR	Absent	
3GNA0138	Body Surface	RLSN	Absent	
3GNA0138	Body Surface	SPDF	Absent	
3GNA0138	Body Surface	HMRB	Absent	
3GNA0138	Body Surface	FDC	Absent	
3GNA0138	Body Surface	BFG	Absent	
3GNA0138	Body Surface	PRST	Absent	
3GNA0138	Body Surface	OTHER	Present	Gill net marks
3GNA0138	Head	DFM	Absent	
3GNA0138	Mouth	ULR	Absent	
3GNA0138	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0138	Nare	SLN	Absent	
3GNA0138	Eye, left	EXPTH	Absent	
3GNA0138	Eye, left	OPQ	Absent	
3GNA0138	Eye, left	MIS	Absent	
3GNA0138	Eye, left	HMR	Absent	
3GNA0138	Eye, left	EMB	Absent	
3GNA0138	Eye, right	EXPTH	Absent	
3GNA0138	Eye, right	OPQ	Absent	
3GNA0138	Eye, right	MIS	Absent	
3GNA0138	Eye, right	HMR	Absent	
3GNA0138	Eye, right	EMB	Absent	
3GNA0138	Opercula	SLSH	Absent	
3GNA0139	Body Surface	RGR	Absent	
3GNA0139	Body Surface	RLSN	Absent	
3GNA0139	Body Surface	SPDF	Absent	
3GNA0139	Body Surface	HMRB	Absent	
3GNA0139	Body Surface	FDC	Absent	
3GNA0139	Body Surface	BFG	Absent	
3GNA0139	Body Surface	PRST	Absent	
3GNA0139	Body Surface	OTHER	Present	Gill net marks
3GNA0139	Head	DFM	Absent	
3GNA0139	Mouth	ULR	Absent	
3GNA0139	Mouth	LLG	Absent	
3GNA0139	Nare	SLN	Absent	
3GNA0139	Eye, left	EXPTH	Absent	
3GNA0139	Eye, left	OPQ	Absent	
3GNA0139	Eye, left	MIS	Absent	
3GNA0139	Eye, left	HMR	Absent	
3GNA0139	Eye, left	EMB	Absent	
3GNA0139	Eye, right	EXPTH	Absent	
3GNA0139	Eye, right	OPQ	Absent	
3GNA0139	Eye, right	MIS	Absent	
3GNA0139	Eye, right	HMR	Absent	
3GNA0139	Eye, right	EMB	Absent	
3GNA0139	Opercula	SLSH	Absent	
3GNA0140	Body Surface	RGR	Absent	
3GNA0140	Body Surface	RLSN	Absent	
3GNA0140	Body Surface	SPDF	Absent	
3GNA0140	Body Surface	HMRB	Absent	
3GNA0140	Body Surface	FDC	Absent	
3GNA0140	Body Surface	BFG	Absent	
3GNA0140	Body Surface	PRST	Absent	
3GNA0140	Body Surface	OTHER	Present	Gill net marks
3GNA0140	Head	DFM	Absent	
3GNA0140	Mouth	ULR	Absent	
3GNA0140	Mouth	LLG	Absent	
3GNA0140	Nare	SLN	Absent	
3GNA0140	Eye, left	EXPTH	Absent	
3GNA0140	Eye, left	OPQ	Absent	
3GNA0140	Eye, left	MIS	Absent	
3GNA0140	Eye, left	HMR	Absent	
3GNA0140	Eye, left	EMB	Absent	
3GNA0140	Eye, right	EXPTH	Absent	
3GNA0140	Eye, right	OPQ	Absent	
3GNA0140	Eye, right	MIS	Absent	
3GNA0140	Eye, right	HMR	Absent	
3GNA0140	Eye, right	EMB	Absent	
3GNA0140	Opercula	SLSH	Absent	
3GNA0141	Body Surface	RGR	Absent	
3GNA0141	Body Surface	RLSN	Absent	
3GNA0141	Body Surface	SPDF	Absent	
3GNA0141	Body Surface	HMRB	Absent	
3GNA0141	Body Surface	FDC	Absent	
3GNA0141	Body Surface	BFG	Absent	
3GNA0141	Body Surface	PRST	Absent	
3GNA0141	Body Surface	OTHER	Present	Gill net marks
3GNA0141	Head	DFM	Absent	
3GNA0141	Mouth	ULR	Absent	
3GNA0141	Mouth	LLG	Absent	
3GNA0141	Nare	SLN	Absent	
3GNA0141	Eye, left	EXPTH	Absent	
3GNA0141	Eye, left	OPQ	Absent	
3GNA0141	Eye, left	MIS	Absent	
3GNA0141	Eye, left	HMR	Absent	
3GNA0141	Eye, left	EMB	Absent	
3GNA0141	Eye, right	EXPTH	Absent	
3GNA0141	Eye, right	OPQ	Absent	
3GNA0141	Eye, right	MIS	Absent	
3GNA0141	Eye, right	HMR	Absent	
3GNA0141	Eye, right	EMB	Absent	
3GNA0141	Opercula	SLSH	Absent	
3GNC0025W	Body Surface	RGR	Absent	
3GNC0025W	Body Surface	RLSN	Absent	
3GNC0025W	Body Surface	SPDF	Absent	
3GNC0025W	Body Surface	HMRB	Absent	
3GNC0025W	Body Surface	FDC	Absent	
3GNC0025W	Body Surface	BFG	Absent	
3GNC0025W	Body Surface	PRST	Present	
3GNC0025W	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNC0025W	Mouth	ULR	Absent	
3GNC0025W	Mouth	LLG	Absent	
3GNC0025W	Nare	SLN	Absent	
3GNC0025W	Eye, left	EXPTH	Absent	
3GNC0025W	Eye, left	OPQ	Absent	
3GNC0025W	Eye, left	MIS	Absent	
3GNC0025W	Eye, left	HMR	Absent	
3GNC0025W	Eye, left	EMB	Absent	
3GNC0025W	Eye, right	EXPTH	Absent	
3GNC0025W	Eye, right	OPQ	Absent	
3GNC0025W	Eye, right	MIS	Absent	
3GNC0025W	Eye, right	HMR	Absent	
3GNC0025W	Eye, right	EMB	Absent	
3GNC0025W	Opercula	SLSH	Absent	
3GNC0027W	Body Surface	RGR	Absent	
3GNC0027W	Body Surface	RLSN	Absent	
3GNC0027W	Body Surface	SPDF	Absent	
3GNC0027W	Body Surface	HMRB	Absent	
3GNC0027W	Body Surface	FDC	Absent	
3GNC0027W	Body Surface	BFG	Absent	
3GNC0027W	Body Surface	PRST	Absent	
3GNC0027W	Head	DFM	Absent	
3GNC0027W	Mouth	ULR	Absent	
3GNC0027W	Mouth	LLG	Absent	
3GNC0027W	Nare	SLN	Absent	
3GNC0027W	Eye, left	EXPTH	Absent	
3GNC0027W	Eye, left	OPQ	Absent	
3GNC0027W	Eye, left	MIS	Absent	
3GNC0027W	Eye, left	HMR	Absent	
3GNC0027W	Eye, left	EMB	Absent	
3GNC0027W	Eye, right	EXPTH	Absent	
3GNC0027W	Eye, right	OPQ	Absent	
3GNC0027W	Eye, right	MIS	Absent	
3GNC0027W	Eye, right	HMR	Absent	
3GNC0027W	Eye, right	EMB	Absent	
3GNC0027W	Opercula	SLSH	Absent	
3GNC0029	Body Surface	RGR	Absent	
3GNC0029	Body Surface	RLSN	Absent	
3GNC0029	Body Surface	SPDF	Absent	
3GNC0029	Body Surface	HMRB	Absent	
3GNC0029	Body Surface	FDC	Absent	
3GNC0029	Body Surface	BFG	Absent	
3GNC0029	Body Surface	PRST	Absent	
3GNC0029	Barbel	NORM	Present	
3GNC0029	Head	DFM	Absent	
3GNC0029	Mouth	ULR	Absent	
3GNC0029	Mouth	LLG	Absent	
3GNC0029	Nare	SLN	Absent	
3GNC0029	Eye, left	EXPTH	Absent	
3GNC0029	Eye, left	OPQ	Absent	
3GNC0029	Eye, left	MIS	Absent	
3GNC0029	Eye, left	HMR	Absent	
3GNC0029	Eye, left	EMB	Absent	
3GNC0029	Eye, right	EXPTH	Absent	
3GNC0029	Eye, right	OPQ	Absent	
3GNC0029	Eye, right	MIS	Absent	
3GNC0029	Eye, right	HMR	Absent	
3GNC0029	Eye, right	EMB	Absent	
3GNC0029	Opercula	SLSH	Absent	
3GNC0039	Body Surface	RGR	Absent	
3GNC0039	Body Surface	RLSN	Absent	
3GNC0039	Body Surface	SPDF	Absent	
3GNC0039	Body Surface	HMRB	Absent	
3GNC0039	Body Surface	FDC	Absent	
3GNC0039	Body Surface	BFG	Absent	
3GNC0039	Body Surface	PRST	Absent	
3GNC0039	Barbel	NORM	Present	
3GNC0039	Head	DFM	Absent	
3GNC0039	Mouth	ULR	Absent	
3GNC0039	Mouth	LLG	Absent	
3GNC0039	Nare	SLN	Absent	
3GNC0039	Eye, left	EXPTH	Absent	
3GNC0039	Eye, left	OPQ	Absent	
3GNC0039	Eye, left	MIS	Absent	
3GNC0039	Eye, left	HMR	Absent	
3GNC0039	Eye, left	EMB	Absent	
3GNC0039	Eye, right	EXPTH	Absent	
3GNC0039	Eye, right	OPQ	Absent	
3GNC0039	Eye, right	MIS	Absent	
3GNC0039	Eye, right	HMR	Absent	
3GNC0039	Eye, right	EMB	Absent	
3GNC0039	Opercula	SLSH	Absent	
3GNC0040	Body Surface	RGR	Absent	
3GNC0040	Body Surface	RLSN	Absent	
3GNC0040	Body Surface	SPDF	Absent	
3GNC0040	Body Surface	HMRB	Absent	
3GNC0040	Body Surface	FDC	Absent	
3GNC0040	Body Surface	BFG	Absent	
3GNC0040	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNC0040	Barbel	NORM	Present	
3GNC0040	Head	DFM	Absent	
3GNC0040	Mouth	ULR	Absent	
3GNC0040	Mouth	LLG	Absent	
3GNC0040	Nare	SLN	Absent	
3GNC0040	Eye, left	EXPTH	Absent	
3GNC0040	Eye, left	OPQ	Absent	
3GNC0040	Eye, left	MIS	Absent	
3GNC0040	Eye, left	HMR	Absent	
3GNC0040	Eye, left	EMB	Absent	
3GNC0040	Eye, right	EXPTH	Absent	
3GNC0040	Eye, right	OPQ	Absent	
3GNC0040	Eye, right	MIS	Absent	
3GNC0040	Eye, right	HMR	Absent	
3GNC0040	Eye, right	EMB	Absent	
3GNC0040	Opercula	SLSH	Absent	
3GNE0001H	Body Surface	RGR	Absent	
3GNE0001H	Body Surface	RLSN	Absent	
3GNE0001H	Body Surface	SPDF	Absent	
3GNE0001H	Body Surface	HMRB	Absent	
3GNE0001H	Body Surface	FDC	Absent	
3GNE0001H	Body Surface	BFG	Absent	
3GNE0001H	Body Surface	PRST	Absent	
3GNE0001H	Body Surface	OTHER	Present	Gill net marks
3GNE0001H	Head	DFM	Absent	
3GNE0001H	Mouth	ULR	Absent	
3GNE0001H	Mouth	LLG	Absent	
3GNE0001H	Nare	SLN	Absent	
3GNE0001H	Eye, left	EXPTH	Absent	
3GNE0001H	Eye, left	OPQ	Absent	
3GNE0001H	Eye, left	MIS	Absent	
3GNE0001H	Eye, left	HMR	Absent	
3GNE0001H	Eye, left	EMB	Absent	
3GNE0001H	Eye, right	EXPTH	Absent	
3GNE0001H	Eye, right	OPQ	Absent	
3GNE0001H	Eye, right	MIS	Absent	
3GNE0001H	Eye, right	HMR	Absent	
3GNE0001H	Eye, right	EMB	Absent	
3GNE0001H	Opercula	SLSH	Absent	
3GNE0002H	Body Surface	RGR	Absent	
3GNE0002H	Body Surface	RLSN	Absent	
3GNE0002H	Body Surface	SPDF	Absent	
3GNE0002H	Body Surface	HMRB	Absent	
3GNE0002H	Body Surface	FDC	Absent	
3GNE0002H	Body Surface	BFG	Absent	
3GNE0002H	Body Surface	PRST	Absent	
3GNE0002H	Body Surface	OTHER	Present	Gill net marks
3GNE0002H	Head	DFM	Absent	
3GNE0002H	Mouth	ULR	Absent	
3GNE0002H	Mouth	LLG	Absent	
3GNE0002H	Nare	SLN	Absent	
3GNE0002H	Eye, left	EXPTH	Absent	
3GNE0002H	Eye, left	OPQ	Absent	
3GNE0002H	Eye, left	MIS	Absent	
3GNE0002H	Eye, left	HMR	Absent	
3GNE0002H	Eye, left	EMB	Absent	
3GNE0002H	Eye, right	EXPTH	Absent	
3GNE0002H	Eye, right	OPQ	Absent	
3GNE0002H	Eye, right	MIS	Absent	
3GNE0002H	Eye, right	HMR	Absent	
3GNE0002H	Eye, right	EMB	Absent	
3GNE0002H	Opercula	SLSH	Absent	
3GNE0003H	Body Surface	RGR	Absent	
3GNE0003H	Body Surface	RLSN	Absent	
3GNE0003H	Body Surface	SPDF	Absent	
3GNE0003H	Body Surface	HMRB	Absent	
3GNE0003H	Body Surface	FDC	Absent	
3GNE0003H	Body Surface	BFG	Absent	
3GNE0003H	Body Surface	PRST	Absent	
3GNE0003H	Body Surface	OTHER	Present	Gill net marks
3GNE0003H	Head	DFM	Absent	
3GNE0003H	Mouth	ULR	Absent	
3GNE0003H	Mouth	LLG	Absent	
3GNE0003H	Nare	SLN	Absent	
3GNE0003H	Eye, left	EXPTH	Absent	
3GNE0003H	Eye, left	OPQ	Absent	
3GNE0003H	Eye, left	MIS	Absent	
3GNE0003H	Eye, left	HMR	Absent	
3GNE0003H	Eye, left	EMB	Absent	
3GNE0003H	Eye, right	EXPTH	Absent	
3GNE0003H	Eye, right	OPQ	Absent	
3GNE0003H	Eye, right	MIS	Absent	
3GNE0003H	Eye, right	HMR	Absent	
3GNE0003H	Eye, right	EMB	Absent	
3GNE0003H	Opercula	SLSH	Absent	
3GNE0004H	Body Surface	RGR	Absent	
3GNE0004H	Body Surface	RLSN	Absent	
3GNE0004H	Body Surface	SPDF	Absent	
3GNE0004H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0004H	Body Surface	FDC	Absent	
3GNE0004H	Body Surface	BFG	Absent	
3GNE0004H	Body Surface	PRST	Absent	
3GNE0004H	Body Surface	OTHER	Present	Gill net marks
3GNE0004H	Head	DFM	Absent	
3GNE0004H	Mouth	ULR	Absent	
3GNE0004H	Mouth	LLG	Absent	
3GNE0004H	Nare	SLN	Absent	
3GNE0004H	Eye, left	EXPTH	Absent	
3GNE0004H	Eye, left	OPQ	Absent	
3GNE0004H	Eye, left	MIS	Absent	
3GNE0004H	Eye, left	HMR	Absent	
3GNE0004H	Eye, left	EMB	Absent	
3GNE0004H	Eye, right	EXPTH	Absent	
3GNE0004H	Eye, right	OPQ	Absent	
3GNE0004H	Eye, right	MIS	Absent	
3GNE0004H	Eye, right	HMR	Absent	
3GNE0004H	Eye, right	EMB	Absent	
3GNE0004H	Opercula	SLSH	Absent	
3GNE0005H	Body Surface	RGR	Absent	
3GNE0005H	Body Surface	RLSN	Absent	
3GNE0005H	Body Surface	SPDF	Absent	
3GNE0005H	Body Surface	HMRB	Absent	
3GNE0005H	Body Surface	FDC	Absent	
3GNE0005H	Body Surface	BFG	Absent	
3GNE0005H	Body Surface	PRST	Absent	
3GNE0005H	Body Surface	OTHER	Present	Gill net marks
3GNE0005H	Head	DFM	Absent	
3GNE0005H	Mouth	ULR	Absent	
3GNE0005H	Mouth	LLG	Absent	
3GNE0005H	Nare	SLN	Absent	
3GNE0005H	Eye, left	EXPTH	Absent	
3GNE0005H	Eye, left	OPQ	Absent	
3GNE0005H	Eye, left	MIS	Absent	
3GNE0005H	Eye, left	HMR	Absent	
3GNE0005H	Eye, left	EMB	Absent	
3GNE0005H	Eye, right	EXPTH	Absent	
3GNE0005H	Eye, right	OPQ	Absent	
3GNE0005H	Eye, right	MIS	Absent	
3GNE0005H	Eye, right	HMR	Absent	
3GNE0005H	Eye, right	EMB	Absent	
3GNE0005H	Opercula	SLSH	Absent	
3GNE0006H	Body Surface	RGR	Absent	
3GNE0006H	Body Surface	RLSN	Absent	
3GNE0006H	Body Surface	SPDF	Absent	
3GNE0006H	Body Surface	HMRB	Absent	
3GNE0006H	Body Surface	FDC	Absent	
3GNE0006H	Body Surface	BFG	Absent	
3GNE0006H	Body Surface	PRST	Absent	
3GNE0006H	Body Surface	OTHER	Present	Gill net marks
3GNE0006H	Head	DFM	Absent	
3GNE0006H	Mouth	ULR	Absent	
3GNE0006H	Mouth	LLG	Absent	
3GNE0006H	Nare	SLN	Absent	
3GNE0006H	Eye, left	EXPTH	Absent	
3GNE0006H	Eye, left	OPQ	Absent	
3GNE0006H	Eye, left	MIS	Absent	
3GNE0006H	Eye, left	HMR	Absent	
3GNE0006H	Eye, left	EMB	Absent	
3GNE0006H	Eye, right	EXPTH	Absent	
3GNE0006H	Eye, right	OPQ	Absent	
3GNE0006H	Eye, right	MIS	Absent	
3GNE0006H	Eye, right	HMR	Absent	
3GNE0006H	Eye, right	EMB	Absent	
3GNE0006H	Opercula	OTHER	Present	Gill net damage
3GNE0006H	Opercula	SLSH	Absent	
3GNE0007W	Body Surface	RGR	Absent	
3GNE0007W	Body Surface	RLSN	Absent	
3GNE0007W	Body Surface	SPDF	Absent	
3GNE0007W	Body Surface	HMRB	Absent	
3GNE0007W	Body Surface	FDC	Absent	
3GNE0007W	Body Surface	BFG	Absent	
3GNE0007W	Body Surface	PRST	Absent	
3GNE0007W	Body Surface	OTHER	Present	Gill net marks
3GNE0007W	Head	DFM	Absent	
3GNE0007W	Mouth	ULR	Absent	
3GNE0007W	Mouth	LLG	Absent	
3GNE0007W	Nare	SLN	Absent	
3GNE0007W	Eye, left	EXPTH	Absent	
3GNE0007W	Eye, left	OPQ	Absent	
3GNE0007W	Eye, left	MIS	Absent	
3GNE0007W	Eye, left	HMR	Absent	
3GNE0007W	Eye, left	EMB	Absent	
3GNE0007W	Eye, right	EXPTH	Absent	
3GNE0007W	Eye, right	OPQ	Absent	
3GNE0007W	Eye, right	MIS	Absent	
3GNE0007W	Eye, right	HMR	Absent	
3GNE0007W	Eye, right	EMB	Absent	
3GNE0007W	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0008W	Body Surface	RGR	Absent	
3GNE0008W	Body Surface	RLSN	Absent	
3GNE0008W	Body Surface	SPDF	Absent	
3GNE0008W	Body Surface	HMRB	Absent	
3GNE0008W	Body Surface	FDC	Absent	
3GNE0008W	Body Surface	BFG	Absent	
3GNE0008W	Body Surface	PRST	Absent	
3GNE0008W	Body Surface	OTHER	Present	Gill net marks
3GNE0008W	Head	DFM	Absent	
3GNE0008W	Mouth	ULR	Absent	
3GNE0008W	Mouth	LLG	Absent	
3GNE0008W	Nare	SLN	Absent	
3GNE0008W	Eye, left	EXPTH	Absent	
3GNE0008W	Eye, left	OPQ	Absent	
3GNE0008W	Eye, left	MIS	Absent	
3GNE0008W	Eye, left	HMR	Absent	
3GNE0008W	Eye, left	EMB	Absent	
3GNE0008W	Eye, right	EXPTH	Absent	
3GNE0008W	Eye, right	OPQ	Absent	
3GNE0008W	Eye, right	MIS	Absent	
3GNE0008W	Eye, right	HMR	Absent	
3GNE0008W	Eye, right	EMB	Absent	
3GNE0008W	Opercula	SLSH	Absent	
3GNE0009H	Body Surface	RGR	Absent	
3GNE0009H	Body Surface	RLSN	Absent	
3GNE0009H	Body Surface	SPDF	Absent	
3GNE0009H	Body Surface	HMRB	Absent	
3GNE0009H	Body Surface	FDC	Absent	
3GNE0009H	Body Surface	BFG	Absent	
3GNE0009H	Body Surface	PRST	Absent	
3GNE0009H	Body Surface	OTHER	Present	Gill net marks
3GNE0009H	Head	DFM	Absent	
3GNE0009H	Mouth	ULR	Absent	
3GNE0009H	Mouth	LLG	Absent	
3GNE0009H	Nare	SLN	Absent	
3GNE0009H	Eye, left	EXPTH	Absent	
3GNE0009H	Eye, left	OPQ	Absent	
3GNE0009H	Eye, left	MIS	Absent	
3GNE0009H	Eye, left	HMR	Absent	
3GNE0009H	Eye, left	EMB	Absent	
3GNE0009H	Eye, right	EXPTH	Absent	
3GNE0009H	Eye, right	OPQ	Absent	
3GNE0009H	Eye, right	MIS	Absent	
3GNE0009H	Eye, right	HMR	Absent	
3GNE0009H	Eye, right	EMB	Absent	
3GNE0009H	Opercula	SLSH	Absent	
3GNE0010H	Body Surface	RGR	Absent	
3GNE0010H	Body Surface	RLSN	Absent	
3GNE0010H	Body Surface	SPDF	Absent	
3GNE0010H	Body Surface	HMRB	Absent	
3GNE0010H	Body Surface	FDC	Absent	
3GNE0010H	Body Surface	BFG	Absent	
3GNE0010H	Body Surface	PRST	Absent	
3GNE0010H	Body Surface	OTHER	Present	Gill net marks
3GNE0010H	Head	DFM	Absent	
3GNE0010H	Mouth	ULR	Absent	
3GNE0010H	Mouth	LLG	Absent	
3GNE0010H	Nare	SLN	Absent	
3GNE0010H	Eye, left	EXPTH	Absent	
3GNE0010H	Eye, left	OPQ	Absent	
3GNE0010H	Eye, left	MIS	Absent	
3GNE0010H	Eye, left	HMR	Absent	
3GNE0010H	Eye, left	EMB	Absent	
3GNE0010H	Eye, right	EXPTH	Absent	
3GNE0010H	Eye, right	OPQ	Absent	
3GNE0010H	Eye, right	MIS	Absent	
3GNE0010H	Eye, right	HMR	Absent	
3GNE0010H	Eye, right	EMB	Absent	
3GNE0010H	Opercula	SLSH	Absent	
3GNE0011W	Body Surface	RGR	Absent	
3GNE0011W	Body Surface	RLSN	Absent	
3GNE0011W	Body Surface	SPDF	Absent	
3GNE0011W	Body Surface	HMRB	Absent	
3GNE0011W	Body Surface	FDC	Absent	
3GNE0011W	Body Surface	BFG	Absent	
3GNE0011W	Body Surface	PRST	Absent	
3GNE0011W	Body Surface	OTHER	Present	Gill net marks
3GNE0011W	Head	DFM	Absent	
3GNE0011W	Mouth	ULR	Absent	
3GNE0011W	Mouth	LLG	Absent	
3GNE0011W	Nare	SLN	Absent	
3GNE0011W	Eye, left	EXPTH	Absent	
3GNE0011W	Eye, left	OPQ	Absent	
3GNE0011W	Eye, left	MIS	Absent	
3GNE0011W	Eye, left	HMR	Absent	
3GNE0011W	Eye, left	EMB	Absent	
3GNE0011W	Eye, right	EXPTH	Absent	
3GNE0011W	Eye, right	OPQ	Absent	
3GNE0011W	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0011W	Eye, right	HMR	Absent	
3GNE0011W	Eye, right	EMB	Absent	
3GNE0011W	Opercula	SLSH	Absent	
3GNE0012H	Body Surface	RGR	Absent	
3GNE0012H	Body Surface	RLSN	Absent	
3GNE0012H	Body Surface	SPDF	Absent	
3GNE0012H	Body Surface	HMRB	Absent	
3GNE0012H	Body Surface	FDC	Absent	
3GNE0012H	Body Surface	BFG	Absent	
3GNE0012H	Body Surface	PRST	Absent	
3GNE0012H	Head	DFM	Absent	
3GNE0012H	Mouth	ULR	Absent	
3GNE0012H	Mouth	LLG	Absent	
3GNE0012H	Nare	SLN	Absent	
3GNE0012H	Eye, left	EXPTH	Absent	
3GNE0012H	Eye, left	OPQ	Absent	
3GNE0012H	Eye, left	MIS	Absent	
3GNE0012H	Eye, left	HMR	Absent	
3GNE0012H	Eye, left	EMB	Absent	
3GNE0012H	Eye, right	EXPTH	Absent	
3GNE0012H	Eye, right	OPQ	Absent	
3GNE0012H	Eye, right	MIS	Absent	
3GNE0012H	Eye, right	HMR	Absent	
3GNE0012H	Eye, right	EMB	Absent	
3GNE0012H	Opercula	SLSH	Absent	
3GNE0013W	Body Surface	RGR	Absent	
3GNE0013W	Body Surface	RLSN	Present	
3GNE0013W	Body Surface	SPDF	Absent	
3GNE0013W	Body Surface	HMRB	Absent	
3GNE0013W	Body Surface	FDC	Absent	
3GNE0013W	Body Surface	BFG	Absent	
3GNE0013W	Body Surface	PRST	Absent	
3GNE0013W	Body Surface	OTHER	Present	Gill net marks
3GNE0013W	Head	DFM	Absent	
3GNE0013W	Mouth	ULR	Absent	
3GNE0013W	Mouth	LLG	Absent	
3GNE0013W	Nare	SLN	Absent	
3GNE0013W	Eye, left	EXPTH	Absent	
3GNE0013W	Eye, left	OPQ	Absent	
3GNE0013W	Eye, left	MIS	Absent	
3GNE0013W	Eye, left	HMR	Absent	
3GNE0013W	Eye, left	EMB	Absent	
3GNE0013W	Eye, right	EXPTH	Absent	
3GNE0013W	Eye, right	OPQ	Absent	
3GNE0013W	Eye, right	MIS	Absent	
3GNE0013W	Eye, right	HMR	Absent	
3GNE0013W	Eye, right	EMB	Absent	
3GNE0013W	Opercula	SLSH	Absent	
3GNE0014W	Body Surface	RGR	Absent	
3GNE0014W	Body Surface	RLSN	Present	
3GNE0014W	Body Surface	SPDF	Absent	
3GNE0014W	Body Surface	HMRB	Absent	
3GNE0014W	Body Surface	FDC	Absent	
3GNE0014W	Body Surface	BFG	Absent	
3GNE0014W	Body Surface	PRST	Absent	
3GNE0014W	Body Surface	OTHER	Present	Gill net marks
3GNE0014W	Head	DFM	Absent	
3GNE0014W	Mouth	ULR	Absent	
3GNE0014W	Mouth	LLG	Absent	
3GNE0014W	Nare	SLN	Absent	
3GNE0014W	Eye, left	EXPTH	Absent	
3GNE0014W	Eye, left	OPQ	Absent	
3GNE0014W	Eye, left	MIS	Absent	
3GNE0014W	Eye, left	HMR	Absent	
3GNE0014W	Eye, left	EMB	Absent	
3GNE0014W	Eye, right	EXPTH	Absent	
3GNE0014W	Eye, right	OPQ	Absent	
3GNE0014W	Eye, right	MIS	Absent	
3GNE0014W	Eye, right	HMR	Absent	
3GNE0014W	Eye, right	EMB	Absent	
3GNE0014W	Opercula	SLSH	Absent	
3GNE0015W	Body Surface	RGR	Absent	
3GNE0015W	Body Surface	RLSN	Absent	
3GNE0015W	Body Surface	SPDF	Absent	
3GNE0015W	Body Surface	HMRB	Absent	
3GNE0015W	Body Surface	FDC	Absent	
3GNE0015W	Body Surface	BFG	Absent	
3GNE0015W	Body Surface	PRST	Absent	
3GNE0015W	Body Surface	OTHER	Present	Gill net marks
3GNE0015W	Head	DFM	Absent	
3GNE0015W	Mouth	ULR	Absent	
3GNE0015W	Mouth	LLG	Absent	
3GNE0015W	Nare	SLN	Absent	
3GNE0015W	Eye, left	EXPTH	Absent	
3GNE0015W	Eye, left	OPQ	Absent	
3GNE0015W	Eye, left	MIS	Absent	
3GNE0015W	Eye, left	HMR	Absent	
3GNE0015W	Eye, left	EMB	Absent	
3GNE0015W	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0015W	Eye, right	OPQ	Absent	
3GNE0015W	Eye, right	MIS	Absent	
3GNE0015W	Eye, right	HMR	Absent	
3GNE0015W	Eye, right	EMB	Absent	
3GNE0015W	Opercula	SLSH	Absent	
3GNE0016H	Body Surface	RGR	Absent	
3GNE0016H	Body Surface	RLSN	Absent	
3GNE0016H	Body Surface	SPDF	Absent	
3GNE0016H	Body Surface	HMRB	Absent	
3GNE0016H	Body Surface	FDC	Absent	
3GNE0016H	Body Surface	BFG	Absent	
3GNE0016H	Body Surface	PRST	Absent	
3GNE0016H	Body Surface	OTHER	Present	Gill net marks
3GNE0016H	Head	DFM	Absent	
3GNE0016H	Mouth	ULR	Absent	
3GNE0016H	Mouth	LLG	Absent	
3GNE0016H	Nare	SLN	Absent	
3GNE0016H	Eye, left	EXPTH	Absent	
3GNE0016H	Eye, left	OPQ	Absent	
3GNE0016H	Eye, left	MIS	Absent	
3GNE0016H	Eye, left	HMR	Absent	
3GNE0016H	Eye, left	EMB	Absent	
3GNE0016H	Eye, right	EXPTH	Absent	
3GNE0016H	Eye, right	OPQ	Absent	
3GNE0016H	Eye, right	MIS	Absent	
3GNE0016H	Eye, right	HMR	Absent	
3GNE0016H	Eye, right	EMB	Absent	
3GNE0016H	Opercula	SLSH	Absent	
3GNE0017	Body Surface	RGR	Absent	
3GNE0017	Body Surface	RLSN	Absent	
3GNE0017	Body Surface	SPDF	Absent	
3GNE0017	Body Surface	HMRB	Absent	
3GNE0017	Body Surface	FDC	Absent	
3GNE0017	Body Surface	BFG	Absent	
3GNE0017	Body Surface	PRST	Absent	
3GNE0017	Body Surface	OTHER	Present	Gill net marks
3GNE0017	Head	DFM	Absent	
3GNE0017	Mouth	ULR	Absent	
3GNE0017	Mouth	LLG	Absent	
3GNE0017	Nare	SLN	Absent	
3GNE0017	Eye, left	EXPTH	Absent	
3GNE0017	Eye, left	OPQ	Absent	
3GNE0017	Eye, left	MIS	Absent	
3GNE0017	Eye, left	HMR	Absent	
3GNE0017	Eye, left	EMB	Absent	
3GNE0017	Eye, right	EXPTH	Absent	
3GNE0017	Eye, right	OPQ	Absent	
3GNE0017	Eye, right	MIS	Absent	
3GNE0017	Eye, right	HMR	Absent	
3GNE0017	Eye, right	EMB	Absent	
3GNE0017	Opercula	OTHER	Present	Gill net damage
3GNE0017	Opercula	SLSH	Absent	
3GNE0018	Body Surface	RGR	Absent	
3GNE0018	Body Surface	RLSN	Absent	
3GNE0018	Body Surface	SPDF	Absent	
3GNE0018	Body Surface	HMRB	Absent	
3GNE0018	Body Surface	FDC	Absent	
3GNE0018	Body Surface	BFG	Absent	
3GNE0018	Body Surface	PRST	Absent	
3GNE0018	Head	DFM	Absent	
3GNE0018	Mouth	ULR	Absent	
3GNE0018	Mouth	LLG	Absent	
3GNE0018	Nare	SLN	Absent	
3GNE0018	Eye, left	EXPTH	Absent	
3GNE0018	Eye, left	OPQ	Absent	
3GNE0018	Eye, left	MIS	Absent	
3GNE0018	Eye, left	HMR	Absent	
3GNE0018	Eye, left	EMB	Absent	
3GNE0018	Eye, right	EXPTH	Absent	
3GNE0018	Eye, right	OPQ	Absent	
3GNE0018	Eye, right	MIS	Absent	
3GNE0018	Eye, right	HMR	Absent	
3GNE0018	Eye, right	EMB	Absent	
3GNE0018	Opercula	SLSH	Absent	
3GNE0019W	Body Surface	RGR	Absent	
3GNE0019W	Body Surface	RLSN	Absent	
3GNE0019W	Body Surface	SPDF	Absent	
3GNE0019W	Body Surface	HMRB	Absent	
3GNE0019W	Body Surface	FDC	Absent	
3GNE0019W	Body Surface	BFG	Absent	
3GNE0019W	Body Surface	PRST	Absent	
3GNE0019W	Body Surface	OTHER	Present	Gill net marks
3GNE0019W	Head	DFM	Absent	
3GNE0019W	Mouth	ULR	Absent	
3GNE0019W	Mouth	LLG	Absent	
3GNE0019W	Nare	SLN	Absent	
3GNE0019W	Eye, left	EXPTH	Absent	
3GNE0019W	Eye, left	OPQ	Absent	
3GNE0019W	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0019W	Eye, left	HMR	Absent	
3GNE0019W	Eye, left	EMB	Absent	
3GNE0019W	Eye, right	EXPTH	Absent	
3GNE0019W	Eye, right	OPQ	Absent	
3GNE0019W	Eye, right	MIS	Absent	
3GNE0019W	Eye, right	HMR	Absent	
3GNE0019W	Eye, right	EMB	Absent	
3GNE0019W	Opercula	SLSH	Absent	
3GNE0020	Body Surface	RGR	Absent	
3GNE0020	Body Surface	RLSN	Absent	
3GNE0020	Body Surface	SPDF	Absent	
3GNE0020	Body Surface	HMRB	Absent	
3GNE0020	Body Surface	FDC	Absent	
3GNE0020	Body Surface	BFG	Absent	
3GNE0020	Body Surface	PRST	Absent	
3GNE0020	Body Surface	OTHER	Present	Gill net marks
3GNE0020	Head	DFM	Absent	
3GNE0020	Mouth	ULR	Absent	
3GNE0020	Mouth	LLG	Absent	
3GNE0020	Nare	SLN	Absent	
3GNE0020	Eye, left	EXPTH	Absent	
3GNE0020	Eye, left	OPQ	Absent	
3GNE0020	Eye, left	MIS	Absent	
3GNE0020	Eye, left	HMR	Absent	
3GNE0020	Eye, left	EMB	Absent	
3GNE0020	Eye, right	EXPTH	Absent	
3GNE0020	Eye, right	OPQ	Absent	
3GNE0020	Eye, right	MIS	Absent	
3GNE0020	Eye, right	HMR	Absent	
3GNE0020	Eye, right	EMB	Absent	
3GNE0020	Opercula	SLSH	Absent	
3GNE0021	Body Surface	RGR	Absent	
3GNE0021	Body Surface	RLSN	Absent	
3GNE0021	Body Surface	SPDF	Absent	
3GNE0021	Body Surface	HMRB	Absent	
3GNE0021	Body Surface	FDC	Absent	
3GNE0021	Body Surface	BFG	Absent	
3GNE0021	Body Surface	PRST	Absent	
3GNE0021	Body Surface	OTHER	Present	Gill net marks
3GNE0021	Head	DFM	Absent	
3GNE0021	Mouth	ULR	Absent	
3GNE0021	Mouth	LLG	Absent	
3GNE0021	Nare	SLN	Absent	
3GNE0021	Eye, left	EXPTH	Absent	
3GNE0021	Eye, left	OPQ	Absent	
3GNE0021	Eye, left	MIS	Absent	
3GNE0021	Eye, left	HMR	Absent	
3GNE0021	Eye, left	EMB	Absent	
3GNE0021	Eye, right	EXPTH	Absent	
3GNE0021	Eye, right	OPQ	Absent	
3GNE0021	Eye, right	MIS	Absent	
3GNE0021	Eye, right	HMR	Absent	
3GNE0021	Eye, right	EMB	Absent	
3GNE0021	Opercula	SLSH	Absent	
3GNE0022	Body Surface	RGR	Absent	
3GNE0022	Body Surface	RLSN	Absent	
3GNE0022	Body Surface	SPDF	Absent	
3GNE0022	Body Surface	HMRB	Absent	
3GNE0022	Body Surface	FDC	Absent	
3GNE0022	Body Surface	BFG	Absent	
3GNE0022	Body Surface	PRST	Absent	
3GNE0022	Head	DFM	Absent	
3GNE0022	Mouth	ULR	Absent	
3GNE0022	Mouth	LLG	Absent	
3GNE0022	Nare	SLN	Absent	
3GNE0022	Eye, left	EXPTH	Absent	
3GNE0022	Eye, left	OPQ	Absent	
3GNE0022	Eye, left	MIS	Absent	
3GNE0022	Eye, left	HMR	Absent	
3GNE0022	Eye, left	EMB	Absent	
3GNE0022	Eye, right	EXPTH	Absent	
3GNE0022	Eye, right	OPQ	Absent	
3GNE0022	Eye, right	MIS	Absent	
3GNE0022	Eye, right	HMR	Absent	
3GNE0022	Eye, right	EMB	Absent	
3GNE0022	Opercula	SLSH	Absent	
3GNE0023	Body Surface	RGR	Absent	
3GNE0023	Body Surface	RLSN	Absent	
3GNE0023	Body Surface	SPDF	Absent	
3GNE0023	Body Surface	HMRB	Absent	
3GNE0023	Body Surface	FDC	Absent	
3GNE0023	Body Surface	BFG	Absent	
3GNE0023	Body Surface	PRST	Absent	
3GNE0023	Head	DFM	Absent	
3GNE0023	Mouth	ULR	Absent	
3GNE0023	Mouth	LLG	Absent	
3GNE0023	Nare	SLN	Absent	
3GNE0023	Eye, left	EXPTH	Absent	
3GNE0023	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0023	Eye, left	MIS	Absent	
3GNE0023	Eye, left	HMR	Absent	
3GNE0023	Eye, left	EMB	Absent	
3GNE0023	Eye, right	EXPTH	Absent	
3GNE0023	Eye, right	OPQ	Absent	
3GNE0023	Eye, right	MIS	Absent	
3GNE0023	Eye, right	HMR	Absent	
3GNE0023	Eye, right	EMB	Absent	
3GNE0023	Opercula	SLSH	Absent	
3GNE0024H	Body Surface	RGR	Absent	
3GNE0024H	Body Surface	RLSN	Absent	
3GNE0024H	Body Surface	SPDF	Absent	
3GNE0024H	Body Surface	HMRB	Absent	
3GNE0024H	Body Surface	FDC	Absent	
3GNE0024H	Body Surface	BFG	Absent	
3GNE0024H	Body Surface	PRST	Absent	
3GNE0024H	Body Surface	OTHER	Present	Gill net marks
3GNE0024H	Head	DFM	Absent	
3GNE0024H	Mouth	ULR	Absent	
3GNE0024H	Mouth	LLG	Absent	
3GNE0024H	Nare	SLN	Absent	
3GNE0024H	Eye, left	EXPTH	Absent	
3GNE0024H	Eye, left	OPQ	Absent	
3GNE0024H	Eye, left	MIS	Absent	
3GNE0024H	Eye, left	HMR	Absent	
3GNE0024H	Eye, left	EMB	Absent	
3GNE0024H	Eye, right	EXPTH	Absent	
3GNE0024H	Eye, right	OPQ	Absent	
3GNE0024H	Eye, right	MIS	Absent	
3GNE0024H	Eye, right	HMR	Absent	
3GNE0024H	Eye, right	EMB	Absent	
3GNE0024H	Opercula	SLSH	Absent	
3GNE0025	Body Surface	RGR	Absent	
3GNE0025	Body Surface	RLSN	Absent	
3GNE0025	Body Surface	SPDF	Absent	
3GNE0025	Body Surface	HMRB	Absent	
3GNE0025	Body Surface	FDC	Absent	
3GNE0025	Body Surface	BFG	Absent	
3GNE0025	Body Surface	PRST	Absent	
3GNE0025	Head	DFM	Absent	
3GNE0025	Mouth	ULR	Absent	
3GNE0025	Mouth	LLG	Absent	
3GNE0025	Nare	SLN	Absent	
3GNE0025	Eye, left	EXPTH	Absent	
3GNE0025	Eye, left	OPQ	Absent	
3GNE0025	Eye, left	MIS	Absent	
3GNE0025	Eye, left	HMR	Absent	
3GNE0025	Eye, left	EMB	Absent	
3GNE0025	Eye, right	EXPTH	Absent	
3GNE0025	Eye, right	OPQ	Absent	
3GNE0025	Eye, right	MIS	Absent	
3GNE0025	Eye, right	HMR	Absent	
3GNE0025	Eye, right	EMB	Absent	
3GNE0025	Opercula	SLSH	Absent	
3GNE0026H	Body Surface	RGR	Absent	
3GNE0026H	Body Surface	RLSN	Absent	
3GNE0026H	Body Surface	SPDF	Absent	
3GNE0026H	Body Surface	HMRB	Absent	
3GNE0026H	Body Surface	FDC	Absent	
3GNE0026H	Body Surface	BFG	Absent	
3GNE0026H	Body Surface	PRST	Absent	
3GNE0026H	Head	DFM	Absent	
3GNE0026H	Mouth	ULR	Absent	
3GNE0026H	Mouth	LLG	Absent	
3GNE0026H	Nare	SLN	Absent	
3GNE0026H	Eye, left	EXPTH	Absent	
3GNE0026H	Eye, left	OPQ	Absent	
3GNE0026H	Eye, left	MIS	Absent	
3GNE0026H	Eye, left	HMR	Absent	
3GNE0026H	Eye, left	EMB	Absent	
3GNE0026H	Eye, right	EXPTH	Absent	
3GNE0026H	Eye, right	OPQ	Absent	
3GNE0026H	Eye, right	MIS	Absent	
3GNE0026H	Eye, right	HMR	Absent	
3GNE0026H	Eye, right	EMB	Absent	
3GNE0026H	Opercula	OTHER	Present	Gill net damage
3GNE0026H	Opercula	SLSH	Absent	
3GNE0027	Body Surface	RGR	Absent	
3GNE0027	Body Surface	RLSN	Absent	
3GNE0027	Body Surface	SPDF	Absent	
3GNE0027	Body Surface	HMRB	Absent	
3GNE0027	Body Surface	FDC	Absent	
3GNE0027	Body Surface	BFG	Absent	
3GNE0027	Body Surface	PRST	Absent	
3GNE0027	Body Surface	OTHER	Present	Gill net marks
3GNE0027	Head	DFM	Absent	
3GNE0027	Mouth	ULR	Absent	
3GNE0027	Mouth	LLG	Absent	
3GNE0027	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0027	Eye, left	EXPTH	Absent	
3GNE0027	Eye, left	OPQ	Absent	
3GNE0027	Eye, left	MIS	Absent	
3GNE0027	Eye, left	HMR	Absent	
3GNE0027	Eye, left	EMB	Absent	
3GNE0027	Eye, right	EXPTH	Absent	
3GNE0027	Eye, right	OPQ	Absent	
3GNE0027	Eye, right	MIS	Absent	
3GNE0027	Eye, right	HMR	Absent	
3GNE0027	Eye, right	EMB	Absent	
3GNE0027	Opercula	SLSH	Absent	
3GNE0028	Body Surface	RGR	Absent	
3GNE0028	Body Surface	RLSN	Absent	
3GNE0028	Body Surface	SPDF	Absent	
3GNE0028	Body Surface	HMRB	Absent	
3GNE0028	Body Surface	FDC	Absent	
3GNE0028	Body Surface	BFG	Absent	
3GNE0028	Body Surface	PRST	Absent	
3GNE0028	Body Surface	OTHER	Present	Gill net marks
3GNE0028	Head	DFM	Absent	
3GNE0028	Mouth	ULR	Absent	
3GNE0028	Mouth	LLG	Absent	
3GNE0028	Nare	SLN	Absent	
3GNE0028	Eye, left	EXPTH	Absent	
3GNE0028	Eye, left	OPQ	Absent	
3GNE0028	Eye, left	MIS	Absent	
3GNE0028	Eye, left	HMR	Absent	
3GNE0028	Eye, left	EMB	Absent	
3GNE0028	Eye, right	EXPTH	Absent	
3GNE0028	Eye, right	OPQ	Absent	
3GNE0028	Eye, right	MIS	Absent	
3GNE0028	Eye, right	HMR	Absent	
3GNE0028	Eye, right	EMB	Absent	
3GNE0028	Opercula	SLSH	Absent	
3GNE0029H	Body Surface	RGR	Absent	
3GNE0029H	Body Surface	RLSN	Absent	
3GNE0029H	Body Surface	SPDF	Absent	
3GNE0029H	Body Surface	HMRB	Absent	
3GNE0029H	Body Surface	FDC	Absent	
3GNE0029H	Body Surface	BFG	Absent	
3GNE0029H	Body Surface	PRST	Absent	
3GNE0029H	Body Surface	OTHER	Present	Gill net marks
3GNE0029H	Head	DFM	Absent	
3GNE0029H	Mouth	ULR	Absent	
3GNE0029H	Mouth	LLG	Absent	
3GNE0029H	Nare	SLN	Absent	
3GNE0029H	Eye, left	EXPTH	Absent	
3GNE0029H	Eye, left	OPQ	Absent	
3GNE0029H	Eye, left	MIS	Absent	
3GNE0029H	Eye, left	HMR	Absent	
3GNE0029H	Eye, left	EMB	Absent	
3GNE0029H	Eye, right	EXPTH	Absent	
3GNE0029H	Eye, right	OPQ	Absent	
3GNE0029H	Eye, right	MIS	Absent	
3GNE0029H	Eye, right	HMR	Absent	
3GNE0029H	Eye, right	EMB	Absent	
3GNE0029H	Opercula	SLSH	Absent	
3GNE0030H	Body Surface	RGR	Absent	
3GNE0030H	Body Surface	RLSN	Absent	
3GNE0030H	Body Surface	SPDF	Absent	
3GNE0030H	Body Surface	HMRB	Absent	
3GNE0030H	Body Surface	FDC	Absent	
3GNE0030H	Body Surface	BFG	Absent	
3GNE0030H	Body Surface	PRST	Absent	
3GNE0030H	Head	DFM	Absent	
3GNE0030H	Mouth	ULR	Absent	
3GNE0030H	Mouth	LLG	Absent	
3GNE0030H	Nare	SLN	Absent	
3GNE0030H	Eye, left	EXPTH	Absent	
3GNE0030H	Eye, left	OPQ	Absent	
3GNE0030H	Eye, left	MIS	Absent	
3GNE0030H	Eye, left	HMR	Absent	
3GNE0030H	Eye, left	EMB	Absent	
3GNE0030H	Eye, right	EXPTH	Absent	
3GNE0030H	Eye, right	OPQ	Absent	
3GNE0030H	Eye, right	MIS	Absent	
3GNE0030H	Eye, right	HMR	Absent	
3GNE0030H	Eye, right	EMB	Absent	
3GNE0030H	Opercula	SLSH	Absent	
3GNE0031H	Body Surface	RGR	Absent	
3GNE0031H	Body Surface	RLSN	Absent	
3GNE0031H	Body Surface	SPDF	Absent	
3GNE0031H	Body Surface	HMRB	Absent	
3GNE0031H	Body Surface	FDC	Absent	
3GNE0031H	Body Surface	BFG	Absent	
3GNE0031H	Body Surface	PRST	Absent	
3GNE0031H	Body Surface	OTHER	Present	Gill net marks
3GNE0031H	Head	DFM	Absent	
3GNE0031H	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0031H	Mouth	LLG	Absent	
3GNE0031H	Nare	SLN	Absent	
3GNE0031H	Eye, left	EXPTH	Absent	
3GNE0031H	Eye, left	OPQ	Absent	
3GNE0031H	Eye, left	MIS	Absent	
3GNE0031H	Eye, left	HMR	Absent	
3GNE0031H	Eye, left	EMB	Absent	
3GNE0031H	Eye, right	EXPTH	Absent	
3GNE0031H	Eye, right	OPQ	Absent	
3GNE0031H	Eye, right	MIS	Absent	
3GNE0031H	Eye, right	HMR	Absent	
3GNE0031H	Eye, right	EMB	Absent	
3GNE0031H	Opercula	SLSH	Absent	
3GNE0032H	Body Surface	RGR	Absent	
3GNE0032H	Body Surface	RLSN	Absent	
3GNE0032H	Body Surface	SPDF	Absent	
3GNE0032H	Body Surface	HMRB	Absent	
3GNE0032H	Body Surface	FDC	Absent	
3GNE0032H	Body Surface	BFG	Absent	
3GNE0032H	Body Surface	PRST	Absent	
3GNE0032H	Body Surface	OTHER	Present	Gill net marks
3GNE0032H	Head	DFM	Absent	
3GNE0032H	Mouth	ULR	Absent	
3GNE0032H	Mouth	LLG	Absent	
3GNE0032H	Nare	SLN	Absent	
3GNE0032H	Eye, left	EXPTH	Absent	
3GNE0032H	Eye, left	OPQ	Absent	
3GNE0032H	Eye, left	MIS	Absent	
3GNE0032H	Eye, left	HMR	Absent	
3GNE0032H	Eye, left	EMB	Absent	
3GNE0032H	Eye, right	EXPTH	Absent	
3GNE0032H	Eye, right	OPQ	Absent	
3GNE0032H	Eye, right	MIS	Absent	
3GNE0032H	Eye, right	HMR	Absent	
3GNE0032H	Eye, right	EMB	Absent	
3GNE0032H	Opercula	SLSH	Present	
3GNE0033H	Body Surface	RGR	Absent	
3GNE0033H	Body Surface	RLSN	Absent	
3GNE0033H	Body Surface	SPDF	Absent	
3GNE0033H	Body Surface	HMRB	Absent	
3GNE0033H	Body Surface	FDC	Absent	
3GNE0033H	Body Surface	BFG	Absent	
3GNE0033H	Body Surface	PRST	Absent	
3GNE0033H	Body Surface	OTHER	Present	Gill net marks
3GNE0033H	Head	DFM	Absent	
3GNE0033H	Mouth	ULR	Absent	
3GNE0033H	Mouth	LLG	Absent	
3GNE0033H	Nare	SLN	Absent	
3GNE0033H	Eye, left	EXPTH	Absent	
3GNE0033H	Eye, left	OPQ	Absent	
3GNE0033H	Eye, left	MIS	Absent	
3GNE0033H	Eye, left	HMR	Absent	
3GNE0033H	Eye, left	EMB	Absent	
3GNE0033H	Eye, right	EXPTH	Absent	
3GNE0033H	Eye, right	OPQ	Absent	
3GNE0033H	Eye, right	MIS	Absent	
3GNE0033H	Eye, right	HMR	Absent	
3GNE0033H	Eye, right	EMB	Absent	
3GNE0033H	Opercula	SLSH	Absent	
3GNE0034	Body Surface	RGR	Absent	
3GNE0034	Body Surface	RLSN	Absent	
3GNE0034	Body Surface	SPDF	Absent	
3GNE0034	Body Surface	HMRB	Absent	
3GNE0034	Body Surface	FDC	Absent	
3GNE0034	Body Surface	BFG	Absent	
3GNE0034	Body Surface	PRST	Absent	
3GNE0034	Head	DFM	Absent	
3GNE0034	Mouth	ULR	Absent	
3GNE0034	Mouth	LLG	Absent	
3GNE0034	Nare	SLN	Absent	
3GNE0034	Eye, left	EXPTH	Absent	
3GNE0034	Eye, left	OPQ	Absent	
3GNE0034	Eye, left	MIS	Absent	
3GNE0034	Eye, left	HMR	Absent	
3GNE0034	Eye, left	EMB	Absent	
3GNE0034	Eye, right	EXPTH	Absent	
3GNE0034	Eye, right	OPQ	Absent	
3GNE0034	Eye, right	MIS	Absent	
3GNE0034	Eye, right	HMR	Absent	
3GNE0034	Eye, right	EMB	Absent	
3GNE0034	Opercula	SLSH	Absent	
3GNE0035H	Body Surface	RGR	Absent	
3GNE0035H	Body Surface	RLSN	Absent	
3GNE0035H	Body Surface	SPDF	Absent	
3GNE0035H	Body Surface	HMRB	Absent	
3GNE0035H	Body Surface	FDC	Absent	
3GNE0035H	Body Surface	BFG	Absent	
3GNE0035H	Body Surface	PRST	Absent	
3GNE0035H	Body Surface	OTHER	Present	Gill net marks

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0035H	Head	DFM	Absent	
3GNE0035H	Mouth	ULR	Absent	
3GNE0035H	Mouth	LLG	Absent	
3GNE0035H	Nare	SLN	Absent	
3GNE0035H	Eye, left	EXPTH	Absent	
3GNE0035H	Eye, left	OPQ	Absent	
3GNE0035H	Eye, left	MIS	Absent	
3GNE0035H	Eye, left	HMR	Absent	
3GNE0035H	Eye, left	EMB	Absent	
3GNE0035H	Eye, right	EXPTH	Absent	
3GNE0035H	Eye, right	OPQ	Absent	
3GNE0035H	Eye, right	MIS	Absent	
3GNE0035H	Eye, right	HMR	Absent	
3GNE0035H	Eye, right	EMB	Absent	
3GNE0035H	Opercula	SLSH	Absent	
3GNE0036H	Body Surface	RGR	Absent	
3GNE0036H	Body Surface	RLSN	Absent	
3GNE0036H	Body Surface	SPDF	Absent	
3GNE0036H	Body Surface	HMRB	Absent	
3GNE0036H	Body Surface	FDC	Absent	
3GNE0036H	Body Surface	BFG	Absent	
3GNE0036H	Body Surface	PRST	Absent	
3GNE0036H	Body Surface	OTHER	Present	Gill net marks
3GNE0036H	Head	DFM	Absent	
3GNE0036H	Mouth	ULR	Absent	
3GNE0036H	Mouth	LLG	Absent	
3GNE0036H	Nare	SLN	Absent	
3GNE0036H	Eye, left	EXPTH	Absent	
3GNE0036H	Eye, left	OPQ	Absent	
3GNE0036H	Eye, left	MIS	Absent	
3GNE0036H	Eye, left	HMR	Absent	
3GNE0036H	Eye, left	EMB	Absent	
3GNE0036H	Eye, right	EXPTH	Absent	
3GNE0036H	Eye, right	OPQ	Absent	
3GNE0036H	Eye, right	MIS	Absent	
3GNE0036H	Eye, right	HMR	Absent	
3GNE0036H	Eye, right	EMB	Absent	
3GNE0036H	Opercula	SLSH	Absent	
3GNE0037W	Body Surface	RGR	Absent	
3GNE0037W	Body Surface	RLSN	Absent	
3GNE0037W	Body Surface	SPDF	Absent	
3GNE0037W	Body Surface	HMRB	Absent	
3GNE0037W	Body Surface	FDC	Absent	
3GNE0037W	Body Surface	BFG	Absent	
3GNE0037W	Body Surface	PRST	Absent	
3GNE0037W	Body Surface	OTHER	Present	Gill net marks
3GNE0037W	Head	DFM	Absent	
3GNE0037W	Mouth	ULR	Absent	
3GNE0037W	Mouth	LLG	Absent	
3GNE0037W	Nare	SLN	Absent	
3GNE0037W	Eye, left	EXPTH	Absent	
3GNE0037W	Eye, left	OPQ	Absent	
3GNE0037W	Eye, left	MIS	Absent	
3GNE0037W	Eye, left	HMR	Absent	
3GNE0037W	Eye, left	EMB	Absent	
3GNE0037W	Eye, right	EXPTH	Absent	
3GNE0037W	Eye, right	OPQ	Absent	
3GNE0037W	Eye, right	MIS	Absent	
3GNE0037W	Eye, right	HMR	Absent	
3GNE0037W	Eye, right	EMB	Absent	
3GNE0037W	Opercula	SLSH	Absent	
3GNE0038	Body Surface	RGR	Absent	
3GNE0038	Body Surface	RLSN	Absent	
3GNE0038	Body Surface	SPDF	Absent	
3GNE0038	Body Surface	HMRB	Absent	
3GNE0038	Body Surface	FDC	Absent	
3GNE0038	Body Surface	BFG	Absent	
3GNE0038	Body Surface	PRST	Absent	
3GNE0038	Body Surface	OTHER	Present	Gill net marks
3GNE0038	Head	DFM	Absent	
3GNE0038	Mouth	ULR	Absent	
3GNE0038	Mouth	LLG	Absent	
3GNE0038	Nare	SLN	Absent	
3GNE0038	Eye, left	EXPTH	Absent	
3GNE0038	Eye, left	OPQ	Absent	
3GNE0038	Eye, left	MIS	Absent	
3GNE0038	Eye, left	HMR	Absent	
3GNE0038	Eye, left	EMB	Absent	
3GNE0038	Eye, right	EXPTH	Absent	
3GNE0038	Eye, right	OPQ	Absent	
3GNE0038	Eye, right	MIS	Absent	
3GNE0038	Eye, right	HMR	Absent	
3GNE0038	Eye, right	EMB	Absent	
3GNE0038	Opercula	SLSH	Absent	
3GNE0039	Body Surface	RGR	Absent	
3GNE0039	Body Surface	RLSN	Absent	
3GNE0039	Body Surface	SPDF	Absent	
3GNE0039	Body Surface	HMRB	Absent	
3GNE0039	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0039	Body Surface	BFG	Absent	
3GNE0039	Body Surface	PRST	Absent	
3GNE0039	Head	DFM	Absent	
3GNE0039	Mouth	ULR	Absent	
3GNE0039	Mouth	LLG	Absent	
3GNE0039	Nare	SLN	Absent	
3GNE0039	Eye, left	EXPTH	Absent	
3GNE0039	Eye, left	OPQ	Absent	
3GNE0039	Eye, left	MIS	Absent	
3GNE0039	Eye, left	HMR	Absent	
3GNE0039	Eye, left	EMB	Absent	
3GNE0039	Eye, right	EXPTH	Absent	
3GNE0039	Eye, right	OPQ	Absent	
3GNE0039	Eye, right	MIS	Absent	
3GNE0039	Eye, right	HMR	Absent	
3GNE0039	Eye, right	EMB	Absent	
3GNE0039	Opercula	SLSH	Absent	
3GNE0040H	Body Surface	RGR	Absent	
3GNE0040H	Body Surface	RLSN	Absent	
3GNE0040H	Body Surface	SPDF	Absent	
3GNE0040H	Body Surface	HMRB	Absent	
3GNE0040H	Body Surface	FDC	Absent	
3GNE0040H	Body Surface	BFG	Absent	
3GNE0040H	Body Surface	PRST	Absent	
3GNE0040H	Head	DFM	Absent	
3GNE0040H	Mouth	ULR	Absent	
3GNE0040H	Mouth	LLG	Absent	
3GNE0040H	Nare	SLN	Absent	
3GNE0040H	Eye, left	EXPTH	Absent	
3GNE0040H	Eye, left	OPQ	Absent	
3GNE0040H	Eye, left	MIS	Absent	
3GNE0040H	Eye, left	HMR	Absent	
3GNE0040H	Eye, left	EMB	Absent	
3GNE0040H	Eye, right	EXPTH	Absent	
3GNE0040H	Eye, right	OPQ	Absent	
3GNE0040H	Eye, right	MIS	Absent	
3GNE0040H	Eye, right	HMR	Absent	
3GNE0040H	Eye, right	EMB	Absent	
3GNE0040H	Opercula	SLSH	Absent	
3GNE0041H	Body Surface	RGR	Absent	
3GNE0041H	Body Surface	RLSN	Absent	
3GNE0041H	Body Surface	SPDF	Absent	
3GNE0041H	Body Surface	HMRB	Absent	
3GNE0041H	Body Surface	FDC	Absent	
3GNE0041H	Body Surface	BFG	Absent	
3GNE0041H	Body Surface	PRST	Absent	
3GNE0041H	Body Surface	OTHER	Present	Gill net marks
3GNE0041H	Head	DFM	Absent	
3GNE0041H	Mouth	ULR	Absent	
3GNE0041H	Mouth	LLG	Absent	
3GNE0041H	Nare	SLN	Absent	
3GNE0041H	Eye, left	EXPTH	Absent	
3GNE0041H	Eye, left	OPQ	Absent	
3GNE0041H	Eye, left	MIS	Absent	
3GNE0041H	Eye, left	HMR	Absent	
3GNE0041H	Eye, left	EMB	Absent	
3GNE0041H	Eye, right	EXPTH	Absent	
3GNE0041H	Eye, right	OPQ	Absent	
3GNE0041H	Eye, right	MIS	Absent	
3GNE0041H	Eye, right	HMR	Absent	
3GNE0041H	Eye, right	EMB	Absent	
3GNE0041H	Opercula	SLSH	Absent	
3GNE0042H	Body Surface	RGR	Absent	
3GNE0042H	Body Surface	RLSN	Absent	
3GNE0042H	Body Surface	SPDF	Absent	
3GNE0042H	Body Surface	HMRB	Absent	
3GNE0042H	Body Surface	FDC	Absent	
3GNE0042H	Body Surface	BFG	Absent	
3GNE0042H	Body Surface	PRST	Absent	
3GNE0042H	Body Surface	OTHER	Present	Gill net marks
3GNE0042H	Head	DFM	Absent	
3GNE0042H	Mouth	ULR	Absent	
3GNE0042H	Mouth	LLG	Absent	
3GNE0042H	Nare	SLN	Absent	
3GNE0042H	Eye, left	EXPTH	Absent	
3GNE0042H	Eye, left	OPQ	Absent	
3GNE0042H	Eye, left	MIS	Absent	
3GNE0042H	Eye, left	HMR	Absent	
3GNE0042H	Eye, left	EMB	Absent	
3GNE0042H	Eye, right	EXPTH	Absent	
3GNE0042H	Eye, right	OPQ	Absent	
3GNE0042H	Eye, right	MIS	Absent	
3GNE0042H	Eye, right	HMR	Absent	
3GNE0042H	Eye, right	EMB	Absent	
3GNE0042H	Opercula	SLSH	Absent	
3GNE0043H	Body Surface	RGR	Absent	
3GNE0043H	Body Surface	RLSN	Absent	
3GNE0043H	Body Surface	SPDF	Absent	
3GNE0043H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0043H	Body Surface	FDC	Absent	
3GNE0043H	Body Surface	BFG	Absent	
3GNE0043H	Body Surface	PRST	Absent	
3GNE0043H	Body Surface	OTHER	Present	Gill net marks
3GNE0043H	Head	DFM	Absent	
3GNE0043H	Mouth	ULR	Absent	
3GNE0043H	Mouth	LLG	Absent	
3GNE0043H	Nare	SLN	Absent	
3GNE0043H	Eye, left	EXPTH	Absent	
3GNE0043H	Eye, left	OPQ	Absent	
3GNE0043H	Eye, left	MIS	Absent	
3GNE0043H	Eye, left	HMR	Absent	
3GNE0043H	Eye, left	EMB	Absent	
3GNE0043H	Eye, right	EXPTH	Absent	
3GNE0043H	Eye, right	OPQ	Absent	
3GNE0043H	Eye, right	MIS	Absent	
3GNE0043H	Eye, right	HMR	Absent	
3GNE0043H	Eye, right	EMB	Absent	
3GNE0043H	Opercula	SLSH	Absent	
3GNE0044H	Body Surface	RGR	Absent	
3GNE0044H	Body Surface	RLSN	Absent	
3GNE0044H	Body Surface	SPDF	Absent	
3GNE0044H	Body Surface	HMRB	Absent	
3GNE0044H	Body Surface	FDC	Absent	
3GNE0044H	Body Surface	BFG	Absent	
3GNE0044H	Body Surface	PRST	Absent	
3GNE0044H	Body Surface	OTHER	Present	Gill net marks
3GNE0044H	Head	DFM	Absent	
3GNE0044H	Mouth	ULR	Absent	
3GNE0044H	Mouth	LLG	Absent	
3GNE0044H	Nare	SLN	Absent	
3GNE0044H	Eye, left	EXPTH	Absent	
3GNE0044H	Eye, left	OPQ	Absent	
3GNE0044H	Eye, left	MIS	Absent	
3GNE0044H	Eye, left	HMR	Absent	
3GNE0044H	Eye, left	EMB	Absent	
3GNE0044H	Eye, right	EXPTH	Absent	
3GNE0044H	Eye, right	OPQ	Absent	
3GNE0044H	Eye, right	MIS	Absent	
3GNE0044H	Eye, right	HMR	Absent	
3GNE0044H	Eye, right	EMB	Absent	
3GNE0044H	Opercula	SLSH	Absent	
3GNE0045H	Body Surface	RGR	Absent	
3GNE0045H	Body Surface	RLSN	Absent	
3GNE0045H	Body Surface	SPDF	Absent	
3GNE0045H	Body Surface	HMRB	Absent	
3GNE0045H	Body Surface	FDC	Absent	
3GNE0045H	Body Surface	BFG	Absent	
3GNE0045H	Body Surface	PRST	Absent	
3GNE0045H	Body Surface	OTHER	Present	Gill net marks
3GNE0045H	Head	DFM	Absent	
3GNE0045H	Mouth	ULR	Absent	
3GNE0045H	Mouth	LLG	Absent	
3GNE0045H	Nare	SLN	Absent	
3GNE0045H	Eye, left	EXPTH	Absent	
3GNE0045H	Eye, left	OPQ	Absent	
3GNE0045H	Eye, left	MIS	Absent	
3GNE0045H	Eye, left	HMR	Absent	
3GNE0045H	Eye, left	EMB	Absent	
3GNE0045H	Eye, right	EXPTH	Absent	
3GNE0045H	Eye, right	OPQ	Absent	
3GNE0045H	Eye, right	MIS	Absent	
3GNE0045H	Eye, right	HMR	Absent	
3GNE0045H	Eye, right	EMB	Absent	
3GNE0045H	Opercula	OTHER	Present	Gill net damage
3GNE0045H	Opercula	SLSH	Absent	
3GNE0046H	Body Surface	RGR	Absent	
3GNE0046H	Body Surface	RLSN	Absent	
3GNE0046H	Body Surface	SPDF	Absent	
3GNE0046H	Body Surface	HMRB	Absent	
3GNE0046H	Body Surface	FDC	Absent	
3GNE0046H	Body Surface	BFG	Absent	
3GNE0046H	Body Surface	PRST	Absent	
3GNE0046H	Body Surface	OTHER	Present	Gill net marks
3GNE0046H	Head	DFM	Absent	
3GNE0046H	Mouth	ULR	Absent	
3GNE0046H	Mouth	LLG	Absent	
3GNE0046H	Nare	SLN	Absent	
3GNE0046H	Eye, left	EXPTH	Absent	
3GNE0046H	Eye, left	OPQ	Absent	
3GNE0046H	Eye, left	MIS	Absent	
3GNE0046H	Eye, left	HMR	Absent	
3GNE0046H	Eye, left	EMB	Absent	
3GNE0046H	Eye, right	EXPTH	Absent	
3GNE0046H	Eye, right	OPQ	Absent	
3GNE0046H	Eye, right	MIS	Absent	
3GNE0046H	Eye, right	HMR	Absent	
3GNE0046H	Eye, right	EMB	Absent	
3GNE0046H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0047H	Body Surface	RGR	Absent	
3GNE0047H	Body Surface	RLSN	Absent	
3GNE0047H	Body Surface	SPDF	Absent	
3GNE0047H	Body Surface	HMRB	Absent	
3GNE0047H	Body Surface	FDC	Absent	
3GNE0047H	Body Surface	BFG	Absent	
3GNE0047H	Body Surface	PRST	Absent	
3GNE0047H	Body Surface	OTHER	Present	Gill net marks
3GNE0047H	Head	DFM	Absent	
3GNE0047H	Mouth	ULR	Absent	
3GNE0047H	Mouth	LLG	Absent	
3GNE0047H	Nare	SLN	Absent	
3GNE0047H	Eye, left	EXPTH	Absent	
3GNE0047H	Eye, left	OPQ	Absent	
3GNE0047H	Eye, left	MIS	Absent	
3GNE0047H	Eye, left	HMR	Absent	
3GNE0047H	Eye, left	EMB	Absent	
3GNE0047H	Eye, right	EXPTH	Absent	
3GNE0047H	Eye, right	OPQ	Absent	
3GNE0047H	Eye, right	MIS	Absent	
3GNE0047H	Eye, right	HMR	Absent	
3GNE0047H	Eye, right	EMB	Absent	
3GNE0047H	Opercula	SLSH	Absent	
3GNE0049	Body Surface	RGR	Absent	
3GNE0049	Body Surface	RLSN	Absent	
3GNE0049	Body Surface	SPDF	Absent	
3GNE0049	Body Surface	HMRB	Absent	
3GNE0049	Body Surface	FDC	Absent	
3GNE0049	Body Surface	BFG	Absent	
3GNE0049	Body Surface	PRST	Absent	
3GNE0049	Body Surface	OTHER	Present	Gill net marks
3GNE0049	Head	DFM	Absent	
3GNE0049	Mouth	ULR	Absent	
3GNE0049	Mouth	LLG	Absent	
3GNE0049	Nare	SLN	Absent	
3GNE0049	Eye, left	EXPTH	Absent	
3GNE0049	Eye, left	OPQ	Absent	
3GNE0049	Eye, left	MIS	Absent	
3GNE0049	Eye, left	HMR	Absent	
3GNE0049	Eye, left	EMB	Absent	
3GNE0049	Eye, right	EXPTH	Absent	
3GNE0049	Eye, right	OPQ	Absent	
3GNE0049	Eye, right	MIS	Absent	
3GNE0049	Eye, right	HMR	Absent	
3GNE0049	Eye, right	EMB	Absent	
3GNE0049	Opercula	OTHER	Present	Gill net damage
3GNE0049	Opercula	SLSH	Absent	
3GNE0050H	Body Surface	RGR	Absent	
3GNE0050H	Body Surface	RLSN	Absent	
3GNE0050H	Body Surface	SPDF	Absent	
3GNE0050H	Body Surface	HMRB	Absent	
3GNE0050H	Body Surface	FDC	Absent	
3GNE0050H	Body Surface	BFG	Absent	
3GNE0050H	Body Surface	PRST	Absent	
3GNE0050H	Body Surface	OTHER	Present	Gill net marks, Laceration on right side
3GNE0050H	Head	DFM	Absent	
3GNE0050H	Mouth	ULR	Absent	
3GNE0050H	Mouth	LLG	Absent	
3GNE0050H	Nare	SLN	Absent	
3GNE0050H	Eye, left	EXPTH	Absent	
3GNE0050H	Eye, left	OPQ	Absent	
3GNE0050H	Eye, left	MIS	Absent	
3GNE0050H	Eye, left	HMR	Absent	
3GNE0050H	Eye, left	EMB	Absent	
3GNE0050H	Eye, right	EXPTH	Absent	
3GNE0050H	Eye, right	OPQ	Absent	
3GNE0050H	Eye, right	MIS	Absent	
3GNE0050H	Eye, right	HMR	Absent	
3GNE0050H	Eye, right	EMB	Absent	
3GNE0050H	Opercula	SLSH	Absent	
3GNE0051H	Body Surface	RGR	Absent	
3GNE0051H	Body Surface	RLSN	Absent	
3GNE0051H	Body Surface	SPDF	Absent	
3GNE0051H	Body Surface	HMRB	Absent	
3GNE0051H	Body Surface	FDC	Absent	
3GNE0051H	Body Surface	BFG	Absent	
3GNE0051H	Body Surface	PRST	Absent	
3GNE0051H	Body Surface	OTHER	Present	Gill net marks
3GNE0051H	Head	DFM	Absent	
3GNE0051H	Mouth	ULR	Absent	
3GNE0051H	Mouth	LLG	Absent	
3GNE0051H	Nare	SLN	Absent	
3GNE0051H	Eye, left	EXPTH	Absent	
3GNE0051H	Eye, left	OPQ	Absent	
3GNE0051H	Eye, left	MIS	Absent	
3GNE0051H	Eye, left	HMR	Absent	
3GNE0051H	Eye, left	EMB	Absent	
3GNE0051H	Eye, right	EXPTH	Absent	
3GNE0051H	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0051H	Eye, right	MIS	Absent	
3GNE0051H	Eye, right	HMR	Absent	
3GNE0051H	Eye, right	EMB	Absent	
3GNE0051H	Opercula	SLSH	Absent	
3GNE0052W	Body Surface	RGR	Absent	
3GNE0052W	Body Surface	RLSN	Absent	
3GNE0052W	Body Surface	SPDF	Absent	
3GNE0052W	Body Surface	HMRB	Absent	
3GNE0052W	Body Surface	FDC	Absent	
3GNE0052W	Body Surface	BFG	Absent	
3GNE0052W	Body Surface	PRST	Absent	
3GNE0052W	Body Surface	OTHER	Present	Gill net marks
3GNE0052W	Head	DFM	Absent	
3GNE0052W	Mouth	ULR	Absent	
3GNE0052W	Mouth	LLG	Absent	
3GNE0052W	Nare	SLN	Absent	
3GNE0052W	Eye, left	EXPTH	Absent	
3GNE0052W	Eye, left	OPQ	Absent	
3GNE0052W	Eye, left	MIS	Absent	
3GNE0052W	Eye, left	HMR	Absent	
3GNE0052W	Eye, left	EMB	Absent	
3GNE0052W	Eye, right	EXPTH	Absent	
3GNE0052W	Eye, right	OPQ	Absent	
3GNE0052W	Eye, right	MIS	Absent	
3GNE0052W	Eye, right	HMR	Absent	
3GNE0052W	Eye, right	EMB	Absent	
3GNE0052W	Opercula	SLSH	Absent	
3GNE0053H	Body Surface	RGR	Absent	
3GNE0053H	Body Surface	RLSN	Absent	
3GNE0053H	Body Surface	SPDF	Absent	
3GNE0053H	Body Surface	HMRB	Absent	
3GNE0053H	Body Surface	FDC	Present	
3GNE0053H	Body Surface	BFG	Absent	
3GNE0053H	Body Surface	PRST	Absent	
3GNE0053H	Body Surface	OTHER	Present	Gill net marks
3GNE0053H	Head	DFM	Absent	
3GNE0053H	Mouth	ULR	Absent	
3GNE0053H	Mouth	LLG	Absent	
3GNE0053H	Nare	SLN	Absent	
3GNE0053H	Eye, left	EXPTH	Absent	
3GNE0053H	Eye, left	OPQ	Absent	
3GNE0053H	Eye, left	MIS	Absent	
3GNE0053H	Eye, left	HMR	Absent	
3GNE0053H	Eye, left	EMB	Absent	
3GNE0053H	Eye, right	EXPTH	Absent	
3GNE0053H	Eye, right	OPQ	Absent	
3GNE0053H	Eye, right	MIS	Absent	
3GNE0053H	Eye, right	HMR	Absent	
3GNE0053H	Eye, right	EMB	Absent	
3GNE0053H	Opercula	SLSH	Absent	
3GNE0054	Body Surface	RGR	Absent	
3GNE0054	Body Surface	RLSN	Absent	
3GNE0054	Body Surface	SPDF	Absent	
3GNE0054	Body Surface	HMRB	Absent	
3GNE0054	Body Surface	FDC	Absent	
3GNE0054	Body Surface	BFG	Absent	
3GNE0054	Body Surface	PRST	Absent	
3GNE0054	Body Surface	OTHER	Present	Gill net marks
3GNE0054	Head	DFM	Absent	
3GNE0054	Mouth	ULR	Absent	
3GNE0054	Mouth	LLG	Absent	
3GNE0054	Nare	SLN	Absent	
3GNE0054	Eye, left	EXPTH	Absent	
3GNE0054	Eye, left	OPQ	Absent	
3GNE0054	Eye, left	MIS	Absent	
3GNE0054	Eye, left	HMR	Absent	
3GNE0054	Eye, left	EMB	Absent	
3GNE0054	Eye, right	EXPTH	Absent	
3GNE0054	Eye, right	OPQ	Absent	
3GNE0054	Eye, right	MIS	Absent	
3GNE0054	Eye, right	HMR	Absent	
3GNE0054	Eye, right	EMB	Absent	
3GNE0054	Opercula	OTHER	Present	Gill net damage
3GNE0054	Opercula	SLSH	Absent	
3GNE0055	Body Surface	RGR	Absent	
3GNE0055	Body Surface	RLSN	Absent	
3GNE0055	Body Surface	SPDF	Absent	
3GNE0055	Body Surface	HMRB	Absent	
3GNE0055	Body Surface	FDC	Absent	
3GNE0055	Body Surface	BFG	Absent	
3GNE0055	Body Surface	PRST	Absent	
3GNE0055	Body Surface	OTHER	Present	Gill net marks
3GNE0055	Head	DFM	Absent	
3GNE0055	Mouth	ULR	Absent	
3GNE0055	Mouth	LLG	Absent	
3GNE0055	Nare	SLN	Absent	
3GNE0055	Eye, left	EXPTH	Absent	
3GNE0055	Eye, left	OPQ	Absent	
3GNE0055	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0055	Eye, left	HMR	Absent	
3GNE0055	Eye, left	EMB	Absent	
3GNE0055	Eye, right	EXPTH	Absent	
3GNE0055	Eye, right	OPQ	Absent	
3GNE0055	Eye, right	MIS	Absent	
3GNE0055	Eye, right	HMR	Absent	
3GNE0055	Eye, right	EMB	Absent	
3GNE0055	Opercula	SLSH	Absent	
3GNE0056	Body Surface	RGR	Absent	
3GNE0056	Body Surface	RLSN	Absent	
3GNE0056	Body Surface	SPDF	Absent	
3GNE0056	Body Surface	HMRB	Absent	
3GNE0056	Body Surface	FDC	Absent	
3GNE0056	Body Surface	BFG	Absent	
3GNE0056	Body Surface	PRST	Absent	
3GNE0056	Body Surface	OTHER	Present	Gill net marks
3GNE0056	Head	DFM	Absent	
3GNE0056	Mouth	ULR	Absent	
3GNE0056	Mouth	LLG	Absent	
3GNE0056	Nare	SLN	Absent	
3GNE0056	Eye, left	EXPTH	Absent	
3GNE0056	Eye, left	OPQ	Absent	
3GNE0056	Eye, left	MIS	Absent	
3GNE0056	Eye, left	HMR	Absent	
3GNE0056	Eye, left	EMB	Absent	
3GNE0056	Eye, right	EXPTH	Absent	
3GNE0056	Eye, right	OPQ	Absent	
3GNE0056	Eye, right	MIS	Absent	
3GNE0056	Eye, right	HMR	Absent	
3GNE0056	Eye, right	EMB	Absent	
3GNE0056	Opercula	SLSH	Absent	
3GNE0057	Body Surface	RGR	Absent	
3GNE0057	Body Surface	RLSN	Absent	
3GNE0057	Body Surface	SPDF	Absent	
3GNE0057	Body Surface	HMRB	Absent	
3GNE0057	Body Surface	FDC	Absent	
3GNE0057	Body Surface	BFG	Absent	
3GNE0057	Body Surface	PRST	Absent	
3GNE0057	Head	DFM	Absent	
3GNE0057	Mouth	ULR	Absent	
3GNE0057	Mouth	LLG	Absent	
3GNE0057	Nare	SLN	Absent	
3GNE0057	Eye, left	EXPTH	Absent	
3GNE0057	Eye, left	OPQ	Absent	
3GNE0057	Eye, left	MIS	Absent	
3GNE0057	Eye, left	HMR	Absent	
3GNE0057	Eye, left	EMB	Absent	
3GNE0057	Eye, right	EXPTH	Absent	
3GNE0057	Eye, right	OPQ	Absent	
3GNE0057	Eye, right	MIS	Absent	
3GNE0057	Eye, right	HMR	Absent	
3GNE0057	Eye, right	EMB	Absent	
3GNE0057	Opercula	SLSH	Absent	
3GNE0058	Body Surface	RGR	Absent	
3GNE0058	Body Surface	RLSN	Absent	
3GNE0058	Body Surface	SPDF	Absent	
3GNE0058	Body Surface	HMRB	Absent	
3GNE0058	Body Surface	FDC	Absent	
3GNE0058	Body Surface	BFG	Absent	
3GNE0058	Body Surface	PRST	Absent	
3GNE0058	Body Surface	OTHER	Present	Gill net marks
3GNE0058	Head	DFM	Absent	
3GNE0058	Mouth	ULR	Absent	
3GNE0058	Mouth	LLG	Absent	
3GNE0058	Nare	SLN	Absent	
3GNE0058	Eye, left	EXPTH	Absent	
3GNE0058	Eye, left	OPQ	Absent	
3GNE0058	Eye, left	MIS	Absent	
3GNE0058	Eye, left	HMR	Absent	
3GNE0058	Eye, left	EMB	Absent	
3GNE0058	Eye, right	EXPTH	Absent	
3GNE0058	Eye, right	OPQ	Absent	
3GNE0058	Eye, right	MIS	Absent	
3GNE0058	Eye, right	HMR	Absent	
3GNE0058	Eye, right	EMB	Absent	
3GNE0058	Opercula	SLSH	Absent	
3GNE0059	Body Surface	RGR	Absent	
3GNE0059	Body Surface	RLSN	Absent	
3GNE0059	Body Surface	SPDF	Absent	
3GNE0059	Body Surface	HMRB	Absent	
3GNE0059	Body Surface	FDC	Absent	
3GNE0059	Body Surface	BFG	Absent	
3GNE0059	Body Surface	PRST	Absent	
3GNE0059	Head	DFM	Absent	
3GNE0059	Mouth	ULR	Absent	
3GNE0059	Mouth	LLG	Absent	
3GNE0059	Nare	SLN	Absent	
3GNE0059	Eye, left	EXPTH	Absent	
3GNE0059	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0059	Eye, left	MIS	Absent	
3GNE0059	Eye, left	HMR	Absent	
3GNE0059	Eye, left	EMB	Absent	
3GNE0059	Eye, right	EXPTH	Absent	
3GNE0059	Eye, right	OPQ	Absent	
3GNE0059	Eye, right	MIS	Absent	
3GNE0059	Eye, right	HMR	Absent	
3GNE0059	Eye, right	EMB	Absent	
3GNE0059	Opercula	OTHER	Present	Gill net damage
3GNE0059	Opercula	SLSH	Absent	
3GNE0060W	Body Surface	RGR	Absent	
3GNE0060W	Body Surface	RLSN	Absent	
3GNE0060W	Body Surface	SPDF	Absent	
3GNE0060W	Body Surface	HMRB	Absent	
3GNE0060W	Body Surface	FDC	Absent	
3GNE0060W	Body Surface	BFG	Absent	
3GNE0060W	Body Surface	PRST	Absent	
3GNE0060W	Head	DFM	Absent	
3GNE0060W	Mouth	ULR	Absent	
3GNE0060W	Mouth	LLG	Absent	
3GNE0060W	Nare	SLN	Absent	
3GNE0060W	Eye, left	EXPTH	Absent	
3GNE0060W	Eye, left	OPQ	Absent	
3GNE0060W	Eye, left	MIS	Absent	
3GNE0060W	Eye, left	HMR	Absent	
3GNE0060W	Eye, left	EMB	Absent	
3GNE0060W	Eye, right	EXPTH	Absent	
3GNE0060W	Eye, right	OPQ	Absent	
3GNE0060W	Eye, right	MIS	Absent	
3GNE0060W	Eye, right	HMR	Absent	
3GNE0060W	Eye, right	EMB	Absent	
3GNE0060W	Opercula	SLSH	Absent	
3GNE0061H	Body Surface	RGR	Absent	
3GNE0061H	Body Surface	RLSN	Absent	
3GNE0061H	Body Surface	SPDF	Absent	
3GNE0061H	Body Surface	HMRB	Absent	
3GNE0061H	Body Surface	FDC	Absent	
3GNE0061H	Body Surface	BFG	Present	
3GNE0061H	Body Surface	PRST	Absent	
3GNE0061H	Body Surface	OTHER	Present	Gill net marks, Laceration on tail
3GNE0061H	Head	DFM	Absent	
3GNE0061H	Mouth	ULR	Absent	
3GNE0061H	Mouth	LLG	Absent	
3GNE0061H	Nare	SLN	Absent	
3GNE0061H	Eye, left	EXPTH	Absent	
3GNE0061H	Eye, left	OPQ	Absent	
3GNE0061H	Eye, left	MIS	Absent	
3GNE0061H	Eye, left	HMR	Absent	
3GNE0061H	Eye, left	EMB	Absent	
3GNE0061H	Eye, right	EXPTH	Absent	
3GNE0061H	Eye, right	OPQ	Absent	
3GNE0061H	Eye, right	MIS	Absent	
3GNE0061H	Eye, right	HMR	Absent	
3GNE0061H	Eye, right	EMB	Absent	
3GNE0061H	Opercula	SLSH	Absent	
3GNE0062H	Body Surface	RGR	Absent	
3GNE0062H	Body Surface	RLSN	Absent	
3GNE0062H	Body Surface	SPDF	Absent	
3GNE0062H	Body Surface	HMRB	Absent	
3GNE0062H	Body Surface	FDC	Absent	
3GNE0062H	Body Surface	BFG	Absent	
3GNE0062H	Body Surface	PRST	Absent	
3GNE0062H	Body Surface	OTHER	Present	Gill net marks
3GNE0062H	Head	DFM	Absent	
3GNE0062H	Mouth	ULR	Absent	
3GNE0062H	Mouth	LLG	Absent	
3GNE0062H	Nare	SLN	Absent	
3GNE0062H	Eye, left	EXPTH	Absent	
3GNE0062H	Eye, left	OPQ	Absent	
3GNE0062H	Eye, left	MIS	Absent	
3GNE0062H	Eye, left	HMR	Absent	
3GNE0062H	Eye, left	EMB	Absent	
3GNE0062H	Eye, right	EXPTH	Absent	
3GNE0062H	Eye, right	OPQ	Absent	
3GNE0062H	Eye, right	MIS	Absent	
3GNE0062H	Eye, right	HMR	Absent	
3GNE0062H	Eye, right	EMB	Absent	
3GNE0062H	Opercula	SLSH	Absent	
3GNE0063H	Body Surface	RGR	Absent	
3GNE0063H	Body Surface	RLSN	Absent	
3GNE0063H	Body Surface	SPDF	Absent	
3GNE0063H	Body Surface	HMRB	Present	
3GNE0063H	Body Surface	FDC	Absent	
3GNE0063H	Body Surface	BFG	Absent	
3GNE0063H	Body Surface	PRST	Absent	
3GNE0063H	Body Surface	OTHER	Present	Gill net marks
3GNE0063H	Head	DFM	Absent	
3GNE0063H	Mouth	ULR	Absent	
3GNE0063H	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0063H	Nare	SLN	Absent	
3GNE0063H	Eye, left	EXPTH	Absent	
3GNE0063H	Eye, left	OPQ	Absent	
3GNE0063H	Eye, left	MIS	Absent	
3GNE0063H	Eye, left	HMR	Absent	
3GNE0063H	Eye, left	EMB	Absent	
3GNE0063H	Eye, right	EXPTH	Absent	
3GNE0063H	Eye, right	OPQ	Absent	
3GNE0063H	Eye, right	MIS	Absent	
3GNE0063H	Eye, right	HMR	Absent	
3GNE0063H	Eye, right	EMB	Absent	
3GNE0063H	Opercula	SLSH	Absent	
3GNE0066H	Body Surface	RGR	Absent	
3GNE0066H	Body Surface	RLSN	Absent	
3GNE0066H	Body Surface	SPDF	Absent	
3GNE0066H	Body Surface	HMRB	Absent	
3GNE0066H	Body Surface	FDC	Absent	
3GNE0066H	Body Surface	BFG	Absent	
3GNE0066H	Body Surface	PRST	Absent	
3GNE0066H	Body Surface	OTHER	Present	Gill net marks
3GNE0066H	Mouth	OTHER	Present	Lacerations on upper lip
3GNE0066H	Head	DFM	Absent	
3GNE0066H	Mouth	ULR	Absent	
3GNE0066H	Mouth	LLG	Absent	
3GNE0066H	Nare	SLN	Absent	
3GNE0066H	Eye, left	EXPTH	Absent	
3GNE0066H	Eye, left	OPQ	Absent	
3GNE0066H	Eye, left	MIS	Absent	
3GNE0066H	Eye, left	HMR	Absent	
3GNE0066H	Eye, left	EMB	Absent	
3GNE0066H	Eye, right	EXPTH	Absent	
3GNE0066H	Eye, right	OPQ	Absent	
3GNE0066H	Eye, right	MIS	Absent	
3GNE0066H	Eye, right	HMR	Absent	
3GNE0066H	Eye, right	EMB	Absent	
3GNE0066H	Opercula	SLSH	Absent	
3GNE0067H	Body Surface	RGR	Absent	
3GNE0067H	Body Surface	RLSN	Absent	
3GNE0067H	Body Surface	SPDF	Absent	
3GNE0067H	Body Surface	HMRB	Absent	
3GNE0067H	Body Surface	FDC	Absent	
3GNE0067H	Body Surface	BFG	Absent	
3GNE0067H	Body Surface	PRST	Absent	
3GNE0067H	Body Surface	OTHER	Present	Gill net marks
3GNE0067H	Head	DFM	Absent	
3GNE0067H	Mouth	ULR	Absent	
3GNE0067H	Mouth	LLG	Absent	
3GNE0067H	Nare	SLN	Absent	
3GNE0067H	Eye, left	EXPTH	Absent	
3GNE0067H	Eye, left	OPQ	Absent	
3GNE0067H	Eye, left	MIS	Absent	
3GNE0067H	Eye, left	HMR	Absent	
3GNE0067H	Eye, left	EMB	Absent	
3GNE0067H	Eye, right	EXPTH	Absent	
3GNE0067H	Eye, right	OPQ	Absent	
3GNE0067H	Eye, right	MIS	Absent	
3GNE0067H	Eye, right	HMR	Absent	
3GNE0067H	Eye, right	EMB	Absent	
3GNE0067H	Opercula	SLSH	Absent	
3GNE0068H	Body Surface	RGR	Absent	
3GNE0068H	Body Surface	RLSN	Absent	
3GNE0068H	Body Surface	SPDF	Absent	
3GNE0068H	Body Surface	HMRB	Absent	
3GNE0068H	Body Surface	FDC	Absent	
3GNE0068H	Body Surface	BFG	Absent	
3GNE0068H	Body Surface	PRST	Absent	
3GNE0068H	Body Surface	OTHER	Present	Gill net marks
3GNE0068H	Head	DFM	Absent	
3GNE0068H	Mouth	ULR	Absent	
3GNE0068H	Mouth	LLG	Absent	
3GNE0068H	Nare	SLN	Absent	
3GNE0068H	Eye, left	EXPTH	Absent	
3GNE0068H	Eye, left	OPQ	Absent	
3GNE0068H	Eye, left	MIS	Absent	
3GNE0068H	Eye, left	HMR	Absent	
3GNE0068H	Eye, left	EMB	Absent	
3GNE0068H	Eye, right	EXPTH	Absent	
3GNE0068H	Eye, right	OPQ	Absent	
3GNE0068H	Eye, right	MIS	Absent	
3GNE0068H	Eye, right	HMR	Absent	
3GNE0068H	Eye, right	EMB	Absent	
3GNE0068H	Opercula	SLSH	Absent	
3GNE0069H	Body Surface	RGR	Absent	
3GNE0069H	Body Surface	RLSN	Absent	
3GNE0069H	Body Surface	SPDF	Absent	
3GNE0069H	Body Surface	HMRB	Absent	
3GNE0069H	Body Surface	FDC	Absent	
3GNE0069H	Body Surface	BFG	Absent	
3GNE0069H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0069H	Body Surface	OTHER	Present	Gill net marks
3GNE0069H	Head	DFM	Absent	
3GNE0069H	Mouth	ULR	Absent	
3GNE0069H	Mouth	LLG	Absent	
3GNE0069H	Nare	SLN	Absent	
3GNE0069H	Eye, left	EXPTH	Absent	
3GNE0069H	Eye, left	OPQ	Absent	
3GNE0069H	Eye, left	MIS	Absent	
3GNE0069H	Eye, left	HMR	Absent	
3GNE0069H	Eye, left	EMB	Absent	
3GNE0069H	Eye, right	EXPTH	Absent	
3GNE0069H	Eye, right	OPQ	Absent	
3GNE0069H	Eye, right	MIS	Absent	
3GNE0069H	Eye, right	HMR	Absent	
3GNE0069H	Eye, right	EMB	Absent	
3GNE0069H	Opercula	SLSH	Absent	
3GNE0070	Body Surface	RGR	Absent	
3GNE0070	Body Surface	RLSN	Absent	
3GNE0070	Body Surface	SPDF	Absent	
3GNE0070	Body Surface	HMRB	Absent	
3GNE0070	Body Surface	FDC	Absent	
3GNE0070	Body Surface	BFG	Absent	
3GNE0070	Body Surface	PRST	Absent	
3GNE0070	Body Surface	OTHER	Present	Gill net marks
3GNE0070	Head	DFM	Absent	
3GNE0070	Mouth	ULR	Absent	
3GNE0070	Mouth	LLG	Absent	
3GNE0070	Nare	SLN	Absent	
3GNE0070	Eye, left	EXPTH	Absent	
3GNE0070	Eye, left	OPQ	Absent	
3GNE0070	Eye, left	MIS	Absent	
3GNE0070	Eye, left	HMR	Absent	
3GNE0070	Eye, left	EMB	Absent	
3GNE0070	Eye, right	EXPTH	Absent	
3GNE0070	Eye, right	OPQ	Absent	
3GNE0070	Eye, right	MIS	Absent	
3GNE0070	Eye, right	HMR	Absent	
3GNE0070	Eye, right	EMB	Absent	
3GNE0070	Opercula	SLSH	Absent	
3GNE0071	Body Surface	RGR	Absent	
3GNE0071	Body Surface	RLSN	Absent	
3GNE0071	Body Surface	SPDF	Absent	
3GNE0071	Body Surface	HMRB	Absent	
3GNE0071	Body Surface	FDC	Absent	
3GNE0071	Body Surface	BFG	Absent	
3GNE0071	Body Surface	PRST	Absent	
3GNE0071	Body Surface	OTHER	Present	Gill net marks, Healed lacerations
3GNE0071	Head	DFM	Absent	
3GNE0071	Mouth	ULR	Absent	
3GNE0071	Mouth	LLG	Absent	
3GNE0071	Nare	SLN	Absent	
3GNE0071	Eye, left	EXPTH	Absent	
3GNE0071	Eye, left	OPQ	Absent	
3GNE0071	Eye, left	MIS	Absent	
3GNE0071	Eye, left	HMR	Absent	
3GNE0071	Eye, left	EMB	Absent	
3GNE0071	Eye, right	EXPTH	Absent	
3GNE0071	Eye, right	OPQ	Absent	
3GNE0071	Eye, right	MIS	Absent	
3GNE0071	Eye, right	HMR	Absent	
3GNE0071	Eye, right	EMB	Absent	
3GNE0071	Opercula	SLSH	Absent	
3GNE0072	Body Surface	RGR	Absent	
3GNE0072	Body Surface	RLSN	Absent	
3GNE0072	Body Surface	SPDF	Absent	
3GNE0072	Body Surface	HMRB	Absent	
3GNE0072	Body Surface	FDC	Absent	
3GNE0072	Body Surface	BFG	Absent	
3GNE0072	Body Surface	PRST	Absent	
3GNE0072	Body Surface	OTHER	Present	Gill net marks
3GNE0072	Head	DFM	Absent	
3GNE0072	Mouth	ULR	Absent	
3GNE0072	Mouth	LLG	Absent	
3GNE0072	Nare	SLN	Absent	
3GNE0072	Eye, left	EXPTH	Absent	
3GNE0072	Eye, left	OPQ	Absent	
3GNE0072	Eye, left	MIS	Absent	
3GNE0072	Eye, left	HMR	Absent	
3GNE0072	Eye, left	EMB	Absent	
3GNE0072	Eye, right	EXPTH	Absent	
3GNE0072	Eye, right	OPQ	Absent	
3GNE0072	Eye, right	MIS	Present	
3GNE0072	Eye, right	HMR	Absent	
3GNE0072	Eye, right	EMB	Absent	
3GNE0072	Opercula	SLSH	Absent	
3GNE0073	Body Surface	RGR	Absent	
3GNE0073	Body Surface	RLSN	Absent	
3GNE0073	Body Surface	SPDF	Absent	
3GNE0073	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0073	Body Surface	FDC	Absent	
3GNE0073	Body Surface	BFG	Absent	
3GNE0073	Body Surface	PRST	Absent	
3GNE0073	Body Surface	OTHER	Present	Gill net marks
3GNE0073	Head	DFM	Absent	
3GNE0073	Mouth	ULR	Absent	
3GNE0073	Mouth	LLG	Absent	
3GNE0073	Nare	SLN	Absent	
3GNE0073	Eye, left	EXPTH	Absent	
3GNE0073	Eye, left	OPQ	Absent	
3GNE0073	Eye, left	MIS	Absent	
3GNE0073	Eye, left	HMR	Absent	
3GNE0073	Eye, left	EMB	Absent	
3GNE0073	Eye, right	EXPTH	Absent	
3GNE0073	Eye, right	OPQ	Absent	
3GNE0073	Eye, right	MIS	Absent	
3GNE0073	Eye, right	HMR	Absent	
3GNE0073	Eye, right	EMB	Absent	
3GNE0073	Opercula	SLSH	Present	
3GNE0074H	Body Surface	RGR	Absent	
3GNE0074H	Body Surface	RLSN	Absent	
3GNE0074H	Body Surface	SPDF	Absent	
3GNE0074H	Body Surface	HMRB	Absent	
3GNE0074H	Body Surface	FDC	Absent	
3GNE0074H	Body Surface	BFG	Absent	
3GNE0074H	Body Surface	PRST	Absent	
3GNE0074H	Body Surface	OTHER	Present	Gill net marks
3GNE0074H	Head	DFM	Absent	
3GNE0074H	Mouth	ULR	Absent	
3GNE0074H	Mouth	LLG	Absent	
3GNE0074H	Nare	SLN	Absent	
3GNE0074H	Eye, left	EXPTH	Absent	
3GNE0074H	Eye, left	OPQ	Absent	
3GNE0074H	Eye, left	MIS	Absent	
3GNE0074H	Eye, left	HMR	Absent	
3GNE0074H	Eye, left	EMB	Absent	
3GNE0074H	Eye, right	EXPTH	Absent	
3GNE0074H	Eye, right	OPQ	Absent	
3GNE0074H	Eye, right	MIS	Absent	
3GNE0074H	Eye, right	HMR	Absent	
3GNE0074H	Eye, right	EMB	Absent	
3GNE0074H	Opercula	SLSH	Absent	
3GNE0075H	Body Surface	RGR	Absent	
3GNE0075H	Body Surface	RLSN	Absent	
3GNE0075H	Body Surface	SPDF	Absent	
3GNE0075H	Body Surface	HMRB	Absent	
3GNE0075H	Body Surface	FDC	Absent	
3GNE0075H	Body Surface	BFG	Absent	
3GNE0075H	Body Surface	PRST	Absent	
3GNE0075H	Body Surface	OTHER	Present	Gill net marks
3GNE0075H	Head	DFM	Absent	
3GNE0075H	Mouth	ULR	Absent	
3GNE0075H	Mouth	LLG	Absent	
3GNE0075H	Nare	SLN	Absent	
3GNE0075H	Eye, left	EXPTH	Absent	
3GNE0075H	Eye, left	OPQ	Absent	
3GNE0075H	Eye, left	MIS	Absent	
3GNE0075H	Eye, left	HMR	Absent	
3GNE0075H	Eye, left	EMB	Absent	
3GNE0075H	Eye, right	EXPTH	Absent	
3GNE0075H	Eye, right	OPQ	Absent	
3GNE0075H	Eye, right	MIS	Absent	
3GNE0075H	Eye, right	HMR	Absent	
3GNE0075H	Eye, right	EMB	Absent	
3GNE0075H	Opercula	SLSH	Absent	
3GNE0076H	Body Surface	RGR	Absent	
3GNE0076H	Body Surface	RLSN	Absent	
3GNE0076H	Body Surface	SPDF	Absent	
3GNE0076H	Body Surface	HMRB	Absent	
3GNE0076H	Body Surface	FDC	Absent	
3GNE0076H	Body Surface	BFG	Absent	
3GNE0076H	Body Surface	PRST	Absent	
3GNE0076H	Body Surface	OTHER	Present	Gill net marks
3GNE0076H	Head	DFM	Absent	
3GNE0076H	Mouth	ULR	Absent	
3GNE0076H	Mouth	LLG	Absent	
3GNE0076H	Nare	SLN	Absent	
3GNE0076H	Eye, left	EXPTH	Absent	
3GNE0076H	Eye, left	OPQ	Absent	
3GNE0076H	Eye, left	MIS	Absent	
3GNE0076H	Eye, left	HMR	Absent	
3GNE0076H	Eye, left	EMB	Absent	
3GNE0076H	Eye, right	EXPTH	Absent	
3GNE0076H	Eye, right	OPQ	Absent	
3GNE0076H	Eye, right	MIS	Absent	
3GNE0076H	Eye, right	HMR	Absent	
3GNE0076H	Eye, right	EMB	Absent	
3GNE0076H	Opercula	SLSH	Absent	
3GNE0078	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0078	Body Surface	RLSN	Absent	
3GNE0078	Body Surface	SPDF	Absent	
3GNE0078	Body Surface	HMRB	Absent	
3GNE0078	Body Surface	FDC	Absent	
3GNE0078	Body Surface	BFG	Absent	
3GNE0078	Body Surface	PRST	Absent	
3GNE0078	Body Surface	OTHER	Present	Gill net marks
3GNE0078	Head	OTHER	Present	Lacerations from gillnet
3GNE0078	Head	DFM	Absent	
3GNE0078	Mouth	ULR	Absent	
3GNE0078	Mouth	LLG	Absent	
3GNE0078	Nare	SLN	Absent	
3GNE0078	Eye, left	EXPTH	Absent	
3GNE0078	Eye, left	OPQ	Absent	
3GNE0078	Eye, left	MIS	Absent	
3GNE0078	Eye, left	HMR	Absent	
3GNE0078	Eye, left	EMB	Absent	
3GNE0078	Eye, right	EXPTH	Absent	
3GNE0078	Eye, right	OPQ	Absent	
3GNE0078	Eye, right	MIS	Absent	
3GNE0078	Eye, right	HMR	Absent	
3GNE0078	Eye, right	EMB	Absent	
3GNE0078	Opercula	OTHER	Present	Gill net damage
3GNE0078	Opercula	SLSH	Absent	
3GNE0079	Body Surface	RGR	Absent	
3GNE0079	Body Surface	RLSN	Absent	
3GNE0079	Body Surface	SPDF	Absent	
3GNE0079	Body Surface	HMRB	Absent	
3GNE0079	Body Surface	FDC	Absent	
3GNE0079	Body Surface	BFG	Absent	
3GNE0079	Body Surface	PRST	Absent	
3GNE0079	Body Surface	OTHER	Present	Gill net marks
3GNE0079	Head	DFM	Absent	
3GNE0079	Mouth	ULR	Absent	
3GNE0079	Mouth	LLG	Absent	
3GNE0079	Nare	SLN	Absent	
3GNE0079	Eye, left	EXPTH	Absent	
3GNE0079	Eye, left	OPQ	Absent	
3GNE0079	Eye, left	MIS	Absent	
3GNE0079	Eye, left	HMR	Absent	
3GNE0079	Eye, left	EMB	Absent	
3GNE0079	Eye, right	EXPTH	Absent	
3GNE0079	Eye, right	OPQ	Absent	
3GNE0079	Eye, right	MIS	Absent	
3GNE0079	Eye, right	HMR	Absent	
3GNE0079	Eye, right	EMB	Absent	
3GNE0079	Opercula	SLSH	Absent	
3GNE0080	Body Surface	RGR	Absent	
3GNE0080	Body Surface	RLSN	Absent	
3GNE0080	Body Surface	SPDF	Absent	
3GNE0080	Body Surface	HMRB	Absent	
3GNE0080	Body Surface	FDC	Absent	
3GNE0080	Body Surface	BFG	Absent	
3GNE0080	Body Surface	PRST	Absent	
3GNE0080	Body Surface	OTHER	Present	Gill net marks
3GNE0080	Head	DFM	Absent	
3GNE0080	Mouth	ULR	Absent	
3GNE0080	Mouth	LLG	Absent	
3GNE0080	Nare	SLN	Absent	
3GNE0080	Eye, left	EXPTH	Absent	
3GNE0080	Eye, left	OPQ	Absent	
3GNE0080	Eye, left	MIS	Absent	
3GNE0080	Eye, left	HMR	Absent	
3GNE0080	Eye, left	EMB	Absent	
3GNE0080	Eye, right	EXPTH	Absent	
3GNE0080	Eye, right	OPQ	Absent	
3GNE0080	Eye, right	MIS	Absent	
3GNE0080	Eye, right	HMR	Absent	
3GNE0080	Eye, right	EMB	Absent	
3GNE0080	Opercula	SLSH	Absent	
3GNE0082	Body Surface	RGR	Absent	
3GNE0082	Body Surface	RLSN	Absent	
3GNE0082	Body Surface	SPDF	Absent	
3GNE0082	Body Surface	HMRB	Absent	
3GNE0082	Body Surface	FDC	Absent	
3GNE0082	Body Surface	BFG	Absent	
3GNE0082	Body Surface	PRST	Absent	
3GNE0082	Head	DFM	Absent	
3GNE0082	Mouth	ULR	Absent	
3GNE0082	Mouth	LLG	Absent	
3GNE0082	Nare	SLN	Absent	
3GNE0082	Eye, left	EXPTH	Absent	
3GNE0082	Eye, left	OPQ	Absent	
3GNE0082	Eye, left	MIS	Absent	
3GNE0082	Eye, left	HMR	Absent	
3GNE0082	Eye, left	EMB	Absent	
3GNE0082	Eye, right	EXPTH	Absent	
3GNE0082	Eye, right	OPQ	Absent	
3GNE0082	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0082	Eye, right	HMR	Absent	
3GNE0082	Eye, right	EMB	Absent	
3GNE0082	Opercula	SLSH	Absent	
3GNE0083H	Body Surface	RGR	Absent	
3GNE0083H	Body Surface	RLSN	Absent	
3GNE0083H	Body Surface	SPDF	Absent	
3GNE0083H	Body Surface	HMRB	Absent	
3GNE0083H	Body Surface	FDC	Absent	
3GNE0083H	Body Surface	BFG	Absent	
3GNE0083H	Body Surface	PRST	Absent	
3GNE0083H	Body Surface	OTHER	Present	Gill net marks, Laceration under tail
3GNE0083H	Head	DFM	Absent	
3GNE0083H	Mouth	ULR	Absent	
3GNE0083H	Mouth	LLG	Absent	
3GNE0083H	Nare	SLN	Absent	
3GNE0083H	Eye, left	EXPTH	Absent	
3GNE0083H	Eye, left	OPQ	Absent	
3GNE0083H	Eye, left	MIS	Absent	
3GNE0083H	Eye, left	HMR	Absent	
3GNE0083H	Eye, left	EMB	Absent	
3GNE0083H	Eye, right	EXPTH	Absent	
3GNE0083H	Eye, right	OPQ	Absent	
3GNE0083H	Eye, right	MIS	Absent	
3GNE0083H	Eye, right	HMR	Absent	
3GNE0083H	Eye, right	EMB	Absent	
3GNE0083H	Opercula	SLSH	Absent	
3SE0001	Body Surface	RGR	Absent	
3SE0001	Body Surface	RLSN	Absent	
3SE0001	Body Surface	SPDF	Absent	
3SE0001	Body Surface	HMRB	Absent	
3SE0001	Body Surface	FDC	Absent	
3SE0001	Body Surface	BFG	Absent	
3SE0001	Body Surface	PRST	Absent	
3SE0001	Head	DFM	Absent	
3SE0001	Mouth	ULR	Absent	
3SE0001	Mouth	LLG	Absent	
3SE0001	Nare	SLN	Absent	
3SE0001	Eye, left	EXPTH	Absent	
3SE0001	Eye, left	OPQ	Absent	
3SE0001	Eye, left	MIS	Absent	
3SE0001	Eye, left	HMR	Absent	
3SE0001	Eye, left	EMB	Absent	
3SE0001	Eye, right	EXPTH	Absent	
3SE0001	Eye, right	OPQ	Absent	
3SE0001	Eye, right	MIS	Absent	
3SE0001	Eye, right	HMR	Absent	
3SE0001	Eye, right	EMB	Absent	
3SE0001	Opercula	SLSH	Absent	
3SE0002	Body Surface	RGR	Absent	
3SE0002	Body Surface	RLSN	Absent	
3SE0002	Body Surface	SPDF	Absent	
3SE0002	Body Surface	HMRB	Absent	
3SE0002	Body Surface	FDC	Absent	
3SE0002	Body Surface	BFG	Absent	
3SE0002	Body Surface	PRST	Absent	
3SE0002	Head	DFM	Absent	
3SE0002	Mouth	ULR	Absent	
3SE0002	Mouth	LLG	Absent	
3SE0002	Nare	SLN	Absent	
3SE0002	Eye, left	EXPTH	Absent	
3SE0002	Eye, left	OPQ	Absent	
3SE0002	Eye, left	MIS	Absent	
3SE0002	Eye, left	HMR	Absent	
3SE0002	Eye, left	EMB	Absent	
3SE0002	Eye, right	EXPTH	Absent	
3SE0002	Eye, right	OPQ	Absent	
3SE0002	Eye, right	MIS	Absent	
3SE0002	Eye, right	HMR	Absent	
3SE0002	Eye, right	EMB	Absent	
3SE0002	Opercula	SLSH	Absent	
3SE0003	Body Surface	RGR	Absent	
3SE0003	Body Surface	RLSN	Absent	
3SE0003	Body Surface	SPDF	Absent	
3SE0003	Body Surface	HMRB	Absent	
3SE0003	Body Surface	FDC	Absent	
3SE0003	Body Surface	BFG	Absent	
3SE0003	Body Surface	PRST	Absent	
3SE0003	Head	DFM	Absent	
3SE0003	Mouth	ULR	Absent	
3SE0003	Mouth	LLG	Absent	
3SE0003	Nare	SLN	Absent	
3SE0003	Eye, left	EXPTH	Absent	
3SE0003	Eye, left	OPQ	Absent	
3SE0003	Eye, left	MIS	Absent	
3SE0003	Eye, left	HMR	Absent	
3SE0003	Eye, left	EMB	Absent	
3SE0003	Eye, right	EXPTH	Absent	
3SE0003	Eye, right	OPQ	Absent	
3SE0003	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3SE0003	Eye, right	HMR	Absent	
3SE0003	Eye, right	EMB	Absent	
3SE0003	Opercula	SLSH	Absent	
3SE0004	Body Surface	RGR	Absent	
3SE0004	Body Surface	RLSN	Absent	
3SE0004	Body Surface	SPDF	Absent	
3SE0004	Body Surface	HMRB	Absent	
3SE0004	Body Surface	FDC	Absent	
3SE0004	Body Surface	BFG	Absent	
3SE0004	Body Surface	PRST	Absent	
3SE0004	Head	DFM	Absent	
3SE0004	Mouth	ULR	Absent	
3SE0004	Mouth	LLG	Absent	
3SE0004	Nare	SLN	Absent	
3SE0004	Eye, left	EXPTH	Absent	
3SE0004	Eye, left	OPQ	Absent	
3SE0004	Eye, left	MIS	Absent	
3SE0004	Eye, left	HMR	Absent	
3SE0004	Eye, left	EMB	Absent	
3SE0004	Eye, right	EXPTH	Absent	
3SE0004	Eye, right	OPQ	Absent	
3SE0004	Eye, right	MIS	Absent	
3SE0004	Eye, right	HMR	Absent	
3SE0004	Eye, right	EMB	Absent	
3SE0004	Opercula	SLSH	Absent	
3SE0005	Body Surface	RGR	Absent	
3SE0005	Body Surface	RLSN	Absent	
3SE0005	Body Surface	SPDF	Absent	
3SE0005	Body Surface	HMRB	Absent	
3SE0005	Body Surface	FDC	Absent	
3SE0005	Body Surface	BFG	Absent	
3SE0005	Body Surface	PRST	Absent	
3SE0005	Head	DFM	Absent	
3SE0005	Mouth	ULR	Absent	
3SE0005	Mouth	LLG	Absent	
3SE0005	Nare	SLN	Absent	
3SE0005	Eye, left	EXPTH	Absent	
3SE0005	Eye, left	OPQ	Absent	
3SE0005	Eye, left	MIS	Absent	
3SE0005	Eye, left	HMR	Absent	
3SE0005	Eye, left	EMB	Absent	
3SE0005	Eye, right	EXPTH	Absent	
3SE0005	Eye, right	OPQ	Absent	
3SE0005	Eye, right	MIS	Absent	
3SE0005	Eye, right	HMR	Absent	
3SE0005	Eye, right	EMB	Absent	
3SE0005	Opercula	SLSH	Absent	
3SE0007	Body Surface	RGR	Absent	
3SE0007	Body Surface	RLSN	Absent	
3SE0007	Body Surface	SPDF	Absent	
3SE0007	Body Surface	HMRB	Absent	
3SE0007	Body Surface	FDC	Absent	
3SE0007	Body Surface	BFG	Absent	
3SE0007	Body Surface	PRST	Absent	
3SE0007	Head	DFM	Absent	
3SE0007	Mouth	ULR	Absent	
3SE0007	Mouth	LLG	Absent	
3SE0007	Nare	SLN	Absent	
3SE0007	Eye, left	EXPTH	Absent	
3SE0007	Eye, left	OPQ	Absent	
3SE0007	Eye, left	MIS	Absent	
3SE0007	Eye, left	HMR	Absent	
3SE0007	Eye, left	EMB	Absent	
3SE0007	Eye, right	EXPTH	Absent	
3SE0007	Eye, right	OPQ	Absent	
3SE0007	Eye, right	MIS	Absent	
3SE0007	Eye, right	HMR	Absent	
3SE0007	Eye, right	EMB	Absent	
3SE0007	Opercula	SLSH	Absent	
3SE0012	Body Surface	RGR	Absent	
3SE0012	Body Surface	RLSN	Absent	
3SE0012	Body Surface	SPDF	Absent	
3SE0012	Body Surface	HMRB	Absent	
3SE0012	Body Surface	FDC	Absent	
3SE0012	Body Surface	BFG	Absent	
3SE0012	Body Surface	PRST	Absent	
3SE0012	Body Surface	OTHER	Present	Damage from handling
3SE0012	Head	DFM	Absent	
3SE0012	Mouth	ULR	Absent	
3SE0012	Mouth	LLG	Absent	
3SE0012	Nare	SLN	Absent	
3SE0012	Eye, left	EXPTH	Absent	
3SE0012	Eye, left	OPQ	Absent	
3SE0012	Eye, left	MIS	Absent	
3SE0012	Eye, left	HMR	Absent	
3SE0012	Eye, left	EMB	Absent	
3SE0012	Eye, right	EXPTH	Absent	
3SE0012	Eye, right	OPQ	Absent	
3SE0012	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3SE0012	Eye, right	HMR	Absent	
3SE0012	Eye, right	EMB	Absent	
3SE0012	Opercula	SLSH	Absent	
3SE0018	Body Surface	RGR	Absent	
3SE0018	Body Surface	RLSN	Absent	
3SE0018	Body Surface	SPDF	Absent	
3SE0018	Body Surface	HMRB	Absent	
3SE0018	Body Surface	FDC	Absent	
3SE0018	Body Surface	BFG	Absent	
3SE0018	Body Surface	PRST	Absent	
3SE0018	Head	DFM	Absent	
3SE0018	Mouth	ULR	Absent	
3SE0018	Mouth	LLG	Absent	
3SE0018	Nare	SLN	Absent	
3SE0018	Eye, left	EXPTH	Absent	
3SE0018	Eye, left	OPQ	Absent	
3SE0018	Eye, left	MIS	Absent	
3SE0018	Eye, left	HMR	Absent	
3SE0018	Eye, left	EMB	Absent	
3SE0018	Eye, right	EXPTH	Absent	
3SE0018	Eye, right	OPQ	Absent	
3SE0018	Eye, right	MIS	Absent	
3SE0018	Eye, right	HMR	Absent	
3SE0018	Eye, right	EMB	Absent	
3SE0018	Opercula	SLSH	Absent	
3SE0019W	Body Surface	RGR	Absent	
3SE0019W	Body Surface	RLSN	Absent	
3SE0019W	Body Surface	SPDF	Absent	
3SE0019W	Body Surface	HMRB	Absent	
3SE0019W	Body Surface	FDC	Absent	
3SE0019W	Body Surface	BFG	Absent	
3SE0019W	Body Surface	PRST	Absent	
3SE0019W	Head	DFM	Absent	
3SE0019W	Mouth	ULR	Absent	
3SE0019W	Mouth	LLG	Absent	
3SE0019W	Nare	SLN	Absent	
3SE0019W	Eye, left	EXPTH	Absent	
3SE0019W	Eye, left	OPQ	Absent	
3SE0019W	Eye, left	MIS	Absent	
3SE0019W	Eye, left	HMR	Absent	
3SE0019W	Eye, left	EMB	Absent	
3SE0019W	Eye, right	EXPTH	Absent	
3SE0019W	Eye, right	OPQ	Absent	
3SE0019W	Eye, right	MIS	Absent	
3SE0019W	Eye, right	HMR	Absent	
3SE0019W	Eye, right	EMB	Absent	
3SE0019W	Opercula	SLSH	Absent	
3SE0020	Body Surface	RGR	Absent	
3SE0020	Body Surface	RLSN	Absent	
3SE0020	Body Surface	SPDF	Absent	
3SE0020	Body Surface	HMRB	Absent	
3SE0020	Body Surface	FDC	Absent	
3SE0020	Body Surface	BFG	Absent	
3SE0020	Body Surface	PRST	Absent	
3SE0020	Body Surface	OTHER	Present	Lacerations on left side
3SE0020	Head	DFM	Absent	
3SE0020	Mouth	ULR	Absent	
3SE0020	Mouth	LLG	Absent	
3SE0020	Nare	SLN	Absent	
3SE0020	Eye, left	EXPTH	Absent	
3SE0020	Eye, left	OPQ	Absent	
3SE0020	Eye, left	MIS	Absent	
3SE0020	Eye, left	HMR	Absent	
3SE0020	Eye, left	EMB	Absent	
3SE0020	Eye, right	EXPTH	Absent	
3SE0020	Eye, right	OPQ	Absent	
3SE0020	Eye, right	MIS	Absent	
3SE0020	Eye, right	HMR	Absent	
3SE0020	Eye, right	EMB	Absent	
3SE0020	Opercula	SLSH	Absent	
3SE0021	Body Surface	RGR	Absent	
3SE0021	Body Surface	RLSN	Absent	
3SE0021	Body Surface	SPDF	Absent	
3SE0021	Body Surface	HMRB	Absent	
3SE0021	Body Surface	FDC	Absent	
3SE0021	Body Surface	BFG	Absent	
3SE0021	Body Surface	PRST	Absent	
3SE0021	Head	DFM	Absent	
3SE0021	Mouth	ULR	Absent	
3SE0021	Mouth	LLG	Absent	
3SE0021	Nare	SLN	Absent	
3SE0021	Eye, left	EXPTH	Absent	
3SE0021	Eye, left	OPQ	Absent	
3SE0021	Eye, left	MIS	Absent	
3SE0021	Eye, left	HMR	Absent	
3SE0021	Eye, left	EMB	Absent	
3SE0021	Eye, right	EXPTH	Absent	
3SE0021	Eye, right	OPQ	Absent	
3SE0021	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3SE0021	Eye, right	HMR	Absent	
3SE0021	Eye, right	EMB	Absent	
3SE0021	Opercula	SLSH	Absent	
3SE0022	Body Surface	RGR	Absent	
3SE0022	Body Surface	RLSN	Absent	
3SE0022	Body Surface	SPDF	Absent	
3SE0022	Body Surface	HMRB	Absent	
3SE0022	Body Surface	FDC	Absent	
3SE0022	Body Surface	BFG	Absent	
3SE0022	Body Surface	PRST	Absent	
3SE0022	Head	DFM	Absent	
3SE0022	Mouth	ULR	Absent	
3SE0022	Mouth	LLG	Absent	
3SE0022	Nare	SLN	Absent	
3SE0022	Eye, left	EXPTH	Absent	
3SE0022	Eye, left	OPQ	Absent	
3SE0022	Eye, left	MIS	Absent	
3SE0022	Eye, left	HMR	Absent	
3SE0022	Eye, left	EMB	Absent	
3SE0022	Eye, right	EXPTH	Absent	
3SE0022	Eye, right	OPQ	Absent	
3SE0022	Eye, right	MIS	Absent	
3SE0022	Eye, right	HMR	Absent	
3SE0022	Eye, right	EMB	Absent	
3SE0022	Opercula	SLSH	Absent	
3SE0023	Body Surface	RGR	Absent	
3SE0023	Body Surface	RLSN	Absent	
3SE0023	Body Surface	SPDF	Absent	
3SE0023	Body Surface	HMRB	Absent	
3SE0023	Body Surface	FDC	Absent	
3SE0023	Body Surface	BFG	Absent	
3SE0023	Body Surface	PRST	Absent	
3SE0023	Head	DFM	Absent	
3SE0023	Mouth	ULR	Absent	
3SE0023	Mouth	LLG	Absent	
3SE0023	Nare	SLN	Absent	
3SE0023	Eye, left	EXPTH	Absent	
3SE0023	Eye, left	OPQ	Absent	
3SE0023	Eye, left	MIS	Absent	
3SE0023	Eye, left	HMR	Absent	
3SE0023	Eye, left	EMB	Absent	
3SE0023	Eye, right	EXPTH	Absent	
3SE0023	Eye, right	OPQ	Absent	
3SE0023	Eye, right	MIS	Absent	
3SE0023	Eye, right	HMR	Absent	
3SE0023	Eye, right	EMB	Absent	
3SE0023	Opercula	SLSH	Absent	
4BE0001	Body Surface	RGR	Absent	
4BE0001	Body Surface	RLSN	Absent	
4BE0001	Body Surface	SPDF	Absent	
4BE0001	Body Surface	HMRB	Absent	
4BE0001	Body Surface	FDC	Absent	
4BE0001	Body Surface	BFG	Absent	
4BE0001	Body Surface	PRST	Absent	
4BE0001	Head	DFM	Absent	
4BE0001	Mouth	ULR	Absent	
4BE0001	Mouth	LLG	Absent	
4BE0001	Nare	SLN	Absent	
4BE0001	Eye, left	EXPTH	Absent	
4BE0001	Eye, left	OPQ	Absent	
4BE0001	Eye, left	MIS	Absent	
4BE0001	Eye, left	HMR	Absent	
4BE0001	Eye, left	EMB	Absent	
4BE0001	Eye, right	EXPTH	Absent	
4BE0001	Eye, right	OPQ	Absent	
4BE0001	Eye, right	MIS	Absent	
4BE0001	Eye, right	HMR	Absent	
4BE0001	Eye, right	EMB	Absent	
4BE0001	Opercula	SLSH	Absent	
4BE0002	Body Surface	RGR	Absent	
4BE0002	Body Surface	RLSN	Absent	
4BE0002	Body Surface	SPDF	Absent	
4BE0002	Body Surface	HMRB	Absent	
4BE0002	Body Surface	FDC	Absent	
4BE0002	Body Surface	BFG	Absent	
4BE0002	Body Surface	PRST	Absent	
4BE0002	Head	DFM	Absent	
4BE0002	Mouth	ULR	Absent	
4BE0002	Mouth	LLG	Absent	
4BE0002	Nare	SLN	Absent	
4BE0002	Eye, left	EXPTH	Absent	
4BE0002	Eye, left	OPQ	Absent	
4BE0002	Eye, left	MIS	Absent	
4BE0002	Eye, left	HMR	Absent	
4BE0002	Eye, left	EMB	Absent	
4BE0002	Eye, right	EXPTH	Absent	
4BE0002	Eye, right	OPQ	Absent	
4BE0002	Eye, right	MIS	Absent	
4BE0002	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4BE0002	Eye, right	EMB	Absent	
4BE0002	Opercula	SLSH	Absent	
4EB0001	Body Surface	RGR	Absent	
4EB0001	Body Surface	RLSN	Absent	
4EB0001	Body Surface	SPDF	Absent	
4EB0001	Body Surface	HMRB	Absent	
4EB0001	Body Surface	FDC	Absent	
4EB0001	Body Surface	BFG	Absent	
4EB0001	Body Surface	PRST	Absent	
4EB0001	Head	DFM	Absent	
4EB0001	Mouth	ULR	Absent	
4EB0001	Mouth	LLG	Absent	
4EB0001	Nare	SLN	Absent	
4EB0001	Eye, left	EXPTH	Absent	
4EB0001	Eye, left	OPQ	Absent	
4EB0001	Eye, left	MIS	Absent	
4EB0001	Eye, left	HMR	Absent	
4EB0001	Eye, left	EMB	Absent	
4EB0001	Eye, right	EXPTH	Absent	
4EB0001	Eye, right	OPQ	Absent	
4EB0001	Eye, right	MIS	Absent	
4EB0001	Eye, right	HMR	Absent	
4EB0001	Eye, right	EMB	Absent	
4EB0001	Opercula	SLSH	Absent	
4EB0002H	Body Surface	RGR	Absent	
4EB0002H	Body Surface	RLSN	Absent	
4EB0002H	Body Surface	SPDF	Absent	
4EB0002H	Body Surface	HMRB	Absent	
4EB0002H	Body Surface	FDC	Absent	
4EB0002H	Body Surface	BFG	Absent	
4EB0002H	Body Surface	PRST	Absent	
4EB0002H	Head	DFM	Absent	
4EB0002H	Mouth	ULR	Absent	
4EB0002H	Mouth	LLG	Absent	
4EB0002H	Nare	SLN	Absent	
4EB0002H	Eye, left	EXPTH	Absent	
4EB0002H	Eye, left	OPQ	Absent	
4EB0002H	Eye, left	MIS	Absent	
4EB0002H	Eye, left	HMR	Absent	
4EB0002H	Eye, left	EMB	Absent	
4EB0002H	Eye, right	EXPTH	Absent	
4EB0002H	Eye, right	OPQ	Absent	
4EB0002H	Eye, right	MIS	Absent	
4EB0002H	Eye, right	HMR	Absent	
4EB0002H	Eye, right	EMB	Absent	
4EB0002H	Opercula	SLSH	Present	
4EB0003W	Body Surface	RGR	Absent	
4EB0003W	Body Surface	RLSN	Absent	
4EB0003W	Body Surface	SPDF	Absent	
4EB0003W	Body Surface	HMRB	Absent	
4EB0003W	Body Surface	FDC	Absent	
4EB0003W	Body Surface	BFG	Absent	
4EB0003W	Body Surface	PRST	Absent	
4EB0003W	Head	DFM	Absent	
4EB0003W	Mouth	ULR	Absent	
4EB0003W	Mouth	LLG	Absent	
4EB0003W	Nare	SLN	Absent	
4EB0003W	Eye, left	EXPTH	Absent	
4EB0003W	Eye, left	OPQ	Absent	
4EB0003W	Eye, left	MIS	Absent	
4EB0003W	Eye, left	HMR	Absent	
4EB0003W	Eye, left	EMB	Absent	
4EB0003W	Eye, right	EXPTH	Absent	
4EB0003W	Eye, right	OPQ	Absent	
4EB0003W	Eye, right	MIS	Absent	
4EB0003W	Eye, right	HMR	Absent	
4EB0003W	Eye, right	EMB	Absent	
4EB0003W	Opercula	SLSH	Absent	
4EB0004H	Body Surface	RGR	Absent	
4EB0004H	Body Surface	RLSN	Absent	
4EB0004H	Body Surface	SPDF	Absent	
4EB0004H	Body Surface	HMRB	Absent	
4EB0004H	Body Surface	FDC	Absent	
4EB0004H	Body Surface	BFG	Absent	
4EB0004H	Body Surface	PRST	Absent	
4EB0004H	Head	DFM	Absent	
4EB0004H	Mouth	ULR	Absent	
4EB0004H	Mouth	LLG	Absent	
4EB0004H	Nare	SLN	Absent	
4EB0004H	Eye, left	EXPTH	Absent	
4EB0004H	Eye, left	OPQ	Absent	
4EB0004H	Eye, left	MIS	Absent	
4EB0004H	Eye, left	HMR	Absent	
4EB0004H	Eye, left	EMB	Absent	
4EB0004H	Eye, right	EXPTH	Absent	
4EB0004H	Eye, right	OPQ	Absent	
4EB0004H	Eye, right	MIS	Absent	
4EB0004H	Eye, right	HMR	Absent	
4EB0004H	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0004H	Opercula	SLSH	Present	
4EB0005W	Body Surface	RGR	Absent	
4EB0005W	Body Surface	RLSN	Absent	
4EB0005W	Body Surface	SPDF	Absent	
4EB0005W	Body Surface	HMRB	Absent	
4EB0005W	Body Surface	FDC	Absent	
4EB0005W	Body Surface	BFG	Absent	
4EB0005W	Body Surface	PRST	Absent	
4EB0005W	Head	DFM	Absent	
4EB0005W	Mouth	ULR	Absent	
4EB0005W	Mouth	LLG	Absent	
4EB0005W	Nare	SLN	Absent	
4EB0005W	Eye, left	EXPTH	Absent	
4EB0005W	Eye, left	OPQ	Absent	
4EB0005W	Eye, left	MIS	Absent	
4EB0005W	Eye, left	HMR	Absent	
4EB0005W	Eye, left	EMB	Absent	
4EB0005W	Eye, right	EXPTH	Absent	
4EB0005W	Eye, right	OPQ	Absent	
4EB0005W	Eye, right	MIS	Absent	
4EB0005W	Eye, right	HMR	Absent	
4EB0005W	Eye, right	EMB	Absent	
4EB0005W	Opercula	SLSH	Absent	
4EB0006W	Body Surface	RGR	Absent	
4EB0006W	Body Surface	RLSN	Absent	
4EB0006W	Body Surface	SPDF	Absent	
4EB0006W	Body Surface	HMRB	Absent	
4EB0006W	Body Surface	FDC	Absent	
4EB0006W	Body Surface	BFG	Absent	
4EB0006W	Body Surface	PRST	Absent	
4EB0006W	Head	DFM	Absent	
4EB0006W	Mouth	ULR	Absent	
4EB0006W	Mouth	LLG	Absent	
4EB0006W	Nare	SLN	Absent	
4EB0006W	Eye, left	EXPTH	Absent	
4EB0006W	Eye, left	OPQ	Absent	
4EB0006W	Eye, left	MIS	Absent	
4EB0006W	Eye, left	HMR	Absent	
4EB0006W	Eye, left	EMB	Absent	
4EB0006W	Eye, right	EXPTH	Absent	
4EB0006W	Eye, right	OPQ	Absent	
4EB0006W	Eye, right	MIS	Absent	
4EB0006W	Eye, right	HMR	Absent	
4EB0006W	Eye, right	EMB	Absent	
4EB0006W	Opercula	SLSH	Absent	
4EB0007H	Body Surface	RGR	Absent	
4EB0007H	Body Surface	RLSN	Absent	
4EB0007H	Body Surface	SPDF	Absent	
4EB0007H	Body Surface	HMRB	Absent	
4EB0007H	Body Surface	FDC	Absent	
4EB0007H	Body Surface	BFG	Absent	
4EB0007H	Body Surface	PRST	Absent	
4EB0007H	Head	DFM	Absent	
4EB0007H	Mouth	ULR	Absent	
4EB0007H	Mouth	LLG	Absent	
4EB0007H	Nare	SLN	Absent	
4EB0007H	Eye, left	EXPTH	Absent	
4EB0007H	Eye, left	OPQ	Absent	
4EB0007H	Eye, left	MIS	Absent	
4EB0007H	Eye, left	HMR	Absent	
4EB0007H	Eye, left	EMB	Absent	
4EB0007H	Eye, right	EXPTH	Absent	
4EB0007H	Eye, right	OPQ	Absent	
4EB0007H	Eye, right	MIS	Absent	
4EB0007H	Eye, right	HMR	Absent	
4EB0007H	Eye, right	EMB	Absent	
4EB0007H	Opercula	SLSH	Absent	
4EB0008W	Body Surface	RGR	Absent	
4EB0008W	Body Surface	RLSN	Absent	
4EB0008W	Body Surface	SPDF	Absent	
4EB0008W	Body Surface	HMRB	Absent	
4EB0008W	Body Surface	FDC	Absent	
4EB0008W	Body Surface	BFG	Absent	
4EB0008W	Body Surface	PRST	Absent	
4EB0008W	Head	DFM	Absent	
4EB0008W	Mouth	ULR	Absent	
4EB0008W	Mouth	LLG	Absent	
4EB0008W	Nare	SLN	Absent	
4EB0008W	Eye, left	EXPTH	Absent	
4EB0008W	Eye, left	OPQ	Absent	
4EB0008W	Eye, left	MIS	Absent	
4EB0008W	Eye, left	HMR	Absent	
4EB0008W	Eye, left	EMB	Absent	
4EB0008W	Eye, right	EXPTH	Absent	
4EB0008W	Eye, right	OPQ	Absent	
4EB0008W	Eye, right	MIS	Absent	
4EB0008W	Eye, right	HMR	Absent	
4EB0008W	Eye, right	EMB	Absent	
4EB0008W	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0009H	Body Surface	RGR	Absent	
4EB0009H	Body Surface	RLSN	Absent	
4EB0009H	Body Surface	SPDF	Absent	
4EB0009H	Body Surface	HMRB	Absent	
4EB0009H	Body Surface	FDC	Absent	
4EB0009H	Body Surface	BFG	Absent	
4EB0009H	Body Surface	PRST	Absent	
4EB0009H	Head	DFM	Absent	
4EB0009H	Mouth	ULR	Absent	
4EB0009H	Mouth	LLG	Absent	
4EB0009H	Nare	SLN	Absent	
4EB0009H	Eye, left	EXPTH	Absent	
4EB0009H	Eye, left	OPQ	Absent	
4EB0009H	Eye, left	MIS	Absent	
4EB0009H	Eye, left	HMR	Absent	
4EB0009H	Eye, left	EMB	Absent	
4EB0009H	Eye, right	EXPTH	Absent	
4EB0009H	Eye, right	OPQ	Absent	
4EB0009H	Eye, right	MIS	Absent	
4EB0009H	Eye, right	HMR	Absent	
4EB0009H	Eye, right	EMB	Absent	
4EB0009H	Opercula	SLSH	Absent	
4EB0010H	Body Surface	RGR	Absent	
4EB0010H	Body Surface	RLSN	Absent	
4EB0010H	Body Surface	SPDF	Absent	
4EB0010H	Body Surface	HMRB	Absent	
4EB0010H	Body Surface	FDC	Absent	
4EB0010H	Body Surface	BFG	Absent	
4EB0010H	Body Surface	PRST	Absent	
4EB0010H	Head	DFM	Absent	
4EB0010H	Mouth	ULR	Absent	
4EB0010H	Mouth	LLG	Absent	
4EB0010H	Nare	SLN	Absent	
4EB0010H	Eye, left	EXPTH	Absent	
4EB0010H	Eye, left	OPQ	Absent	
4EB0010H	Eye, left	MIS	Absent	
4EB0010H	Eye, left	HMR	Absent	
4EB0010H	Eye, left	EMB	Absent	
4EB0010H	Eye, right	EXPTH	Absent	
4EB0010H	Eye, right	OPQ	Absent	
4EB0010H	Eye, right	MIS	Absent	
4EB0010H	Eye, right	HMR	Absent	
4EB0010H	Eye, right	EMB	Absent	
4EB0010H	Opercula	SLSH	Absent	
4EB0011W	Body Surface	RGR	Absent	
4EB0011W	Body Surface	RLSN	Absent	
4EB0011W	Body Surface	SPDF	Absent	
4EB0011W	Body Surface	HMRB	Absent	
4EB0011W	Body Surface	FDC	Absent	
4EB0011W	Body Surface	BFG	Absent	
4EB0011W	Body Surface	PRST	Absent	
4EB0011W	Head	DFM	Absent	
4EB0011W	Mouth	ULR	Absent	
4EB0011W	Mouth	LLG	Absent	
4EB0011W	Nare	SLN	Absent	
4EB0011W	Eye, left	EXPTH	Absent	
4EB0011W	Eye, left	OPQ	Absent	
4EB0011W	Eye, left	MIS	Absent	
4EB0011W	Eye, left	HMR	Absent	
4EB0011W	Eye, left	EMB	Absent	
4EB0011W	Eye, right	EXPTH	Absent	
4EB0011W	Eye, right	OPQ	Absent	
4EB0011W	Eye, right	MIS	Absent	
4EB0011W	Eye, right	HMR	Absent	
4EB0011W	Eye, right	EMB	Absent	
4EB0011W	Opercula	SLSH	Absent	
4EB0012H	Body Surface	RGR	Absent	
4EB0012H	Body Surface	RLSN	Absent	
4EB0012H	Body Surface	SPDF	Absent	
4EB0012H	Body Surface	HMRB	Absent	
4EB0012H	Body Surface	FDC	Absent	
4EB0012H	Body Surface	BFG	Absent	
4EB0012H	Body Surface	PRST	Absent	
4EB0012H	Body Surface	OTHER	Present	Healed lacerations
4EB0012H	Head	DFM	Absent	
4EB0012H	Mouth	ULR	Absent	
4EB0012H	Mouth	LLG	Absent	
4EB0012H	Nare	SLN	Absent	
4EB0012H	Eye, left	EXPTH	Absent	
4EB0012H	Eye, left	OPQ	Absent	
4EB0012H	Eye, left	MIS	Absent	
4EB0012H	Eye, left	HMR	Absent	
4EB0012H	Eye, left	EMB	Absent	
4EB0012H	Eye, right	EXPTH	Absent	
4EB0012H	Eye, right	OPQ	Absent	
4EB0012H	Eye, right	MIS	Absent	
4EB0012H	Eye, right	HMR	Absent	
4EB0012H	Eye, right	EMB	Absent	
4EB0012H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0013W	Body Surface	RGR	Absent	
4EB0013W	Body Surface	RLSN	Absent	
4EB0013W	Body Surface	SPDF	Absent	
4EB0013W	Body Surface	HMRB	Absent	
4EB0013W	Body Surface	FDC	Absent	
4EB0013W	Body Surface	BFG	Absent	
4EB0013W	Body Surface	PRST	Absent	
4EB0013W	Body Surface	OTHER	Present	Gill net marks
4EB0013W	Head	DFM	Absent	
4EB0013W	Mouth	ULR	Absent	
4EB0013W	Mouth	LLG	Absent	
4EB0013W	Nare	SLN	Absent	
4EB0013W	Eye, left	EXPTH	Absent	
4EB0013W	Eye, left	OPQ	Absent	
4EB0013W	Eye, left	MIS	Absent	
4EB0013W	Eye, left	HMR	Absent	
4EB0013W	Eye, left	EMB	Absent	
4EB0013W	Eye, right	EXPTH	Absent	
4EB0013W	Eye, right	OPQ	Absent	
4EB0013W	Eye, right	MIS	Absent	
4EB0013W	Eye, right	HMR	Absent	
4EB0013W	Eye, right	EMB	Absent	
4EB0013W	Opercula	SLSH	Absent	
4EB0014W	Body Surface	RGR	Absent	
4EB0014W	Body Surface	RLSN	Absent	
4EB0014W	Body Surface	SPDF	Absent	
4EB0014W	Body Surface	HMRB	Absent	
4EB0014W	Body Surface	FDC	Absent	
4EB0014W	Body Surface	BFG	Absent	
4EB0014W	Body Surface	PRST	Absent	
4EB0014W	Head	DFM	Absent	
4EB0014W	Mouth	ULR	Absent	
4EB0014W	Mouth	LLG	Absent	
4EB0014W	Nare	SLN	Absent	
4EB0014W	Eye, left	EXPTH	Absent	
4EB0014W	Eye, left	OPQ	Absent	
4EB0014W	Eye, left	MIS	Absent	
4EB0014W	Eye, left	HMR	Absent	
4EB0014W	Eye, left	EMB	Absent	
4EB0014W	Eye, right	EXPTH	Absent	
4EB0014W	Eye, right	OPQ	Absent	
4EB0014W	Eye, right	MIS	Absent	
4EB0014W	Eye, right	HMR	Absent	
4EB0014W	Eye, right	EMB	Absent	
4EB0014W	Opercula	SLSH	Absent	
4EB0015	Body Surface	RGR	Absent	
4EB0015	Body Surface	RLSN	Absent	
4EB0015	Body Surface	SPDF	Absent	
4EB0015	Body Surface	HMRB	Absent	
4EB0015	Body Surface	FDC	Absent	
4EB0015	Body Surface	BFG	Absent	
4EB0015	Body Surface	PRST	Absent	
4EB0015	Head	DFM	Absent	
4EB0015	Mouth	ULR	Absent	
4EB0015	Mouth	LLG	Absent	
4EB0015	Nare	SLN	Absent	
4EB0015	Eye, left	EXPTH	Absent	
4EB0015	Eye, left	OPQ	Absent	
4EB0015	Eye, left	MIS	Absent	
4EB0015	Eye, left	HMR	Absent	
4EB0015	Eye, left	EMB	Absent	
4EB0015	Eye, right	EXPTH	Absent	
4EB0015	Eye, right	OPQ	Absent	
4EB0015	Eye, right	MIS	Absent	
4EB0015	Eye, right	HMR	Absent	
4EB0015	Eye, right	EMB	Absent	
4EB0015	Opercula	SLSH	Absent	
4EB0016W	Body Surface	RGR	Absent	
4EB0016W	Body Surface	RLSN	Absent	
4EB0016W	Body Surface	SPDF	Absent	
4EB0016W	Body Surface	HMRB	Absent	
4EB0016W	Body Surface	FDC	Absent	
4EB0016W	Body Surface	BFG	Absent	
4EB0016W	Body Surface	PRST	Absent	
4EB0016W	Head	DFM	Absent	
4EB0016W	Mouth	ULR	Absent	
4EB0016W	Mouth	LLG	Absent	
4EB0016W	Nare	SLN	Absent	
4EB0016W	Eye, left	EXPTH	Absent	
4EB0016W	Eye, left	OPQ	Absent	
4EB0016W	Eye, left	MIS	Absent	
4EB0016W	Eye, left	HMR	Absent	
4EB0016W	Eye, left	EMB	Absent	
4EB0016W	Eye, right	EXPTH	Absent	
4EB0016W	Eye, right	OPQ	Absent	
4EB0016W	Eye, right	MIS	Absent	
4EB0016W	Eye, right	HMR	Absent	
4EB0016W	Eye, right	EMB	Absent	
4EB0016W	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0017H	Body Surface	RGR	Absent	
4EB0017H	Body Surface	RLSN	Absent	
4EB0017H	Body Surface	SPDF	Absent	
4EB0017H	Body Surface	HMRB	Absent	
4EB0017H	Body Surface	FDC	Absent	
4EB0017H	Body Surface	BFG	Absent	
4EB0017H	Body Surface	PRST	Absent	
4EB0017H	Head	DFM	Absent	
4EB0017H	Mouth	ULR	Absent	
4EB0017H	Mouth	LLG	Absent	
4EB0017H	Nare	SLN	Absent	
4EB0017H	Eye, left	EXPTH	Absent	
4EB0017H	Eye, left	OPQ	Absent	
4EB0017H	Eye, left	MIS	Absent	
4EB0017H	Eye, left	HMR	Absent	
4EB0017H	Eye, left	EMB	Absent	
4EB0017H	Eye, right	EXPTH	Absent	
4EB0017H	Eye, right	OPQ	Absent	
4EB0017H	Eye, right	MIS	Absent	
4EB0017H	Eye, right	HMR	Absent	
4EB0017H	Eye, right	EMB	Absent	
4EB0017H	Opercula	SLSH	Absent	
4EB0018H	Body Surface	RGR	Absent	
4EB0018H	Body Surface	RLSN	Absent	
4EB0018H	Body Surface	SPDF	Absent	
4EB0018H	Body Surface	HMRB	Absent	
4EB0018H	Body Surface	FDC	Absent	
4EB0018H	Body Surface	BFG	Absent	
4EB0018H	Body Surface	PRST	Absent	
4EB0018H	Head	DFM	Absent	
4EB0018H	Mouth	ULR	Absent	
4EB0018H	Mouth	LLG	Absent	
4EB0018H	Nare	SLN	Absent	
4EB0018H	Eye, left	EXPTH	Absent	
4EB0018H	Eye, left	OPQ	Absent	
4EB0018H	Eye, left	MIS	Absent	
4EB0018H	Eye, left	HMR	Absent	
4EB0018H	Eye, left	EMB	Absent	
4EB0018H	Eye, right	EXPTH	Absent	
4EB0018H	Eye, right	OPQ	Absent	
4EB0018H	Eye, right	MIS	Absent	
4EB0018H	Eye, right	HMR	Absent	
4EB0018H	Eye, right	EMB	Absent	
4EB0018H	Opercula	SLSH	Present	
4EB0019H	Body Surface	RGR	Absent	
4EB0019H	Body Surface	RLSN	Absent	
4EB0019H	Body Surface	SPDF	Absent	
4EB0019H	Body Surface	HMRB	Absent	
4EB0019H	Body Surface	FDC	Absent	
4EB0019H	Body Surface	BFG	Absent	
4EB0019H	Body Surface	PRST	Absent	
4EB0019H	Head	DFM	Absent	
4EB0019H	Mouth	ULR	Absent	
4EB0019H	Mouth	LLG	Absent	
4EB0019H	Nare	SLN	Absent	
4EB0019H	Eye, left	EXPTH	Absent	
4EB0019H	Eye, left	OPQ	Absent	
4EB0019H	Eye, left	MIS	Absent	
4EB0019H	Eye, left	HMR	Absent	
4EB0019H	Eye, left	EMB	Absent	
4EB0019H	Eye, right	EXPTH	Absent	
4EB0019H	Eye, right	OPQ	Absent	
4EB0019H	Eye, right	MIS	Absent	
4EB0019H	Eye, right	HMR	Absent	
4EB0019H	Eye, right	EMB	Absent	
4EB0019H	Opercula	SLSH	Absent	
4EB0020H	Body Surface	RGR	Absent	
4EB0020H	Body Surface	RLSN	Absent	
4EB0020H	Body Surface	SPDF	Absent	
4EB0020H	Body Surface	HMRB	Absent	
4EB0020H	Body Surface	FDC	Absent	
4EB0020H	Body Surface	BFG	Absent	
4EB0020H	Body Surface	PRST	Absent	
4EB0020H	Body Surface	OTHER	Present	Gill net marks
4EB0020H	Head	DFM	Absent	
4EB0020H	Mouth	ULR	Absent	
4EB0020H	Mouth	LLG	Absent	
4EB0020H	Nare	SLN	Absent	
4EB0020H	Eye, left	EXPTH	Absent	
4EB0020H	Eye, left	OPQ	Absent	
4EB0020H	Eye, left	MIS	Absent	
4EB0020H	Eye, left	HMR	Absent	
4EB0020H	Eye, left	EMB	Absent	
4EB0020H	Eye, right	EXPTH	Absent	
4EB0020H	Eye, right	OPQ	Absent	
4EB0020H	Eye, right	MIS	Absent	
4EB0020H	Eye, right	HMR	Absent	
4EB0020H	Eye, right	EMB	Absent	
4EB0020H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0022H	Body Surface	RGR	Absent	
4EB0022H	Body Surface	RLSN	Absent	
4EB0022H	Body Surface	SPDF	Absent	
4EB0022H	Body Surface	HMRB	Absent	
4EB0022H	Body Surface	FDC	Absent	
4EB0022H	Body Surface	BFG	Absent	
4EB0022H	Body Surface	PRST	Absent	
4EB0022H	Head	DFM	Absent	
4EB0022H	Mouth	ULR	Absent	
4EB0022H	Mouth	LLG	Absent	
4EB0022H	Nare	SLN	Absent	
4EB0022H	Eye, left	EXPTH	Absent	
4EB0022H	Eye, left	OPQ	Absent	
4EB0022H	Eye, left	MIS	Absent	
4EB0022H	Eye, left	HMR	Absent	
4EB0022H	Eye, left	EMB	Absent	
4EB0022H	Eye, right	EXPTH	Absent	
4EB0022H	Eye, right	OPQ	Absent	
4EB0022H	Eye, right	MIS	Absent	
4EB0022H	Eye, right	HMR	Absent	
4EB0022H	Eye, right	EMB	Absent	
4EB0022H	Opercula	SLSH	Absent	
4EB0023H	Body Surface	RGR	Absent	
4EB0023H	Body Surface	RLSN	Absent	
4EB0023H	Body Surface	SPDF	Absent	
4EB0023H	Body Surface	HMRB	Absent	
4EB0023H	Body Surface	FDC	Absent	
4EB0023H	Body Surface	BFG	Absent	
4EB0023H	Body Surface	PRST	Absent	
4EB0023H	Head	DFM	Absent	
4EB0023H	Mouth	ULR	Absent	
4EB0023H	Mouth	LLG	Absent	
4EB0023H	Nare	SLN	Absent	
4EB0023H	Eye, left	EXPTH	Absent	
4EB0023H	Eye, left	OPQ	Absent	
4EB0023H	Eye, left	MIS	Absent	
4EB0023H	Eye, left	HMR	Absent	
4EB0023H	Eye, left	EMB	Absent	
4EB0023H	Eye, right	EXPTH	Absent	
4EB0023H	Eye, right	OPQ	Absent	
4EB0023H	Eye, right	MIS	Absent	
4EB0023H	Eye, right	HMR	Absent	
4EB0023H	Eye, right	EMB	Absent	
4EB0023H	Opercula	SLSH	Absent	
4EB0024H	Body Surface	RGR	Absent	
4EB0024H	Body Surface	RLSN	Absent	
4EB0024H	Body Surface	SPDF	Absent	
4EB0024H	Body Surface	HMRB	Absent	
4EB0024H	Body Surface	FDC	Absent	
4EB0024H	Body Surface	BFG	Absent	
4EB0024H	Body Surface	PRST	Absent	
4EB0024H	Head	DFM	Absent	
4EB0024H	Mouth	ULR	Absent	
4EB0024H	Mouth	LLG	Absent	
4EB0024H	Nare	SLN	Absent	
4EB0024H	Eye, left	EXPTH	Absent	
4EB0024H	Eye, left	OPQ	Absent	
4EB0024H	Eye, left	MIS	Absent	
4EB0024H	Eye, left	HMR	Absent	
4EB0024H	Eye, left	EMB	Absent	
4EB0024H	Eye, right	EXPTH	Absent	
4EB0024H	Eye, right	OPQ	Absent	
4EB0024H	Eye, right	MIS	Absent	
4EB0024H	Eye, right	HMR	Absent	
4EB0024H	Eye, right	EMB	Absent	
4EB0024H	Opercula	SLSH	Absent	
4EB0025	Body Surface	RGR	Absent	
4EB0025	Body Surface	RLSN	Absent	
4EB0025	Body Surface	SPDF	Absent	
4EB0025	Body Surface	HMRB	Absent	
4EB0025	Body Surface	FDC	Present	
4EB0025	Body Surface	BFG	Absent	
4EB0025	Body Surface	PRST	Absent	
4EB0025	Head	DFM	Absent	
4EB0025	Mouth	ULR	Absent	
4EB0025	Mouth	LLG	Absent	
4EB0025	Nare	SLN	Absent	
4EB0025	Eye, left	EXPTH	Absent	
4EB0025	Eye, left	OPQ	Absent	
4EB0025	Eye, left	MIS	Absent	
4EB0025	Eye, left	HMR	Absent	
4EB0025	Eye, left	EMB	Absent	
4EB0025	Eye, right	EXPTH	Absent	
4EB0025	Eye, right	OPQ	Absent	
4EB0025	Eye, right	MIS	Absent	
4EB0025	Eye, right	HMR	Absent	
4EB0025	Eye, right	EMB	Absent	
4EB0025	Opercula	SLSH	Absent	
4EB0026	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0026	Body Surface	RLSN	Absent	
4EB0026	Body Surface	SPDF	Absent	
4EB0026	Body Surface	HMRB	Absent	
4EB0026	Body Surface	FDC	Absent	
4EB0026	Body Surface	BFG	Present	
4EB0026	Body Surface	PRST	Absent	
4EB0026	Head	DFM	Absent	
4EB0026	Mouth	ULR	Absent	
4EB0026	Mouth	LLG	Absent	
4EB0026	Nare	SLN	Absent	
4EB0026	Eye, left	EXPTH	Absent	
4EB0026	Eye, left	OPQ	Absent	
4EB0026	Eye, left	MIS	Absent	
4EB0026	Eye, left	HMR	Absent	
4EB0026	Eye, left	EMB	Absent	
4EB0026	Eye, right	EXPTH	Absent	
4EB0026	Eye, right	OPQ	Absent	
4EB0026	Eye, right	MIS	Absent	
4EB0026	Eye, right	HMR	Absent	
4EB0026	Eye, right	EMB	Absent	
4EB0026	Opercula	SLSH	Absent	
4EB0027	Body Surface	RGR	Absent	
4EB0027	Body Surface	RLSN	Present	
4EB0027	Body Surface	SPDF	Absent	
4EB0027	Body Surface	HMRB	Absent	
4EB0027	Body Surface	FDC	Absent	
4EB0027	Body Surface	BFG	Absent	
4EB0027	Body Surface	PRST	Absent	
4EB0027	Head	DFM	Absent	
4EB0027	Mouth	ULR	Absent	
4EB0027	Mouth	LLG	Absent	
4EB0027	Nare	SLN	Absent	
4EB0027	Eye, left	EXPTH	Absent	
4EB0027	Eye, left	OPQ	Absent	
4EB0027	Eye, left	MIS	Absent	
4EB0027	Eye, left	HMR	Absent	
4EB0027	Eye, left	EMB	Absent	
4EB0027	Eye, right	EXPTH	Absent	
4EB0027	Eye, right	OPQ	Absent	
4EB0027	Eye, right	MIS	Absent	
4EB0027	Eye, right	HMR	Absent	
4EB0027	Eye, right	EMB	Absent	
4EB0027	Opercula	SLSH	Absent	
4EB0028	Body Surface	RGR	Absent	
4EB0028	Body Surface	RLSN	Absent	
4EB0028	Body Surface	SPDF	Absent	
4EB0028	Body Surface	HMRB	Absent	
4EB0028	Body Surface	FDC	Absent	
4EB0028	Body Surface	BFG	Absent	
4EB0028	Body Surface	PRST	Absent	
4EB0028	Head	DFM	Absent	
4EB0028	Mouth	ULR	Absent	
4EB0028	Mouth	LLG	Absent	
4EB0028	Nare	SLN	Absent	
4EB0028	Eye, left	EXPTH	Absent	
4EB0028	Eye, left	OPQ	Absent	
4EB0028	Eye, left	MIS	Absent	
4EB0028	Eye, left	HMR	Absent	
4EB0028	Eye, left	EMB	Absent	
4EB0028	Eye, right	EXPTH	Absent	
4EB0028	Eye, right	OPQ	Absent	
4EB0028	Eye, right	MIS	Absent	
4EB0028	Eye, right	HMR	Absent	
4EB0028	Eye, right	EMB	Absent	
4EB0028	Opercula	SLSH	Absent	
4EB0029	Body Surface	RGR	Absent	
4EB0029	Body Surface	RLSN	Present	
4EB0029	Body Surface	SPDF	Absent	
4EB0029	Body Surface	HMRB	Absent	
4EB0029	Body Surface	FDC	Absent	
4EB0029	Body Surface	BFG	Absent	
4EB0029	Body Surface	PRST	Absent	
4EB0029	Head	DFM	Absent	
4EB0029	Mouth	ULR	Absent	
4EB0029	Mouth	LLG	Absent	
4EB0029	Nare	SLN	Absent	
4EB0029	Eye, left	EXPTH	Absent	
4EB0029	Eye, left	OPQ	Absent	
4EB0029	Eye, left	MIS	Absent	
4EB0029	Eye, left	HMR	Absent	
4EB0029	Eye, left	EMB	Absent	
4EB0029	Eye, right	EXPTH	Absent	
4EB0029	Eye, right	OPQ	Absent	
4EB0029	Eye, right	MIS	Absent	
4EB0029	Eye, right	HMR	Absent	
4EB0029	Eye, right	EMB	Absent	
4EB0029	Opercula	SLSH	Absent	
4EB0030	Body Surface	RGR	Absent	
4EB0030	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0030	Body Surface	SPDF	Absent	
4EB0030	Body Surface	HMRB	Absent	
4EB0030	Body Surface	FDC	Absent	
4EB0030	Body Surface	BFG	Absent	
4EB0030	Body Surface	PRST	Absent	
4EB0030	Head	DFM	Absent	
4EB0030	Mouth	ULR	Absent	
4EB0030	Mouth	LLG	Absent	
4EB0030	Nare	SLN	Absent	
4EB0030	Eye, left	EXPTH	Absent	
4EB0030	Eye, left	OPQ	Absent	
4EB0030	Eye, left	MIS	Absent	
4EB0030	Eye, left	HMR	Absent	
4EB0030	Eye, left	EMB	Absent	
4EB0030	Eye, right	EXPTH	Absent	
4EB0030	Eye, right	OPQ	Absent	
4EB0030	Eye, right	MIS	Absent	
4EB0030	Eye, right	HMR	Absent	
4EB0030	Eye, right	EMB	Absent	
4EB0030	Opercula	SLSH	Absent	
4EB0031	Body Surface	RGR	Absent	
4EB0031	Body Surface	RLSN	Absent	
4EB0031	Body Surface	SPDF	Absent	
4EB0031	Body Surface	HMRB	Absent	
4EB0031	Body Surface	FDC	Absent	
4EB0031	Body Surface	BFG	Absent	
4EB0031	Body Surface	PRST	Absent	
4EB0031	Barbel	NORM	Present	
4EB0031	Head	DFM	Absent	
4EB0031	Mouth	ULR	Absent	
4EB0031	Mouth	LLG	Absent	
4EB0031	Nare	SLN	Absent	
4EB0031	Eye, left	EXPTH	Absent	
4EB0031	Eye, left	OPQ	Absent	
4EB0031	Eye, left	MIS	Absent	
4EB0031	Eye, left	HMR	Absent	
4EB0031	Eye, left	EMB	Absent	
4EB0031	Eye, right	EXPTH	Absent	
4EB0031	Eye, right	OPQ	Absent	
4EB0031	Eye, right	MIS	Absent	
4EB0031	Eye, right	HMR	Absent	
4EB0031	Eye, right	EMB	Absent	
4EB0031	Opercula	SLSH	Absent	
4EB0032	Body Surface	RGR	Absent	
4EB0032	Body Surface	RLSN	Absent	
4EB0032	Body Surface	SPDF	Absent	
4EB0032	Body Surface	HMRB	Absent	
4EB0032	Body Surface	FDC	Absent	
4EB0032	Body Surface	BFG	Absent	
4EB0032	Body Surface	PRST	Absent	
4EB0032	Head	DFM	Absent	
4EB0032	Mouth	ULR	Absent	
4EB0032	Mouth	LLG	Absent	
4EB0032	Nare	SLN	Absent	
4EB0032	Eye, left	EXPTH	Absent	
4EB0032	Eye, left	OPQ	Absent	
4EB0032	Eye, left	MIS	Absent	
4EB0032	Eye, left	HMR	Present	
4EB0032	Eye, left	EMB	Absent	
4EB0032	Eye, right	EXPTH	Absent	
4EB0032	Eye, right	OPQ	Absent	
4EB0032	Eye, right	MIS	Absent	
4EB0032	Eye, right	HMR	Present	
4EB0032	Eye, right	EMB	Absent	
4EB0032	Opercula	SLSH	Absent	
4EB0033	Body Surface	RGR	Absent	
4EB0033	Body Surface	RLSN	Absent	
4EB0033	Body Surface	SPDF	Absent	
4EB0033	Body Surface	HMRB	Absent	
4EB0033	Body Surface	FDC	Absent	
4EB0033	Body Surface	BFG	Absent	
4EB0033	Body Surface	PRST	Absent	
4EB0033	Head	DFM	Absent	
4EB0033	Mouth	ULR	Absent	
4EB0033	Mouth	LLG	Absent	
4EB0033	Nare	SLN	Absent	
4EB0033	Eye, left	EXPTH	Absent	
4EB0033	Eye, left	OPQ	Absent	
4EB0033	Eye, left	MIS	Absent	
4EB0033	Eye, left	HMR	Absent	
4EB0033	Eye, left	EMB	Absent	
4EB0033	Eye, right	EXPTH	Absent	
4EB0033	Eye, right	OPQ	Absent	
4EB0033	Eye, right	MIS	Absent	
4EB0033	Eye, right	HMR	Absent	
4EB0033	Eye, right	EMB	Absent	
4EB0033	Opercula	SLSH	Absent	
4EB0034	Body Surface	RGR	Absent	
4EB0034	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0034	Body Surface	SPDF	Absent	
4EB0034	Body Surface	HMRB	Present	
4EB0034	Body Surface	FDC	Absent	
4EB0034	Body Surface	BFG	Absent	
4EB0034	Body Surface	PRST	Absent	
4EB0034	Head	DFM	Absent	
4EB0034	Mouth	ULR	Absent	
4EB0034	Mouth	LLG	Absent	
4EB0034	Nare	SLN	Absent	
4EB0034	Eye, left	EXPTH	Absent	
4EB0034	Eye, left	OPQ	Absent	
4EB0034	Eye, left	MIS	Absent	
4EB0034	Eye, left	HMR	Absent	
4EB0034	Eye, left	EMB	Absent	
4EB0034	Eye, right	EXPTH	Absent	
4EB0034	Eye, right	OPQ	Absent	
4EB0034	Eye, right	MIS	Absent	
4EB0034	Eye, right	HMR	Absent	
4EB0034	Eye, right	EMB	Absent	
4EB0034	Opercula	SLSH	Absent	
4EB0037	Body Surface	RGR	Absent	
4EB0037	Body Surface	RLSN	Absent	
4EB0037	Body Surface	SPDF	Absent	
4EB0037	Body Surface	HMRB	Absent	
4EB0037	Body Surface	FDC	Absent	
4EB0037	Body Surface	BFG	Absent	
4EB0037	Body Surface	PRST	Absent	
4EB0037	Head	DFM	Absent	
4EB0037	Mouth	ULR	Absent	
4EB0037	Mouth	LLG	Absent	
4EB0037	Nare	SLN	Absent	
4EB0037	Eye, left	EXPTH	Absent	
4EB0037	Eye, left	OPQ	Absent	
4EB0037	Eye, left	MIS	Absent	
4EB0037	Eye, left	HMR	Absent	
4EB0037	Eye, left	EMB	Absent	
4EB0037	Eye, right	EXPTH	Absent	
4EB0037	Eye, right	OPQ	Absent	
4EB0037	Eye, right	MIS	Absent	
4EB0037	Eye, right	HMR	Absent	
4EB0037	Eye, right	EMB	Absent	
4EB0037	Opercula	SLSH	Absent	
4EB0050H	Body Surface	RGR	Absent	
4EB0050H	Body Surface	RLSN	Absent	
4EB0050H	Body Surface	SPDF	Absent	
4EB0050H	Body Surface	HMRB	Absent	
4EB0050H	Body Surface	FDC	Absent	
4EB0050H	Body Surface	BFG	Absent	
4EB0050H	Body Surface	PRST	Absent	
4EB0050H	Head	DFM	Absent	
4EB0050H	Mouth	ULR	Absent	
4EB0050H	Mouth	LLG	Absent	
4EB0050H	Nare	SLN	Absent	
4EB0050H	Eye, left	EXPTH	Absent	
4EB0050H	Eye, left	OPQ	Absent	
4EB0050H	Eye, left	MIS	Absent	
4EB0050H	Eye, left	HMR	Absent	
4EB0050H	Eye, left	EMB	Absent	
4EB0050H	Eye, right	EXPTH	Absent	
4EB0050H	Eye, right	OPQ	Absent	
4EB0050H	Eye, right	MIS	Absent	
4EB0050H	Eye, right	HMR	Absent	
4EB0050H	Eye, right	EMB	Absent	
4EB0050H	Opercula	SLSH	Present	
4EB0054H	Body Surface	RGR	Absent	
4EB0054H	Body Surface	RLSN	Absent	
4EB0054H	Body Surface	SPDF	Absent	
4EB0054H	Body Surface	HMRB	Absent	
4EB0054H	Body Surface	FDC	Absent	
4EB0054H	Body Surface	BFG	Absent	
4EB0054H	Body Surface	PRST	Absent	
4EB0054H	Head	DFM	Absent	
4EB0054H	Mouth	ULR	Absent	
4EB0054H	Mouth	LLG	Absent	
4EB0054H	Nare	SLN	Absent	
4EB0054H	Eye, left	EXPTH	Absent	
4EB0054H	Eye, left	OPQ	Absent	
4EB0054H	Eye, left	MIS	Absent	
4EB0054H	Eye, left	HMR	Absent	
4EB0054H	Eye, left	EMB	Absent	
4EB0054H	Eye, right	EXPTH	Absent	
4EB0054H	Eye, right	OPQ	Absent	
4EB0054H	Eye, right	MIS	Absent	
4EB0054H	Eye, right	HMR	Absent	
4EB0054H	Eye, right	EMB	Absent	
4EB0054H	Opercula	SLSH	Absent	
4EB0056H	Body Surface	RGR	Absent	
4EB0056H	Body Surface	RLSN	Absent	
4EB0056H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0056H	Body Surface	HMRB	Absent	
4EB0056H	Body Surface	FDC	Absent	
4EB0056H	Body Surface	BFG	Absent	
4EB0056H	Body Surface	PRST	Absent	
4EB0056H	Head	DFM	Absent	
4EB0056H	Mouth	ULR	Absent	
4EB0056H	Mouth	LLG	Absent	
4EB0056H	Nare	SLN	Absent	
4EB0056H	Eye, left	EXPTH	Absent	
4EB0056H	Eye, left	OPQ	Absent	
4EB0056H	Eye, left	MIS	Absent	
4EB0056H	Eye, left	HMR	Absent	
4EB0056H	Eye, left	EMB	Absent	
4EB0056H	Eye, right	EXPTH	Absent	
4EB0056H	Eye, right	OPQ	Absent	
4EB0056H	Eye, right	MIS	Absent	
4EB0056H	Eye, right	HMR	Absent	
4EB0056H	Eye, right	EMB	Absent	
4EB0056H	Opercula	SLSH	Absent	
4EB0058H	Body Surface	RGR	Absent	
4EB0058H	Body Surface	RLSN	Absent	
4EB0058H	Body Surface	SPDF	Absent	
4EB0058H	Body Surface	HMRB	Absent	
4EB0058H	Body Surface	FDC	Absent	
4EB0058H	Body Surface	BFG	Absent	
4EB0058H	Body Surface	PRST	Absent	
4EB0058H	Head	DFM	Absent	
4EB0058H	Mouth	ULR	Absent	
4EB0058H	Mouth	LLG	Absent	
4EB0058H	Nare	SLN	Absent	
4EB0058H	Eye, left	EXPTH	Absent	
4EB0058H	Eye, left	OPQ	Absent	
4EB0058H	Eye, left	MIS	Absent	
4EB0058H	Eye, left	HMR	Absent	
4EB0058H	Eye, left	EMB	Absent	
4EB0058H	Eye, right	EXPTH	Absent	
4EB0058H	Eye, right	OPQ	Absent	
4EB0058H	Eye, right	MIS	Absent	
4EB0058H	Eye, right	HMR	Absent	
4EB0058H	Eye, right	EMB	Absent	
4EB0058H	Opercula	SLSH	Absent	
4EB0059H	Body Surface	RGR	Absent	
4EB0059H	Body Surface	RLSN	Absent	
4EB0059H	Body Surface	SPDF	Absent	
4EB0059H	Body Surface	HMRB	Absent	
4EB0059H	Body Surface	FDC	Absent	
4EB0059H	Body Surface	BFG	Absent	
4EB0059H	Body Surface	PRST	Absent	
4EB0059H	Head	DFM	Absent	
4EB0059H	Mouth	ULR	Absent	
4EB0059H	Mouth	LLG	Absent	
4EB0059H	Nare	SLN	Absent	
4EB0059H	Eye, left	EXPTH	Absent	
4EB0059H	Eye, left	OPQ	Absent	
4EB0059H	Eye, left	MIS	Absent	
4EB0059H	Eye, left	HMR	Absent	
4EB0059H	Eye, left	EMB	Absent	
4EB0059H	Eye, right	EXPTH	Absent	
4EB0059H	Eye, right	OPQ	Absent	
4EB0059H	Eye, right	MIS	Absent	
4EB0059H	Eye, right	HMR	Absent	
4EB0059H	Eye, right	EMB	Absent	
4EB0059H	Opercula	SLSH	Absent	
4EB0060H	Body Surface	RGR	Absent	
4EB0060H	Body Surface	RLSN	Absent	
4EB0060H	Body Surface	SPDF	Absent	
4EB0060H	Body Surface	HMRB	Absent	
4EB0060H	Body Surface	FDC	Absent	
4EB0060H	Body Surface	BFG	Absent	
4EB0060H	Body Surface	PRST	Absent	
4EB0060H	Head	DFM	Absent	
4EB0060H	Mouth	ULR	Absent	
4EB0060H	Mouth	LLG	Absent	
4EB0060H	Nare	SLN	Absent	
4EB0060H	Eye, left	EXPTH	Absent	
4EB0060H	Eye, left	OPQ	Absent	
4EB0060H	Eye, left	MIS	Absent	
4EB0060H	Eye, left	HMR	Absent	
4EB0060H	Eye, left	EMB	Absent	
4EB0060H	Eye, right	EXPTH	Absent	
4EB0060H	Eye, right	OPQ	Absent	
4EB0060H	Eye, right	MIS	Absent	
4EB0060H	Eye, right	HMR	Absent	
4EB0060H	Eye, right	EMB	Absent	
4EB0060H	Opercula	SLSH	Absent	
4EB0061H	Body Surface	RGR	Absent	
4EB0061H	Body Surface	RLSN	Absent	
4EB0061H	Body Surface	SPDF	Absent	
4EB0061H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0061H	Body Surface	FDC	Absent	
4EB0061H	Body Surface	BFG	Absent	
4EB0061H	Body Surface	PRST	Absent	
4EB0061H	Head	DFM	Absent	
4EB0061H	Mouth	ULR	Absent	
4EB0061H	Mouth	LLG	Absent	
4EB0061H	Nare	SLN	Absent	
4EB0061H	Eye, left	EXPTH	Absent	
4EB0061H	Eye, left	OPQ	Absent	
4EB0061H	Eye, left	MIS	Absent	
4EB0061H	Eye, left	HMR	Absent	
4EB0061H	Eye, left	EMB	Absent	
4EB0061H	Eye, right	EXPTH	Absent	
4EB0061H	Eye, right	OPQ	Absent	
4EB0061H	Eye, right	MIS	Absent	
4EB0061H	Eye, right	HMR	Absent	
4EB0061H	Eye, right	EMB	Absent	
4EB0061H	Opercula	SLSH	Absent	
4EB0062H	Body Surface	RGR	Absent	
4EB0062H	Body Surface	RLSN	Absent	
4EB0062H	Body Surface	SPDF	Absent	
4EB0062H	Body Surface	HMRB	Absent	
4EB0062H	Body Surface	FDC	Absent	
4EB0062H	Body Surface	BFG	Absent	
4EB0062H	Body Surface	PRST	Absent	
4EB0062H	Head	DFM	Absent	
4EB0062H	Mouth	ULR	Absent	
4EB0062H	Mouth	LLG	Absent	
4EB0062H	Nare	SLN	Absent	
4EB0062H	Eye, left	EXPTH	Absent	
4EB0062H	Eye, left	OPQ	Absent	
4EB0062H	Eye, left	MIS	Absent	
4EB0062H	Eye, left	HMR	Absent	
4EB0062H	Eye, left	EMB	Absent	
4EB0062H	Eye, right	EXPTH	Absent	
4EB0062H	Eye, right	OPQ	Absent	
4EB0062H	Eye, right	MIS	Absent	
4EB0062H	Eye, right	HMR	Absent	
4EB0062H	Eye, right	EMB	Absent	
4EB0062H	Opercula	SLSH	Absent	
4EB0063	Body Surface	RGR	Absent	
4EB0063	Body Surface	RLSN	Absent	
4EB0063	Body Surface	SPDF	Absent	
4EB0063	Body Surface	HMRB	Absent	
4EB0063	Body Surface	FDC	Absent	
4EB0063	Body Surface	BFG	Absent	
4EB0063	Body Surface	PRST	Absent	
4EB0063	Barbel	NORM	Present	
4EB0063	Head	DFM	Absent	
4EB0063	Mouth	ULR	Absent	
4EB0063	Mouth	LLG	Absent	
4EB0063	Nare	SLN	Absent	
4EB0063	Eye, left	EXPTH	Absent	
4EB0063	Eye, left	OPQ	Absent	
4EB0063	Eye, left	MIS	Absent	
4EB0063	Eye, left	HMR	Absent	
4EB0063	Eye, left	EMB	Absent	
4EB0063	Eye, right	EXPTH	Absent	
4EB0063	Eye, right	OPQ	Absent	
4EB0063	Eye, right	MIS	Absent	
4EB0063	Eye, right	HMR	Absent	
4EB0063	Eye, right	EMB	Absent	
4EB0063	Opercula	SLSH	Absent	
4EB0064	Body Surface	RGR	Absent	
4EB0064	Body Surface	RLSN	Absent	
4EB0064	Body Surface	SPDF	Absent	
4EB0064	Body Surface	HMRB	Absent	
4EB0064	Body Surface	FDC	Absent	
4EB0064	Body Surface	BFG	Absent	
4EB0064	Body Surface	PRST	Absent	
4EB0064	Barbel	NORM	Present	
4EB0064	Head	DFM	Absent	
4EB0064	Mouth	ULR	Absent	
4EB0064	Mouth	LLG	Absent	
4EB0064	Nare	SLN	Absent	
4EB0064	Eye, left	EXPTH	Absent	
4EB0064	Eye, left	OPQ	Absent	
4EB0064	Eye, left	MIS	Absent	
4EB0064	Eye, left	HMR	Absent	
4EB0064	Eye, left	EMB	Absent	
4EB0064	Eye, right	EXPTH	Absent	
4EB0064	Eye, right	OPQ	Absent	
4EB0064	Eye, right	MIS	Absent	
4EB0064	Eye, right	HMR	Absent	
4EB0064	Eye, right	EMB	Absent	
4EB0064	Opercula	SLSH	Absent	
4EB0065	Body Surface	RGR	Present	
4EB0065	Body Surface	RLSN	Absent	
4EB0065	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0065	Body Surface	HMRB	Absent	
4EB0065	Body Surface	FDC	Absent	
4EB0065	Body Surface	BFG	Absent	
4EB0065	Body Surface	PRST	Absent	
4EB0065	Body Surface	OTHER	Present	
4EB0065	Barbel	NORM	Present	
4EB0065	Head	DFM	Absent	
4EB0065	Mouth	ULR	Absent	
4EB0065	Mouth	LLG	Absent	
4EB0065	Nare	SLN	Absent	
4EB0065	Eye, left	EXPTH	Absent	
4EB0065	Eye, left	OPQ	Absent	
4EB0065	Eye, left	MIS	Absent	
4EB0065	Eye, left	HMR	Absent	
4EB0065	Eye, left	EMB	Absent	
4EB0065	Eye, right	EXPTH	Absent	
4EB0065	Eye, right	OPQ	Absent	
4EB0065	Eye, right	MIS	Absent	
4EB0065	Eye, right	HMR	Absent	
4EB0065	Eye, right	EMB	Absent	
4EB0065	Opercula	SLSH	Absent	
4EB0066	Body Surface	RGR	Absent	
4EB0066	Body Surface	RLSN	Absent	
4EB0066	Body Surface	SPDF	Absent	
4EB0066	Body Surface	HMRB	Absent	
4EB0066	Body Surface	FDC	Absent	
4EB0066	Body Surface	BFG	Absent	
4EB0066	Body Surface	PRST	Absent	
4EB0066	Head	DFM	Absent	
4EB0066	Mouth	ULR	Absent	
4EB0066	Mouth	LLG	Absent	
4EB0066	Nare	SLN	Absent	
4EB0066	Eye, left	EXPTH	Absent	
4EB0066	Eye, left	OPQ	Absent	
4EB0066	Eye, left	MIS	Absent	
4EB0066	Eye, left	HMR	Absent	
4EB0066	Eye, left	EMB	Absent	
4EB0066	Eye, right	EXPTH	Absent	
4EB0066	Eye, right	OPQ	Absent	
4EB0066	Eye, right	MIS	Absent	
4EB0066	Eye, right	HMR	Absent	
4EB0066	Eye, right	EMB	Absent	
4EB0066	Opercula	SLSH	Absent	
4EB0067	Body Surface	RGR	Absent	
4EB0067	Body Surface	RLSN	Absent	
4EB0067	Body Surface	SPDF	Absent	
4EB0067	Body Surface	HMRB	Absent	
4EB0067	Body Surface	FDC	Absent	
4EB0067	Body Surface	BFG	Absent	
4EB0067	Body Surface	PRST	Absent	
4EB0067	Head	DFM	Absent	
4EB0067	Mouth	ULR	Absent	
4EB0067	Mouth	LLG	Absent	
4EB0067	Nare	SLN	Absent	
4EB0067	Eye, left	EXPTH	Absent	
4EB0067	Eye, left	OPQ	Absent	
4EB0067	Eye, left	MIS	Absent	
4EB0067	Eye, left	HMR	Absent	
4EB0067	Eye, left	EMB	Absent	
4EB0067	Eye, right	EXPTH	Absent	
4EB0067	Eye, right	OPQ	Absent	
4EB0067	Eye, right	MIS	Absent	
4EB0067	Eye, right	HMR	Absent	
4EB0067	Eye, right	EMB	Absent	
4EB0067	Opercula	SLSH	Absent	
4ED0021H	Body Surface	RGR	Absent	
4ED0021H	Body Surface	RLSN	Absent	
4ED0021H	Body Surface	SPDF	Absent	
4ED0021H	Body Surface	HMRB	Absent	
4ED0021H	Body Surface	FDC	Absent	
4ED0021H	Body Surface	BFG	Absent	
4ED0021H	Body Surface	PRST	Absent	
4ED0021H	Head	DFM	Absent	
4ED0021H	Mouth	ULR	Absent	
4ED0021H	Mouth	LLG	Absent	
4ED0021H	Nare	SLN	Absent	
4ED0021H	Eye, left	EXPTH	Absent	
4ED0021H	Eye, left	OPQ	Absent	
4ED0021H	Eye, left	MIS	Absent	
4ED0021H	Eye, left	HMR	Absent	
4ED0021H	Eye, left	EMB	Absent	
4ED0021H	Eye, right	EXPTH	Absent	
4ED0021H	Eye, right	OPQ	Absent	
4ED0021H	Eye, right	MIS	Absent	
4ED0021H	Eye, right	HMR	Absent	
4ED0021H	Eye, right	EMB	Absent	
4ED0021H	Opercula	SLSH	Absent	
4ED0397	Body Surface	RGR	Absent	
4ED0397	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0397	Body Surface	SPDF	Absent	
4ED0397	Body Surface	HMRB	Absent	
4ED0397	Body Surface	FDC	Absent	
4ED0397	Body Surface	BFG	Absent	
4ED0397	Body Surface	PRST	Absent	
4ED0397	Body Surface	OTHER	Present	Healed lacerations
4ED0397	Barbel	NORM	Present	
4ED0397	Head	DFM	Absent	
4ED0397	Mouth	ULR	Absent	
4ED0397	Mouth	LLG	Absent	
4ED0397	Nare	SLN	Absent	
4ED0397	Eye, left	EXPTH	Absent	
4ED0397	Eye, left	OPQ	Absent	
4ED0397	Eye, left	MIS	Absent	
4ED0397	Eye, left	HMR	Absent	
4ED0397	Eye, left	EMB	Absent	
4ED0397	Eye, right	EXPTH	Absent	
4ED0397	Eye, right	OPQ	Absent	
4ED0397	Eye, right	MIS	Absent	
4ED0397	Eye, right	HMR	Absent	
4ED0397	Eye, right	EMB	Absent	
4ED0397	Opercula	SLSH	Absent	
4ED0398	Body Surface	RGR	Absent	
4ED0398	Body Surface	RLSN	Absent	
4ED0398	Body Surface	SPDF	Absent	
4ED0398	Body Surface	HMRB	Absent	
4ED0398	Body Surface	FDC	Absent	
4ED0398	Body Surface	BFG	Absent	
4ED0398	Body Surface	PRST	Absent	
4ED0398	Head	DFM	Absent	
4ED0398	Mouth	ULR	Absent	
4ED0398	Mouth	LLG	Absent	
4ED0398	Nare	SLN	Absent	
4ED0398	Eye, left	EXPTH	Absent	
4ED0398	Eye, left	OPQ	Absent	
4ED0398	Eye, left	MIS	Absent	
4ED0398	Eye, left	HMR	Absent	
4ED0398	Eye, left	EMB	Absent	
4ED0398	Eye, right	EXPTH	Absent	
4ED0398	Eye, right	OPQ	Absent	
4ED0398	Eye, right	MIS	Absent	
4ED0398	Eye, right	HMR	Absent	
4ED0398	Eye, right	EMB	Absent	
4ED0398	Opercula	SLSH	Absent	
4ED0399	Body Surface	RGR	Absent	
4ED0399	Body Surface	RLSN	Absent	
4ED0399	Body Surface	SPDF	Absent	
4ED0399	Body Surface	HMRB	Absent	
4ED0399	Body Surface	FDC	Absent	
4ED0399	Body Surface	BFG	Absent	
4ED0399	Body Surface	PRST	Absent	
4ED0399	Head	DFM	Absent	
4ED0399	Mouth	ULR	Absent	
4ED0399	Mouth	LLG	Absent	
4ED0399	Nare	SLN	Absent	
4ED0399	Eye, left	EXPTH	Absent	
4ED0399	Eye, left	OPQ	Absent	
4ED0399	Eye, left	MIS	Absent	
4ED0399	Eye, left	HMR	Absent	
4ED0399	Eye, left	EMB	Absent	
4ED0399	Eye, right	EXPTH	Absent	
4ED0399	Eye, right	OPQ	Absent	
4ED0399	Eye, right	MIS	Absent	
4ED0399	Eye, right	HMR	Absent	
4ED0399	Eye, right	EMB	Absent	
4ED0399	Opercula	SLSH	Absent	
4ED0400	Body Surface	RGR	Absent	
4ED0400	Body Surface	RLSN	Absent	
4ED0400	Body Surface	SPDF	Absent	
4ED0400	Body Surface	HMRB	Absent	
4ED0400	Body Surface	FDC	Absent	
4ED0400	Body Surface	BFG	Absent	
4ED0400	Body Surface	PRST	Absent	
4ED0400	Head	DFM	Absent	
4ED0400	Mouth	ULR	Absent	
4ED0400	Mouth	LLG	Absent	
4ED0400	Nare	SLN	Absent	
4ED0400	Eye, left	EXPTH	Absent	
4ED0400	Eye, left	OPQ	Absent	
4ED0400	Eye, left	MIS	Absent	
4ED0400	Eye, left	HMR	Absent	
4ED0400	Eye, left	EMB	Absent	
4ED0400	Eye, right	EXPTH	Absent	
4ED0400	Eye, right	OPQ	Absent	
4ED0400	Eye, right	MIS	Absent	
4ED0400	Eye, right	HMR	Absent	
4ED0400	Eye, right	EMB	Absent	
4ED0400	Opercula	SLSH	Absent	
4ED0401	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0401	Body Surface	RLSN	Absent	
4ED0401	Body Surface	SPDF	Absent	
4ED0401	Body Surface	HMRB	Absent	
4ED0401	Body Surface	FDC	Absent	
4ED0401	Body Surface	BFG	Absent	
4ED0401	Body Surface	PRST	Absent	
4ED0401	Head	DFM	Absent	
4ED0401	Mouth	ULR	Absent	
4ED0401	Mouth	LLG	Absent	
4ED0401	Nare	SLN	Absent	
4ED0401	Eye, left	EXPTH	Absent	
4ED0401	Eye, left	OPQ	Absent	
4ED0401	Eye, left	MIS	Absent	
4ED0401	Eye, left	HMR	Absent	
4ED0401	Eye, left	EMB	Absent	
4ED0401	Eye, right	EXPTH	Absent	
4ED0401	Eye, right	OPQ	Absent	
4ED0401	Eye, right	MIS	Absent	
4ED0401	Eye, right	HMR	Absent	
4ED0401	Eye, right	EMB	Absent	
4ED0401	Opercula	SLSH	Absent	
4ED0402	Body Surface	RGR	Absent	
4ED0402	Body Surface	RLSN	Absent	
4ED0402	Body Surface	SPDF	Absent	
4ED0402	Body Surface	HMRB	Absent	
4ED0402	Body Surface	FDC	Absent	
4ED0402	Body Surface	BFG	Absent	
4ED0402	Body Surface	PRST	Absent	
4ED0402	Head	DFM	Absent	
4ED0402	Mouth	ULR	Absent	
4ED0402	Mouth	LLG	Absent	
4ED0402	Nare	SLN	Absent	
4ED0402	Eye, left	EXPTH	Absent	
4ED0402	Eye, left	OPQ	Absent	
4ED0402	Eye, left	MIS	Absent	
4ED0402	Eye, left	HMR	Absent	
4ED0402	Eye, left	EMB	Absent	
4ED0402	Eye, right	EXPTH	Absent	
4ED0402	Eye, right	OPQ	Absent	
4ED0402	Eye, right	MIS	Absent	
4ED0402	Eye, right	HMR	Absent	
4ED0402	Eye, right	EMB	Absent	
4ED0402	Opercula	OTHER	Present	Hemorrhagic
4ED0402	Opercula	SLSH	Absent	
4ED0403	Body Surface	RGR	Absent	
4ED0403	Body Surface	RLSN	Absent	
4ED0403	Body Surface	SPDF	Absent	
4ED0403	Body Surface	HMRB	Absent	
4ED0403	Body Surface	FDC	Absent	
4ED0403	Body Surface	BFG	Absent	
4ED0403	Body Surface	PRST	Absent	
4ED0403	Head	DFM	Absent	
4ED0403	Mouth	ULR	Absent	
4ED0403	Mouth	LLG	Absent	
4ED0403	Nare	SLN	Absent	
4ED0403	Eye, left	EXPTH	Absent	
4ED0403	Eye, left	OPQ	Absent	
4ED0403	Eye, left	MIS	Absent	
4ED0403	Eye, left	HMR	Absent	
4ED0403	Eye, left	EMB	Absent	
4ED0403	Eye, right	EXPTH	Absent	
4ED0403	Eye, right	OPQ	Absent	
4ED0403	Eye, right	MIS	Absent	
4ED0403	Eye, right	HMR	Absent	
4ED0403	Eye, right	EMB	Absent	
4ED0403	Opercula	SLSH	Absent	
4ED0404	Body Surface	RGR	Absent	
4ED0404	Body Surface	RLSN	Absent	
4ED0404	Body Surface	SPDF	Absent	
4ED0404	Body Surface	HMRB	Absent	
4ED0404	Body Surface	FDC	Absent	
4ED0404	Body Surface	BFG	Absent	
4ED0404	Body Surface	PRST	Absent	
4ED0404	Head	DFM	Absent	
4ED0404	Mouth	ULR	Absent	
4ED0404	Mouth	LLG	Absent	
4ED0404	Nare	SLN	Absent	
4ED0404	Eye, left	EXPTH	Absent	
4ED0404	Eye, left	OPQ	Absent	
4ED0404	Eye, left	MIS	Absent	
4ED0404	Eye, left	HMR	Absent	
4ED0404	Eye, left	EMB	Absent	
4ED0404	Eye, right	EXPTH	Absent	
4ED0404	Eye, right	OPQ	Absent	
4ED0404	Eye, right	MIS	Absent	
4ED0404	Eye, right	HMR	Absent	
4ED0404	Eye, right	EMB	Absent	
4ED0404	Opercula	SLSH	Absent	
4ED0405	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0405	Body Surface	RLSN	Absent	
4ED0405	Body Surface	SPDF	Absent	
4ED0405	Body Surface	HMRB	Absent	
4ED0405	Body Surface	FDC	Absent	
4ED0405	Body Surface	BFG	Absent	
4ED0405	Body Surface	PRST	Absent	
4ED0405	Head	DFM	Absent	
4ED0405	Mouth	ULR	Absent	
4ED0405	Mouth	LLG	Absent	
4ED0405	Nare	SLN	Absent	
4ED0405	Eye, left	EXPTH	Absent	
4ED0405	Eye, left	OPQ	Absent	
4ED0405	Eye, left	MIS	Absent	
4ED0405	Eye, left	HMR	Absent	
4ED0405	Eye, left	EMB	Absent	
4ED0405	Eye, right	EXPTH	Absent	
4ED0405	Eye, right	OPQ	Absent	
4ED0405	Eye, right	MIS	Absent	
4ED0405	Eye, right	HMR	Absent	
4ED0405	Eye, right	EMB	Absent	
4ED0405	Opercula	SLSH	Absent	
4ED0406	Body Surface	RGR	Absent	
4ED0406	Body Surface	RLSN	Absent	
4ED0406	Body Surface	SPDF	Absent	
4ED0406	Body Surface	HMRB	Absent	
4ED0406	Body Surface	FDC	Absent	
4ED0406	Body Surface	BFG	Absent	
4ED0406	Body Surface	PRST	Absent	
4ED0406	Head	DFM	Absent	
4ED0406	Mouth	ULR	Absent	
4ED0406	Mouth	LLG	Absent	
4ED0406	Nare	SLN	Absent	
4ED0406	Eye, left	EXPTH	Absent	
4ED0406	Eye, left	OPQ	Absent	
4ED0406	Eye, left	MIS	Absent	
4ED0406	Eye, left	HMR	Absent	
4ED0406	Eye, left	EMB	Absent	
4ED0406	Eye, right	EXPTH	Absent	
4ED0406	Eye, right	OPQ	Absent	
4ED0406	Eye, right	MIS	Absent	
4ED0406	Eye, right	HMR	Absent	
4ED0406	Eye, right	EMB	Absent	
4ED0406	Opercula	SLSH	Absent	
4ED0407	Body Surface	RGR	Absent	
4ED0407	Body Surface	RLSN	Absent	
4ED0407	Body Surface	SPDF	Absent	
4ED0407	Body Surface	HMRB	Absent	
4ED0407	Body Surface	FDC	Absent	
4ED0407	Body Surface	BFG	Absent	
4ED0407	Body Surface	PRST	Absent	
4ED0407	Head	DFM	Absent	
4ED0407	Mouth	ULR	Absent	
4ED0407	Mouth	LLG	Absent	
4ED0407	Nare	SLN	Absent	
4ED0407	Eye, left	EXPTH	Absent	
4ED0407	Eye, left	OPQ	Absent	
4ED0407	Eye, left	MIS	Absent	
4ED0407	Eye, left	HMR	Absent	
4ED0407	Eye, left	EMB	Absent	
4ED0407	Eye, right	EXPTH	Absent	
4ED0407	Eye, right	OPQ	Absent	
4ED0407	Eye, right	MIS	Absent	
4ED0407	Eye, right	HMR	Absent	
4ED0407	Eye, right	EMB	Absent	
4ED0407	Opercula	SLSH	Absent	
4ED0408	Body Surface	RGR	Absent	
4ED0408	Body Surface	RLSN	Absent	
4ED0408	Body Surface	SPDF	Absent	
4ED0408	Body Surface	HMRB	Absent	
4ED0408	Body Surface	FDC	Absent	
4ED0408	Body Surface	BFG	Absent	
4ED0408	Body Surface	PRST	Absent	
4ED0408	Head	DFM	Absent	
4ED0408	Mouth	ULR	Absent	
4ED0408	Mouth	LLG	Absent	
4ED0408	Nare	SLN	Absent	
4ED0408	Eye, left	EXPTH	Absent	
4ED0408	Eye, left	OPQ	Absent	
4ED0408	Eye, left	MIS	Absent	
4ED0408	Eye, left	HMR	Absent	
4ED0408	Eye, left	EMB	Absent	
4ED0408	Eye, right	EXPTH	Absent	
4ED0408	Eye, right	OPQ	Absent	
4ED0408	Eye, right	MIS	Absent	
4ED0408	Eye, right	HMR	Absent	
4ED0408	Eye, right	EMB	Absent	
4ED0408	Opercula	SLSH	Absent	
4ED0409	Body Surface	RGR	Absent	
4ED0409	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0409	Body Surface	SPDF	Absent	
4ED0409	Body Surface	HMRB	Absent	
4ED0409	Body Surface	FDC	Absent	
4ED0409	Body Surface	BFG	Absent	
4ED0409	Body Surface	PRST	Absent	
4ED0409	Head	DFM	Absent	
4ED0409	Mouth	ULR	Absent	
4ED0409	Mouth	LLG	Absent	
4ED0409	Nare	SLN	Absent	
4ED0409	Eye, left	EXPTH	Absent	
4ED0409	Eye, left	OPQ	Absent	
4ED0409	Eye, left	MIS	Absent	
4ED0409	Eye, left	HMR	Absent	
4ED0409	Eye, left	EMB	Absent	
4ED0409	Eye, right	EXPTH	Absent	
4ED0409	Eye, right	OPQ	Absent	
4ED0409	Eye, right	MIS	Absent	
4ED0409	Eye, right	HMR	Absent	
4ED0409	Eye, right	EMB	Absent	
4ED0409	Opercula	SLSH	Absent	
4ED0410	Body Surface	RGR	Absent	
4ED0410	Body Surface	RLSN	Absent	
4ED0410	Body Surface	SPDF	Absent	
4ED0410	Body Surface	HMRB	Absent	
4ED0410	Body Surface	FDC	Absent	
4ED0410	Body Surface	BFG	Absent	
4ED0410	Body Surface	PRST	Absent	
4ED0410	Head	DFM	Absent	
4ED0410	Mouth	ULR	Absent	
4ED0410	Mouth	LLG	Absent	
4ED0410	Nare	SLN	Absent	
4ED0410	Eye, left	EXPTH	Absent	
4ED0410	Eye, left	OPQ	Absent	
4ED0410	Eye, left	MIS	Absent	
4ED0410	Eye, left	HMR	Absent	
4ED0410	Eye, left	EMB	Absent	
4ED0410	Eye, right	EXPTH	Absent	
4ED0410	Eye, right	OPQ	Absent	
4ED0410	Eye, right	MIS	Absent	
4ED0410	Eye, right	HMR	Absent	
4ED0410	Eye, right	EMB	Absent	
4ED0410	Opercula	SLSH	Absent	
4ED0411	Body Surface	RGR	Absent	
4ED0411	Body Surface	RLSN	Absent	
4ED0411	Body Surface	SPDF	Absent	
4ED0411	Body Surface	HMRB	Absent	
4ED0411	Body Surface	FDC	Absent	
4ED0411	Body Surface	BFG	Absent	
4ED0411	Body Surface	PRST	Absent	
4ED0411	Head	DFM	Absent	
4ED0411	Mouth	ULR	Absent	
4ED0411	Mouth	LLG	Absent	
4ED0411	Nare	SLN	Absent	
4ED0411	Eye, left	EXPTH	Absent	
4ED0411	Eye, left	OPQ	Absent	
4ED0411	Eye, left	MIS	Absent	
4ED0411	Eye, left	HMR	Absent	
4ED0411	Eye, left	EMB	Absent	
4ED0411	Eye, right	EXPTH	Absent	
4ED0411	Eye, right	OPQ	Absent	
4ED0411	Eye, right	MIS	Absent	
4ED0411	Eye, right	HMR	Absent	
4ED0411	Eye, right	EMB	Absent	
4ED0411	Opercula	SLSH	Absent	
4ED0412	Body Surface	RGR	Absent	
4ED0412	Body Surface	RLSN	Absent	
4ED0412	Body Surface	SPDF	Absent	
4ED0412	Body Surface	HMRB	Absent	
4ED0412	Body Surface	FDC	Absent	
4ED0412	Body Surface	BFG	Absent	
4ED0412	Body Surface	PRST	Absent	
4ED0412	Head	DFM	Absent	
4ED0412	Mouth	ULR	Absent	
4ED0412	Mouth	LLG	Absent	
4ED0412	Nare	SLN	Absent	
4ED0412	Eye, left	EXPTH	Absent	
4ED0412	Eye, left	OPQ	Absent	
4ED0412	Eye, left	MIS	Absent	
4ED0412	Eye, left	HMR	Absent	
4ED0412	Eye, left	EMB	Absent	
4ED0412	Eye, right	EXPTH	Absent	
4ED0412	Eye, right	OPQ	Absent	
4ED0412	Eye, right	MIS	Absent	
4ED0412	Eye, right	HMR	Absent	
4ED0412	Eye, right	EMB	Absent	
4ED0412	Opercula	SLSH	Absent	
4ED0413	Body Surface	RGR	Absent	
4ED0413	Body Surface	RLSN	Absent	
4ED0413	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0413	Body Surface	HMRB	Absent	
4ED0413	Body Surface	FDC	Absent	
4ED0413	Body Surface	BFG	Absent	
4ED0413	Body Surface	PRST	Absent	
4ED0413	Head	DFM	Absent	
4ED0413	Mouth	ULR	Absent	
4ED0413	Mouth	LLG	Absent	
4ED0413	Nare	SLN	Absent	
4ED0413	Eye, left	EXPTH	Absent	
4ED0413	Eye, left	OPQ	Absent	
4ED0413	Eye, left	MIS	Absent	
4ED0413	Eye, left	HMR	Absent	
4ED0413	Eye, left	EMB	Absent	
4ED0413	Eye, right	EXPTH	Absent	
4ED0413	Eye, right	OPQ	Absent	
4ED0413	Eye, right	MIS	Absent	
4ED0413	Eye, right	HMR	Absent	
4ED0413	Eye, right	EMB	Absent	
4ED0413	Opercula	SLSH	Absent	
4ED0417	Body Surface	RGR	Absent	
4ED0417	Body Surface	RLSN	Absent	
4ED0417	Body Surface	SPDF	Absent	
4ED0417	Body Surface	HMRB	Absent	
4ED0417	Body Surface	FDC	Absent	
4ED0417	Body Surface	BFG	Absent	
4ED0417	Body Surface	PRST	Absent	
4ED0417	Head	DFM	Absent	
4ED0417	Mouth	ULR	Absent	
4ED0417	Mouth	LLG	Absent	
4ED0417	Nare	SLN	Absent	
4ED0417	Eye, left	EXPTH	Absent	
4ED0417	Eye, left	OPQ	Absent	
4ED0417	Eye, left	MIS	Absent	
4ED0417	Eye, left	HMR	Absent	
4ED0417	Eye, left	EMB	Absent	
4ED0417	Eye, right	EXPTH	Absent	
4ED0417	Eye, right	OPQ	Absent	
4ED0417	Eye, right	MIS	Absent	
4ED0417	Eye, right	HMR	Absent	
4ED0417	Eye, right	EMB	Absent	
4ED0417	Opercula	SLSH	Absent	
4ED0418	Body Surface	RGR	Absent	
4ED0418	Body Surface	RLSN	Absent	
4ED0418	Body Surface	SPDF	Absent	
4ED0418	Body Surface	HMRB	Absent	
4ED0418	Body Surface	FDC	Absent	
4ED0418	Body Surface	BFG	Absent	
4ED0418	Body Surface	PRST	Absent	
4ED0418	Head	DFM	Absent	
4ED0418	Mouth	ULR	Absent	
4ED0418	Mouth	LLG	Absent	
4ED0418	Nare	SLN	Absent	
4ED0418	Eye, left	EXPTH	Absent	
4ED0418	Eye, left	OPQ	Absent	
4ED0418	Eye, left	MIS	Absent	
4ED0418	Eye, left	HMR	Absent	
4ED0418	Eye, left	EMB	Absent	
4ED0418	Eye, right	EXPTH	Absent	
4ED0418	Eye, right	OPQ	Absent	
4ED0418	Eye, right	MIS	Absent	
4ED0418	Eye, right	HMR	Absent	
4ED0418	Eye, right	EMB	Absent	
4ED0418	Opercula	SLSH	Absent	
4ED0419	Body Surface	RGR	Absent	
4ED0419	Body Surface	RLSN	Absent	
4ED0419	Body Surface	SPDF	Absent	
4ED0419	Body Surface	HMRB	Absent	
4ED0419	Body Surface	FDC	Absent	
4ED0419	Body Surface	BFG	Absent	
4ED0419	Body Surface	PRST	Absent	
4ED0419	Head	DFM	Absent	
4ED0419	Mouth	ULR	Absent	
4ED0419	Mouth	LLG	Absent	
4ED0419	Nare	SLN	Absent	
4ED0419	Eye, left	EXPTH	Absent	
4ED0419	Eye, left	OPQ	Absent	
4ED0419	Eye, left	MIS	Absent	
4ED0419	Eye, left	HMR	Absent	
4ED0419	Eye, left	EMB	Absent	
4ED0419	Eye, right	EXPTH	Absent	
4ED0419	Eye, right	OPQ	Absent	
4ED0419	Eye, right	MIS	Absent	
4ED0419	Eye, right	HMR	Absent	
4ED0419	Eye, right	EMB	Absent	
4ED0419	Opercula	SLSH	Absent	
4ED0420	Body Surface	RGR	Absent	
4ED0420	Body Surface	RLSN	Absent	
4ED0420	Body Surface	SPDF	Absent	
4ED0420	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0420	Body Surface	FDC	Absent	
4ED0420	Body Surface	BFG	Absent	
4ED0420	Body Surface	PRST	Absent	
4ED0420	Head	DFM	Absent	
4ED0420	Mouth	ULR	Absent	
4ED0420	Mouth	LLG	Absent	
4ED0420	Nare	SLN	Absent	
4ED0420	Eye, left	EXPTH	Absent	
4ED0420	Eye, left	OPQ	Absent	
4ED0420	Eye, left	MIS	Absent	
4ED0420	Eye, left	HMR	Absent	
4ED0420	Eye, left	EMB	Absent	
4ED0420	Eye, right	EXPTH	Absent	
4ED0420	Eye, right	OPQ	Absent	
4ED0420	Eye, right	MIS	Absent	
4ED0420	Eye, right	HMR	Absent	
4ED0420	Eye, right	EMB	Absent	
4ED0420	Opercula	SLSH	Absent	
4ED0421	Body Surface	RGR	Absent	
4ED0421	Body Surface	RLSN	Absent	
4ED0421	Body Surface	SPDF	Absent	
4ED0421	Body Surface	HMRB	Absent	
4ED0421	Body Surface	FDC	Absent	
4ED0421	Body Surface	BFG	Absent	
4ED0421	Body Surface	PRST	Absent	
4ED0421	Head	DFM	Absent	
4ED0421	Mouth	ULR	Absent	
4ED0421	Mouth	LLG	Absent	
4ED0421	Nare	SLN	Absent	
4ED0421	Eye, left	EXPTH	Absent	
4ED0421	Eye, left	OPQ	Absent	
4ED0421	Eye, left	MIS	Absent	
4ED0421	Eye, left	HMR	Absent	
4ED0421	Eye, left	EMB	Absent	
4ED0421	Eye, right	EXPTH	Absent	
4ED0421	Eye, right	OPQ	Absent	
4ED0421	Eye, right	MIS	Absent	
4ED0421	Eye, right	HMR	Absent	
4ED0421	Eye, right	EMB	Absent	
4ED0421	Opercula	SLSH	Absent	
4ED0422	Body Surface	RGR	Absent	
4ED0422	Body Surface	RLSN	Absent	
4ED0422	Body Surface	SPDF	Absent	
4ED0422	Body Surface	HMRB	Absent	
4ED0422	Body Surface	FDC	Absent	
4ED0422	Body Surface	BFG	Absent	
4ED0422	Body Surface	PRST	Absent	
4ED0422	Head	DFM	Absent	
4ED0422	Mouth	ULR	Absent	
4ED0422	Mouth	LLG	Absent	
4ED0422	Nare	SLN	Absent	
4ED0422	Eye, left	EXPTH	Absent	
4ED0422	Eye, left	OPQ	Absent	
4ED0422	Eye, left	MIS	Absent	
4ED0422	Eye, left	HMR	Absent	
4ED0422	Eye, left	EMB	Absent	
4ED0422	Eye, right	EXPTH	Absent	
4ED0422	Eye, right	OPQ	Absent	
4ED0422	Eye, right	MIS	Absent	
4ED0422	Eye, right	HMR	Absent	
4ED0422	Eye, right	EMB	Absent	
4ED0422	Opercula	SLSH	Absent	
4ED0423	Body Surface	RGR	Absent	
4ED0423	Body Surface	RLSN	Absent	
4ED0423	Body Surface	SPDF	Absent	
4ED0423	Body Surface	HMRB	Absent	
4ED0423	Body Surface	FDC	Absent	
4ED0423	Body Surface	BFG	Absent	
4ED0423	Body Surface	PRST	Absent	
4ED0423	Head	DFM	Absent	
4ED0423	Mouth	ULR	Absent	
4ED0423	Mouth	LLG	Absent	
4ED0423	Nare	SLN	Absent	
4ED0423	Eye, left	EXPTH	Absent	
4ED0423	Eye, left	OPQ	Absent	
4ED0423	Eye, left	MIS	Absent	
4ED0423	Eye, left	HMR	Absent	
4ED0423	Eye, left	EMB	Absent	
4ED0423	Eye, right	EXPTH	Absent	
4ED0423	Eye, right	OPQ	Absent	
4ED0423	Eye, right	MIS	Absent	
4ED0423	Eye, right	HMR	Absent	
4ED0423	Eye, right	EMB	Absent	
4ED0423	Opercula	SLSH	Absent	
4ED0424	Body Surface	RGR	Absent	
4ED0424	Body Surface	RLSN	Absent	
4ED0424	Body Surface	SPDF	Absent	
4ED0424	Body Surface	HMRB	Absent	
4ED0424	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0424	Body Surface	BFG	Absent	
4ED0424	Body Surface	PRST	Absent	
4ED0424	Head	DFM	Absent	
4ED0424	Mouth	ULR	Absent	
4ED0424	Mouth	LLG	Absent	
4ED0424	Nare	SLN	Absent	
4ED0424	Eye, left	EXPTH	Absent	
4ED0424	Eye, left	OPQ	Absent	
4ED0424	Eye, left	MIS	Absent	
4ED0424	Eye, left	HMR	Absent	
4ED0424	Eye, left	EMB	Absent	
4ED0424	Eye, right	EXPTH	Absent	
4ED0424	Eye, right	OPQ	Absent	
4ED0424	Eye, right	MIS	Absent	
4ED0424	Eye, right	HMR	Absent	
4ED0424	Eye, right	EMB	Absent	
4ED0424	Opercula	SLSH	Absent	
4ED0425	Body Surface	RGR	Absent	
4ED0425	Body Surface	RLSN	Absent	
4ED0425	Body Surface	SPDF	Absent	
4ED0425	Body Surface	HMRB	Absent	
4ED0425	Body Surface	FDC	Absent	
4ED0425	Body Surface	BFG	Absent	
4ED0425	Body Surface	PRST	Absent	
4ED0425	Head	DFM	Absent	
4ED0425	Mouth	ULR	Absent	
4ED0425	Mouth	LLG	Absent	
4ED0425	Nare	SLN	Absent	
4ED0425	Eye, left	EXPTH	Absent	
4ED0425	Eye, left	OPQ	Absent	
4ED0425	Eye, left	MIS	Absent	
4ED0425	Eye, left	HMR	Absent	
4ED0425	Eye, left	EMB	Absent	
4ED0425	Eye, right	EXPTH	Absent	
4ED0425	Eye, right	OPQ	Absent	
4ED0425	Eye, right	MIS	Absent	
4ED0425	Eye, right	HMR	Absent	
4ED0425	Eye, right	EMB	Absent	
4ED0425	Opercula	SLSH	Absent	
4ED0426	Body Surface	RGR	Absent	
4ED0426	Body Surface	RLSN	Absent	
4ED0426	Body Surface	SPDF	Absent	
4ED0426	Body Surface	HMRB	Absent	
4ED0426	Body Surface	FDC	Absent	
4ED0426	Body Surface	BFG	Absent	
4ED0426	Body Surface	PRST	Absent	
4ED0426	Head	DFM	Absent	
4ED0426	Mouth	ULR	Absent	
4ED0426	Mouth	LLG	Absent	
4ED0426	Nare	SLN	Absent	
4ED0426	Eye, left	EXPTH	Absent	
4ED0426	Eye, left	OPQ	Absent	
4ED0426	Eye, left	MIS	Absent	
4ED0426	Eye, left	HMR	Absent	
4ED0426	Eye, left	EMB	Absent	
4ED0426	Eye, right	EXPTH	Absent	
4ED0426	Eye, right	OPQ	Absent	
4ED0426	Eye, right	MIS	Absent	
4ED0426	Eye, right	HMR	Absent	
4ED0426	Eye, right	EMB	Absent	
4ED0426	Opercula	SLSH	Absent	
4ED0427	Body Surface	RGR	Absent	
4ED0427	Body Surface	RLSN	Absent	
4ED0427	Body Surface	SPDF	Absent	
4ED0427	Body Surface	HMRB	Absent	
4ED0427	Body Surface	FDC	Absent	
4ED0427	Body Surface	BFG	Absent	
4ED0427	Body Surface	PRST	Absent	
4ED0427	Head	DFM	Absent	
4ED0427	Mouth	ULR	Absent	
4ED0427	Mouth	LLG	Absent	
4ED0427	Nare	SLN	Absent	
4ED0427	Eye, left	EXPTH	Absent	
4ED0427	Eye, left	OPQ	Absent	
4ED0427	Eye, left	MIS	Absent	
4ED0427	Eye, left	HMR	Absent	
4ED0427	Eye, left	EMB	Absent	
4ED0427	Eye, right	EXPTH	Absent	
4ED0427	Eye, right	OPQ	Absent	
4ED0427	Eye, right	MIS	Absent	
4ED0427	Eye, right	HMR	Absent	
4ED0427	Eye, right	EMB	Absent	
4ED0427	Opercula	SLSH	Absent	
4ED0428	Body Surface	RGR	Absent	
4ED0428	Body Surface	RLSN	Absent	
4ED0428	Body Surface	SPDF	Absent	
4ED0428	Body Surface	HMRB	Absent	
4ED0428	Body Surface	FDC	Absent	
4ED0428	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0428	Body Surface	PRST	Absent	
4ED0428	Head	DFM	Absent	
4ED0428	Mouth	ULR	Absent	
4ED0428	Mouth	LLG	Absent	
4ED0428	Nare	SLN	Absent	
4ED0428	Eye, left	EXPTH	Absent	
4ED0428	Eye, left	OPQ	Absent	
4ED0428	Eye, left	MIS	Absent	
4ED0428	Eye, left	HMR	Absent	
4ED0428	Eye, left	EMB	Absent	
4ED0428	Eye, right	EXPTH	Absent	
4ED0428	Eye, right	OPQ	Absent	
4ED0428	Eye, right	MIS	Absent	
4ED0428	Eye, right	HMR	Absent	
4ED0428	Eye, right	EMB	Absent	
4ED0428	Opercula	SLSH	Absent	
4ED0429	Body Surface	RGR	Absent	
4ED0429	Body Surface	RLSN	Absent	
4ED0429	Body Surface	SPDF	Absent	
4ED0429	Body Surface	HMRB	Absent	
4ED0429	Body Surface	FDC	Absent	
4ED0429	Body Surface	BFG	Absent	
4ED0429	Body Surface	PRST	Absent	
4ED0429	Head	DFM	Absent	
4ED0429	Mouth	ULR	Absent	
4ED0429	Mouth	LLG	Absent	
4ED0429	Nare	SLN	Absent	
4ED0429	Eye, left	EXPTH	Absent	
4ED0429	Eye, left	OPQ	Absent	
4ED0429	Eye, left	MIS	Absent	
4ED0429	Eye, left	HMR	Absent	
4ED0429	Eye, left	EMB	Absent	
4ED0429	Eye, right	EXPTH	Absent	
4ED0429	Eye, right	OPQ	Absent	
4ED0429	Eye, right	MIS	Absent	
4ED0429	Eye, right	HMR	Absent	
4ED0429	Eye, right	EMB	Absent	
4ED0429	Opercula	SLSH	Absent	
4ED0430	Body Surface	RGR	Absent	
4ED0430	Body Surface	RLSN	Absent	
4ED0430	Body Surface	SPDF	Absent	
4ED0430	Body Surface	HMRB	Absent	
4ED0430	Body Surface	FDC	Absent	
4ED0430	Body Surface	BFG	Absent	
4ED0430	Body Surface	PRST	Absent	
4ED0430	Head	DFM	Absent	
4ED0430	Mouth	ULR	Absent	
4ED0430	Mouth	LLG	Absent	
4ED0430	Nare	SLN	Absent	
4ED0430	Eye, left	EXPTH	Absent	
4ED0430	Eye, left	OPQ	Absent	
4ED0430	Eye, left	MIS	Absent	
4ED0430	Eye, left	HMR	Absent	
4ED0430	Eye, left	EMB	Absent	
4ED0430	Eye, right	EXPTH	Absent	
4ED0430	Eye, right	OPQ	Absent	
4ED0430	Eye, right	MIS	Absent	
4ED0430	Eye, right	HMR	Absent	
4ED0430	Eye, right	EMB	Absent	
4ED0430	Opercula	SLSH	Absent	
4ED0431	Body Surface	RGR	Absent	
4ED0431	Body Surface	RLSN	Absent	
4ED0431	Body Surface	SPDF	Absent	
4ED0431	Body Surface	HMRB	Absent	
4ED0431	Body Surface	FDC	Absent	
4ED0431	Body Surface	BFG	Absent	
4ED0431	Body Surface	PRST	Absent	
4ED0431	Head	DFM	Absent	
4ED0431	Mouth	ULR	Absent	
4ED0431	Mouth	LLG	Absent	
4ED0431	Nare	SLN	Absent	
4ED0431	Eye, left	EXPTH	Absent	
4ED0431	Eye, left	OPQ	Absent	
4ED0431	Eye, left	MIS	Absent	
4ED0431	Eye, left	HMR	Absent	
4ED0431	Eye, left	EMB	Absent	
4ED0431	Eye, right	EXPTH	Absent	
4ED0431	Eye, right	OPQ	Absent	
4ED0431	Eye, right	MIS	Absent	
4ED0431	Eye, right	HMR	Absent	
4ED0431	Eye, right	EMB	Absent	
4ED0431	Opercula	SLSH	Absent	
4ED0432	Body Surface	RGR	Absent	
4ED0432	Body Surface	RLSN	Absent	
4ED0432	Body Surface	SPDF	Absent	
4ED0432	Body Surface	HMRB	Absent	
4ED0432	Body Surface	FDC	Absent	
4ED0432	Body Surface	BFG	Absent	
4ED0432	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0432	Head	DFM	Absent	
4ED0432	Mouth	ULR	Absent	
4ED0432	Mouth	LLG	Absent	
4ED0432	Nare	SLN	Absent	
4ED0432	Eye, left	EXPTH	Absent	
4ED0432	Eye, left	OPQ	Absent	
4ED0432	Eye, left	MIS	Absent	
4ED0432	Eye, left	HMR	Absent	
4ED0432	Eye, left	EMB	Absent	
4ED0432	Eye, right	EXPTH	Absent	
4ED0432	Eye, right	OPQ	Absent	
4ED0432	Eye, right	MIS	Absent	
4ED0432	Eye, right	HMR	Absent	
4ED0432	Eye, right	EMB	Absent	
4ED0432	Opercula	SLSH	Absent	
4ED0433	Body Surface	RGR	Absent	
4ED0433	Body Surface	RLSN	Absent	
4ED0433	Body Surface	SPDF	Absent	
4ED0433	Body Surface	HMRB	Absent	
4ED0433	Body Surface	FDC	Absent	
4ED0433	Body Surface	BFG	Absent	
4ED0433	Body Surface	PRST	Absent	
4ED0433	Head	DFM	Absent	
4ED0433	Mouth	ULR	Absent	
4ED0433	Mouth	LLG	Absent	
4ED0433	Nare	SLN	Absent	
4ED0433	Eye, left	EXPTH	Absent	
4ED0433	Eye, left	OPQ	Absent	
4ED0433	Eye, left	MIS	Absent	
4ED0433	Eye, left	HMR	Absent	
4ED0433	Eye, left	EMB	Absent	
4ED0433	Eye, right	EXPTH	Absent	
4ED0433	Eye, right	OPQ	Absent	
4ED0433	Eye, right	MIS	Absent	
4ED0433	Eye, right	HMR	Absent	
4ED0433	Eye, right	EMB	Absent	
4ED0433	Opercula	SLSH	Absent	
4ED0434	Body Surface	RGR	Absent	
4ED0434	Body Surface	RLSN	Absent	
4ED0434	Body Surface	SPDF	Absent	
4ED0434	Body Surface	HMRB	Absent	
4ED0434	Body Surface	FDC	Absent	
4ED0434	Body Surface	BFG	Absent	
4ED0434	Body Surface	PRST	Absent	
4ED0434	Head	DFM	Absent	
4ED0434	Mouth	ULR	Absent	
4ED0434	Mouth	LLG	Absent	
4ED0434	Nare	SLN	Absent	
4ED0434	Eye, left	EXPTH	Absent	
4ED0434	Eye, left	OPQ	Absent	
4ED0434	Eye, left	MIS	Absent	
4ED0434	Eye, left	HMR	Absent	
4ED0434	Eye, left	EMB	Absent	
4ED0434	Eye, right	EXPTH	Absent	
4ED0434	Eye, right	OPQ	Absent	
4ED0434	Eye, right	MIS	Absent	
4ED0434	Eye, right	HMR	Absent	
4ED0434	Eye, right	EMB	Absent	
4ED0434	Opercula	SLSH	Absent	
4ED0435	Body Surface	RGR	Absent	
4ED0435	Body Surface	RLSN	Absent	
4ED0435	Body Surface	SPDF	Absent	
4ED0435	Body Surface	HMRB	Absent	
4ED0435	Body Surface	FDC	Absent	
4ED0435	Body Surface	BFG	Absent	
4ED0435	Body Surface	PRST	Absent	
4ED0435	Head	DFM	Absent	
4ED0435	Mouth	ULR	Absent	
4ED0435	Mouth	LLG	Absent	
4ED0435	Nare	SLN	Absent	
4ED0435	Eye, left	EXPTH	Absent	
4ED0435	Eye, left	OPQ	Absent	
4ED0435	Eye, left	MIS	Absent	
4ED0435	Eye, left	HMR	Absent	
4ED0435	Eye, left	EMB	Absent	
4ED0435	Eye, right	EXPTH	Absent	
4ED0435	Eye, right	OPQ	Absent	
4ED0435	Eye, right	MIS	Absent	
4ED0435	Eye, right	HMR	Absent	
4ED0435	Eye, right	EMB	Absent	
4ED0435	Opercula	SLSH	Absent	
4ED0436	Body Surface	RGR	Absent	
4ED0436	Body Surface	RLSN	Absent	
4ED0436	Body Surface	SPDF	Absent	
4ED0436	Body Surface	HMRB	Absent	
4ED0436	Body Surface	FDC	Absent	
4ED0436	Body Surface	BFG	Absent	
4ED0436	Body Surface	PRST	Absent	
4ED0436	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0436	Mouth	ULR	Absent	
4ED0436	Mouth	LLG	Absent	
4ED0436	Nare	SLN	Absent	
4ED0436	Eye, left	EXPTH	Absent	
4ED0436	Eye, left	OPQ	Absent	
4ED0436	Eye, left	MIS	Absent	
4ED0436	Eye, left	HMR	Absent	
4ED0436	Eye, left	EMB	Absent	
4ED0436	Eye, right	EXPTH	Absent	
4ED0436	Eye, right	OPQ	Absent	
4ED0436	Eye, right	MIS	Absent	
4ED0436	Eye, right	HMR	Absent	
4ED0436	Eye, right	EMB	Absent	
4ED0436	Opercula	SLSH	Absent	
4ED0437	Body Surface	RGR	Absent	
4ED0437	Body Surface	RLSN	Absent	
4ED0437	Body Surface	SPDF	Absent	
4ED0437	Body Surface	HMRB	Absent	
4ED0437	Body Surface	FDC	Absent	
4ED0437	Body Surface	BFG	Absent	
4ED0437	Body Surface	PRST	Absent	
4ED0437	Head	DFM	Absent	
4ED0437	Mouth	ULR	Absent	
4ED0437	Mouth	LLG	Absent	
4ED0437	Nare	SLN	Absent	
4ED0437	Eye, left	EXPTH	Absent	
4ED0437	Eye, left	OPQ	Absent	
4ED0437	Eye, left	MIS	Absent	
4ED0437	Eye, left	HMR	Absent	
4ED0437	Eye, left	EMB	Absent	
4ED0437	Eye, right	EXPTH	Absent	
4ED0437	Eye, right	OPQ	Absent	
4ED0437	Eye, right	MIS	Absent	
4ED0437	Eye, right	HMR	Absent	
4ED0437	Eye, right	EMB	Absent	
4ED0437	Opercula	SLSH	Absent	
4ED0438	Body Surface	RGR	Absent	
4ED0438	Body Surface	RLSN	Absent	
4ED0438	Body Surface	SPDF	Absent	
4ED0438	Body Surface	HMRB	Absent	
4ED0438	Body Surface	FDC	Absent	
4ED0438	Body Surface	BFG	Absent	
4ED0438	Body Surface	PRST	Absent	
4ED0438	Head	DFM	Absent	
4ED0438	Mouth	ULR	Absent	
4ED0438	Mouth	LLG	Absent	
4ED0438	Nare	SLN	Absent	
4ED0438	Eye, left	EXPTH	Absent	
4ED0438	Eye, left	OPQ	Absent	
4ED0438	Eye, left	MIS	Absent	
4ED0438	Eye, left	HMR	Absent	
4ED0438	Eye, left	EMB	Absent	
4ED0438	Eye, right	EXPTH	Absent	
4ED0438	Eye, right	OPQ	Absent	
4ED0438	Eye, right	MIS	Absent	
4ED0438	Eye, right	HMR	Absent	
4ED0438	Eye, right	EMB	Absent	
4ED0438	Opercula	SLSH	Absent	
4ED0439	Body Surface	RGR	Absent	
4ED0439	Body Surface	RLSN	Absent	
4ED0439	Body Surface	SPDF	Absent	
4ED0439	Body Surface	HMRB	Absent	
4ED0439	Body Surface	FDC	Absent	
4ED0439	Body Surface	BFG	Absent	
4ED0439	Body Surface	PRST	Absent	
4ED0439	Head	DFM	Absent	
4ED0439	Mouth	ULR	Absent	
4ED0439	Mouth	LLG	Absent	
4ED0439	Nare	SLN	Absent	
4ED0439	Eye, left	EXPTH	Absent	
4ED0439	Eye, left	OPQ	Absent	
4ED0439	Eye, left	MIS	Absent	
4ED0439	Eye, left	HMR	Absent	
4ED0439	Eye, left	EMB	Absent	
4ED0439	Eye, right	EXPTH	Absent	
4ED0439	Eye, right	OPQ	Absent	
4ED0439	Eye, right	MIS	Absent	
4ED0439	Eye, right	HMR	Absent	
4ED0439	Eye, right	EMB	Absent	
4ED0439	Opercula	SLSH	Absent	
4ED0440	Body Surface	RGR	Absent	
4ED0440	Body Surface	RLSN	Absent	
4ED0440	Body Surface	SPDF	Absent	
4ED0440	Body Surface	HMRB	Absent	
4ED0440	Body Surface	FDC	Absent	
4ED0440	Body Surface	BFG	Absent	
4ED0440	Body Surface	PRST	Absent	
4ED0440	Head	DFM	Absent	
4ED0440	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0440	Mouth	LLG	Absent	
4ED0440	Nare	SLN	Absent	
4ED0440	Eye, left	EXPTH	Absent	
4ED0440	Eye, left	OPQ	Absent	
4ED0440	Eye, left	MIS	Absent	
4ED0440	Eye, left	HMR	Absent	
4ED0440	Eye, left	EMB	Absent	
4ED0440	Eye, right	EXPTH	Absent	
4ED0440	Eye, right	OPQ	Absent	
4ED0440	Eye, right	MIS	Absent	
4ED0440	Eye, right	HMR	Absent	
4ED0440	Eye, right	EMB	Absent	
4ED0440	Opercula	SLSH	Absent	
4ED0441	Body Surface	RGR	Absent	
4ED0441	Body Surface	RLSN	Absent	
4ED0441	Body Surface	SPDF	Absent	
4ED0441	Body Surface	HMRB	Absent	
4ED0441	Body Surface	FDC	Absent	
4ED0441	Body Surface	BFG	Absent	
4ED0441	Body Surface	PRST	Absent	
4ED0441	Head	DFM	Absent	
4ED0441	Mouth	ULR	Absent	
4ED0441	Mouth	LLG	Absent	
4ED0441	Nare	SLN	Absent	
4ED0441	Eye, left	EXPTH	Absent	
4ED0441	Eye, left	OPQ	Absent	
4ED0441	Eye, left	MIS	Absent	
4ED0441	Eye, left	HMR	Absent	
4ED0441	Eye, left	EMB	Absent	
4ED0441	Eye, right	EXPTH	Absent	
4ED0441	Eye, right	OPQ	Absent	
4ED0441	Eye, right	MIS	Absent	
4ED0441	Eye, right	HMR	Absent	
4ED0441	Eye, right	EMB	Absent	
4ED0441	Opercula	SLSH	Absent	
4ED0442A	Body Surface	RGR	Absent	
4ED0442A	Body Surface	RLSN	Absent	
4ED0442A	Body Surface	SPDF	Absent	
4ED0442A	Body Surface	HMRB	Absent	
4ED0442A	Body Surface	FDC	Absent	
4ED0442A	Body Surface	BFG	Absent	
4ED0442A	Body Surface	PRST	Absent	
4ED0442A	Head	DFM	Absent	
4ED0442A	Mouth	ULR	Absent	
4ED0442A	Mouth	LLG	Absent	
4ED0442A	Nare	SLN	Absent	
4ED0442A	Eye, left	EXPTH	Absent	
4ED0442A	Eye, left	OPQ	Absent	
4ED0442A	Eye, left	MIS	Absent	
4ED0442A	Eye, left	HMR	Absent	
4ED0442A	Eye, left	EMB	Absent	
4ED0442A	Eye, right	EXPTH	Absent	
4ED0442A	Eye, right	OPQ	Absent	
4ED0442A	Eye, right	MIS	Absent	
4ED0442A	Eye, right	HMR	Absent	
4ED0442A	Eye, right	EMB	Absent	
4ED0442A	Opercula	SLSH	Absent	
4ED0442B	Body Surface	RGR	Absent	
4ED0442B	Body Surface	RLSN	Absent	
4ED0442B	Body Surface	SPDF	Absent	
4ED0442B	Body Surface	HMRB	Absent	
4ED0442B	Body Surface	FDC	Absent	
4ED0442B	Body Surface	BFG	Absent	
4ED0442B	Body Surface	PRST	Absent	
4ED0442B	Head	DFM	Absent	
4ED0442B	Mouth	ULR	Absent	
4ED0442B	Mouth	LLG	Absent	
4ED0442B	Nare	SLN	Absent	
4ED0442B	Eye, left	EXPTH	Absent	
4ED0442B	Eye, left	OPQ	Absent	
4ED0442B	Eye, left	MIS	Absent	
4ED0442B	Eye, left	HMR	Absent	
4ED0442B	Eye, left	EMB	Absent	
4ED0442B	Eye, right	EXPTH	Absent	
4ED0442B	Eye, right	OPQ	Absent	
4ED0442B	Eye, right	MIS	Absent	
4ED0442B	Eye, right	HMR	Absent	
4ED0442B	Eye, right	EMB	Absent	
4ED0442B	Opercula	SLSH	Absent	
4ED0443	Body Surface	RGR	Absent	
4ED0443	Body Surface	RLSN	Absent	
4ED0443	Body Surface	SPDF	Absent	
4ED0443	Body Surface	HMRB	Absent	
4ED0443	Body Surface	FDC	Absent	
4ED0443	Body Surface	BFG	Absent	
4ED0443	Body Surface	PRST	Absent	
4ED0443	Head	DFM	Absent	
4ED0443	Mouth	ULR	Absent	
4ED0443	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0443	Nare	SLN	Absent	
4ED0443	Eye, left	EXPTH	Absent	
4ED0443	Eye, left	OPQ	Absent	
4ED0443	Eye, left	MIS	Absent	
4ED0443	Eye, left	HMR	Absent	
4ED0443	Eye, left	EMB	Absent	
4ED0443	Eye, right	EXPTH	Absent	
4ED0443	Eye, right	OPQ	Absent	
4ED0443	Eye, right	MIS	Absent	
4ED0443	Eye, right	HMR	Absent	
4ED0443	Eye, right	EMB	Absent	
4ED0443	Opercula	SLSH	Absent	
4ED0444	Body Surface	RGR	Absent	
4ED0444	Body Surface	RLSN	Absent	
4ED0444	Body Surface	SPDF	Absent	
4ED0444	Body Surface	HMRB	Absent	
4ED0444	Body Surface	FDC	Absent	
4ED0444	Body Surface	BFG	Absent	
4ED0444	Body Surface	PRST	Absent	
4ED0444	Head	DFM	Absent	
4ED0444	Mouth	ULR	Absent	
4ED0444	Mouth	LLG	Absent	
4ED0444	Nare	SLN	Absent	
4ED0444	Eye, left	EXPTH	Absent	
4ED0444	Eye, left	OPQ	Absent	
4ED0444	Eye, left	MIS	Absent	
4ED0444	Eye, left	HMR	Absent	
4ED0444	Eye, left	EMB	Absent	
4ED0444	Eye, right	EXPTH	Absent	
4ED0444	Eye, right	OPQ	Absent	
4ED0444	Eye, right	MIS	Absent	
4ED0444	Eye, right	HMR	Absent	
4ED0444	Eye, right	EMB	Absent	
4ED0444	Opercula	SLSH	Absent	
4ED0445	Body Surface	RGR	Absent	
4ED0445	Body Surface	RLSN	Absent	
4ED0445	Body Surface	SPDF	Absent	
4ED0445	Body Surface	HMRB	Absent	
4ED0445	Body Surface	FDC	Absent	
4ED0445	Body Surface	BFG	Absent	
4ED0445	Body Surface	PRST	Absent	
4ED0445	Head	DFM	Absent	
4ED0445	Mouth	ULR	Absent	
4ED0445	Mouth	LLG	Absent	
4ED0445	Nare	SLN	Absent	
4ED0445	Eye, left	EXPTH	Absent	
4ED0445	Eye, left	OPQ	Absent	
4ED0445	Eye, left	MIS	Absent	
4ED0445	Eye, left	HMR	Absent	
4ED0445	Eye, left	EMB	Absent	
4ED0445	Eye, right	EXPTH	Absent	
4ED0445	Eye, right	OPQ	Absent	
4ED0445	Eye, right	MIS	Absent	
4ED0445	Eye, right	HMR	Absent	
4ED0445	Eye, right	EMB	Absent	
4ED0445	Opercula	SLSH	Absent	
4ED0446	Body Surface	RGR	Absent	
4ED0446	Body Surface	RLSN	Absent	
4ED0446	Body Surface	SPDF	Absent	
4ED0446	Body Surface	HMRB	Absent	
4ED0446	Body Surface	FDC	Absent	
4ED0446	Body Surface	BFG	Absent	
4ED0446	Body Surface	PRST	Absent	
4ED0446	Head	DFM	Absent	
4ED0446	Mouth	ULR	Absent	
4ED0446	Mouth	LLG	Absent	
4ED0446	Nare	SLN	Absent	
4ED0446	Eye, left	EXPTH	Absent	
4ED0446	Eye, left	OPQ	Absent	
4ED0446	Eye, left	MIS	Absent	
4ED0446	Eye, left	HMR	Absent	
4ED0446	Eye, left	EMB	Absent	
4ED0446	Eye, right	EXPTH	Absent	
4ED0446	Eye, right	OPQ	Absent	
4ED0446	Eye, right	MIS	Absent	
4ED0446	Eye, right	HMR	Absent	
4ED0446	Eye, right	EMB	Absent	
4ED0446	Opercula	SLSH	Absent	
4ED0447	Body Surface	RGR	Absent	
4ED0447	Body Surface	RLSN	Absent	
4ED0447	Body Surface	SPDF	Absent	
4ED0447	Body Surface	HMRB	Absent	
4ED0447	Body Surface	FDC	Absent	
4ED0447	Body Surface	BFG	Absent	
4ED0447	Body Surface	PRST	Absent	
4ED0447	Head	DFM	Absent	
4ED0447	Mouth	ULR	Absent	
4ED0447	Mouth	LLG	Absent	
4ED0447	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0447	Eye, left	EXPTH	Absent	
4ED0447	Eye, left	OPQ	Absent	
4ED0447	Eye, left	MIS	Absent	
4ED0447	Eye, left	HMR	Absent	
4ED0447	Eye, left	EMB	Absent	
4ED0447	Eye, right	EXPTH	Absent	
4ED0447	Eye, right	OPQ	Absent	
4ED0447	Eye, right	MIS	Absent	
4ED0447	Eye, right	HMR	Absent	
4ED0447	Eye, right	EMB	Absent	
4ED0447	Opercula	SLSH	Absent	
4ED0449	Body Surface	RGR	Absent	
4ED0449	Body Surface	RLSN	Absent	
4ED0449	Body Surface	SPDF	Absent	
4ED0449	Body Surface	HMRB	Absent	
4ED0449	Body Surface	FDC	Absent	
4ED0449	Body Surface	BFG	Absent	
4ED0449	Body Surface	PRST	Absent	
4ED0449	Head	DFM	Absent	
4ED0449	Mouth	ULR	Absent	
4ED0449	Mouth	LLG	Absent	
4ED0449	Nare	SLN	Absent	
4ED0449	Eye, left	EXPTH	Absent	
4ED0449	Eye, left	OPQ	Absent	
4ED0449	Eye, left	MIS	Absent	
4ED0449	Eye, left	HMR	Absent	
4ED0449	Eye, left	EMB	Absent	
4ED0449	Eye, right	EXPTH	Absent	
4ED0449	Eye, right	OPQ	Absent	
4ED0449	Eye, right	MIS	Absent	
4ED0449	Eye, right	HMR	Absent	
4ED0449	Eye, right	EMB	Absent	
4ED0449	Opercula	SLSH	Absent	
4ED0450	Body Surface	RGR	Absent	
4ED0450	Body Surface	RLSN	Absent	
4ED0450	Body Surface	SPDF	Absent	
4ED0450	Body Surface	HMRB	Absent	
4ED0450	Body Surface	FDC	Absent	
4ED0450	Body Surface	BFG	Absent	
4ED0450	Body Surface	PRST	Absent	
4ED0450	Head	DFM	Absent	
4ED0450	Mouth	ULR	Absent	
4ED0450	Mouth	LLG	Absent	
4ED0450	Nare	SLN	Absent	
4ED0450	Eye, left	EXPTH	Absent	
4ED0450	Eye, left	OPQ	Absent	
4ED0450	Eye, left	MIS	Absent	
4ED0450	Eye, left	HMR	Absent	
4ED0450	Eye, left	EMB	Absent	
4ED0450	Eye, right	EXPTH	Absent	
4ED0450	Eye, right	OPQ	Absent	
4ED0450	Eye, right	MIS	Absent	
4ED0450	Eye, right	HMR	Absent	
4ED0450	Eye, right	EMB	Absent	
4ED0450	Opercula	SLSH	Absent	
4ED0451	Body Surface	RGR	Absent	
4ED0451	Body Surface	RLSN	Absent	
4ED0451	Body Surface	SPDF	Absent	
4ED0451	Body Surface	HMRB	Absent	
4ED0451	Body Surface	FDC	Absent	
4ED0451	Body Surface	BFG	Absent	
4ED0451	Body Surface	PRST	Absent	
4ED0451	Head	DFM	Absent	
4ED0451	Mouth	ULR	Absent	
4ED0451	Mouth	LLG	Absent	
4ED0451	Nare	SLN	Absent	
4ED0451	Eye, left	EXPTH	Absent	
4ED0451	Eye, left	OPQ	Absent	
4ED0451	Eye, left	MIS	Absent	
4ED0451	Eye, left	HMR	Absent	
4ED0451	Eye, left	EMB	Absent	
4ED0451	Eye, right	EXPTH	Absent	
4ED0451	Eye, right	OPQ	Absent	
4ED0451	Eye, right	MIS	Absent	
4ED0451	Eye, right	HMR	Absent	
4ED0451	Eye, right	EMB	Absent	
4ED0451	Opercula	SLSH	Absent	
4ED0452	Body Surface	RGR	Absent	
4ED0452	Body Surface	RLSN	Absent	
4ED0452	Body Surface	SPDF	Absent	
4ED0452	Body Surface	HMRB	Absent	
4ED0452	Body Surface	FDC	Absent	
4ED0452	Body Surface	BFG	Absent	
4ED0452	Body Surface	PRST	Absent	
4ED0452	Head	DFM	Absent	
4ED0452	Mouth	ULR	Absent	
4ED0452	Mouth	LLG	Absent	
4ED0452	Nare	SLN	Absent	
4ED0452	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0452	Eye, left	OPQ	Absent	
4ED0452	Eye, left	MIS	Absent	
4ED0452	Eye, left	HMR	Absent	
4ED0452	Eye, left	EMB	Absent	
4ED0452	Eye, right	EXPTH	Absent	
4ED0452	Eye, right	OPQ	Absent	
4ED0452	Eye, right	MIS	Absent	
4ED0452	Eye, right	HMR	Absent	
4ED0452	Eye, right	EMB	Absent	
4ED0452	Opercula	SLSH	Absent	
4ED0453	Body Surface	RGR	Absent	
4ED0453	Body Surface	RLSN	Absent	
4ED0453	Body Surface	SPDF	Absent	
4ED0453	Body Surface	HMRB	Absent	
4ED0453	Body Surface	FDC	Absent	
4ED0453	Body Surface	BFG	Absent	
4ED0453	Body Surface	PRST	Absent	
4ED0453	Head	DFM	Absent	
4ED0453	Mouth	ULR	Absent	
4ED0453	Mouth	LLG	Absent	
4ED0453	Nare	SLN	Absent	
4ED0453	Eye, left	EXPTH	Absent	
4ED0453	Eye, left	OPQ	Absent	
4ED0453	Eye, left	MIS	Absent	
4ED0453	Eye, left	HMR	Absent	
4ED0453	Eye, left	EMB	Absent	
4ED0453	Eye, right	EXPTH	Absent	
4ED0453	Eye, right	OPQ	Absent	
4ED0453	Eye, right	MIS	Absent	
4ED0453	Eye, right	HMR	Absent	
4ED0453	Eye, right	EMB	Absent	
4ED0453	Opercula	SLSH	Absent	
4ED0454	Body Surface	RGR	Absent	
4ED0454	Body Surface	RLSN	Absent	
4ED0454	Body Surface	SPDF	Absent	
4ED0454	Body Surface	HMRB	Absent	
4ED0454	Body Surface	FDC	Absent	
4ED0454	Body Surface	BFG	Absent	
4ED0454	Body Surface	PRST	Absent	
4ED0454	Head	DFM	Absent	
4ED0454	Mouth	ULR	Absent	
4ED0454	Mouth	LLG	Absent	
4ED0454	Nare	SLN	Absent	
4ED0454	Eye, left	EXPTH	Absent	
4ED0454	Eye, left	OPQ	Absent	
4ED0454	Eye, left	MIS	Absent	
4ED0454	Eye, left	HMR	Absent	
4ED0454	Eye, left	EMB	Absent	
4ED0454	Eye, right	EXPTH	Absent	
4ED0454	Eye, right	OPQ	Absent	
4ED0454	Eye, right	MIS	Absent	
4ED0454	Eye, right	HMR	Absent	
4ED0454	Eye, right	EMB	Absent	
4ED0454	Opercula	SLSH	Absent	
4ED0455	Body Surface	RGR	Absent	
4ED0455	Body Surface	RLSN	Absent	
4ED0455	Body Surface	SPDF	Absent	
4ED0455	Body Surface	HMRB	Absent	
4ED0455	Body Surface	FDC	Absent	
4ED0455	Body Surface	BFG	Absent	
4ED0455	Body Surface	PRST	Absent	
4ED0455	Head	DFM	Absent	
4ED0455	Mouth	ULR	Absent	
4ED0455	Mouth	LLG	Absent	
4ED0455	Nare	SLN	Absent	
4ED0455	Eye, left	EXPTH	Absent	
4ED0455	Eye, left	OPQ	Absent	
4ED0455	Eye, left	MIS	Absent	
4ED0455	Eye, left	HMR	Absent	
4ED0455	Eye, left	EMB	Absent	
4ED0455	Eye, right	EXPTH	Absent	
4ED0455	Eye, right	OPQ	Absent	
4ED0455	Eye, right	MIS	Absent	
4ED0455	Eye, right	HMR	Absent	
4ED0455	Eye, right	EMB	Absent	
4ED0455	Opercula	SLSH	Absent	
4ED0456	Body Surface	RGR	Absent	
4ED0456	Body Surface	RLSN	Absent	
4ED0456	Body Surface	SPDF	Absent	
4ED0456	Body Surface	HMRB	Absent	
4ED0456	Body Surface	FDC	Absent	
4ED0456	Body Surface	BFG	Absent	
4ED0456	Body Surface	PRST	Absent	
4ED0456	Head	DFM	Absent	
4ED0456	Mouth	ULR	Absent	
4ED0456	Mouth	LLG	Absent	
4ED0456	Nare	SLN	Absent	
4ED0456	Eye, left	EXPTH	Absent	
4ED0456	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0456	Eye, left	MIS	Absent	
4ED0456	Eye, left	HMR	Absent	
4ED0456	Eye, left	EMB	Absent	
4ED0456	Eye, right	EXPTH	Absent	
4ED0456	Eye, right	OPQ	Absent	
4ED0456	Eye, right	MIS	Absent	
4ED0456	Eye, right	HMR	Absent	
4ED0456	Eye, right	EMB	Absent	
4ED0456	Opercula	SLSH	Absent	
4ED0457	Body Surface	RGR	Absent	
4ED0457	Body Surface	RLSN	Absent	
4ED0457	Body Surface	SPDF	Absent	
4ED0457	Body Surface	HMRB	Absent	
4ED0457	Body Surface	FDC	Absent	
4ED0457	Body Surface	BFG	Absent	
4ED0457	Body Surface	PRST	Absent	
4ED0457	Head	DFM	Absent	
4ED0457	Mouth	ULR	Absent	
4ED0457	Mouth	LLG	Absent	
4ED0457	Nare	SLN	Absent	
4ED0457	Eye, left	EXPTH	Absent	
4ED0457	Eye, left	OPQ	Absent	
4ED0457	Eye, left	MIS	Absent	
4ED0457	Eye, left	HMR	Absent	
4ED0457	Eye, left	EMB	Absent	
4ED0457	Eye, right	EXPTH	Absent	
4ED0457	Eye, right	OPQ	Absent	
4ED0457	Eye, right	MIS	Absent	
4ED0457	Eye, right	HMR	Absent	
4ED0457	Eye, right	EMB	Absent	
4ED0457	Opercula	SLSH	Absent	
4ED0458H	Body Surface	RGR	Absent	
4ED0458H	Body Surface	RLSN	Absent	
4ED0458H	Body Surface	SPDF	Absent	
4ED0458H	Body Surface	HMRB	Absent	
4ED0458H	Body Surface	FDC	Absent	
4ED0458H	Body Surface	BFG	Absent	
4ED0458H	Body Surface	PRST	Absent	
4ED0458H	Head	DFM	Absent	
4ED0458H	Mouth	ULR	Absent	
4ED0458H	Mouth	LLG	Absent	
4ED0458H	Nare	SLN	Absent	
4ED0458H	Eye, left	EXPTH	Absent	
4ED0458H	Eye, left	OPQ	Absent	
4ED0458H	Eye, left	MIS	Absent	
4ED0458H	Eye, left	HMR	Absent	
4ED0458H	Eye, left	EMB	Absent	
4ED0458H	Eye, right	EXPTH	Absent	
4ED0458H	Eye, right	OPQ	Absent	
4ED0458H	Eye, right	MIS	Absent	
4ED0458H	Eye, right	HMR	Absent	
4ED0458H	Eye, right	EMB	Absent	
4ED0458H	Opercula	SLSH	Absent	
4ED0459W	Body Surface	RGR	Absent	
4ED0459W	Body Surface	RLSN	Absent	
4ED0459W	Body Surface	SPDF	Absent	
4ED0459W	Body Surface	HMRB	Absent	
4ED0459W	Body Surface	FDC	Absent	
4ED0459W	Body Surface	BFG	Absent	
4ED0459W	Body Surface	PRST	Absent	
4ED0459W	Head	DFM	Absent	
4ED0459W	Mouth	ULR	Absent	
4ED0459W	Mouth	LLG	Absent	
4ED0459W	Nare	SLN	Absent	
4ED0459W	Eye, left	EXPTH	Absent	
4ED0459W	Eye, left	OPQ	Absent	
4ED0459W	Eye, left	MIS	Absent	
4ED0459W	Eye, left	HMR	Absent	
4ED0459W	Eye, left	EMB	Absent	
4ED0459W	Eye, right	EXPTH	Absent	
4ED0459W	Eye, right	OPQ	Absent	
4ED0459W	Eye, right	MIS	Absent	
4ED0459W	Eye, right	HMR	Absent	
4ED0459W	Eye, right	EMB	Absent	
4ED0459W	Opercula	SLSH	Absent	
4ED0460W	Body Surface	RGR	Absent	
4ED0460W	Body Surface	RLSN	Absent	
4ED0460W	Body Surface	SPDF	Absent	
4ED0460W	Body Surface	HMRB	Absent	
4ED0460W	Body Surface	FDC	Absent	
4ED0460W	Body Surface	BFG	Absent	
4ED0460W	Body Surface	PRST	Absent	
4ED0460W	Head	DFM	Absent	
4ED0460W	Mouth	ULR	Absent	
4ED0460W	Mouth	LLG	Absent	
4ED0460W	Nare	SLN	Absent	
4ED0460W	Eye, left	EXPTH	Absent	
4ED0460W	Eye, left	OPQ	Absent	
4ED0460W	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0460W	Eye, left	HMR	Absent	
4ED0460W	Eye, left	EMB	Absent	
4ED0460W	Eye, right	EXPTH	Absent	
4ED0460W	Eye, right	OPQ	Absent	
4ED0460W	Eye, right	MIS	Absent	
4ED0460W	Eye, right	HMR	Absent	
4ED0460W	Eye, right	EMB	Absent	
4ED0460W	Opercula	SLSH	Absent	
4ED0461	Body Surface	RGR	Absent	
4ED0461	Body Surface	RLSN	Absent	
4ED0461	Body Surface	SPDF	Absent	
4ED0461	Body Surface	HMRB	Absent	
4ED0461	Body Surface	FDC	Absent	
4ED0461	Body Surface	BFG	Absent	
4ED0461	Body Surface	PRST	Absent	
4ED0461	Barbel	NORM	Present	
4ED0461	Head	DFM	Absent	
4ED0461	Mouth	ULR	Absent	
4ED0461	Mouth	LLG	Absent	
4ED0461	Nare	SLN	Absent	
4ED0461	Eye, left	EXPTH	Absent	
4ED0461	Eye, left	OPQ	Absent	
4ED0461	Eye, left	MIS	Absent	
4ED0461	Eye, left	HMR	Absent	
4ED0461	Eye, left	EMB	Absent	
4ED0461	Eye, right	EXPTH	Absent	
4ED0461	Eye, right	OPQ	Absent	
4ED0461	Eye, right	MIS	Absent	
4ED0461	Eye, right	HMR	Absent	
4ED0461	Eye, right	EMB	Absent	
4ED0461	Opercula	SLSH	Absent	
4ED0462	Body Surface	RGR	Absent	
4ED0462	Body Surface	RLSN	Absent	
4ED0462	Body Surface	SPDF	Absent	
4ED0462	Body Surface	HMRB	Absent	
4ED0462	Body Surface	FDC	Absent	
4ED0462	Body Surface	BFG	Absent	
4ED0462	Body Surface	PRST	Absent	
4ED0462	Head	DFM	Absent	
4ED0462	Mouth	ULR	Absent	
4ED0462	Mouth	LLG	Absent	
4ED0462	Nare	SLN	Absent	
4ED0462	Eye, left	EXPTH	Absent	
4ED0462	Eye, left	OPQ	Absent	
4ED0462	Eye, left	MIS	Absent	
4ED0462	Eye, left	HMR	Absent	
4ED0462	Eye, left	EMB	Absent	
4ED0462	Eye, right	EXPTH	Absent	
4ED0462	Eye, right	OPQ	Absent	
4ED0462	Eye, right	MIS	Absent	
4ED0462	Eye, right	HMR	Absent	
4ED0462	Eye, right	EMB	Absent	
4ED0462	Opercula	SLSH	Absent	
4ED0463	Body Surface	RGR	Absent	
4ED0463	Body Surface	RLSN	Absent	
4ED0463	Body Surface	SPDF	Absent	
4ED0463	Body Surface	HMRB	Absent	
4ED0463	Body Surface	FDC	Absent	
4ED0463	Body Surface	BFG	Absent	
4ED0463	Body Surface	PRST	Absent	
4ED0463	Head	DFM	Absent	
4ED0463	Mouth	ULR	Absent	
4ED0463	Mouth	LLG	Absent	
4ED0463	Nare	SLN	Absent	
4ED0463	Eye, left	EXPTH	Absent	
4ED0463	Eye, left	OPQ	Absent	
4ED0463	Eye, left	MIS	Absent	
4ED0463	Eye, left	HMR	Absent	
4ED0463	Eye, left	EMB	Absent	
4ED0463	Eye, right	EXPTH	Absent	
4ED0463	Eye, right	OPQ	Absent	
4ED0463	Eye, right	MIS	Absent	
4ED0463	Eye, right	HMR	Absent	
4ED0463	Eye, right	EMB	Absent	
4ED0463	Opercula	SLSH	Absent	
4ED0464	Body Surface	RGR	Absent	
4ED0464	Body Surface	RLSN	Absent	
4ED0464	Body Surface	SPDF	Absent	
4ED0464	Body Surface	HMRB	Absent	
4ED0464	Body Surface	FDC	Absent	
4ED0464	Body Surface	BFG	Absent	
4ED0464	Body Surface	PRST	Absent	
4ED0464	Head	DFM	Absent	
4ED0464	Mouth	ULR	Absent	
4ED0464	Mouth	LLG	Absent	
4ED0464	Nare	SLN	Absent	
4ED0464	Eye, left	EXPTH	Absent	
4ED0464	Eye, left	OPQ	Absent	
4ED0464	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0464	Eye, left	HMR	Absent	
4ED0464	Eye, left	EMB	Absent	
4ED0464	Eye, right	EXPTH	Absent	
4ED0464	Eye, right	OPQ	Absent	
4ED0464	Eye, right	MIS	Absent	
4ED0464	Eye, right	HMR	Absent	
4ED0464	Eye, right	EMB	Absent	
4ED0464	Opercula	SLSH	Absent	
4ED0465	Body Surface	RGR	Absent	
4ED0465	Body Surface	RLSN	Absent	
4ED0465	Body Surface	SPDF	Absent	
4ED0465	Body Surface	HMRB	Absent	
4ED0465	Body Surface	FDC	Absent	
4ED0465	Body Surface	BFG	Absent	
4ED0465	Body Surface	PRST	Absent	
4ED0465	Head	DFM	Absent	
4ED0465	Mouth	ULR	Absent	
4ED0465	Mouth	LLG	Absent	
4ED0465	Nare	SLN	Absent	
4ED0465	Eye, left	EXPTH	Absent	
4ED0465	Eye, left	OPQ	Absent	
4ED0465	Eye, left	MIS	Absent	
4ED0465	Eye, left	HMR	Absent	
4ED0465	Eye, left	EMB	Absent	
4ED0465	Eye, right	EXPTH	Absent	
4ED0465	Eye, right	OPQ	Absent	
4ED0465	Eye, right	MIS	Absent	
4ED0465	Eye, right	HMR	Absent	
4ED0465	Eye, right	EMB	Absent	
4ED0465	Opercula	SLSH	Absent	
4ED0466	Body Surface	RGR	Absent	
4ED0466	Body Surface	RLSN	Absent	
4ED0466	Body Surface	SPDF	Absent	
4ED0466	Body Surface	HMRB	Absent	
4ED0466	Body Surface	FDC	Absent	
4ED0466	Body Surface	BFG	Absent	
4ED0466	Body Surface	PRST	Absent	
4ED0466	Head	DFM	Absent	
4ED0466	Mouth	ULR	Absent	
4ED0466	Mouth	LLG	Absent	
4ED0466	Nare	SLN	Absent	
4ED0466	Eye, left	EXPTH	Absent	
4ED0466	Eye, left	OPQ	Absent	
4ED0466	Eye, left	MIS	Absent	
4ED0466	Eye, left	HMR	Absent	
4ED0466	Eye, left	EMB	Absent	
4ED0466	Eye, right	EXPTH	Absent	
4ED0466	Eye, right	OPQ	Absent	
4ED0466	Eye, right	MIS	Absent	
4ED0466	Eye, right	HMR	Absent	
4ED0466	Eye, right	EMB	Absent	
4ED0466	Opercula	SLSH	Absent	
4ED0467	Body Surface	RGR	Absent	
4ED0467	Body Surface	RLSN	Absent	
4ED0467	Body Surface	SPDF	Absent	
4ED0467	Body Surface	HMRB	Absent	
4ED0467	Body Surface	FDC	Absent	
4ED0467	Body Surface	BFG	Absent	
4ED0467	Body Surface	PRST	Absent	
4ED0467	Head	DFM	Absent	
4ED0467	Mouth	ULR	Absent	
4ED0467	Mouth	LLG	Absent	
4ED0467	Nare	SLN	Absent	
4ED0467	Eye, left	EXPTH	Absent	
4ED0467	Eye, left	OPQ	Absent	
4ED0467	Eye, left	MIS	Absent	
4ED0467	Eye, left	HMR	Absent	
4ED0467	Eye, left	EMB	Absent	
4ED0467	Eye, right	EXPTH	Absent	
4ED0467	Eye, right	OPQ	Absent	
4ED0467	Eye, right	MIS	Absent	
4ED0467	Eye, right	HMR	Absent	
4ED0467	Eye, right	EMB	Absent	
4ED0467	Opercula	SLSH	Absent	
4ED0468	Body Surface	RGR	Absent	
4ED0468	Body Surface	RLSN	Absent	
4ED0468	Body Surface	SPDF	Absent	
4ED0468	Body Surface	HMRB	Absent	
4ED0468	Body Surface	FDC	Absent	
4ED0468	Body Surface	BFG	Absent	
4ED0468	Body Surface	PRST	Absent	
4ED0468	Head	DFM	Absent	
4ED0468	Mouth	ULR	Absent	
4ED0468	Mouth	LLG	Absent	
4ED0468	Nare	SLN	Absent	
4ED0468	Eye, left	EXPTH	Absent	
4ED0468	Eye, left	OPQ	Absent	
4ED0468	Eye, left	MIS	Absent	
4ED0468	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0468	Eye, left	EMB	Absent	
4ED0468	Eye, right	EXPTH	Absent	
4ED0468	Eye, right	OPQ	Absent	
4ED0468	Eye, right	MIS	Absent	
4ED0468	Eye, right	HMR	Absent	
4ED0468	Eye, right	EMB	Absent	
4ED0468	Opercula	SLSH	Absent	
4ED0469	Body Surface	RGR	Absent	
4ED0469	Body Surface	RLSN	Absent	
4ED0469	Body Surface	SPDF	Absent	
4ED0469	Body Surface	HMRB	Absent	
4ED0469	Body Surface	FDC	Absent	
4ED0469	Body Surface	BFG	Absent	
4ED0469	Body Surface	PRST	Absent	
4ED0469	Head	DFM	Absent	
4ED0469	Mouth	ULR	Absent	
4ED0469	Mouth	LLG	Absent	
4ED0469	Nare	SLN	Absent	
4ED0469	Eye, left	EXPTH	Absent	
4ED0469	Eye, left	OPQ	Absent	
4ED0469	Eye, left	MIS	Absent	
4ED0469	Eye, left	HMR	Absent	
4ED0469	Eye, left	EMB	Absent	
4ED0469	Eye, right	EXPTH	Absent	
4ED0469	Eye, right	OPQ	Absent	
4ED0469	Eye, right	MIS	Absent	
4ED0469	Eye, right	HMR	Absent	
4ED0469	Eye, right	EMB	Absent	
4ED0469	Opercula	SLSH	Absent	
4ED0470	Body Surface	RGR	Absent	
4ED0470	Body Surface	RLSN	Absent	
4ED0470	Body Surface	SPDF	Absent	
4ED0470	Body Surface	HMRB	Absent	
4ED0470	Body Surface	FDC	Absent	
4ED0470	Body Surface	BFG	Absent	
4ED0470	Body Surface	PRST	Absent	
4ED0470	Head	DFM	Absent	
4ED0470	Mouth	ULR	Absent	
4ED0470	Mouth	LLG	Absent	
4ED0470	Nare	SLN	Absent	
4ED0470	Eye, left	EXPTH	Absent	
4ED0470	Eye, left	OPQ	Absent	
4ED0470	Eye, left	MIS	Absent	
4ED0470	Eye, left	HMR	Absent	
4ED0470	Eye, left	EMB	Absent	
4ED0470	Eye, right	EXPTH	Absent	
4ED0470	Eye, right	OPQ	Absent	
4ED0470	Eye, right	MIS	Absent	
4ED0470	Eye, right	HMR	Absent	
4ED0470	Eye, right	EMB	Absent	
4ED0470	Opercula	SLSH	Absent	
4ED0471	Body Surface	RGR	Absent	
4ED0471	Body Surface	RLSN	Absent	
4ED0471	Body Surface	SPDF	Absent	
4ED0471	Body Surface	HMRB	Absent	
4ED0471	Body Surface	FDC	Absent	
4ED0471	Body Surface	BFG	Absent	
4ED0471	Body Surface	PRST	Absent	
4ED0471	Head	DFM	Absent	
4ED0471	Mouth	ULR	Absent	
4ED0471	Mouth	LLG	Absent	
4ED0471	Nare	SLN	Absent	
4ED0471	Eye, left	EXPTH	Absent	
4ED0471	Eye, left	OPQ	Absent	
4ED0471	Eye, left	MIS	Absent	
4ED0471	Eye, left	HMR	Absent	
4ED0471	Eye, left	EMB	Absent	
4ED0471	Eye, right	EXPTH	Absent	
4ED0471	Eye, right	OPQ	Absent	
4ED0471	Eye, right	MIS	Absent	
4ED0471	Eye, right	HMR	Absent	
4ED0471	Eye, right	EMB	Absent	
4ED0471	Opercula	SLSH	Absent	
4ED0472	Body Surface	RGR	Absent	
4ED0472	Body Surface	RLSN	Absent	
4ED0472	Body Surface	SPDF	Absent	
4ED0472	Body Surface	HMRB	Absent	
4ED0472	Body Surface	FDC	Absent	
4ED0472	Body Surface	BFG	Absent	
4ED0472	Body Surface	PRST	Absent	
4ED0472	Head	DFM	Absent	
4ED0472	Mouth	ULR	Absent	
4ED0472	Mouth	LLG	Absent	
4ED0472	Nare	SLN	Absent	
4ED0472	Eye, left	EXPTH	Absent	
4ED0472	Eye, left	OPQ	Absent	
4ED0472	Eye, left	MIS	Absent	
4ED0472	Eye, left	HMR	Absent	
4ED0472	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0472	Eye, right	EXPTH	Absent	
4ED0472	Eye, right	OPQ	Absent	
4ED0472	Eye, right	MIS	Absent	
4ED0472	Eye, right	HMR	Absent	
4ED0472	Eye, right	EMB	Absent	
4ED0472	Opercula	SLSH	Absent	
4ED0473	Body Surface	RGR	Absent	
4ED0473	Body Surface	RLSN	Absent	
4ED0473	Body Surface	SPDF	Absent	
4ED0473	Body Surface	HMRB	Absent	
4ED0473	Body Surface	FDC	Absent	
4ED0473	Body Surface	BFG	Absent	
4ED0473	Body Surface	PRST	Absent	
4ED0473	Head	DFM	Absent	
4ED0473	Mouth	ULR	Absent	
4ED0473	Mouth	LLG	Absent	
4ED0473	Nare	SLN	Absent	
4ED0473	Eye, left	EXPTH	Absent	
4ED0473	Eye, left	OPQ	Absent	
4ED0473	Eye, left	MIS	Absent	
4ED0473	Eye, left	HMR	Absent	
4ED0473	Eye, left	EMB	Absent	
4ED0473	Eye, right	EXPTH	Absent	
4ED0473	Eye, right	OPQ	Absent	
4ED0473	Eye, right	MIS	Absent	
4ED0473	Eye, right	HMR	Absent	
4ED0473	Eye, right	EMB	Absent	
4ED0473	Opercula	SLSH	Absent	
4ED0474	Body Surface	RGR	Absent	
4ED0474	Body Surface	RLSN	Absent	
4ED0474	Body Surface	SPDF	Absent	
4ED0474	Body Surface	HMRB	Absent	
4ED0474	Body Surface	FDC	Absent	
4ED0474	Body Surface	BFG	Absent	
4ED0474	Body Surface	PRST	Absent	
4ED0474	Head	DFM	Absent	
4ED0474	Mouth	ULR	Absent	
4ED0474	Mouth	LLG	Absent	
4ED0474	Nare	SLN	Absent	
4ED0474	Eye, left	EXPTH	Absent	
4ED0474	Eye, left	OPQ	Absent	
4ED0474	Eye, left	MIS	Absent	
4ED0474	Eye, left	HMR	Absent	
4ED0474	Eye, left	EMB	Absent	
4ED0474	Eye, right	EXPTH	Absent	
4ED0474	Eye, right	OPQ	Absent	
4ED0474	Eye, right	MIS	Absent	
4ED0474	Eye, right	HMR	Absent	
4ED0474	Eye, right	EMB	Absent	
4ED0474	Opercula	SLSH	Absent	
4ED0475	Body Surface	RGR	Absent	
4ED0475	Body Surface	RLSN	Absent	
4ED0475	Body Surface	SPDF	Absent	
4ED0475	Body Surface	HMRB	Absent	
4ED0475	Body Surface	FDC	Absent	
4ED0475	Body Surface	BFG	Absent	
4ED0475	Body Surface	PRST	Absent	
4ED0475	Head	DFM	Absent	
4ED0475	Mouth	ULR	Absent	
4ED0475	Mouth	LLG	Absent	
4ED0475	Nare	SLN	Absent	
4ED0475	Eye, left	EXPTH	Absent	
4ED0475	Eye, left	OPQ	Absent	
4ED0475	Eye, left	MIS	Absent	
4ED0475	Eye, left	HMR	Absent	
4ED0475	Eye, left	EMB	Absent	
4ED0475	Eye, right	EXPTH	Absent	
4ED0475	Eye, right	OPQ	Absent	
4ED0475	Eye, right	MIS	Absent	
4ED0475	Eye, right	HMR	Absent	
4ED0475	Eye, right	EMB	Absent	
4ED0475	Opercula	SLSH	Absent	
4ED0476	Body Surface	RGR	Absent	
4ED0476	Body Surface	RLSN	Absent	
4ED0476	Body Surface	SPDF	Absent	
4ED0476	Body Surface	HMRB	Absent	
4ED0476	Body Surface	FDC	Absent	
4ED0476	Body Surface	BFG	Absent	
4ED0476	Body Surface	PRST	Absent	
4ED0476	Head	DFM	Absent	
4ED0476	Mouth	ULR	Absent	
4ED0476	Mouth	LLG	Absent	
4ED0476	Nare	SLN	Absent	
4ED0476	Eye, left	EXPTH	Absent	
4ED0476	Eye, left	OPQ	Absent	
4ED0476	Eye, left	MIS	Absent	
4ED0476	Eye, left	HMR	Absent	
4ED0476	Eye, left	EMB	Absent	
4ED0476	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0476	Eye, right	OPQ	Absent	
4ED0476	Eye, right	MIS	Absent	
4ED0476	Eye, right	HMR	Absent	
4ED0476	Eye, right	EMB	Absent	
4ED0476	Opercula	SLSH	Absent	
4ED0477	Body Surface	RGR	Absent	
4ED0477	Body Surface	RLSN	Absent	
4ED0477	Body Surface	SPDF	Absent	
4ED0477	Body Surface	HMRB	Absent	
4ED0477	Body Surface	FDC	Absent	
4ED0477	Body Surface	BFG	Absent	
4ED0477	Body Surface	PRST	Absent	
4ED0477	Head	DFM	Absent	
4ED0477	Mouth	ULR	Absent	
4ED0477	Mouth	LLG	Absent	
4ED0477	Nare	SLN	Absent	
4ED0477	Eye, left	EXPTH	Absent	
4ED0477	Eye, left	OPQ	Absent	
4ED0477	Eye, left	MIS	Absent	
4ED0477	Eye, left	HMR	Absent	
4ED0477	Eye, left	EMB	Absent	
4ED0477	Eye, right	EXPTH	Absent	
4ED0477	Eye, right	OPQ	Absent	
4ED0477	Eye, right	MIS	Absent	
4ED0477	Eye, right	HMR	Absent	
4ED0477	Eye, right	EMB	Absent	
4ED0477	Opercula	SLSH	Absent	
4ED0478	Body Surface	RGR	Absent	
4ED0478	Body Surface	RLSN	Absent	
4ED0478	Body Surface	SPDF	Absent	
4ED0478	Body Surface	HMRB	Absent	
4ED0478	Body Surface	FDC	Absent	
4ED0478	Body Surface	BFG	Absent	
4ED0478	Body Surface	PRST	Absent	
4ED0478	Head	DFM	Absent	
4ED0478	Mouth	ULR	Absent	
4ED0478	Mouth	LLG	Absent	
4ED0478	Nare	SLN	Absent	
4ED0478	Eye, left	EXPTH	Absent	
4ED0478	Eye, left	OPQ	Absent	
4ED0478	Eye, left	MIS	Absent	
4ED0478	Eye, left	HMR	Absent	
4ED0478	Eye, left	EMB	Absent	
4ED0478	Eye, right	EXPTH	Absent	
4ED0478	Eye, right	OPQ	Absent	
4ED0478	Eye, right	MIS	Absent	
4ED0478	Eye, right	HMR	Absent	
4ED0478	Eye, right	EMB	Absent	
4ED0478	Opercula	SLSH	Absent	
4ED0479	Body Surface	RGR	Absent	
4ED0479	Body Surface	RLSN	Absent	
4ED0479	Body Surface	SPDF	Absent	
4ED0479	Body Surface	HMRB	Absent	
4ED0479	Body Surface	FDC	Absent	
4ED0479	Body Surface	BFG	Absent	
4ED0479	Body Surface	PRST	Absent	
4ED0479	Head	DFM	Absent	
4ED0479	Mouth	ULR	Absent	
4ED0479	Mouth	LLG	Absent	
4ED0479	Nare	SLN	Absent	
4ED0479	Eye, left	EXPTH	Absent	
4ED0479	Eye, left	OPQ	Absent	
4ED0479	Eye, left	MIS	Absent	
4ED0479	Eye, left	HMR	Absent	
4ED0479	Eye, left	EMB	Absent	
4ED0479	Eye, right	EXPTH	Absent	
4ED0479	Eye, right	OPQ	Absent	
4ED0479	Eye, right	MIS	Absent	
4ED0479	Eye, right	HMR	Absent	
4ED0479	Eye, right	EMB	Absent	
4ED0479	Opercula	SLSH	Absent	
4ED0480	Body Surface	RGR	Absent	
4ED0480	Body Surface	RLSN	Absent	
4ED0480	Body Surface	SPDF	Absent	
4ED0480	Body Surface	HMRB	Absent	
4ED0480	Body Surface	FDC	Absent	
4ED0480	Body Surface	BFG	Absent	
4ED0480	Body Surface	PRST	Absent	
4ED0480	Head	DFM	Absent	
4ED0480	Mouth	ULR	Absent	
4ED0480	Mouth	LLG	Absent	
4ED0480	Nare	SLN	Absent	
4ED0480	Eye, left	EXPTH	Absent	
4ED0480	Eye, left	OPQ	Absent	
4ED0480	Eye, left	MIS	Absent	
4ED0480	Eye, left	HMR	Absent	
4ED0480	Eye, left	EMB	Absent	
4ED0480	Eye, right	EXPTH	Absent	
4ED0480	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0480	Eye, right	MIS	Absent	
4ED0480	Eye, right	HMR	Absent	
4ED0480	Eye, right	EMB	Absent	
4ED0480	Opercula	SLSH	Absent	
4ED0481	Body Surface	RGR	Absent	
4ED0481	Body Surface	RLSN	Absent	
4ED0481	Body Surface	SPDF	Absent	
4ED0481	Body Surface	HMRB	Absent	
4ED0481	Body Surface	FDC	Absent	
4ED0481	Body Surface	BFG	Absent	
4ED0481	Body Surface	PRST	Absent	
4ED0481	Head	DFM	Absent	
4ED0481	Mouth	ULR	Absent	
4ED0481	Mouth	LLG	Absent	
4ED0481	Nare	SLN	Absent	
4ED0481	Eye, left	EXPTH	Absent	
4ED0481	Eye, left	OPQ	Absent	
4ED0481	Eye, left	MIS	Absent	
4ED0481	Eye, left	HMR	Absent	
4ED0481	Eye, left	EMB	Absent	
4ED0481	Eye, right	EXPTH	Absent	
4ED0481	Eye, right	OPQ	Absent	
4ED0481	Eye, right	MIS	Absent	
4ED0481	Eye, right	HMR	Absent	
4ED0481	Eye, right	EMB	Absent	
4ED0481	Opercula	SLSH	Absent	
4ED0482	Body Surface	RGR	Absent	
4ED0482	Body Surface	RLSN	Absent	
4ED0482	Body Surface	SPDF	Absent	
4ED0482	Body Surface	HMRB	Absent	
4ED0482	Body Surface	FDC	Absent	
4ED0482	Body Surface	BFG	Absent	
4ED0482	Body Surface	PRST	Absent	
4ED0482	Head	DFM	Absent	
4ED0482	Mouth	ULR	Absent	
4ED0482	Mouth	LLG	Absent	
4ED0482	Nare	SLN	Absent	
4ED0482	Eye, left	EXPTH	Absent	
4ED0482	Eye, left	OPQ	Absent	
4ED0482	Eye, left	MIS	Absent	
4ED0482	Eye, left	HMR	Absent	
4ED0482	Eye, left	EMB	Absent	
4ED0482	Eye, right	EXPTH	Absent	
4ED0482	Eye, right	OPQ	Absent	
4ED0482	Eye, right	MIS	Absent	
4ED0482	Eye, right	HMR	Absent	
4ED0482	Eye, right	EMB	Absent	
4ED0482	Opercula	SLSH	Absent	
4ED0483	Body Surface	RGR	Absent	
4ED0483	Body Surface	RLSN	Absent	
4ED0483	Body Surface	SPDF	Absent	
4ED0483	Body Surface	HMRB	Absent	
4ED0483	Body Surface	FDC	Absent	
4ED0483	Body Surface	BFG	Absent	
4ED0483	Body Surface	PRST	Absent	
4ED0483	Head	DFM	Absent	
4ED0483	Mouth	ULR	Absent	
4ED0483	Mouth	LLG	Absent	
4ED0483	Nare	SLN	Absent	
4ED0483	Eye, left	EXPTH	Absent	
4ED0483	Eye, left	OPQ	Absent	
4ED0483	Eye, left	MIS	Absent	
4ED0483	Eye, left	HMR	Absent	
4ED0483	Eye, left	EMB	Absent	
4ED0483	Eye, right	EXPTH	Absent	
4ED0483	Eye, right	OPQ	Absent	
4ED0483	Eye, right	MIS	Absent	
4ED0483	Eye, right	HMR	Absent	
4ED0483	Eye, right	EMB	Absent	
4ED0483	Opercula	SLSH	Absent	
4ED0484	Body Surface	RGR	Absent	
4ED0484	Body Surface	RLSN	Absent	
4ED0484	Body Surface	SPDF	Absent	
4ED0484	Body Surface	HMRB	Absent	
4ED0484	Body Surface	FDC	Absent	
4ED0484	Body Surface	BFG	Absent	
4ED0484	Body Surface	PRST	Absent	
4ED0484	Head	DFM	Absent	
4ED0484	Mouth	ULR	Absent	
4ED0484	Mouth	LLG	Absent	
4ED0484	Nare	SLN	Absent	
4ED0484	Eye, left	EXPTH	Absent	
4ED0484	Eye, left	OPQ	Absent	
4ED0484	Eye, left	MIS	Absent	
4ED0484	Eye, left	HMR	Absent	
4ED0484	Eye, left	EMB	Absent	
4ED0484	Eye, right	EXPTH	Absent	
4ED0484	Eye, right	OPQ	Absent	
4ED0484	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0484	Eye, right	HMR	Absent	
4ED0484	Eye, right	EMB	Absent	
4ED0484	Opercula	SLSH	Absent	
4ED0485	Body Surface	RGR	Absent	
4ED0485	Body Surface	RLSN	Absent	
4ED0485	Body Surface	SPDF	Absent	
4ED0485	Body Surface	HMRB	Absent	
4ED0485	Body Surface	FDC	Absent	
4ED0485	Body Surface	BFG	Absent	
4ED0485	Body Surface	PRST	Absent	
4ED0485	Head	DFM	Absent	
4ED0485	Mouth	ULR	Absent	
4ED0485	Mouth	LLG	Absent	
4ED0485	Nare	SLN	Absent	
4ED0485	Eye, left	EXPTH	Absent	
4ED0485	Eye, left	OPQ	Absent	
4ED0485	Eye, left	MIS	Absent	
4ED0485	Eye, left	HMR	Absent	
4ED0485	Eye, left	EMB	Absent	
4ED0485	Eye, right	EXPTH	Absent	
4ED0485	Eye, right	OPQ	Absent	
4ED0485	Eye, right	MIS	Absent	
4ED0485	Eye, right	HMR	Absent	
4ED0485	Eye, right	EMB	Absent	
4ED0485	Opercula	SLSH	Absent	
4ED0486	Body Surface	RGR	Absent	
4ED0486	Body Surface	RLSN	Absent	
4ED0486	Body Surface	SPDF	Absent	
4ED0486	Body Surface	HMRB	Absent	
4ED0486	Body Surface	FDC	Absent	
4ED0486	Body Surface	BFG	Absent	
4ED0486	Body Surface	PRST	Absent	
4ED0486	Head	DFM	Absent	
4ED0486	Mouth	ULR	Absent	
4ED0486	Mouth	LLG	Absent	
4ED0486	Nare	SLN	Absent	
4ED0486	Eye, left	EXPTH	Absent	
4ED0486	Eye, left	OPQ	Absent	
4ED0486	Eye, left	MIS	Absent	
4ED0486	Eye, left	HMR	Absent	
4ED0486	Eye, left	EMB	Absent	
4ED0486	Eye, right	EXPTH	Absent	
4ED0486	Eye, right	OPQ	Absent	
4ED0486	Eye, right	MIS	Absent	
4ED0486	Eye, right	HMR	Absent	
4ED0486	Eye, right	EMB	Absent	
4ED0486	Opercula	SLSH	Absent	
4ED0487	Body Surface	RGR	Absent	
4ED0487	Body Surface	RLSN	Absent	
4ED0487	Body Surface	SPDF	Absent	
4ED0487	Body Surface	HMRB	Absent	
4ED0487	Body Surface	FDC	Absent	
4ED0487	Body Surface	BFG	Absent	
4ED0487	Body Surface	PRST	Absent	
4ED0487	Head	DFM	Absent	
4ED0487	Mouth	ULR	Absent	
4ED0487	Mouth	LLG	Absent	
4ED0487	Nare	SLN	Absent	
4ED0487	Eye, left	EXPTH	Absent	
4ED0487	Eye, left	OPQ	Absent	
4ED0487	Eye, left	MIS	Absent	
4ED0487	Eye, left	HMR	Absent	
4ED0487	Eye, left	EMB	Absent	
4ED0487	Eye, right	EXPTH	Absent	
4ED0487	Eye, right	OPQ	Absent	
4ED0487	Eye, right	MIS	Absent	
4ED0487	Eye, right	HMR	Absent	
4ED0487	Eye, right	EMB	Absent	
4ED0487	Opercula	SLSH	Absent	
4ED0488	Body Surface	RGR	Absent	
4ED0488	Body Surface	RLSN	Absent	
4ED0488	Body Surface	SPDF	Absent	
4ED0488	Body Surface	HMRB	Absent	
4ED0488	Body Surface	FDC	Absent	
4ED0488	Body Surface	BFG	Absent	
4ED0488	Body Surface	PRST	Absent	
4ED0488	Head	DFM	Absent	
4ED0488	Mouth	ULR	Absent	
4ED0488	Mouth	LLG	Absent	
4ED0488	Nare	SLN	Absent	
4ED0488	Eye, left	EXPTH	Absent	
4ED0488	Eye, left	OPQ	Absent	
4ED0488	Eye, left	MIS	Absent	
4ED0488	Eye, left	HMR	Absent	
4ED0488	Eye, left	EMB	Absent	
4ED0488	Eye, right	EXPTH	Absent	
4ED0488	Eye, right	OPQ	Absent	
4ED0488	Eye, right	MIS	Absent	
4ED0488	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0488	Eye, right	EMB	Absent	
4ED0488	Opercula	SLSH	Absent	
4ED0489	Body Surface	RGR	Absent	
4ED0489	Body Surface	RLSN	Absent	
4ED0489	Body Surface	SPDF	Absent	
4ED0489	Body Surface	HMRB	Absent	
4ED0489	Body Surface	FDC	Absent	
4ED0489	Body Surface	BFG	Absent	
4ED0489	Body Surface	PRST	Absent	
4ED0489	Head	DFM	Absent	
4ED0489	Mouth	ULR	Absent	
4ED0489	Mouth	LLG	Absent	
4ED0489	Nare	SLN	Absent	
4ED0489	Eye, left	EXPTH	Absent	
4ED0489	Eye, left	OPQ	Absent	
4ED0489	Eye, left	MIS	Absent	
4ED0489	Eye, left	HMR	Absent	
4ED0489	Eye, left	EMB	Absent	
4ED0489	Eye, right	EXPTH	Absent	
4ED0489	Eye, right	OPQ	Absent	
4ED0489	Eye, right	MIS	Absent	
4ED0489	Eye, right	HMR	Absent	
4ED0489	Eye, right	EMB	Absent	
4ED0489	Opercula	SLSH	Absent	
4ED0490	Body Surface	RGR	Absent	
4ED0490	Body Surface	RLSN	Absent	
4ED0490	Body Surface	SPDF	Absent	
4ED0490	Body Surface	HMRB	Absent	
4ED0490	Body Surface	FDC	Absent	
4ED0490	Body Surface	BFG	Absent	
4ED0490	Body Surface	PRST	Absent	
4ED0490	Head	DFM	Absent	
4ED0490	Mouth	ULR	Absent	
4ED0490	Mouth	LLG	Absent	
4ED0490	Nare	SLN	Absent	
4ED0490	Eye, left	EXPTH	Absent	
4ED0490	Eye, left	OPQ	Absent	
4ED0490	Eye, left	MIS	Absent	
4ED0490	Eye, left	HMR	Absent	
4ED0490	Eye, left	EMB	Absent	
4ED0490	Eye, right	EXPTH	Absent	
4ED0490	Eye, right	OPQ	Absent	
4ED0490	Eye, right	MIS	Absent	
4ED0490	Eye, right	HMR	Absent	
4ED0490	Eye, right	EMB	Absent	
4ED0490	Opercula	SLSH	Absent	
4ED0491	Body Surface	RGR	Absent	
4ED0491	Body Surface	RLSN	Absent	
4ED0491	Body Surface	SPDF	Absent	
4ED0491	Body Surface	HMRB	Absent	
4ED0491	Body Surface	FDC	Absent	
4ED0491	Body Surface	BFG	Absent	
4ED0491	Body Surface	PRST	Absent	
4ED0491	Head	DFM	Absent	
4ED0491	Mouth	ULR	Absent	
4ED0491	Mouth	LLG	Absent	
4ED0491	Nare	SLN	Absent	
4ED0491	Eye, left	EXPTH	Absent	
4ED0491	Eye, left	OPQ	Absent	
4ED0491	Eye, left	MIS	Absent	
4ED0491	Eye, left	HMR	Absent	
4ED0491	Eye, left	EMB	Absent	
4ED0491	Eye, right	EXPTH	Absent	
4ED0491	Eye, right	OPQ	Absent	
4ED0491	Eye, right	MIS	Absent	
4ED0491	Eye, right	HMR	Absent	
4ED0491	Eye, right	EMB	Absent	
4ED0491	Opercula	SLSH	Absent	
4ED0492	Body Surface	RGR	Absent	
4ED0492	Body Surface	RLSN	Absent	
4ED0492	Body Surface	SPDF	Absent	
4ED0492	Body Surface	HMRB	Absent	
4ED0492	Body Surface	FDC	Absent	
4ED0492	Body Surface	BFG	Absent	
4ED0492	Body Surface	PRST	Absent	
4ED0492	Head	DFM	Absent	
4ED0492	Mouth	ULR	Absent	
4ED0492	Mouth	LLG	Absent	
4ED0492	Nare	SLN	Absent	
4ED0492	Eye, left	EXPTH	Absent	
4ED0492	Eye, left	OPQ	Absent	
4ED0492	Eye, left	MIS	Absent	
4ED0492	Eye, left	HMR	Absent	
4ED0492	Eye, left	EMB	Absent	
4ED0492	Eye, right	EXPTH	Absent	
4ED0492	Eye, right	OPQ	Absent	
4ED0492	Eye, right	MIS	Absent	
4ED0492	Eye, right	HMR	Absent	
4ED0492	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0492	Opercula	SLSH	Absent	
4ED0493	Body Surface	RGR	Absent	
4ED0493	Body Surface	RLSN	Absent	
4ED0493	Body Surface	SPDF	Absent	
4ED0493	Body Surface	HMRB	Absent	
4ED0493	Body Surface	FDC	Absent	
4ED0493	Body Surface	BFG	Absent	
4ED0493	Body Surface	PRST	Absent	
4ED0493	Head	DFM	Absent	
4ED0493	Mouth	ULR	Absent	
4ED0493	Mouth	LLG	Absent	
4ED0493	Nare	SLN	Absent	
4ED0493	Eye, left	EXPTH	Absent	
4ED0493	Eye, left	OPQ	Absent	
4ED0493	Eye, left	MIS	Absent	
4ED0493	Eye, left	HMR	Absent	
4ED0493	Eye, left	EMB	Absent	
4ED0493	Eye, right	EXPTH	Absent	
4ED0493	Eye, right	OPQ	Absent	
4ED0493	Eye, right	MIS	Absent	
4ED0493	Eye, right	HMR	Absent	
4ED0493	Eye, right	EMB	Absent	
4ED0493	Opercula	SLSH	Absent	
4ED0494	Body Surface	RGR	Absent	
4ED0494	Body Surface	RLSN	Absent	
4ED0494	Body Surface	SPDF	Absent	
4ED0494	Body Surface	HMRB	Absent	
4ED0494	Body Surface	FDC	Absent	
4ED0494	Body Surface	BFG	Absent	
4ED0494	Body Surface	PRST	Absent	
4ED0494	Head	DFM	Absent	
4ED0494	Mouth	ULR	Absent	
4ED0494	Mouth	LLG	Absent	
4ED0494	Nare	SLN	Absent	
4ED0494	Eye, left	EXPTH	Absent	
4ED0494	Eye, left	OPQ	Absent	
4ED0494	Eye, left	MIS	Absent	
4ED0494	Eye, left	HMR	Absent	
4ED0494	Eye, left	EMB	Absent	
4ED0494	Eye, right	EXPTH	Absent	
4ED0494	Eye, right	OPQ	Absent	
4ED0494	Eye, right	MIS	Absent	
4ED0494	Eye, right	HMR	Absent	
4ED0494	Eye, right	EMB	Absent	
4ED0494	Opercula	SLSH	Absent	
4ED0495	Body Surface	RGR	Absent	
4ED0495	Body Surface	RLSN	Absent	
4ED0495	Body Surface	SPDF	Absent	
4ED0495	Body Surface	HMRB	Absent	
4ED0495	Body Surface	FDC	Absent	
4ED0495	Body Surface	BFG	Absent	
4ED0495	Body Surface	PRST	Absent	
4ED0495	Head	DFM	Absent	
4ED0495	Mouth	ULR	Absent	
4ED0495	Mouth	LLG	Absent	
4ED0495	Nare	SLN	Absent	
4ED0495	Eye, left	EXPTH	Absent	
4ED0495	Eye, left	OPQ	Absent	
4ED0495	Eye, left	MIS	Absent	
4ED0495	Eye, left	HMR	Absent	
4ED0495	Eye, left	EMB	Absent	
4ED0495	Eye, right	EXPTH	Absent	
4ED0495	Eye, right	OPQ	Absent	
4ED0495	Eye, right	MIS	Absent	
4ED0495	Eye, right	HMR	Absent	
4ED0495	Eye, right	EMB	Absent	
4ED0495	Opercula	SLSH	Absent	
4ED0496	Body Surface	RGR	Absent	
4ED0496	Body Surface	RLSN	Absent	
4ED0496	Body Surface	SPDF	Absent	
4ED0496	Body Surface	HMRB	Absent	
4ED0496	Body Surface	FDC	Absent	
4ED0496	Body Surface	BFG	Absent	
4ED0496	Body Surface	PRST	Absent	
4ED0496	Head	DFM	Absent	
4ED0496	Mouth	ULR	Absent	
4ED0496	Mouth	LLG	Absent	
4ED0496	Nare	SLN	Absent	
4ED0496	Eye, left	EXPTH	Absent	
4ED0496	Eye, left	OPQ	Absent	
4ED0496	Eye, left	MIS	Absent	
4ED0496	Eye, left	HMR	Absent	
4ED0496	Eye, left	EMB	Absent	
4ED0496	Eye, right	EXPTH	Absent	
4ED0496	Eye, right	OPQ	Absent	
4ED0496	Eye, right	MIS	Absent	
4ED0496	Eye, right	HMR	Absent	
4ED0496	Eye, right	EMB	Absent	
4ED0496	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0497	Body Surface	RGR	Absent	
4ED0497	Body Surface	RLSN	Absent	
4ED0497	Body Surface	SPDF	Absent	
4ED0497	Body Surface	HMRB	Absent	
4ED0497	Body Surface	FDC	Absent	
4ED0497	Body Surface	BFG	Absent	
4ED0497	Body Surface	PRST	Absent	
4ED0497	Head	DFM	Absent	
4ED0497	Mouth	ULR	Absent	
4ED0497	Mouth	LLG	Absent	
4ED0497	Nare	SLN	Absent	
4ED0497	Eye, left	EXPTH	Absent	
4ED0497	Eye, left	OPQ	Absent	
4ED0497	Eye, left	MIS	Absent	
4ED0497	Eye, left	HMR	Absent	
4ED0497	Eye, left	EMB	Absent	
4ED0497	Eye, right	EXPTH	Absent	
4ED0497	Eye, right	OPQ	Absent	
4ED0497	Eye, right	MIS	Absent	
4ED0497	Eye, right	HMR	Absent	
4ED0497	Eye, right	EMB	Absent	
4ED0497	Opercula	SLSH	Absent	
4ED0498	Body Surface	RGR	Absent	
4ED0498	Body Surface	RLSN	Absent	
4ED0498	Body Surface	SPDF	Absent	
4ED0498	Body Surface	HMRB	Absent	
4ED0498	Body Surface	FDC	Absent	
4ED0498	Body Surface	BFG	Absent	
4ED0498	Body Surface	PRST	Absent	
4ED0498	Head	DFM	Absent	
4ED0498	Mouth	ULR	Absent	
4ED0498	Mouth	LLG	Absent	
4ED0498	Nare	SLN	Absent	
4ED0498	Eye, left	EXPTH	Absent	
4ED0498	Eye, left	OPQ	Absent	
4ED0498	Eye, left	MIS	Absent	
4ED0498	Eye, left	HMR	Absent	
4ED0498	Eye, left	EMB	Absent	
4ED0498	Eye, right	EXPTH	Absent	
4ED0498	Eye, right	OPQ	Absent	
4ED0498	Eye, right	MIS	Absent	
4ED0498	Eye, right	HMR	Absent	
4ED0498	Eye, right	EMB	Absent	
4ED0498	Opercula	SLSH	Absent	
4ED0499	Body Surface	RGR	Absent	
4ED0499	Body Surface	RLSN	Absent	
4ED0499	Body Surface	SPDF	Absent	
4ED0499	Body Surface	HMRB	Absent	
4ED0499	Body Surface	FDC	Absent	
4ED0499	Body Surface	BFG	Absent	
4ED0499	Body Surface	PRST	Absent	
4ED0499	Head	DFM	Absent	
4ED0499	Mouth	ULR	Absent	
4ED0499	Mouth	LLG	Absent	
4ED0499	Nare	SLN	Absent	
4ED0499	Eye, left	EXPTH	Absent	
4ED0499	Eye, left	OPQ	Absent	
4ED0499	Eye, left	MIS	Absent	
4ED0499	Eye, left	HMR	Absent	
4ED0499	Eye, left	EMB	Absent	
4ED0499	Eye, right	EXPTH	Absent	
4ED0499	Eye, right	OPQ	Absent	
4ED0499	Eye, right	MIS	Absent	
4ED0499	Eye, right	HMR	Absent	
4ED0499	Eye, right	EMB	Absent	
4ED0499	Opercula	SLSH	Absent	
4ED0500	Body Surface	RGR	Absent	
4ED0500	Body Surface	RLSN	Absent	
4ED0500	Body Surface	SPDF	Absent	
4ED0500	Body Surface	HMRB	Absent	
4ED0500	Body Surface	FDC	Absent	
4ED0500	Body Surface	BFG	Absent	
4ED0500	Body Surface	PRST	Absent	
4ED0500	Head	DFM	Absent	
4ED0500	Mouth	ULR	Absent	
4ED0500	Mouth	LLG	Absent	
4ED0500	Nare	SLN	Absent	
4ED0500	Eye, left	EXPTH	Absent	
4ED0500	Eye, left	OPQ	Absent	
4ED0500	Eye, left	MIS	Absent	
4ED0500	Eye, left	HMR	Absent	
4ED0500	Eye, left	EMB	Absent	
4ED0500	Eye, right	EXPTH	Absent	
4ED0500	Eye, right	OPQ	Absent	
4ED0500	Eye, right	MIS	Absent	
4ED0500	Eye, right	HMR	Absent	
4ED0500	Eye, right	EMB	Absent	
4ED0500	Opercula	SLSH	Absent	
4ED0501	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0501	Body Surface	RLSN	Absent	
4ED0501	Body Surface	SPDF	Absent	
4ED0501	Body Surface	HMRB	Absent	
4ED0501	Body Surface	FDC	Absent	
4ED0501	Body Surface	BFG	Absent	
4ED0501	Body Surface	PRST	Absent	
4ED0501	Head	DFM	Absent	
4ED0501	Mouth	ULR	Absent	
4ED0501	Mouth	LLG	Absent	
4ED0501	Nare	SLN	Absent	
4ED0501	Eye, left	EXPTH	Absent	
4ED0501	Eye, left	OPQ	Absent	
4ED0501	Eye, left	MIS	Absent	
4ED0501	Eye, left	HMR	Absent	
4ED0501	Eye, left	EMB	Absent	
4ED0501	Eye, right	EXPTH	Absent	
4ED0501	Eye, right	OPQ	Absent	
4ED0501	Eye, right	MIS	Absent	
4ED0501	Eye, right	HMR	Absent	
4ED0501	Eye, right	EMB	Absent	
4ED0501	Opercula	SLSH	Absent	
4ED0502	Body Surface	RGR	Absent	
4ED0502	Body Surface	RLSN	Absent	
4ED0502	Body Surface	SPDF	Absent	
4ED0502	Body Surface	HMRB	Absent	
4ED0502	Body Surface	FDC	Absent	
4ED0502	Body Surface	BFG	Absent	
4ED0502	Body Surface	PRST	Absent	
4ED0502	Head	DFM	Absent	
4ED0502	Mouth	ULR	Absent	
4ED0502	Mouth	LLG	Absent	
4ED0502	Nare	SLN	Absent	
4ED0502	Eye, left	EXPTH	Absent	
4ED0502	Eye, left	OPQ	Absent	
4ED0502	Eye, left	MIS	Absent	
4ED0502	Eye, left	HMR	Absent	
4ED0502	Eye, left	EMB	Absent	
4ED0502	Eye, right	EXPTH	Absent	
4ED0502	Eye, right	OPQ	Absent	
4ED0502	Eye, right	MIS	Absent	
4ED0502	Eye, right	HMR	Absent	
4ED0502	Eye, right	EMB	Absent	
4ED0502	Opercula	SLSH	Absent	
4ED0503	Body Surface	RGR	Absent	
4ED0503	Body Surface	RLSN	Absent	
4ED0503	Body Surface	SPDF	Absent	
4ED0503	Body Surface	HMRB	Absent	
4ED0503	Body Surface	FDC	Absent	
4ED0503	Body Surface	BFG	Absent	
4ED0503	Body Surface	PRST	Absent	
4ED0503	Head	DFM	Absent	
4ED0503	Mouth	ULR	Absent	
4ED0503	Mouth	LLG	Absent	
4ED0503	Nare	SLN	Absent	
4ED0503	Eye, left	EXPTH	Absent	
4ED0503	Eye, left	OPQ	Absent	
4ED0503	Eye, left	MIS	Absent	
4ED0503	Eye, left	HMR	Absent	
4ED0503	Eye, left	EMB	Absent	
4ED0503	Eye, right	EXPTH	Absent	
4ED0503	Eye, right	OPQ	Absent	
4ED0503	Eye, right	MIS	Absent	
4ED0503	Eye, right	HMR	Absent	
4ED0503	Eye, right	EMB	Absent	
4ED0503	Opercula	SLSH	Absent	
4ED0504	Body Surface	RGR	Absent	
4ED0504	Body Surface	RLSN	Absent	
4ED0504	Body Surface	SPDF	Absent	
4ED0504	Body Surface	HMRB	Absent	
4ED0504	Body Surface	FDC	Absent	
4ED0504	Body Surface	BFG	Absent	
4ED0504	Body Surface	PRST	Absent	
4ED0504	Head	DFM	Absent	
4ED0504	Mouth	ULR	Absent	
4ED0504	Mouth	LLG	Absent	
4ED0504	Nare	SLN	Absent	
4ED0504	Eye, left	EXPTH	Absent	
4ED0504	Eye, left	OPQ	Absent	
4ED0504	Eye, left	MIS	Absent	
4ED0504	Eye, left	HMR	Absent	
4ED0504	Eye, left	EMB	Absent	
4ED0504	Eye, right	EXPTH	Absent	
4ED0504	Eye, right	OPQ	Absent	
4ED0504	Eye, right	MIS	Absent	
4ED0504	Eye, right	HMR	Absent	
4ED0504	Eye, right	EMB	Absent	
4ED0504	Opercula	SLSH	Absent	
4ED0505	Body Surface	RGR	Absent	
4ED0505	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0505	Body Surface	SPDF	Absent	
4ED0505	Body Surface	HMRB	Absent	
4ED0505	Body Surface	FDC	Absent	
4ED0505	Body Surface	BFG	Absent	
4ED0505	Body Surface	PRST	Absent	
4ED0505	Head	DFM	Absent	
4ED0505	Mouth	ULR	Absent	
4ED0505	Mouth	LLG	Absent	
4ED0505	Nare	SLN	Absent	
4ED0505	Eye, left	EXPTH	Absent	
4ED0505	Eye, left	OPQ	Absent	
4ED0505	Eye, left	MIS	Absent	
4ED0505	Eye, left	HMR	Absent	
4ED0505	Eye, left	EMB	Absent	
4ED0505	Eye, right	EXPTH	Absent	
4ED0505	Eye, right	OPQ	Absent	
4ED0505	Eye, right	MIS	Absent	
4ED0505	Eye, right	HMR	Absent	
4ED0505	Eye, right	EMB	Absent	
4ED0505	Opercula	SLSH	Absent	
4ED0506	Body Surface	RGR	Absent	
4ED0506	Body Surface	RLSN	Absent	
4ED0506	Body Surface	SPDF	Absent	
4ED0506	Body Surface	HMRB	Absent	
4ED0506	Body Surface	FDC	Absent	
4ED0506	Body Surface	BFG	Absent	
4ED0506	Body Surface	PRST	Absent	
4ED0506	Head	DFM	Absent	
4ED0506	Mouth	ULR	Absent	
4ED0506	Mouth	LLG	Absent	
4ED0506	Nare	SLN	Absent	
4ED0506	Eye, left	EXPTH	Absent	
4ED0506	Eye, left	OPQ	Absent	
4ED0506	Eye, left	MIS	Absent	
4ED0506	Eye, left	HMR	Absent	
4ED0506	Eye, left	EMB	Absent	
4ED0506	Eye, right	EXPTH	Absent	
4ED0506	Eye, right	OPQ	Absent	
4ED0506	Eye, right	MIS	Absent	
4ED0506	Eye, right	HMR	Absent	
4ED0506	Eye, right	EMB	Absent	
4ED0506	Opercula	SLSH	Absent	
4ED0507	Body Surface	RGR	Absent	
4ED0507	Body Surface	RLSN	Absent	
4ED0507	Body Surface	SPDF	Absent	
4ED0507	Body Surface	HMRB	Absent	
4ED0507	Body Surface	FDC	Absent	
4ED0507	Body Surface	BFG	Absent	
4ED0507	Body Surface	PRST	Absent	
4ED0507	Head	DFM	Absent	
4ED0507	Mouth	ULR	Absent	
4ED0507	Mouth	LLG	Absent	
4ED0507	Nare	SLN	Absent	
4ED0507	Eye, left	EXPTH	Absent	
4ED0507	Eye, left	OPQ	Absent	
4ED0507	Eye, left	MIS	Absent	
4ED0507	Eye, left	HMR	Absent	
4ED0507	Eye, left	EMB	Absent	
4ED0507	Eye, right	EXPTH	Absent	
4ED0507	Eye, right	OPQ	Absent	
4ED0507	Eye, right	MIS	Absent	
4ED0507	Eye, right	HMR	Absent	
4ED0507	Eye, right	EMB	Absent	
4ED0507	Opercula	SLSH	Absent	
4ED0508	Body Surface	RGR	Absent	
4ED0508	Body Surface	RLSN	Absent	
4ED0508	Body Surface	SPDF	Absent	
4ED0508	Body Surface	HMRB	Absent	
4ED0508	Body Surface	FDC	Absent	
4ED0508	Body Surface	BFG	Absent	
4ED0508	Body Surface	PRST	Absent	
4ED0508	Head	DFM	Absent	
4ED0508	Mouth	ULR	Absent	
4ED0508	Mouth	LLG	Absent	
4ED0508	Nare	SLN	Absent	
4ED0508	Eye, left	EXPTH	Absent	
4ED0508	Eye, left	OPQ	Absent	
4ED0508	Eye, left	MIS	Absent	
4ED0508	Eye, left	HMR	Absent	
4ED0508	Eye, left	EMB	Absent	
4ED0508	Eye, right	EXPTH	Absent	
4ED0508	Eye, right	OPQ	Absent	
4ED0508	Eye, right	MIS	Absent	
4ED0508	Eye, right	HMR	Absent	
4ED0508	Eye, right	EMB	Absent	
4ED0508	Opercula	SLSH	Absent	
4ED0509	Body Surface	RGR	Absent	
4ED0509	Body Surface	RLSN	Absent	
4ED0509	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0509	Body Surface	HMRB	Absent	
4ED0509	Body Surface	FDC	Absent	
4ED0509	Body Surface	BFG	Absent	
4ED0509	Body Surface	PRST	Absent	
4ED0509	Head	DFM	Absent	
4ED0509	Mouth	ULR	Absent	
4ED0509	Mouth	LLG	Absent	
4ED0509	Nare	SLN	Absent	
4ED0509	Eye, left	EXPTH	Absent	
4ED0509	Eye, left	OPQ	Absent	
4ED0509	Eye, left	MIS	Absent	
4ED0509	Eye, left	HMR	Absent	
4ED0509	Eye, left	EMB	Absent	
4ED0509	Eye, right	EXPTH	Absent	
4ED0509	Eye, right	OPQ	Absent	
4ED0509	Eye, right	MIS	Absent	
4ED0509	Eye, right	HMR	Absent	
4ED0509	Eye, right	EMB	Absent	
4ED0509	Opercula	SLSH	Absent	
4ED0510	Body Surface	RGR	Absent	
4ED0510	Body Surface	RLSN	Absent	
4ED0510	Body Surface	SPDF	Absent	
4ED0510	Body Surface	HMRB	Absent	
4ED0510	Body Surface	FDC	Absent	
4ED0510	Body Surface	BFG	Absent	
4ED0510	Body Surface	PRST	Absent	
4ED0510	Head	DFM	Absent	
4ED0510	Mouth	ULR	Absent	
4ED0510	Mouth	LLG	Absent	
4ED0510	Nare	SLN	Absent	
4ED0510	Eye, left	EXPTH	Absent	
4ED0510	Eye, left	OPQ	Absent	
4ED0510	Eye, left	MIS	Absent	
4ED0510	Eye, left	HMR	Absent	
4ED0510	Eye, left	EMB	Absent	
4ED0510	Eye, right	EXPTH	Absent	
4ED0510	Eye, right	OPQ	Absent	
4ED0510	Eye, right	MIS	Absent	
4ED0510	Eye, right	HMR	Absent	
4ED0510	Eye, right	EMB	Absent	
4ED0510	Opercula	SLSH	Absent	
4ED0511	Body Surface	RGR	Absent	
4ED0511	Body Surface	RLSN	Absent	
4ED0511	Body Surface	SPDF	Absent	
4ED0511	Body Surface	HMRB	Absent	
4ED0511	Body Surface	FDC	Absent	
4ED0511	Body Surface	BFG	Absent	
4ED0511	Body Surface	PRST	Absent	
4ED0511	Head	DFM	Absent	
4ED0511	Mouth	ULR	Absent	
4ED0511	Mouth	LLG	Absent	
4ED0511	Nare	SLN	Absent	
4ED0511	Eye, left	EXPTH	Absent	
4ED0511	Eye, left	OPQ	Absent	
4ED0511	Eye, left	MIS	Absent	
4ED0511	Eye, left	HMR	Absent	
4ED0511	Eye, left	EMB	Absent	
4ED0511	Eye, right	EXPTH	Absent	
4ED0511	Eye, right	OPQ	Absent	
4ED0511	Eye, right	MIS	Absent	
4ED0511	Eye, right	HMR	Absent	
4ED0511	Eye, right	EMB	Absent	
4ED0511	Opercula	SLSH	Absent	
4ED0512	Body Surface	RGR	Absent	
4ED0512	Body Surface	RLSN	Absent	
4ED0512	Body Surface	SPDF	Absent	
4ED0512	Body Surface	HMRB	Absent	
4ED0512	Body Surface	FDC	Absent	
4ED0512	Body Surface	BFG	Absent	
4ED0512	Body Surface	PRST	Absent	
4ED0512	Head	DFM	Absent	
4ED0512	Mouth	ULR	Absent	
4ED0512	Mouth	LLG	Absent	
4ED0512	Nare	SLN	Absent	
4ED0512	Eye, left	EXPTH	Absent	
4ED0512	Eye, left	OPQ	Absent	
4ED0512	Eye, left	MIS	Absent	
4ED0512	Eye, left	HMR	Absent	
4ED0512	Eye, left	EMB	Absent	
4ED0512	Eye, right	EXPTH	Absent	
4ED0512	Eye, right	OPQ	Absent	
4ED0512	Eye, right	MIS	Absent	
4ED0512	Eye, right	HMR	Absent	
4ED0512	Eye, right	EMB	Absent	
4ED0512	Opercula	SLSH	Absent	
4ED0513	Body Surface	RGR	Absent	
4ED0513	Body Surface	RLSN	Absent	
4ED0513	Body Surface	SPDF	Absent	
4ED0513	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0513	Body Surface	FDC	Absent	
4ED0513	Body Surface	BFG	Absent	
4ED0513	Body Surface	PRST	Absent	
4ED0513	Head	DFM	Absent	
4ED0513	Mouth	ULR	Absent	
4ED0513	Mouth	LLG	Absent	
4ED0513	Nare	SLN	Absent	
4ED0513	Eye, left	EXPTH	Absent	
4ED0513	Eye, left	OPQ	Absent	
4ED0513	Eye, left	MIS	Absent	
4ED0513	Eye, left	HMR	Absent	
4ED0513	Eye, left	EMB	Absent	
4ED0513	Eye, right	EXPTH	Absent	
4ED0513	Eye, right	OPQ	Absent	
4ED0513	Eye, right	MIS	Absent	
4ED0513	Eye, right	HMR	Absent	
4ED0513	Eye, right	EMB	Absent	
4ED0513	Opercula	SLSH	Absent	
4ED0514	Body Surface	RGR	Absent	
4ED0514	Body Surface	RLSN	Absent	
4ED0514	Body Surface	SPDF	Absent	
4ED0514	Body Surface	HMRB	Absent	
4ED0514	Body Surface	FDC	Absent	
4ED0514	Body Surface	BFG	Absent	
4ED0514	Body Surface	PRST	Absent	
4ED0514	Head	DFM	Absent	
4ED0514	Mouth	ULR	Absent	
4ED0514	Mouth	LLG	Absent	
4ED0514	Nare	SLN	Absent	
4ED0514	Eye, left	EXPTH	Absent	
4ED0514	Eye, left	OPQ	Absent	
4ED0514	Eye, left	MIS	Absent	
4ED0514	Eye, left	HMR	Absent	
4ED0514	Eye, left	EMB	Absent	
4ED0514	Eye, right	EXPTH	Absent	
4ED0514	Eye, right	OPQ	Absent	
4ED0514	Eye, right	MIS	Absent	
4ED0514	Eye, right	HMR	Absent	
4ED0514	Eye, right	EMB	Absent	
4ED0514	Opercula	SLSH	Absent	
4ED0515	Body Surface	RGR	Absent	
4ED0515	Body Surface	RLSN	Absent	
4ED0515	Body Surface	SPDF	Absent	
4ED0515	Body Surface	HMRB	Present	
4ED0515	Body Surface	FDC	Absent	
4ED0515	Body Surface	BFG	Absent	
4ED0515	Body Surface	PRST	Absent	
4ED0515	Head	DFM	Absent	
4ED0515	Mouth	ULR	Absent	
4ED0515	Mouth	LLG	Absent	
4ED0515	Nare	SLN	Absent	
4ED0515	Eye, left	EXPTH	Absent	
4ED0515	Eye, left	OPQ	Absent	
4ED0515	Eye, left	MIS	Absent	
4ED0515	Eye, left	HMR	Absent	
4ED0515	Eye, left	EMB	Absent	
4ED0515	Eye, right	EXPTH	Absent	
4ED0515	Eye, right	OPQ	Absent	
4ED0515	Eye, right	MIS	Absent	
4ED0515	Eye, right	HMR	Absent	
4ED0515	Eye, right	EMB	Absent	
4ED0515	Opercula	SLSH	Absent	
4ED0516	Body Surface	RGR	Absent	
4ED0516	Body Surface	RLSN	Absent	
4ED0516	Body Surface	SPDF	Absent	
4ED0516	Body Surface	HMRB	Absent	
4ED0516	Body Surface	FDC	Absent	
4ED0516	Body Surface	BFG	Absent	
4ED0516	Body Surface	PRST	Absent	
4ED0516	Head	DFM	Absent	
4ED0516	Mouth	ULR	Absent	
4ED0516	Mouth	LLG	Absent	
4ED0516	Nare	SLN	Absent	
4ED0516	Eye, left	EXPTH	Absent	
4ED0516	Eye, left	OPQ	Absent	
4ED0516	Eye, left	MIS	Absent	
4ED0516	Eye, left	HMR	Absent	
4ED0516	Eye, left	EMB	Absent	
4ED0516	Eye, right	EXPTH	Absent	
4ED0516	Eye, right	OPQ	Absent	
4ED0516	Eye, right	MIS	Absent	
4ED0516	Eye, right	HMR	Absent	
4ED0516	Eye, right	EMB	Absent	
4ED0516	Opercula	SLSH	Absent	
4ED0517	Body Surface	RGR	Absent	
4ED0517	Body Surface	RLSN	Absent	
4ED0517	Body Surface	SPDF	Absent	
4ED0517	Body Surface	HMRB	Absent	
4ED0517	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0517	Body Surface	BFG	Absent	
4ED0517	Body Surface	PRST	Absent	
4ED0517	Head	DFM	Absent	
4ED0517	Mouth	ULR	Absent	
4ED0517	Mouth	LLG	Absent	
4ED0517	Nare	SLN	Absent	
4ED0517	Eye, left	EXPTH	Absent	
4ED0517	Eye, left	OPQ	Absent	
4ED0517	Eye, left	MIS	Absent	
4ED0517	Eye, left	HMR	Absent	
4ED0517	Eye, left	EMB	Absent	
4ED0517	Eye, right	EXPTH	Absent	
4ED0517	Eye, right	OPQ	Absent	
4ED0517	Eye, right	MIS	Absent	
4ED0517	Eye, right	HMR	Absent	
4ED0517	Eye, right	EMB	Absent	
4ED0517	Opercula	SLSH	Absent	
4ED0518	Body Surface	RGR	Absent	
4ED0518	Body Surface	RLSN	Absent	
4ED0518	Body Surface	SPDF	Absent	
4ED0518	Body Surface	HMRB	Absent	
4ED0518	Body Surface	FDC	Absent	
4ED0518	Body Surface	BFG	Absent	
4ED0518	Body Surface	PRST	Absent	
4ED0518	Head	DFM	Absent	
4ED0518	Mouth	ULR	Absent	
4ED0518	Mouth	LLG	Absent	
4ED0518	Nare	SLN	Absent	
4ED0518	Eye, left	EXPTH	Absent	
4ED0518	Eye, left	OPQ	Absent	
4ED0518	Eye, left	MIS	Absent	
4ED0518	Eye, left	HMR	Absent	
4ED0518	Eye, left	EMB	Absent	
4ED0518	Eye, right	EXPTH	Absent	
4ED0518	Eye, right	OPQ	Absent	
4ED0518	Eye, right	MIS	Absent	
4ED0518	Eye, right	HMR	Absent	
4ED0518	Eye, right	EMB	Absent	
4ED0518	Opercula	SLSH	Absent	
4ED0519	Body Surface	RGR	Absent	
4ED0519	Body Surface	RLSN	Absent	
4ED0519	Body Surface	SPDF	Absent	
4ED0519	Body Surface	HMRB	Present	
4ED0519	Body Surface	FDC	Absent	
4ED0519	Body Surface	BFG	Absent	
4ED0519	Body Surface	PRST	Absent	
4ED0519	Head	DFM	Absent	
4ED0519	Mouth	ULR	Absent	
4ED0519	Mouth	LLG	Absent	
4ED0519	Nare	SLN	Absent	
4ED0519	Eye, left	EXPTH	Absent	
4ED0519	Eye, left	OPQ	Absent	
4ED0519	Eye, left	MIS	Absent	
4ED0519	Eye, left	HMR	Absent	
4ED0519	Eye, left	EMB	Absent	
4ED0519	Eye, right	EXPTH	Absent	
4ED0519	Eye, right	OPQ	Absent	
4ED0519	Eye, right	MIS	Absent	
4ED0519	Eye, right	HMR	Absent	
4ED0519	Eye, right	EMB	Absent	
4ED0519	Opercula	SLSH	Absent	
4ED0520	Body Surface	RGR	Absent	
4ED0520	Body Surface	RLSN	Absent	
4ED0520	Body Surface	SPDF	Absent	
4ED0520	Body Surface	HMRB	Absent	
4ED0520	Body Surface	FDC	Absent	
4ED0520	Body Surface	BFG	Absent	
4ED0520	Body Surface	PRST	Absent	
4ED0520	Head	DFM	Absent	
4ED0520	Mouth	ULR	Absent	
4ED0520	Mouth	LLG	Absent	
4ED0520	Nare	SLN	Absent	
4ED0520	Eye, left	EXPTH	Absent	
4ED0520	Eye, left	OPQ	Absent	
4ED0520	Eye, left	MIS	Absent	
4ED0520	Eye, left	HMR	Absent	
4ED0520	Eye, left	EMB	Absent	
4ED0520	Eye, right	EXPTH	Absent	
4ED0520	Eye, right	OPQ	Absent	
4ED0520	Eye, right	MIS	Absent	
4ED0520	Eye, right	HMR	Absent	
4ED0520	Eye, right	EMB	Absent	
4ED0520	Opercula	SLSH	Absent	
4ED0521	Body Surface	RGR	Absent	
4ED0521	Body Surface	RLSN	Absent	
4ED0521	Body Surface	SPDF	Absent	
4ED0521	Body Surface	HMRB	Absent	
4ED0521	Body Surface	FDC	Absent	
4ED0521	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0521	Body Surface	PRST	Absent	
4ED0521	Head	DFM	Absent	
4ED0521	Mouth	ULR	Absent	
4ED0521	Mouth	LLG	Absent	
4ED0521	Nare	SLN	Absent	
4ED0521	Eye, left	EXPTH	Absent	
4ED0521	Eye, left	OPQ	Absent	
4ED0521	Eye, left	MIS	Absent	
4ED0521	Eye, left	HMR	Absent	
4ED0521	Eye, left	EMB	Absent	
4ED0521	Eye, right	EXPTH	Absent	
4ED0521	Eye, right	OPQ	Absent	
4ED0521	Eye, right	MIS	Absent	
4ED0521	Eye, right	HMR	Absent	
4ED0521	Eye, right	EMB	Absent	
4ED0521	Opercula	SLSH	Absent	
4ED0522	Body Surface	RGR	Absent	
4ED0522	Body Surface	RLSN	Absent	
4ED0522	Body Surface	SPDF	Absent	
4ED0522	Body Surface	HMRB	Absent	
4ED0522	Body Surface	FDC	Absent	
4ED0522	Body Surface	BFG	Absent	
4ED0522	Body Surface	PRST	Absent	
4ED0522	Head	DFM	Absent	
4ED0522	Mouth	ULR	Absent	
4ED0522	Mouth	LLG	Absent	
4ED0522	Nare	SLN	Absent	
4ED0522	Eye, left	EXPTH	Absent	
4ED0522	Eye, left	OPQ	Absent	
4ED0522	Eye, left	MIS	Absent	
4ED0522	Eye, left	HMR	Absent	
4ED0522	Eye, left	EMB	Absent	
4ED0522	Eye, right	EXPTH	Absent	
4ED0522	Eye, right	OPQ	Absent	
4ED0522	Eye, right	MIS	Absent	
4ED0522	Eye, right	HMR	Absent	
4ED0522	Eye, right	EMB	Absent	
4ED0522	Opercula	SLSH	Absent	
4ED0523	Body Surface	RGR	Absent	
4ED0523	Body Surface	RLSN	Absent	
4ED0523	Body Surface	SPDF	Absent	
4ED0523	Body Surface	HMRB	Absent	
4ED0523	Body Surface	FDC	Absent	
4ED0523	Body Surface	BFG	Absent	
4ED0523	Body Surface	PRST	Absent	
4ED0523	Head	DFM	Absent	
4ED0523	Mouth	ULR	Absent	
4ED0523	Mouth	LLG	Absent	
4ED0523	Nare	SLN	Absent	
4ED0523	Eye, left	EXPTH	Absent	
4ED0523	Eye, left	OPQ	Absent	
4ED0523	Eye, left	MIS	Absent	
4ED0523	Eye, left	HMR	Absent	
4ED0523	Eye, left	EMB	Absent	
4ED0523	Eye, right	EXPTH	Absent	
4ED0523	Eye, right	OPQ	Absent	
4ED0523	Eye, right	MIS	Absent	
4ED0523	Eye, right	HMR	Absent	
4ED0523	Eye, right	EMB	Absent	
4ED0523	Opercula	SLSH	Absent	
4ED0524	Body Surface	RGR	Absent	
4ED0524	Body Surface	RLSN	Absent	
4ED0524	Body Surface	SPDF	Absent	
4ED0524	Body Surface	HMRB	Absent	
4ED0524	Body Surface	FDC	Absent	
4ED0524	Body Surface	BFG	Absent	
4ED0524	Body Surface	PRST	Absent	
4ED0524	Head	DFM	Absent	
4ED0524	Mouth	ULR	Absent	
4ED0524	Mouth	LLG	Absent	
4ED0524	Nare	SLN	Absent	
4ED0524	Eye, left	EXPTH	Absent	
4ED0524	Eye, left	OPQ	Absent	
4ED0524	Eye, left	MIS	Absent	
4ED0524	Eye, left	HMR	Absent	
4ED0524	Eye, left	EMB	Absent	
4ED0524	Eye, right	EXPTH	Absent	
4ED0524	Eye, right	OPQ	Absent	
4ED0524	Eye, right	MIS	Absent	
4ED0524	Eye, right	HMR	Absent	
4ED0524	Eye, right	EMB	Absent	
4ED0524	Opercula	SLSH	Absent	
4ED0525	Body Surface	RGR	Absent	
4ED0525	Body Surface	RLSN	Absent	
4ED0525	Body Surface	SPDF	Absent	
4ED0525	Body Surface	HMRB	Absent	
4ED0525	Body Surface	FDC	Absent	
4ED0525	Body Surface	BFG	Absent	
4ED0525	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0525	Head	DFM	Absent	
4ED0525	Mouth	ULR	Absent	
4ED0525	Mouth	LLG	Absent	
4ED0525	Nare	SLN	Absent	
4ED0525	Eye, left	EXPTH	Absent	
4ED0525	Eye, left	OPQ	Absent	
4ED0525	Eye, left	MIS	Absent	
4ED0525	Eye, left	HMR	Absent	
4ED0525	Eye, left	EMB	Absent	
4ED0525	Eye, right	EXPTH	Absent	
4ED0525	Eye, right	OPQ	Absent	
4ED0525	Eye, right	MIS	Absent	
4ED0525	Eye, right	HMR	Absent	
4ED0525	Eye, right	EMB	Absent	
4ED0525	Opercula	SLSH	Absent	
4ED0526	Body Surface	RGR	Absent	
4ED0526	Body Surface	RLSN	Absent	
4ED0526	Body Surface	SPDF	Absent	
4ED0526	Body Surface	HMRB	Absent	
4ED0526	Body Surface	FDC	Absent	
4ED0526	Body Surface	BFG	Absent	
4ED0526	Body Surface	PRST	Absent	
4ED0526	Head	DFM	Absent	
4ED0526	Mouth	ULR	Absent	
4ED0526	Mouth	LLG	Absent	
4ED0526	Nare	SLN	Absent	
4ED0526	Eye, left	EXPTH	Absent	
4ED0526	Eye, left	OPQ	Absent	
4ED0526	Eye, left	MIS	Absent	
4ED0526	Eye, left	HMR	Absent	
4ED0526	Eye, left	EMB	Absent	
4ED0526	Eye, right	EXPTH	Absent	
4ED0526	Eye, right	OPQ	Absent	
4ED0526	Eye, right	MIS	Absent	
4ED0526	Eye, right	HMR	Absent	
4ED0526	Eye, right	EMB	Absent	
4ED0526	Opercula	SLSH	Absent	
4ED0527	Body Surface	RGR	Absent	
4ED0527	Body Surface	RLSN	Absent	
4ED0527	Body Surface	SPDF	Absent	
4ED0527	Body Surface	HMRB	Absent	
4ED0527	Body Surface	FDC	Absent	
4ED0527	Body Surface	BFG	Absent	
4ED0527	Body Surface	PRST	Absent	
4ED0527	Head	DFM	Absent	
4ED0527	Mouth	ULR	Absent	
4ED0527	Mouth	LLG	Absent	
4ED0527	Nare	SLN	Absent	
4ED0527	Eye, left	EXPTH	Absent	
4ED0527	Eye, left	OPQ	Absent	
4ED0527	Eye, left	MIS	Absent	
4ED0527	Eye, left	HMR	Absent	
4ED0527	Eye, left	EMB	Absent	
4ED0527	Eye, right	EXPTH	Absent	
4ED0527	Eye, right	OPQ	Absent	
4ED0527	Eye, right	MIS	Absent	
4ED0527	Eye, right	HMR	Absent	
4ED0527	Eye, right	EMB	Absent	
4ED0527	Opercula	SLSH	Absent	
4ED0528	Body Surface	RGR	Absent	
4ED0528	Body Surface	RLSN	Absent	
4ED0528	Body Surface	SPDF	Absent	
4ED0528	Body Surface	HMRB	Absent	
4ED0528	Body Surface	FDC	Absent	
4ED0528	Body Surface	BFG	Absent	
4ED0528	Body Surface	PRST	Absent	
4ED0528	Head	DFM	Absent	
4ED0528	Mouth	ULR	Absent	
4ED0528	Mouth	LLG	Absent	
4ED0528	Nare	SLN	Absent	
4ED0528	Eye, left	EXPTH	Absent	
4ED0528	Eye, left	OPQ	Absent	
4ED0528	Eye, left	MIS	Absent	
4ED0528	Eye, left	HMR	Absent	
4ED0528	Eye, left	EMB	Absent	
4ED0528	Eye, right	EXPTH	Absent	
4ED0528	Eye, right	OPQ	Absent	
4ED0528	Eye, right	MIS	Absent	
4ED0528	Eye, right	HMR	Absent	
4ED0528	Eye, right	EMB	Absent	
4ED0528	Opercula	SLSH	Absent	
4ED0529	Body Surface	RGR	Absent	
4ED0529	Body Surface	RLSN	Absent	
4ED0529	Body Surface	SPDF	Absent	
4ED0529	Body Surface	HMRB	Absent	
4ED0529	Body Surface	FDC	Absent	
4ED0529	Body Surface	BFG	Absent	
4ED0529	Body Surface	PRST	Absent	
4ED0529	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0529	Mouth	ULR	Absent	
4ED0529	Mouth	LLG	Absent	
4ED0529	Nare	SLN	Absent	
4ED0529	Eye, left	EXPTH	Absent	
4ED0529	Eye, left	OPQ	Absent	
4ED0529	Eye, left	MIS	Absent	
4ED0529	Eye, left	HMR	Absent	
4ED0529	Eye, left	EMB	Absent	
4ED0529	Eye, right	EXPTH	Absent	
4ED0529	Eye, right	OPQ	Absent	
4ED0529	Eye, right	MIS	Absent	
4ED0529	Eye, right	HMR	Absent	
4ED0529	Eye, right	EMB	Absent	
4ED0529	Opercula	SLSH	Absent	
4ED0530	Body Surface	RGR	Absent	
4ED0530	Body Surface	RLSN	Absent	
4ED0530	Body Surface	SPDF	Absent	
4ED0530	Body Surface	HMRB	Absent	
4ED0530	Body Surface	FDC	Absent	
4ED0530	Body Surface	BFG	Absent	
4ED0530	Body Surface	PRST	Absent	
4ED0530	Head	DFM	Absent	
4ED0530	Mouth	ULR	Absent	
4ED0530	Mouth	LLG	Absent	
4ED0530	Nare	SLN	Absent	
4ED0530	Eye, left	EXPTH	Absent	
4ED0530	Eye, left	OPQ	Absent	
4ED0530	Eye, left	MIS	Absent	
4ED0530	Eye, left	HMR	Absent	
4ED0530	Eye, left	EMB	Absent	
4ED0530	Eye, right	EXPTH	Absent	
4ED0530	Eye, right	OPQ	Absent	
4ED0530	Eye, right	MIS	Absent	
4ED0530	Eye, right	HMR	Absent	
4ED0530	Eye, right	EMB	Absent	
4ED0530	Opercula	SLSH	Absent	
4ED0531	Body Surface	RGR	Absent	
4ED0531	Body Surface	RLSN	Absent	
4ED0531	Body Surface	SPDF	Absent	
4ED0531	Body Surface	HMRB	Absent	
4ED0531	Body Surface	FDC	Absent	
4ED0531	Body Surface	BFG	Absent	
4ED0531	Body Surface	PRST	Absent	
4ED0531	Head	DFM	Absent	
4ED0531	Mouth	ULR	Absent	
4ED0531	Mouth	LLG	Absent	
4ED0531	Nare	SLN	Absent	
4ED0531	Eye, left	EXPTH	Absent	
4ED0531	Eye, left	OPQ	Absent	
4ED0531	Eye, left	MIS	Absent	
4ED0531	Eye, left	HMR	Absent	
4ED0531	Eye, left	EMB	Absent	
4ED0531	Eye, right	EXPTH	Absent	
4ED0531	Eye, right	OPQ	Absent	
4ED0531	Eye, right	MIS	Absent	
4ED0531	Eye, right	HMR	Absent	
4ED0531	Eye, right	EMB	Absent	
4ED0531	Opercula	SLSH	Absent	
4ED0532	Body Surface	RGR	Absent	
4ED0532	Body Surface	RLSN	Absent	
4ED0532	Body Surface	SPDF	Absent	
4ED0532	Body Surface	HMRB	Absent	
4ED0532	Body Surface	FDC	Absent	
4ED0532	Body Surface	BFG	Absent	
4ED0532	Body Surface	PRST	Absent	
4ED0532	Head	DFM	Absent	
4ED0532	Mouth	ULR	Absent	
4ED0532	Mouth	LLG	Absent	
4ED0532	Nare	SLN	Absent	
4ED0532	Eye, left	EXPTH	Absent	
4ED0532	Eye, left	OPQ	Absent	
4ED0532	Eye, left	MIS	Absent	
4ED0532	Eye, left	HMR	Absent	
4ED0532	Eye, left	EMB	Absent	
4ED0532	Eye, right	EXPTH	Absent	
4ED0532	Eye, right	OPQ	Absent	
4ED0532	Eye, right	MIS	Absent	
4ED0532	Eye, right	HMR	Absent	
4ED0532	Eye, right	EMB	Absent	
4ED0532	Opercula	SLSH	Absent	
4ED0533	Body Surface	RGR	Absent	
4ED0533	Body Surface	RLSN	Absent	
4ED0533	Body Surface	SPDF	Absent	
4ED0533	Body Surface	HMRB	Absent	
4ED0533	Body Surface	FDC	Absent	
4ED0533	Body Surface	BFG	Absent	
4ED0533	Body Surface	PRST	Absent	
4ED0533	Head	DFM	Absent	
4ED0533	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0533	Mouth	LLG	Absent	
4ED0533	Nare	SLN	Absent	
4ED0533	Eye, left	EXPTH	Absent	
4ED0533	Eye, left	OPQ	Absent	
4ED0533	Eye, left	MIS	Absent	
4ED0533	Eye, left	HMR	Absent	
4ED0533	Eye, left	EMB	Absent	
4ED0533	Eye, right	EXPTH	Absent	
4ED0533	Eye, right	OPQ	Absent	
4ED0533	Eye, right	MIS	Absent	
4ED0533	Eye, right	HMR	Absent	
4ED0533	Eye, right	EMB	Absent	
4ED0533	Opercula	SLSH	Absent	
4ED0534	Body Surface	RGR	Absent	
4ED0534	Body Surface	RLSN	Absent	
4ED0534	Body Surface	SPDF	Absent	
4ED0534	Body Surface	HMRB	Absent	
4ED0534	Body Surface	FDC	Absent	
4ED0534	Body Surface	BFG	Absent	
4ED0534	Body Surface	PRST	Absent	
4ED0534	Head	DFM	Absent	
4ED0534	Mouth	ULR	Absent	
4ED0534	Mouth	LLG	Absent	
4ED0534	Nare	SLN	Absent	
4ED0534	Eye, left	EXPTH	Absent	
4ED0534	Eye, left	OPQ	Absent	
4ED0534	Eye, left	MIS	Absent	
4ED0534	Eye, left	HMR	Absent	
4ED0534	Eye, left	EMB	Absent	
4ED0534	Eye, right	EXPTH	Absent	
4ED0534	Eye, right	OPQ	Absent	
4ED0534	Eye, right	MIS	Absent	
4ED0534	Eye, right	HMR	Absent	
4ED0534	Eye, right	EMB	Absent	
4ED0534	Opercula	SLSH	Absent	
4ED0535	Body Surface	RGR	Absent	
4ED0535	Body Surface	RLSN	Absent	
4ED0535	Body Surface	SPDF	Absent	
4ED0535	Body Surface	HMRB	Absent	
4ED0535	Body Surface	FDC	Absent	
4ED0535	Body Surface	BFG	Absent	
4ED0535	Body Surface	PRST	Absent	
4ED0535	Head	DFM	Absent	
4ED0535	Mouth	ULR	Absent	
4ED0535	Mouth	LLG	Absent	
4ED0535	Nare	SLN	Absent	
4ED0535	Eye, left	EXPTH	Absent	
4ED0535	Eye, left	OPQ	Absent	
4ED0535	Eye, left	MIS	Absent	
4ED0535	Eye, left	HMR	Absent	
4ED0535	Eye, left	EMB	Absent	
4ED0535	Eye, right	EXPTH	Absent	
4ED0535	Eye, right	OPQ	Absent	
4ED0535	Eye, right	MIS	Absent	
4ED0535	Eye, right	HMR	Absent	
4ED0535	Eye, right	EMB	Absent	
4ED0535	Opercula	SLSH	Absent	
4ED0536	Body Surface	RGR	Absent	
4ED0536	Body Surface	RLSN	Absent	
4ED0536	Body Surface	SPDF	Absent	
4ED0536	Body Surface	HMRB	Absent	
4ED0536	Body Surface	FDC	Absent	
4ED0536	Body Surface	BFG	Absent	
4ED0536	Body Surface	PRST	Absent	
4ED0536	Head	DFM	Absent	
4ED0536	Mouth	ULR	Absent	
4ED0536	Mouth	LLG	Absent	
4ED0536	Nare	SLN	Absent	
4ED0536	Eye, left	EXPTH	Absent	
4ED0536	Eye, left	OPQ	Absent	
4ED0536	Eye, left	MIS	Absent	
4ED0536	Eye, left	HMR	Absent	
4ED0536	Eye, left	EMB	Absent	
4ED0536	Eye, right	EXPTH	Absent	
4ED0536	Eye, right	OPQ	Absent	
4ED0536	Eye, right	MIS	Absent	
4ED0536	Eye, right	HMR	Absent	
4ED0536	Eye, right	EMB	Absent	
4ED0536	Opercula	SLSH	Absent	
4ED0537	Body Surface	RGR	Absent	
4ED0537	Body Surface	RLSN	Absent	
4ED0537	Body Surface	SPDF	Absent	
4ED0537	Body Surface	HMRB	Present	
4ED0537	Body Surface	FDC	Absent	
4ED0537	Body Surface	BFG	Absent	
4ED0537	Body Surface	PRST	Absent	
4ED0537	Head	DFM	Absent	
4ED0537	Mouth	ULR	Absent	
4ED0537	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0537	Nare	SLN	Absent	
4ED0537	Eye, left	EXPTH	Absent	
4ED0537	Eye, left	OPQ	Absent	
4ED0537	Eye, left	MIS	Absent	
4ED0537	Eye, left	HMR	Absent	
4ED0537	Eye, left	EMB	Absent	
4ED0537	Eye, right	EXPTH	Absent	
4ED0537	Eye, right	OPQ	Absent	
4ED0537	Eye, right	MIS	Absent	
4ED0537	Eye, right	HMR	Absent	
4ED0537	Eye, right	EMB	Absent	
4ED0537	Opercula	SLSH	Absent	
4ED0538	Body Surface	RGR	Absent	
4ED0538	Body Surface	RLSN	Absent	
4ED0538	Body Surface	SPDF	Absent	
4ED0538	Body Surface	HMRB	Absent	
4ED0538	Body Surface	FDC	Absent	
4ED0538	Body Surface	BFG	Absent	
4ED0538	Body Surface	PRST	Absent	
4ED0538	Head	DFM	Absent	
4ED0538	Mouth	ULR	Absent	
4ED0538	Mouth	LLG	Absent	
4ED0538	Nare	SLN	Absent	
4ED0538	Eye, left	EXPTH	Absent	
4ED0538	Eye, left	OPQ	Absent	
4ED0538	Eye, left	MIS	Absent	
4ED0538	Eye, left	HMR	Absent	
4ED0538	Eye, left	EMB	Absent	
4ED0538	Eye, right	EXPTH	Absent	
4ED0538	Eye, right	OPQ	Absent	
4ED0538	Eye, right	MIS	Absent	
4ED0538	Eye, right	HMR	Absent	
4ED0538	Eye, right	EMB	Absent	
4ED0538	Opercula	SLSH	Absent	
4ED0539	Body Surface	RGR	Absent	
4ED0539	Body Surface	RLSN	Absent	
4ED0539	Body Surface	SPDF	Absent	
4ED0539	Body Surface	HMRB	Absent	
4ED0539	Body Surface	FDC	Absent	
4ED0539	Body Surface	BFG	Absent	
4ED0539	Body Surface	PRST	Absent	
4ED0539	Head	DFM	Absent	
4ED0539	Mouth	ULR	Absent	
4ED0539	Mouth	LLG	Absent	
4ED0539	Nare	SLN	Absent	
4ED0539	Eye, left	EXPTH	Absent	
4ED0539	Eye, left	OPQ	Absent	
4ED0539	Eye, left	MIS	Absent	
4ED0539	Eye, left	HMR	Absent	
4ED0539	Eye, left	EMB	Absent	
4ED0539	Eye, right	EXPTH	Absent	
4ED0539	Eye, right	OPQ	Absent	
4ED0539	Eye, right	MIS	Absent	
4ED0539	Eye, right	HMR	Absent	
4ED0539	Eye, right	EMB	Absent	
4ED0539	Opercula	SLSH	Absent	
4ED0540	Body Surface	RGR	Absent	
4ED0540	Body Surface	RLSN	Absent	
4ED0540	Body Surface	SPDF	Absent	
4ED0540	Body Surface	HMRB	Absent	
4ED0540	Body Surface	FDC	Absent	
4ED0540	Body Surface	BFG	Absent	
4ED0540	Body Surface	PRST	Absent	
4ED0540	Head	DFM	Absent	
4ED0540	Mouth	ULR	Absent	
4ED0540	Mouth	LLG	Absent	
4ED0540	Nare	SLN	Absent	
4ED0540	Eye, left	EXPTH	Absent	
4ED0540	Eye, left	OPQ	Absent	
4ED0540	Eye, left	MIS	Absent	
4ED0540	Eye, left	HMR	Absent	
4ED0540	Eye, left	EMB	Absent	
4ED0540	Eye, right	EXPTH	Absent	
4ED0540	Eye, right	OPQ	Absent	
4ED0540	Eye, right	MIS	Absent	
4ED0540	Eye, right	HMR	Absent	
4ED0540	Eye, right	EMB	Absent	
4ED0540	Opercula	SLSH	Absent	
4ED0541	Body Surface	RGR	Absent	
4ED0541	Body Surface	RLSN	Absent	
4ED0541	Body Surface	SPDF	Absent	
4ED0541	Body Surface	HMRB	Absent	
4ED0541	Body Surface	FDC	Absent	
4ED0541	Body Surface	BFG	Absent	
4ED0541	Body Surface	PRST	Absent	
4ED0541	Head	DFM	Absent	
4ED0541	Mouth	ULR	Absent	
4ED0541	Mouth	LLG	Absent	
4ED0541	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0541	Eye, left	EXPTH	Absent	
4ED0541	Eye, left	OPQ	Absent	
4ED0541	Eye, left	MIS	Absent	
4ED0541	Eye, left	HMR	Absent	
4ED0541	Eye, left	EMB	Absent	
4ED0541	Eye, right	EXPTH	Absent	
4ED0541	Eye, right	OPQ	Absent	
4ED0541	Eye, right	MIS	Absent	
4ED0541	Eye, right	HMR	Absent	
4ED0541	Eye, right	EMB	Absent	
4ED0541	Opercula	SLSH	Absent	
4ED0542	Body Surface	RGR	Absent	
4ED0542	Body Surface	RLSN	Absent	
4ED0542	Body Surface	SPDF	Absent	
4ED0542	Body Surface	HMRB	Absent	
4ED0542	Body Surface	FDC	Absent	
4ED0542	Body Surface	BFG	Absent	
4ED0542	Body Surface	PRST	Absent	
4ED0542	Head	DFM	Absent	
4ED0542	Mouth	ULR	Absent	
4ED0542	Mouth	LLG	Absent	
4ED0542	Nare	SLN	Absent	
4ED0542	Eye, left	EXPTH	Absent	
4ED0542	Eye, left	OPQ	Absent	
4ED0542	Eye, left	MIS	Absent	
4ED0542	Eye, left	HMR	Absent	
4ED0542	Eye, left	EMB	Absent	
4ED0542	Eye, right	EXPTH	Absent	
4ED0542	Eye, right	OPQ	Absent	
4ED0542	Eye, right	MIS	Absent	
4ED0542	Eye, right	HMR	Absent	
4ED0542	Eye, right	EMB	Absent	
4ED0542	Opercula	SLSH	Absent	
4ED0543	Body Surface	RGR	Absent	
4ED0543	Body Surface	RLSN	Absent	
4ED0543	Body Surface	SPDF	Absent	
4ED0543	Body Surface	HMRB	Absent	
4ED0543	Body Surface	FDC	Absent	
4ED0543	Body Surface	BFG	Absent	
4ED0543	Body Surface	PRST	Absent	
4ED0543	Head	DFM	Absent	
4ED0543	Mouth	ULR	Absent	
4ED0543	Mouth	LLG	Absent	
4ED0543	Nare	SLN	Absent	
4ED0543	Eye, left	EXPTH	Absent	
4ED0543	Eye, left	OPQ	Absent	
4ED0543	Eye, left	MIS	Absent	
4ED0543	Eye, left	HMR	Absent	
4ED0543	Eye, left	EMB	Absent	
4ED0543	Eye, right	EXPTH	Absent	
4ED0543	Eye, right	OPQ	Absent	
4ED0543	Eye, right	MIS	Absent	
4ED0543	Eye, right	HMR	Absent	
4ED0543	Eye, right	EMB	Absent	
4ED0543	Opercula	SLSH	Absent	
4ED0544	Body Surface	RGR	Absent	
4ED0544	Body Surface	RLSN	Absent	
4ED0544	Body Surface	SPDF	Absent	
4ED0544	Body Surface	HMRB	Absent	
4ED0544	Body Surface	FDC	Absent	
4ED0544	Body Surface	BFG	Absent	
4ED0544	Body Surface	PRST	Absent	
4ED0544	Head	DFM	Absent	
4ED0544	Mouth	ULR	Absent	
4ED0544	Mouth	LLG	Absent	
4ED0544	Nare	SLN	Absent	
4ED0544	Eye, left	EXPTH	Absent	
4ED0544	Eye, left	OPQ	Absent	
4ED0544	Eye, left	MIS	Absent	
4ED0544	Eye, left	HMR	Absent	
4ED0544	Eye, left	EMB	Absent	
4ED0544	Eye, right	EXPTH	Absent	
4ED0544	Eye, right	OPQ	Absent	
4ED0544	Eye, right	MIS	Absent	
4ED0544	Eye, right	HMR	Absent	
4ED0544	Eye, right	EMB	Absent	
4ED0544	Opercula	SLSH	Absent	
4ED0545	Body Surface	RGR	Absent	
4ED0545	Body Surface	RLSN	Absent	
4ED0545	Body Surface	SPDF	Absent	
4ED0545	Body Surface	HMRB	Absent	
4ED0545	Body Surface	FDC	Absent	
4ED0545	Body Surface	BFG	Absent	
4ED0545	Body Surface	PRST	Absent	
4ED0545	Head	DFM	Absent	
4ED0545	Mouth	ULR	Absent	
4ED0545	Mouth	LLG	Absent	
4ED0545	Nare	SLN	Absent	
4ED0545	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0545	Eye, left	OPQ	Absent	
4ED0545	Eye, left	MIS	Absent	
4ED0545	Eye, left	HMR	Absent	
4ED0545	Eye, left	EMB	Absent	
4ED0545	Eye, right	EXPTH	Absent	
4ED0545	Eye, right	OPQ	Absent	
4ED0545	Eye, right	MIS	Absent	
4ED0545	Eye, right	HMR	Absent	
4ED0545	Eye, right	EMB	Absent	
4ED0545	Opercula	SLSH	Absent	
4ED0546	Body Surface	RGR	Absent	
4ED0546	Body Surface	RLSN	Absent	
4ED0546	Body Surface	SPDF	Absent	
4ED0546	Body Surface	HMRB	Absent	
4ED0546	Body Surface	FDC	Absent	
4ED0546	Body Surface	BFG	Absent	
4ED0546	Body Surface	PRST	Absent	
4ED0546	Head	DFM	Absent	
4ED0546	Mouth	ULR	Absent	
4ED0546	Mouth	LLG	Absent	
4ED0546	Nare	SLN	Absent	
4ED0546	Eye, left	EXPTH	Absent	
4ED0546	Eye, left	OPQ	Absent	
4ED0546	Eye, left	MIS	Absent	
4ED0546	Eye, left	HMR	Absent	
4ED0546	Eye, left	EMB	Absent	
4ED0546	Eye, right	EXPTH	Absent	
4ED0546	Eye, right	OPQ	Absent	
4ED0546	Eye, right	MIS	Absent	
4ED0546	Eye, right	HMR	Absent	
4ED0546	Eye, right	EMB	Absent	
4ED0546	Opercula	SLSH	Absent	
4ED0547	Body Surface	RGR	Absent	
4ED0547	Body Surface	RLSN	Absent	
4ED0547	Body Surface	SPDF	Absent	
4ED0547	Body Surface	HMRB	Absent	
4ED0547	Body Surface	FDC	Absent	
4ED0547	Body Surface	BFG	Absent	
4ED0547	Body Surface	PRST	Absent	
4ED0547	Head	DFM	Absent	
4ED0547	Mouth	ULR	Absent	
4ED0547	Mouth	LLG	Absent	
4ED0547	Nare	SLN	Absent	
4ED0547	Eye, left	EXPTH	Absent	
4ED0547	Eye, left	OPQ	Absent	
4ED0547	Eye, left	MIS	Absent	
4ED0547	Eye, left	HMR	Absent	
4ED0547	Eye, left	EMB	Absent	
4ED0547	Eye, right	EXPTH	Absent	
4ED0547	Eye, right	OPQ	Absent	
4ED0547	Eye, right	MIS	Absent	
4ED0547	Eye, right	HMR	Absent	
4ED0547	Eye, right	EMB	Absent	
4ED0547	Opercula	SLSH	Absent	
4ED0548	Body Surface	RGR	Absent	
4ED0548	Body Surface	RLSN	Absent	
4ED0548	Body Surface	SPDF	Absent	
4ED0548	Body Surface	HMRB	Absent	
4ED0548	Body Surface	FDC	Absent	
4ED0548	Body Surface	BFG	Absent	
4ED0548	Body Surface	PRST	Absent	
4ED0548	Head	DFM	Absent	
4ED0548	Mouth	ULR	Absent	
4ED0548	Mouth	LLG	Absent	
4ED0548	Nare	SLN	Absent	
4ED0548	Eye, left	EXPTH	Absent	
4ED0548	Eye, left	OPQ	Absent	
4ED0548	Eye, left	MIS	Absent	
4ED0548	Eye, left	HMR	Absent	
4ED0548	Eye, left	EMB	Absent	
4ED0548	Eye, right	EXPTH	Absent	
4ED0548	Eye, right	OPQ	Absent	
4ED0548	Eye, right	MIS	Absent	
4ED0548	Eye, right	HMR	Absent	
4ED0548	Eye, right	EMB	Absent	
4ED0548	Opercula	SLSH	Absent	
4ED0549	Body Surface	RGR	Absent	
4ED0549	Body Surface	RLSN	Absent	
4ED0549	Body Surface	SPDF	Absent	
4ED0549	Body Surface	HMRB	Absent	
4ED0549	Body Surface	FDC	Absent	
4ED0549	Body Surface	BFG	Absent	
4ED0549	Body Surface	PRST	Absent	
4ED0549	Head	DFM	Absent	
4ED0549	Mouth	ULR	Absent	
4ED0549	Mouth	LLG	Absent	
4ED0549	Nare	SLN	Absent	
4ED0549	Eye, left	EXPTH	Absent	
4ED0549	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0549	Eye, left	MIS	Absent	
4ED0549	Eye, left	HMR	Absent	
4ED0549	Eye, left	EMB	Absent	
4ED0549	Eye, right	EXPTH	Absent	
4ED0549	Eye, right	OPQ	Absent	
4ED0549	Eye, right	MIS	Absent	
4ED0549	Eye, right	HMR	Absent	
4ED0549	Eye, right	EMB	Absent	
4ED0549	Opercula	SLSH	Absent	
4ED0550	Body Surface	RGR	Absent	
4ED0550	Body Surface	RLSN	Absent	
4ED0550	Body Surface	SPDF	Absent	
4ED0550	Body Surface	HMRB	Absent	
4ED0550	Body Surface	FDC	Absent	
4ED0550	Body Surface	BFG	Absent	
4ED0550	Body Surface	PRST	Absent	
4ED0550	Head	DFM	Absent	
4ED0550	Mouth	ULR	Absent	
4ED0550	Mouth	LLG	Absent	
4ED0550	Nare	SLN	Absent	
4ED0550	Eye, left	EXPTH	Absent	
4ED0550	Eye, left	OPQ	Absent	
4ED0550	Eye, left	MIS	Absent	
4ED0550	Eye, left	HMR	Absent	
4ED0550	Eye, left	EMB	Absent	
4ED0550	Eye, right	EXPTH	Absent	
4ED0550	Eye, right	OPQ	Absent	
4ED0550	Eye, right	MIS	Absent	
4ED0550	Eye, right	HMR	Absent	
4ED0550	Eye, right	EMB	Absent	
4ED0550	Opercula	SLSH	Absent	
4ED0551	Body Surface	RGR	Absent	
4ED0551	Body Surface	RLSN	Absent	
4ED0551	Body Surface	SPDF	Absent	
4ED0551	Body Surface	HMRB	Absent	
4ED0551	Body Surface	FDC	Absent	
4ED0551	Body Surface	BFG	Absent	
4ED0551	Body Surface	PRST	Absent	
4ED0551	Head	DFM	Absent	
4ED0551	Mouth	ULR	Absent	
4ED0551	Mouth	LLG	Absent	
4ED0551	Nare	SLN	Absent	
4ED0551	Eye, left	EXPTH	Absent	
4ED0551	Eye, left	OPQ	Absent	
4ED0551	Eye, left	MIS	Absent	
4ED0551	Eye, left	HMR	Absent	
4ED0551	Eye, left	EMB	Absent	
4ED0551	Eye, right	EXPTH	Absent	
4ED0551	Eye, right	OPQ	Absent	
4ED0551	Eye, right	MIS	Absent	
4ED0551	Eye, right	HMR	Absent	
4ED0551	Eye, right	EMB	Absent	
4ED0551	Opercula	SLSH	Absent	
4ED0552	Body Surface	RGR	Absent	
4ED0552	Body Surface	RLSN	Absent	
4ED0552	Body Surface	SPDF	Absent	
4ED0552	Body Surface	HMRB	Absent	
4ED0552	Body Surface	FDC	Absent	
4ED0552	Body Surface	BFG	Absent	
4ED0552	Body Surface	PRST	Absent	
4ED0552	Head	DFM	Absent	
4ED0552	Mouth	ULR	Absent	
4ED0552	Mouth	LLG	Absent	
4ED0552	Nare	SLN	Absent	
4ED0552	Eye, left	EXPTH	Absent	
4ED0552	Eye, left	OPQ	Absent	
4ED0552	Eye, left	MIS	Absent	
4ED0552	Eye, left	HMR	Absent	
4ED0552	Eye, left	EMB	Absent	
4ED0552	Eye, right	EXPTH	Absent	
4ED0552	Eye, right	OPQ	Absent	
4ED0552	Eye, right	MIS	Absent	
4ED0552	Eye, right	HMR	Absent	
4ED0552	Eye, right	EMB	Absent	
4ED0552	Opercula	SLSH	Absent	
4ED0553	Body Surface	RGR	Absent	
4ED0553	Body Surface	RLSN	Absent	
4ED0553	Body Surface	SPDF	Absent	
4ED0553	Body Surface	HMRB	Absent	
4ED0553	Body Surface	FDC	Absent	
4ED0553	Body Surface	BFG	Absent	
4ED0553	Body Surface	PRST	Absent	
4ED0553	Head	DFM	Absent	
4ED0553	Mouth	ULR	Absent	
4ED0553	Mouth	LLG	Absent	
4ED0553	Nare	SLN	Absent	
4ED0553	Eye, left	EXPTH	Absent	
4ED0553	Eye, left	OPQ	Absent	
4ED0553	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0553	Eye, left	HMR	Absent	
4ED0553	Eye, left	EMB	Absent	
4ED0553	Eye, right	EXPTH	Absent	
4ED0553	Eye, right	OPQ	Absent	
4ED0553	Eye, right	MIS	Absent	
4ED0553	Eye, right	HMR	Absent	
4ED0553	Eye, right	EMB	Absent	
4ED0553	Opercula	SLSH	Absent	
4ED0554	Body Surface	RGR	Absent	
4ED0554	Body Surface	RLSN	Absent	
4ED0554	Body Surface	SPDF	Absent	
4ED0554	Body Surface	HMRB	Absent	
4ED0554	Body Surface	FDC	Absent	
4ED0554	Body Surface	BFG	Absent	
4ED0554	Body Surface	PRST	Absent	
4ED0554	Head	DFM	Absent	
4ED0554	Mouth	ULR	Absent	
4ED0554	Mouth	LLG	Absent	
4ED0554	Nare	SLN	Absent	
4ED0554	Eye, left	EXPTH	Absent	
4ED0554	Eye, left	OPQ	Absent	
4ED0554	Eye, left	MIS	Absent	
4ED0554	Eye, left	HMR	Absent	
4ED0554	Eye, left	EMB	Absent	
4ED0554	Eye, right	EXPTH	Absent	
4ED0554	Eye, right	OPQ	Absent	
4ED0554	Eye, right	MIS	Absent	
4ED0554	Eye, right	HMR	Absent	
4ED0554	Eye, right	EMB	Absent	
4ED0554	Opercula	SLSH	Absent	
4ED0555	Body Surface	RGR	Absent	
4ED0555	Body Surface	RLSN	Absent	
4ED0555	Body Surface	SPDF	Absent	
4ED0555	Body Surface	HMRB	Absent	
4ED0555	Body Surface	FDC	Absent	
4ED0555	Body Surface	BFG	Absent	
4ED0555	Body Surface	PRST	Absent	
4ED0555	Head	DFM	Absent	
4ED0555	Mouth	ULR	Absent	
4ED0555	Mouth	LLG	Absent	
4ED0555	Nare	SLN	Absent	
4ED0555	Eye, left	EXPTH	Absent	
4ED0555	Eye, left	OPQ	Absent	
4ED0555	Eye, left	MIS	Absent	
4ED0555	Eye, left	HMR	Absent	
4ED0555	Eye, left	EMB	Absent	
4ED0555	Eye, right	EXPTH	Absent	
4ED0555	Eye, right	OPQ	Absent	
4ED0555	Eye, right	MIS	Absent	
4ED0555	Eye, right	HMR	Absent	
4ED0555	Eye, right	EMB	Absent	
4ED0555	Opercula	SLSH	Absent	
4ED0556	Body Surface	RGR	Absent	
4ED0556	Body Surface	RLSN	Absent	
4ED0556	Body Surface	SPDF	Absent	
4ED0556	Body Surface	HMRB	Absent	
4ED0556	Body Surface	FDC	Absent	
4ED0556	Body Surface	BFG	Absent	
4ED0556	Body Surface	PRST	Absent	
4ED0556	Head	DFM	Absent	
4ED0556	Mouth	ULR	Absent	
4ED0556	Mouth	LLG	Absent	
4ED0556	Nare	SLN	Absent	
4ED0556	Eye, left	EXPTH	Absent	
4ED0556	Eye, left	OPQ	Absent	
4ED0556	Eye, left	MIS	Absent	
4ED0556	Eye, left	HMR	Absent	
4ED0556	Eye, left	EMB	Absent	
4ED0556	Eye, right	EXPTH	Absent	
4ED0556	Eye, right	OPQ	Absent	
4ED0556	Eye, right	MIS	Absent	
4ED0556	Eye, right	HMR	Absent	
4ED0556	Eye, right	EMB	Absent	
4ED0556	Opercula	SLSH	Absent	
4ED0557W	Body Surface	RGR	Absent	
4ED0557W	Body Surface	RLSN	Absent	
4ED0557W	Body Surface	SPDF	Absent	
4ED0557W	Body Surface	HMRB	Absent	
4ED0557W	Body Surface	FDC	Absent	
4ED0557W	Body Surface	BFG	Absent	
4ED0557W	Body Surface	PRST	Absent	
4ED0557W	Head	DFM	Absent	
4ED0557W	Mouth	ULR	Absent	
4ED0557W	Mouth	LLG	Absent	
4ED0557W	Nare	SLN	Absent	
4ED0557W	Eye, left	EXPTH	Absent	
4ED0557W	Eye, left	OPQ	Absent	
4ED0557W	Eye, left	MIS	Absent	
4ED0557W	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0557W	Eye, left	EMB	Absent	
4ED0557W	Eye, right	EXPTH	Absent	
4ED0557W	Eye, right	OPQ	Absent	
4ED0557W	Eye, right	MIS	Absent	
4ED0557W	Eye, right	HMR	Absent	
4ED0557W	Eye, right	EMB	Absent	
4ED0557W	Opercula	SLSH	Absent	
4ED0559	Body Surface	RGR	Absent	
4ED0559	Body Surface	RLSN	Absent	
4ED0559	Body Surface	SPDF	Absent	
4ED0559	Body Surface	HMRB	Absent	
4ED0559	Body Surface	FDC	Absent	
4ED0559	Body Surface	BFG	Absent	
4ED0559	Body Surface	PRST	Absent	
4ED0559	Head	DFM	Absent	
4ED0559	Mouth	ULR	Absent	
4ED0559	Mouth	LLG	Absent	
4ED0559	Nare	SLN	Absent	
4ED0559	Eye, left	EXPTH	Absent	
4ED0559	Eye, left	OPQ	Absent	
4ED0559	Eye, left	MIS	Absent	
4ED0559	Eye, left	HMR	Absent	
4ED0559	Eye, left	EMB	Absent	
4ED0559	Eye, right	EXPTH	Absent	
4ED0559	Eye, right	OPQ	Absent	
4ED0559	Eye, right	MIS	Absent	
4ED0559	Eye, right	HMR	Absent	
4ED0559	Eye, right	EMB	Absent	
4ED0559	Opercula	SLSH	Absent	
4ED0560	Body Surface	RGR	Absent	
4ED0560	Body Surface	RLSN	Absent	
4ED0560	Body Surface	SPDF	Absent	
4ED0560	Body Surface	HMRB	Absent	
4ED0560	Body Surface	FDC	Absent	
4ED0560	Body Surface	BFG	Absent	
4ED0560	Body Surface	PRST	Absent	
4ED0560	Head	DFM	Absent	
4ED0560	Mouth	ULR	Absent	
4ED0560	Mouth	LLG	Absent	
4ED0560	Nare	SLN	Absent	
4ED0560	Eye, left	EXPTH	Absent	
4ED0560	Eye, left	OPQ	Absent	
4ED0560	Eye, left	MIS	Absent	
4ED0560	Eye, left	HMR	Absent	
4ED0560	Eye, left	EMB	Absent	
4ED0560	Eye, right	EXPTH	Absent	
4ED0560	Eye, right	OPQ	Absent	
4ED0560	Eye, right	MIS	Absent	
4ED0560	Eye, right	HMR	Absent	
4ED0560	Eye, right	EMB	Absent	
4ED0560	Opercula	SLSH	Absent	
4ED0563	Body Surface	RGR	Absent	
4ED0563	Body Surface	RLSN	Absent	
4ED0563	Body Surface	SPDF	Absent	
4ED0563	Body Surface	HMRB	Absent	
4ED0563	Body Surface	FDC	Absent	
4ED0563	Body Surface	BFG	Absent	
4ED0563	Body Surface	PRST	Absent	
4ED0563	Head	DFM	Absent	
4ED0563	Mouth	ULR	Absent	
4ED0563	Mouth	LLG	Absent	
4ED0563	Nare	SLN	Absent	
4ED0563	Eye, left	EXPTH	Absent	
4ED0563	Eye, left	OPQ	Absent	
4ED0563	Eye, left	MIS	Absent	
4ED0563	Eye, left	HMR	Absent	
4ED0563	Eye, left	EMB	Absent	
4ED0563	Eye, right	EXPTH	Absent	
4ED0563	Eye, right	OPQ	Absent	
4ED0563	Eye, right	MIS	Absent	
4ED0563	Eye, right	HMR	Absent	
4ED0563	Eye, right	EMB	Absent	
4ED0563	Opercula	SLSH	Absent	
4ED0566	Body Surface	RGR	Absent	
4ED0566	Body Surface	RLSN	Absent	
4ED0566	Body Surface	SPDF	Absent	
4ED0566	Body Surface	HMRB	Absent	
4ED0566	Body Surface	FDC	Absent	
4ED0566	Body Surface	BFG	Absent	
4ED0566	Body Surface	PRST	Absent	
4ED0566	Head	DFM	Absent	
4ED0566	Mouth	ULR	Absent	
4ED0566	Mouth	LLG	Absent	
4ED0566	Nare	SLN	Absent	
4ED0566	Eye, left	EXPTH	Absent	
4ED0566	Eye, left	OPQ	Absent	
4ED0566	Eye, left	MIS	Absent	
4ED0566	Eye, left	HMR	Absent	
4ED0566	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0566	Eye, right	EXPTH	Absent	
4ED0566	Eye, right	OPQ	Absent	
4ED0566	Eye, right	MIS	Absent	
4ED0566	Eye, right	HMR	Absent	
4ED0566	Eye, right	EMB	Absent	
4ED0566	Opercula	SLSH	Absent	
4ED0567	Body Surface	RGR	Absent	
4ED0567	Body Surface	RLSN	Absent	
4ED0567	Body Surface	SPDF	Absent	
4ED0567	Body Surface	HMRB	Absent	
4ED0567	Body Surface	FDC	Absent	
4ED0567	Body Surface	BFG	Absent	
4ED0567	Body Surface	PRST	Absent	
4ED0567	Head	DFM	Absent	
4ED0567	Mouth	ULR	Absent	
4ED0567	Mouth	LLG	Absent	
4ED0567	Nare	SLN	Absent	
4ED0567	Eye, left	EXPTH	Absent	
4ED0567	Eye, left	OPQ	Absent	
4ED0567	Eye, left	MIS	Absent	
4ED0567	Eye, left	HMR	Absent	
4ED0567	Eye, left	EMB	Absent	
4ED0567	Eye, right	EXPTH	Absent	
4ED0567	Eye, right	OPQ	Absent	
4ED0567	Eye, right	MIS	Absent	
4ED0567	Eye, right	HMR	Absent	
4ED0567	Eye, right	EMB	Absent	
4ED0567	Opercula	SLSH	Absent	
4ED0568	Body Surface	RGR	Absent	
4ED0568	Body Surface	RLSN	Absent	
4ED0568	Body Surface	SPDF	Absent	
4ED0568	Body Surface	HMRB	Absent	
4ED0568	Body Surface	FDC	Absent	
4ED0568	Body Surface	BFG	Absent	
4ED0568	Body Surface	PRST	Absent	
4ED0568	Head	DFM	Absent	
4ED0568	Mouth	ULR	Absent	
4ED0568	Mouth	LLG	Absent	
4ED0568	Nare	SLN	Absent	
4ED0568	Eye, left	EXPTH	Absent	
4ED0568	Eye, left	OPQ	Absent	
4ED0568	Eye, left	MIS	Absent	
4ED0568	Eye, left	HMR	Absent	
4ED0568	Eye, left	EMB	Absent	
4ED0568	Eye, right	EXPTH	Absent	
4ED0568	Eye, right	OPQ	Absent	
4ED0568	Eye, right	MIS	Absent	
4ED0568	Eye, right	HMR	Absent	
4ED0568	Eye, right	EMB	Absent	
4ED0568	Opercula	SLSH	Absent	
4ED0600	Body Surface	RGR	Absent	
4ED0600	Body Surface	RLSN	Absent	
4ED0600	Body Surface	SPDF	Absent	
4ED0600	Body Surface	HMRB	Absent	
4ED0600	Body Surface	FDC	Absent	
4ED0600	Body Surface	BFG	Absent	
4ED0600	Body Surface	PRST	Absent	
4ED0600	Barbel	NORM	Present	
4ED0600	Head	DFM	Absent	
4ED0600	Mouth	ULR	Absent	
4ED0600	Mouth	LLG	Absent	
4ED0600	Nare	SLN	Absent	
4ED0600	Eye, left	EXPTH	Absent	
4ED0600	Eye, left	OPQ	Absent	
4ED0600	Eye, left	MIS	Absent	
4ED0600	Eye, left	HMR	Absent	
4ED0600	Eye, left	EMB	Absent	
4ED0600	Eye, right	EXPTH	Absent	
4ED0600	Eye, right	OPQ	Absent	
4ED0600	Eye, right	MIS	Absent	
4ED0600	Eye, right	HMR	Absent	
4ED0600	Eye, right	EMB	Absent	
4ED0600	Opercula	SLSH	Absent	
4ED0601	Body Surface	RGR	Absent	
4ED0601	Body Surface	RLSN	Absent	
4ED0601	Body Surface	SPDF	Absent	
4ED0601	Body Surface	HMRB	Absent	
4ED0601	Body Surface	FDC	Absent	
4ED0601	Body Surface	BFG	Absent	
4ED0601	Body Surface	PRST	Absent	
4ED0601	Barbel	NORM	Present	
4ED0601	Head	DFM	Absent	
4ED0601	Mouth	ULR	Absent	
4ED0601	Mouth	LLG	Absent	
4ED0601	Nare	SLN	Absent	
4ED0601	Eye, left	EXPTH	Absent	
4ED0601	Eye, left	OPQ	Absent	
4ED0601	Eye, left	MIS	Absent	
4ED0601	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0601	Eye, left	EMB	Absent	
4ED0601	Eye, right	EXPTH	Absent	
4ED0601	Eye, right	OPQ	Absent	
4ED0601	Eye, right	MIS	Absent	
4ED0601	Eye, right	HMR	Absent	
4ED0601	Eye, right	EMB	Absent	
4ED0601	Opercula	SLSH	Absent	
4ED0602	Body Surface	RGR	Absent	
4ED0602	Body Surface	RLSN	Absent	
4ED0602	Body Surface	SPDF	Absent	
4ED0602	Body Surface	HMRB	Present	
4ED0602	Body Surface	FDC	Absent	
4ED0602	Body Surface	BFG	Absent	
4ED0602	Body Surface	PRST	Absent	
4ED0602	Barbel	NORM	Present	
4ED0602	Head	DFM	Absent	
4ED0602	Mouth	ULR	Absent	
4ED0602	Mouth	LLG	Absent	
4ED0602	Nare	SLN	Absent	
4ED0602	Eye, left	EXPTH	Absent	
4ED0602	Eye, left	OPQ	Absent	
4ED0602	Eye, left	MIS	Absent	
4ED0602	Eye, left	HMR	Absent	
4ED0602	Eye, left	EMB	Absent	
4ED0602	Eye, right	EXPTH	Absent	
4ED0602	Eye, right	OPQ	Absent	
4ED0602	Eye, right	MIS	Absent	
4ED0602	Eye, right	HMR	Absent	
4ED0602	Eye, right	EMB	Absent	
4ED0602	Opercula	SLSH	Absent	
4ED0603	Body Surface	RGR	Absent	
4ED0603	Body Surface	RLSN	Absent	
4ED0603	Body Surface	SPDF	Absent	
4ED0603	Body Surface	HMRB	Absent	
4ED0603	Body Surface	FDC	Absent	
4ED0603	Body Surface	BFG	Absent	
4ED0603	Body Surface	PRST	Absent	
4ED0603	Barbel	NORM	Present	
4ED0603	Head	DFM	Absent	
4ED0603	Mouth	ULR	Absent	
4ED0603	Mouth	LLG	Absent	
4ED0603	Nare	SLN	Absent	
4ED0603	Eye, left	EXPTH	Absent	
4ED0603	Eye, left	OPQ	Absent	
4ED0603	Eye, left	MIS	Absent	
4ED0603	Eye, left	HMR	Absent	
4ED0603	Eye, left	EMB	Absent	
4ED0603	Eye, right	EXPTH	Absent	
4ED0603	Eye, right	OPQ	Absent	
4ED0603	Eye, right	MIS	Absent	
4ED0603	Eye, right	HMR	Absent	
4ED0603	Eye, right	EMB	Absent	
4ED0603	Opercula	SLSH	Absent	
4ED0604	Body Surface	RGR	Absent	
4ED0604	Body Surface	RLSN	Absent	
4ED0604	Body Surface	SPDF	Absent	
4ED0604	Body Surface	HMRB	Absent	
4ED0604	Body Surface	FDC	Absent	
4ED0604	Body Surface	BFG	Absent	
4ED0604	Body Surface	PRST	Absent	
4ED0604	Barbel	NORM	Present	
4ED0604	Head	DFM	Absent	
4ED0604	Mouth	ULR	Absent	
4ED0604	Mouth	LLG	Absent	
4ED0604	Nare	SLN	Absent	
4ED0604	Eye, left	EXPTH	Absent	
4ED0604	Eye, left	OPQ	Absent	
4ED0604	Eye, left	MIS	Absent	
4ED0604	Eye, left	HMR	Absent	
4ED0604	Eye, left	EMB	Absent	
4ED0604	Eye, right	EXPTH	Absent	
4ED0604	Eye, right	OPQ	Absent	
4ED0604	Eye, right	MIS	Absent	
4ED0604	Eye, right	HMR	Absent	
4ED0604	Eye, right	EMB	Absent	
4ED0604	Opercula	OTHER	Present	Laceration
4ED0604	Opercula	SLSH	Absent	
4ED0605	Body Surface	RGR	Absent	
4ED0605	Body Surface	RLSN	Absent	
4ED0605	Body Surface	SPDF	Absent	
4ED0605	Body Surface	HMRB	Absent	
4ED0605	Body Surface	FDC	Absent	
4ED0605	Body Surface	BFG	Absent	
4ED0605	Body Surface	PRST	Absent	
4ED0605	Mouth	OTHER	Present	Sore on mouth
4ED0605	Barbel	NORM	Present	
4ED0605	Head	DFM	Absent	
4ED0605	Mouth	ULR	Absent	
4ED0605	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0605	Nare	SLN	Absent	
4ED0605	Eye, left	EXPTH	Absent	
4ED0605	Eye, left	OPQ	Absent	
4ED0605	Eye, left	MIS	Absent	
4ED0605	Eye, left	HMR	Absent	
4ED0605	Eye, left	EMB	Absent	
4ED0605	Eye, right	EXPTH	Absent	
4ED0605	Eye, right	OPQ	Absent	
4ED0605	Eye, right	MIS	Absent	
4ED0605	Eye, right	HMR	Absent	
4ED0605	Eye, right	EMB	Absent	
4ED0605	Opercula	SLSH	Absent	
4ED0606	Body Surface	RGR	Absent	
4ED0606	Body Surface	RLSN	Absent	
4ED0606	Body Surface	SPDF	Absent	
4ED0606	Body Surface	HMRB	Absent	
4ED0606	Body Surface	FDC	Absent	
4ED0606	Body Surface	BFG	Absent	
4ED0606	Body Surface	PRST	Absent	
4ED0606	Barbel	NORM	Present	
4ED0606	Head	DFM	Absent	
4ED0606	Mouth	ULR	Absent	
4ED0606	Mouth	LLG	Absent	
4ED0606	Nare	SLN	Absent	
4ED0606	Eye, left	EXPTH	Absent	
4ED0606	Eye, left	OPQ	Absent	
4ED0606	Eye, left	MIS	Absent	
4ED0606	Eye, left	HMR	Absent	
4ED0606	Eye, left	EMB	Absent	
4ED0606	Eye, right	EXPTH	Absent	
4ED0606	Eye, right	OPQ	Absent	
4ED0606	Eye, right	MIS	Absent	
4ED0606	Eye, right	HMR	Absent	
4ED0606	Eye, right	EMB	Absent	
4ED0606	Opercula	SLSH	Absent	
4ED0607	Body Surface	RGR	Absent	
4ED0607	Body Surface	RLSN	Absent	
4ED0607	Body Surface	SPDF	Absent	
4ED0607	Body Surface	HMRB	Absent	
4ED0607	Body Surface	FDC	Absent	
4ED0607	Body Surface	BFG	Absent	
4ED0607	Body Surface	PRST	Absent	
4ED0607	Barbel	NORM	Present	
4ED0607	Head	DFM	Absent	
4ED0607	Mouth	ULR	Absent	
4ED0607	Mouth	LLG	Absent	
4ED0607	Nare	SLN	Absent	
4ED0607	Eye, left	EXPTH	Absent	
4ED0607	Eye, left	OPQ	Absent	
4ED0607	Eye, left	MIS	Absent	
4ED0607	Eye, left	HMR	Absent	
4ED0607	Eye, left	EMB	Absent	
4ED0607	Eye, right	EXPTH	Absent	
4ED0607	Eye, right	OPQ	Absent	
4ED0607	Eye, right	MIS	Absent	
4ED0607	Eye, right	HMR	Absent	
4ED0607	Eye, right	EMB	Absent	
4ED0607	Opercula	SLSH	Absent	
4ED0608	Body Surface	RGR	Absent	
4ED0608	Body Surface	RLSN	Absent	
4ED0608	Body Surface	SPDF	Absent	
4ED0608	Body Surface	HMRB	Absent	
4ED0608	Body Surface	FDC	Absent	
4ED0608	Body Surface	BFG	Absent	
4ED0608	Body Surface	PRST	Absent	
4ED0608	Barbel	NORM	Present	
4ED0608	Head	DFM	Absent	
4ED0608	Mouth	ULR	Absent	
4ED0608	Mouth	LLG	Absent	
4ED0608	Nare	SLN	Absent	
4ED0608	Eye, left	EXPTH	Absent	
4ED0608	Eye, left	OPQ	Absent	
4ED0608	Eye, left	MIS	Absent	
4ED0608	Eye, left	HMR	Absent	
4ED0608	Eye, left	EMB	Absent	
4ED0608	Eye, right	EXPTH	Absent	
4ED0608	Eye, right	OPQ	Absent	
4ED0608	Eye, right	MIS	Absent	
4ED0608	Eye, right	HMR	Absent	
4ED0608	Eye, right	EMB	Absent	
4ED0608	Opercula	SLSH	Absent	
4ED0609	Body Surface	RGR	Absent	
4ED0609	Body Surface	RLSN	Absent	
4ED0609	Body Surface	SPDF	Absent	
4ED0609	Body Surface	HMRB	Absent	
4ED0609	Body Surface	FDC	Absent	
4ED0609	Body Surface	BFG	Absent	
4ED0609	Body Surface	PRST	Absent	
4ED0609	Barbel	NORM	Present	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0609	Head	DFM	Absent	
4ED0609	Mouth	ULR	Absent	
4ED0609	Mouth	LLG	Absent	
4ED0609	Nare	SLN	Absent	
4ED0609	Eye, left	EXPTH	Absent	
4ED0609	Eye, left	OPQ	Absent	
4ED0609	Eye, left	MIS	Absent	
4ED0609	Eye, left	HMR	Absent	
4ED0609	Eye, left	EMB	Absent	
4ED0609	Eye, right	EXPTH	Absent	
4ED0609	Eye, right	OPQ	Absent	
4ED0609	Eye, right	MIS	Absent	
4ED0609	Eye, right	HMR	Absent	
4ED0609	Eye, right	EMB	Absent	
4ED0609	Opercula	SLSH	Absent	
4ED0610	Body Surface	RGR	Absent	
4ED0610	Body Surface	RLSN	Absent	
4ED0610	Body Surface	SPDF	Absent	
4ED0610	Body Surface	HMRB	Absent	
4ED0610	Body Surface	FDC	Absent	
4ED0610	Body Surface	BFG	Absent	
4ED0610	Body Surface	PRST	Absent	
4ED0610	Barbel	NORM	Present	
4ED0610	Head	DFM	Absent	
4ED0610	Mouth	ULR	Absent	
4ED0610	Mouth	LLG	Absent	
4ED0610	Nare	SLN	Absent	
4ED0610	Eye, left	EXPTH	Absent	
4ED0610	Eye, left	OPQ	Absent	
4ED0610	Eye, left	MIS	Absent	
4ED0610	Eye, left	HMR	Absent	
4ED0610	Eye, left	EMB	Absent	
4ED0610	Eye, right	EXPTH	Absent	
4ED0610	Eye, right	OPQ	Absent	
4ED0610	Eye, right	MIS	Absent	
4ED0610	Eye, right	HMR	Absent	
4ED0610	Eye, right	EMB	Absent	
4ED0610	Opercula	SLSH	Absent	
4ED0611	Body Surface	RGR	Absent	
4ED0611	Body Surface	RLSN	Absent	
4ED0611	Body Surface	SPDF	Absent	
4ED0611	Body Surface	HMRB	Absent	
4ED0611	Body Surface	FDC	Absent	
4ED0611	Body Surface	BFG	Absent	
4ED0611	Body Surface	PRST	Absent	
4ED0611	Barbel	NORM	Present	
4ED0611	Head	DFM	Absent	
4ED0611	Mouth	ULR	Absent	
4ED0611	Mouth	LLG	Absent	
4ED0611	Nare	SLN	Absent	
4ED0611	Eye, left	EXPTH	Absent	
4ED0611	Eye, left	OPQ	Absent	
4ED0611	Eye, left	MIS	Absent	
4ED0611	Eye, left	HMR	Absent	
4ED0611	Eye, left	EMB	Absent	
4ED0611	Eye, right	EXPTH	Absent	
4ED0611	Eye, right	OPQ	Absent	
4ED0611	Eye, right	MIS	Absent	
4ED0611	Eye, right	HMR	Absent	
4ED0611	Eye, right	EMB	Absent	
4ED0611	Opercula	SLSH	Absent	
4ED0612	Body Surface	RGR	Absent	
4ED0612	Body Surface	RLSN	Absent	
4ED0612	Body Surface	SPDF	Absent	
4ED0612	Body Surface	HMRB	Absent	
4ED0612	Body Surface	FDC	Absent	
4ED0612	Body Surface	BFG	Absent	
4ED0612	Body Surface	PRST	Absent	
4ED0612	Barbel	NORM	Present	
4ED0612	Head	DFM	Absent	
4ED0612	Mouth	ULR	Absent	
4ED0612	Mouth	LLG	Absent	
4ED0612	Nare	SLN	Absent	
4ED0612	Eye, left	EXPTH	Absent	
4ED0612	Eye, left	OPQ	Absent	
4ED0612	Eye, left	MIS	Absent	
4ED0612	Eye, left	HMR	Absent	
4ED0612	Eye, left	EMB	Absent	
4ED0612	Eye, right	EXPTH	Absent	
4ED0612	Eye, right	OPQ	Absent	
4ED0612	Eye, right	MIS	Absent	
4ED0612	Eye, right	HMR	Absent	
4ED0612	Eye, right	EMB	Absent	
4ED0612	Opercula	SLSH	Absent	
4ED0613	Body Surface	RGR	Absent	
4ED0613	Body Surface	RLSN	Absent	
4ED0613	Body Surface	SPDF	Absent	
4ED0613	Body Surface	HMRB	Absent	
4ED0613	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0613	Body Surface	BFG	Absent	
4ED0613	Body Surface	PRST	Absent	
4ED0613	Barbel	NORM	Present	
4ED0613	Head	DFM	Absent	
4ED0613	Mouth	ULR	Absent	
4ED0613	Mouth	LLG	Absent	
4ED0613	Nare	SLN	Absent	
4ED0613	Eye, left	EXPTH	Absent	
4ED0613	Eye, left	OPQ	Absent	
4ED0613	Eye, left	MIS	Absent	
4ED0613	Eye, left	HMR	Absent	
4ED0613	Eye, left	EMB	Absent	
4ED0613	Eye, right	EXPTH	Absent	
4ED0613	Eye, right	OPQ	Absent	
4ED0613	Eye, right	MIS	Absent	
4ED0613	Eye, right	HMR	Absent	
4ED0613	Eye, right	EMB	Absent	
4ED0613	Opercula	SLSH	Absent	
4ED0614	Body Surface	RGR	Absent	
4ED0614	Body Surface	RLSN	Absent	
4ED0614	Body Surface	SPDF	Absent	
4ED0614	Body Surface	HMRB	Absent	
4ED0614	Body Surface	FDC	Absent	
4ED0614	Body Surface	BFG	Absent	
4ED0614	Body Surface	PRST	Absent	
4ED0614	Barbel	NORM	Present	
4ED0614	Head	DFM	Absent	
4ED0614	Mouth	ULR	Absent	
4ED0614	Mouth	LLG	Absent	
4ED0614	Nare	SLN	Absent	
4ED0614	Eye, left	EXPTH	Absent	
4ED0614	Eye, left	OPQ	Absent	
4ED0614	Eye, left	MIS	Absent	
4ED0614	Eye, left	HMR	Absent	
4ED0614	Eye, left	EMB	Absent	
4ED0614	Eye, right	EXPTH	Absent	
4ED0614	Eye, right	OPQ	Absent	
4ED0614	Eye, right	MIS	Absent	
4ED0614	Eye, right	HMR	Absent	
4ED0614	Eye, right	EMB	Absent	
4ED0614	Opercula	SLSH	Absent	
4ED0615	Body Surface	RGR	Absent	
4ED0615	Body Surface	RLSN	Absent	
4ED0615	Body Surface	SPDF	Absent	
4ED0615	Body Surface	HMRB	Absent	
4ED0615	Body Surface	FDC	Absent	
4ED0615	Body Surface	BFG	Absent	
4ED0615	Body Surface	PRST	Absent	
4ED0615	Head	DFM	Absent	
4ED0615	Mouth	ULR	Absent	
4ED0615	Mouth	LLG	Absent	
4ED0615	Nare	SLN	Absent	
4ED0615	Eye, left	EXPTH	Absent	
4ED0615	Eye, left	OPQ	Absent	
4ED0615	Eye, left	MIS	Absent	
4ED0615	Eye, left	HMR	Absent	
4ED0615	Eye, left	EMB	Absent	
4ED0615	Eye, right	EXPTH	Absent	
4ED0615	Eye, right	OPQ	Absent	
4ED0615	Eye, right	MIS	Absent	
4ED0615	Eye, right	HMR	Absent	
4ED0615	Eye, right	EMB	Absent	
4ED0615	Opercula	SLSH	Absent	
4EE0004	Body Surface	RGR	Absent	
4EE0004	Body Surface	RLSN	Absent	
4EE0004	Body Surface	SPDF	Absent	
4EE0004	Body Surface	HMRB	Absent	
4EE0004	Body Surface	FDC	Absent	
4EE0004	Body Surface	BFG	Absent	
4EE0004	Body Surface	PRST	Absent	
4EE0004	Head	DFM	Absent	
4EE0004	Mouth	ULR	Absent	
4EE0004	Mouth	LLG	Absent	
4EE0004	Nare	SLN	Absent	
4EE0004	Eye, left	EXPTH	Absent	
4EE0004	Eye, left	OPQ	Absent	
4EE0004	Eye, left	MIS	Absent	
4EE0004	Eye, left	HMR	Absent	
4EE0004	Eye, left	EMB	Absent	
4EE0004	Eye, right	EXPTH	Absent	
4EE0004	Eye, right	OPQ	Absent	
4EE0004	Eye, right	MIS	Absent	
4EE0004	Eye, right	HMR	Absent	
4EE0004	Eye, right	EMB	Absent	
4EE0004	Opercula	SLSH	Absent	
4EE0005	Body Surface	RGR	Absent	
4EE0005	Body Surface	RLSN	Absent	
4EE0005	Body Surface	SPDF	Absent	
4EE0005	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EE0005	Body Surface	FDC	Absent	
4EE0005	Body Surface	BFG	Absent	
4EE0005	Body Surface	PRST	Absent	
4EE0005	Head	DFM	Absent	
4EE0005	Mouth	ULR	Absent	
4EE0005	Mouth	LLG	Absent	
4EE0005	Nare	SLN	Absent	
4EE0005	Eye, left	EXPTH	Absent	
4EE0005	Eye, left	OPQ	Absent	
4EE0005	Eye, left	MIS	Absent	
4EE0005	Eye, left	HMR	Absent	
4EE0005	Eye, left	EMB	Absent	
4EE0005	Eye, right	EXPTH	Absent	
4EE0005	Eye, right	OPQ	Absent	
4EE0005	Eye, right	MIS	Absent	
4EE0005	Eye, right	HMR	Absent	
4EE0005	Eye, right	EMB	Absent	
4EE0005	Opercula	SLSH	Absent	
4EE0006	Body Surface	RGR	Absent	
4EE0006	Body Surface	RLSN	Absent	
4EE0006	Body Surface	SPDF	Absent	
4EE0006	Body Surface	HMRB	Absent	
4EE0006	Body Surface	FDC	Absent	
4EE0006	Body Surface	BFG	Absent	
4EE0006	Body Surface	PRST	Absent	
4EE0006	Head	DFM	Absent	
4EE0006	Mouth	ULR	Absent	
4EE0006	Mouth	LLG	Absent	
4EE0006	Nare	SLN	Absent	
4EE0006	Eye, left	EXPTH	Absent	
4EE0006	Eye, left	OPQ	Absent	
4EE0006	Eye, left	MIS	Absent	
4EE0006	Eye, left	HMR	Absent	
4EE0006	Eye, left	EMB	Absent	
4EE0006	Eye, right	EXPTH	Absent	
4EE0006	Eye, right	OPQ	Absent	
4EE0006	Eye, right	MIS	Absent	
4EE0006	Eye, right	HMR	Absent	
4EE0006	Eye, right	EMB	Absent	
4EE0006	Opercula	SLSH	Absent	
4EE0007	Body Surface	RGR	Absent	
4EE0007	Body Surface	RLSN	Absent	
4EE0007	Body Surface	SPDF	Absent	
4EE0007	Body Surface	HMRB	Absent	
4EE0007	Body Surface	FDC	Absent	
4EE0007	Body Surface	BFG	Absent	
4EE0007	Body Surface	PRST	Absent	
4EE0007	Head	DFM	Absent	
4EE0007	Mouth	ULR	Absent	
4EE0007	Mouth	LLG	Absent	
4EE0007	Nare	SLN	Absent	
4EE0007	Eye, left	EXPTH	Absent	
4EE0007	Eye, left	OPQ	Absent	
4EE0007	Eye, left	MIS	Absent	
4EE0007	Eye, left	HMR	Absent	
4EE0007	Eye, left	EMB	Absent	
4EE0007	Eye, right	EXPTH	Absent	
4EE0007	Eye, right	OPQ	Absent	
4EE0007	Eye, right	MIS	Absent	
4EE0007	Eye, right	HMR	Absent	
4EE0007	Eye, right	EMB	Absent	
4EE0007	Opercula	SLSH	Absent	
4EE0008	Body Surface	RGR	Absent	
4EE0008	Body Surface	RLSN	Absent	
4EE0008	Body Surface	SPDF	Absent	
4EE0008	Body Surface	HMRB	Absent	
4EE0008	Body Surface	FDC	Absent	
4EE0008	Body Surface	BFG	Absent	
4EE0008	Body Surface	PRST	Absent	
4EE0008	Head	DFM	Absent	
4EE0008	Mouth	ULR	Absent	
4EE0008	Mouth	LLG	Absent	
4EE0008	Nare	SLN	Absent	
4EE0008	Eye, left	EXPTH	Absent	
4EE0008	Eye, left	OPQ	Absent	
4EE0008	Eye, left	MIS	Absent	
4EE0008	Eye, left	HMR	Absent	
4EE0008	Eye, left	EMB	Absent	
4EE0008	Eye, right	EXPTH	Absent	
4EE0008	Eye, right	OPQ	Absent	
4EE0008	Eye, right	MIS	Absent	
4EE0008	Eye, right	HMR	Absent	
4EE0008	Eye, right	EMB	Absent	
4EE0008	Opercula	SLSH	Absent	
4EE0009	Body Surface	RGR	Absent	
4EE0009	Body Surface	RLSN	Absent	
4EE0009	Body Surface	SPDF	Absent	
4EE0009	Body Surface	HMRB	Absent	
4EE0009	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EE0009	Body Surface	BFG	Absent	
4EE0009	Body Surface	PRST	Absent	
4EE0009	Head	DFM	Absent	
4EE0009	Mouth	ULR	Absent	
4EE0009	Mouth	LLG	Absent	
4EE0009	Nare	SLN	Absent	
4EE0009	Eye, left	EXPTH	Absent	
4EE0009	Eye, left	OPQ	Absent	
4EE0009	Eye, left	MIS	Absent	
4EE0009	Eye, left	HMR	Absent	
4EE0009	Eye, left	EMB	Absent	
4EE0009	Eye, right	EXPTH	Absent	
4EE0009	Eye, right	OPQ	Absent	
4EE0009	Eye, right	MIS	Absent	
4EE0009	Eye, right	HMR	Absent	
4EE0009	Eye, right	EMB	Absent	
4EE0009	Opercula	SLSH	Absent	
4EE0010	Body Surface	RGR	Absent	
4EE0010	Body Surface	RLSN	Absent	
4EE0010	Body Surface	SPDF	Absent	
4EE0010	Body Surface	HMRB	Absent	
4EE0010	Body Surface	FDC	Absent	
4EE0010	Body Surface	BFG	Absent	
4EE0010	Body Surface	PRST	Absent	
4EE0010	Head	DFM	Absent	
4EE0010	Mouth	ULR	Absent	
4EE0010	Mouth	LLG	Absent	
4EE0010	Nare	SLN	Absent	
4EE0010	Eye, left	EXPTH	Absent	
4EE0010	Eye, left	OPQ	Absent	
4EE0010	Eye, left	MIS	Absent	
4EE0010	Eye, left	HMR	Absent	
4EE0010	Eye, left	EMB	Absent	
4EE0010	Eye, right	EXPTH	Absent	
4EE0010	Eye, right	OPQ	Absent	
4EE0010	Eye, right	MIS	Absent	
4EE0010	Eye, right	HMR	Absent	
4EE0010	Eye, right	EMB	Absent	
4EE0010	Opercula	SLSH	Absent	
4EE0011	OTHER	OTHER	Present	No examination performed
4EE0012	OTHER	OTHER	Present	No examination performed
4EE0020	Body Surface	RGR	Absent	
4EE0020	Body Surface	RLSN	Absent	
4EE0020	Body Surface	SPDF	Absent	
4EE0020	Body Surface	HMRB	Absent	
4EE0020	Body Surface	FDC	Absent	
4EE0020	Body Surface	BFG	Absent	
4EE0020	Body Surface	PRST	Absent	
4EE0020	Head	DFM	Absent	
4EE0020	Mouth	ULR	Absent	
4EE0020	Mouth	LLG	Absent	
4EE0020	Nare	SLN	Absent	
4EE0020	Eye, left	EXPTH	Absent	
4EE0020	Eye, left	OPQ	Absent	
4EE0020	Eye, left	MIS	Absent	
4EE0020	Eye, left	HMR	Absent	
4EE0020	Eye, left	EMB	Absent	
4EE0020	Eye, right	EXPTH	Absent	
4EE0020	Eye, right	OPQ	Absent	
4EE0020	Eye, right	MIS	Absent	
4EE0020	Eye, right	HMR	Absent	
4EE0020	Eye, right	EMB	Absent	
4EE0020	Opercula	SLSH	Absent	
4GNA0004	Body Surface	RGR	Absent	
4GNA0004	Body Surface	RLSN	Absent	
4GNA0004	Body Surface	SPDF	Absent	
4GNA0004	Body Surface	HMRB	Absent	
4GNA0004	Body Surface	FDC	Absent	
4GNA0004	Body Surface	BFG	Absent	
4GNA0004	Body Surface	PRST	Absent	
4GNA0004	Body Surface	OTHER	Present	Gill net marks
4GNA0004	Head	DFM	Absent	
4GNA0004	Mouth	ULR	Absent	
4GNA0004	Mouth	LLG	Absent	
4GNA0004	Nare	SLN	Absent	
4GNA0004	Eye, left	EXPTH	Absent	
4GNA0004	Eye, left	OPQ	Absent	
4GNA0004	Eye, left	MIS	Absent	
4GNA0004	Eye, left	HMR	Absent	
4GNA0004	Eye, left	EMB	Absent	
4GNA0004	Eye, right	EXPTH	Absent	
4GNA0004	Eye, right	OPQ	Absent	
4GNA0004	Eye, right	MIS	Absent	
4GNA0004	Eye, right	HMR	Absent	
4GNA0004	Eye, right	EMB	Absent	
4GNA0004	Opercula	SLSH	Absent	
4GNA0005	Body Surface	RGR	Absent	
4GNA0005	Body Surface	RLSN	Absent	
4GNA0005	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0005	Body Surface	HMRB	Absent	
4GNA0005	Body Surface	FDC	Absent	
4GNA0005	Body Surface	BFG	Absent	
4GNA0005	Body Surface	PRST	Absent	
4GNA0005	Body Surface	OTHER	Present	Gill net marks
4GNA0005	Head	DFM	Absent	
4GNA0005	Mouth	ULR	Absent	
4GNA0005	Mouth	LLG	Absent	
4GNA0005	Nare	SLN	Absent	
4GNA0005	Eye, left	EXPTH	Absent	
4GNA0005	Eye, left	OPQ	Absent	
4GNA0005	Eye, left	MIS	Absent	
4GNA0005	Eye, left	HMR	Absent	
4GNA0005	Eye, left	EMB	Absent	
4GNA0005	Eye, right	EXPTH	Absent	
4GNA0005	Eye, right	OPQ	Absent	
4GNA0005	Eye, right	MIS	Absent	
4GNA0005	Eye, right	HMR	Absent	
4GNA0005	Eye, right	EMB	Absent	
4GNA0005	Opercula	SLSH	Absent	
4GNA0006	Body Surface	RGR	Absent	
4GNA0006	Body Surface	RLSN	Absent	
4GNA0006	Body Surface	SPDF	Absent	
4GNA0006	Body Surface	HMRB	Absent	
4GNA0006	Body Surface	FDC	Absent	
4GNA0006	Body Surface	BFG	Absent	
4GNA0006	Body Surface	PRST	Absent	
4GNA0006	Body Surface	OTHER	Present	Gill net marks
4GNA0006	Head	OTHER	Present	Damage from gill net
4GNA0006	Head	DFM	Absent	
4GNA0006	Mouth	ULR	Absent	
4GNA0006	Mouth	LLG	Absent	
4GNA0006	Nare	SLN	Absent	
4GNA0006	Eye, left	EXPTH	Absent	
4GNA0006	Eye, left	OPQ	Absent	
4GNA0006	Eye, left	MIS	Absent	
4GNA0006	Eye, left	HMR	Absent	
4GNA0006	Eye, left	EMB	Absent	
4GNA0006	Eye, right	EXPTH	Absent	
4GNA0006	Eye, right	OPQ	Absent	
4GNA0006	Eye, right	MIS	Absent	
4GNA0006	Eye, right	HMR	Absent	
4GNA0006	Eye, right	EMB	Absent	
4GNA0006	Opercula	SLSH	Absent	
4GNA0007	Body Surface	RGR	Absent	
4GNA0007	Body Surface	RLSN	Absent	
4GNA0007	Body Surface	SPDF	Absent	
4GNA0007	Body Surface	HMRB	Absent	
4GNA0007	Body Surface	FDC	Absent	
4GNA0007	Body Surface	BFG	Absent	
4GNA0007	Body Surface	PRST	Absent	
4GNA0007	Body Surface	OTHER	Present	Gill net marks
4GNA0007	Head	DFM	Absent	
4GNA0007	Mouth	ULR	Absent	
4GNA0007	Mouth	LLG	Absent	
4GNA0007	Nare	SLN	Absent	
4GNA0007	Eye, left	EXPTH	Absent	
4GNA0007	Eye, left	OPQ	Absent	
4GNA0007	Eye, left	MIS	Absent	
4GNA0007	Eye, left	HMR	Absent	
4GNA0007	Eye, left	EMB	Absent	
4GNA0007	Eye, right	EXPTH	Absent	
4GNA0007	Eye, right	OPQ	Absent	
4GNA0007	Eye, right	MIS	Absent	
4GNA0007	Eye, right	HMR	Absent	
4GNA0007	Eye, right	EMB	Absent	
4GNA0007	Opercula	SLSH	Absent	
4GNA0008	Body Surface	RGR	Absent	
4GNA0008	Body Surface	RLSN	Absent	
4GNA0008	Body Surface	SPDF	Absent	
4GNA0008	Body Surface	HMRB	Absent	
4GNA0008	Body Surface	FDC	Absent	
4GNA0008	Body Surface	BFG	Absent	
4GNA0008	Body Surface	PRST	Absent	
4GNA0008	Body Surface	OTHER	Present	Gill net marks
4GNA0008	Head	DFM	Absent	
4GNA0008	Mouth	ULR	Absent	
4GNA0008	Mouth	LLG	Absent	
4GNA0008	Nare	SLN	Absent	
4GNA0008	Eye, left	EXPTH	Absent	
4GNA0008	Eye, left	OPQ	Absent	
4GNA0008	Eye, left	MIS	Absent	
4GNA0008	Eye, left	HMR	Absent	
4GNA0008	Eye, left	EMB	Absent	
4GNA0008	Eye, right	EXPTH	Absent	
4GNA0008	Eye, right	OPQ	Absent	
4GNA0008	Eye, right	MIS	Absent	
4GNA0008	Eye, right	HMR	Absent	
4GNA0008	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0008	Opercula	SLSH	Absent	
4GNA0009H	Body Surface	RGR	Absent	
4GNA0009H	Body Surface	RLSN	Absent	
4GNA0009H	Body Surface	SPDF	Absent	
4GNA0009H	Body Surface	HMRB	Absent	
4GNA0009H	Body Surface	FDC	Absent	
4GNA0009H	Body Surface	BFG	Absent	
4GNA0009H	Body Surface	PRST	Absent	
4GNA0009H	Head	DFM	Absent	
4GNA0009H	Mouth	ULR	Absent	
4GNA0009H	Mouth	LLG	Absent	
4GNA0009H	Nare	SLN	Absent	
4GNA0009H	Eye, left	EXPTH	Absent	
4GNA0009H	Eye, left	OPQ	Absent	
4GNA0009H	Eye, left	MIS	Absent	
4GNA0009H	Eye, left	HMR	Absent	
4GNA0009H	Eye, left	EMB	Absent	
4GNA0009H	Eye, right	EXPTH	Absent	
4GNA0009H	Eye, right	OPQ	Absent	
4GNA0009H	Eye, right	MIS	Absent	
4GNA0009H	Eye, right	HMR	Absent	
4GNA0009H	Eye, right	EMB	Absent	
4GNA0009H	Opercula	SLSH	Absent	
4GNA0010	Body Surface	RGR	Absent	
4GNA0010	Body Surface	RLSN	Absent	
4GNA0010	Body Surface	SPDF	Absent	
4GNA0010	Body Surface	HMRB	Present	
4GNA0010	Body Surface	FDC	Absent	
4GNA0010	Body Surface	BFG	Absent	
4GNA0010	Body Surface	PRST	Absent	
4GNA0010	Barbel	NORM	Present	
4GNA0010	Head	DFM	Absent	
4GNA0010	Mouth	ULR	Absent	
4GNA0010	Mouth	LLG	Absent	
4GNA0010	Nare	SLN	Absent	
4GNA0010	Eye, left	EXPTH	Absent	
4GNA0010	Eye, left	OPQ	Absent	
4GNA0010	Eye, left	MIS	Absent	
4GNA0010	Eye, left	HMR	Absent	
4GNA0010	Eye, left	EMB	Absent	
4GNA0010	Eye, right	EXPTH	Absent	
4GNA0010	Eye, right	OPQ	Absent	
4GNA0010	Eye, right	MIS	Absent	
4GNA0010	Eye, right	HMR	Absent	
4GNA0010	Eye, right	EMB	Absent	
4GNA0010	Opercula	SLSH	Absent	
4GNA0011	Body Surface	RGR	Absent	
4GNA0011	Body Surface	RLSN	Absent	
4GNA0011	Body Surface	SPDF	Absent	
4GNA0011	Body Surface	HMRB	Absent	
4GNA0011	Body Surface	FDC	Absent	
4GNA0011	Body Surface	BFG	Absent	
4GNA0011	Body Surface	PRST	Absent	
4GNA0011	Head	DFM	Absent	
4GNA0011	Mouth	ULR	Absent	
4GNA0011	Mouth	LLG	Absent	
4GNA0011	Nare	SLN	Absent	
4GNA0011	Eye, left	EXPTH	Absent	
4GNA0011	Eye, left	OPQ	Absent	
4GNA0011	Eye, left	MIS	Absent	
4GNA0011	Eye, left	HMR	Absent	
4GNA0011	Eye, left	EMB	Absent	
4GNA0011	Eye, right	EXPTH	Absent	
4GNA0011	Eye, right	OPQ	Absent	
4GNA0011	Eye, right	MIS	Absent	
4GNA0011	Eye, right	HMR	Absent	
4GNA0011	Eye, right	EMB	Absent	
4GNA0011	Opercula	SLSH	Absent	
4GNA0012	Body Surface	RGR	Absent	
4GNA0012	Body Surface	RLSN	Absent	
4GNA0012	Body Surface	SPDF	Absent	
4GNA0012	Body Surface	HMRB	Absent	
4GNA0012	Body Surface	FDC	Absent	
4GNA0012	Body Surface	BFG	Absent	
4GNA0012	Body Surface	PRST	Absent	
4GNA0012	Head	DFM	Absent	
4GNA0012	Mouth	ULR	Absent	
4GNA0012	Mouth	LLG	Absent	
4GNA0012	Nare	SLN	Absent	
4GNA0012	Eye, left	EXPTH	Absent	
4GNA0012	Eye, left	OPQ	Absent	
4GNA0012	Eye, left	MIS	Absent	
4GNA0012	Eye, left	HMR	Absent	
4GNA0012	Eye, left	EMB	Absent	
4GNA0012	Eye, right	EXPTH	Absent	
4GNA0012	Eye, right	OPQ	Absent	
4GNA0012	Eye, right	MIS	Absent	
4GNA0012	Eye, right	HMR	Absent	
4GNA0012	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0012	Opercula	SLSH	Absent	
4GNA0013	Body Surface	RGR	Absent	
4GNA0013	Body Surface	RLSN	Absent	
4GNA0013	Body Surface	SPDF	Absent	
4GNA0013	Body Surface	HMRB	Absent	
4GNA0013	Body Surface	FDC	Absent	
4GNA0013	Body Surface	BFG	Absent	
4GNA0013	Body Surface	PRST	Absent	
4GNA0013	Head	DFM	Absent	
4GNA0013	Mouth	ULR	Absent	
4GNA0013	Mouth	LLG	Absent	
4GNA0013	Nare	SLN	Absent	
4GNA0013	Eye, left	EXPTH	Absent	
4GNA0013	Eye, left	OPQ	Absent	
4GNA0013	Eye, left	MIS	Absent	
4GNA0013	Eye, left	HMR	Absent	
4GNA0013	Eye, left	EMB	Absent	
4GNA0013	Eye, right	EXPTH	Absent	
4GNA0013	Eye, right	OPQ	Absent	
4GNA0013	Eye, right	MIS	Absent	
4GNA0013	Eye, right	HMR	Absent	
4GNA0013	Eye, right	EMB	Absent	
4GNA0013	Opercula	SLSH	Absent	
4GNA0014	Body Surface	RGR	Absent	
4GNA0014	Body Surface	RLSN	Absent	
4GNA0014	Body Surface	SPDF	Absent	
4GNA0014	Body Surface	HMRB	Absent	
4GNA0014	Body Surface	FDC	Absent	
4GNA0014	Body Surface	BFG	Absent	
4GNA0014	Body Surface	PRST	Absent	
4GNA0014	Body Surface	OTHER	Present	Gill net marks
4GNA0014	Head	DFM	Absent	
4GNA0014	Mouth	ULR	Absent	
4GNA0014	Mouth	LLG	Absent	
4GNA0014	Nare	SLN	Absent	
4GNA0014	Eye, left	EXPTH	Absent	
4GNA0014	Eye, left	OPQ	Absent	
4GNA0014	Eye, left	MIS	Absent	
4GNA0014	Eye, left	HMR	Absent	
4GNA0014	Eye, left	EMB	Absent	
4GNA0014	Eye, right	EXPTH	Absent	
4GNA0014	Eye, right	OPQ	Absent	
4GNA0014	Eye, right	MIS	Absent	
4GNA0014	Eye, right	HMR	Absent	
4GNA0014	Eye, right	EMB	Absent	
4GNA0014	Opercula	SLSH	Absent	
4GNA0015	Body Surface	RGR	Absent	
4GNA0015	Body Surface	RLSN	Absent	
4GNA0015	Body Surface	SPDF	Absent	
4GNA0015	Body Surface	HMRB	Absent	
4GNA0015	Body Surface	FDC	Absent	
4GNA0015	Body Surface	BFG	Absent	
4GNA0015	Body Surface	PRST	Absent	
4GNA0015	Head	DFM	Absent	
4GNA0015	Mouth	ULR	Absent	
4GNA0015	Mouth	LLG	Absent	
4GNA0015	Nare	SLN	Absent	
4GNA0015	Eye, left	EXPTH	Absent	
4GNA0015	Eye, left	OPQ	Absent	
4GNA0015	Eye, left	MIS	Absent	
4GNA0015	Eye, left	HMR	Absent	
4GNA0015	Eye, left	EMB	Absent	
4GNA0015	Eye, right	EXPTH	Absent	
4GNA0015	Eye, right	OPQ	Absent	
4GNA0015	Eye, right	MIS	Absent	
4GNA0015	Eye, right	HMR	Absent	
4GNA0015	Eye, right	EMB	Absent	
4GNA0015	Opercula	SLSH	Absent	
4GNA0016	Body Surface	RGR	Absent	
4GNA0016	Body Surface	RLSN	Absent	
4GNA0016	Body Surface	SPDF	Absent	
4GNA0016	Body Surface	HMRB	Absent	
4GNA0016	Body Surface	FDC	Absent	
4GNA0016	Body Surface	BFG	Absent	
4GNA0016	Body Surface	PRST	Absent	
4GNA0016	Head	DFM	Absent	
4GNA0016	Mouth	ULR	Absent	
4GNA0016	Mouth	LLG	Absent	
4GNA0016	Nare	SLN	Absent	
4GNA0016	Eye, left	EXPTH	Absent	
4GNA0016	Eye, left	OPQ	Absent	
4GNA0016	Eye, left	MIS	Absent	
4GNA0016	Eye, left	HMR	Absent	
4GNA0016	Eye, left	EMB	Absent	
4GNA0016	Eye, right	EXPTH	Absent	
4GNA0016	Eye, right	OPQ	Absent	
4GNA0016	Eye, right	MIS	Absent	
4GNA0016	Eye, right	HMR	Absent	
4GNA0016	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0016	Opercula	SLSH	Absent	
4GNA0017	Body Surface	RGR	Absent	
4GNA0017	Body Surface	RLSN	Absent	
4GNA0017	Body Surface	SPDF	Absent	
4GNA0017	Body Surface	HMRB	Absent	
4GNA0017	Body Surface	FDC	Absent	
4GNA0017	Body Surface	BFG	Absent	
4GNA0017	Body Surface	PRST	Absent	
4GNA0017	Head	DFM	Absent	
4GNA0017	Mouth	ULR	Absent	
4GNA0017	Mouth	LLG	Absent	
4GNA0017	Nare	SLN	Absent	
4GNA0017	Eye, left	EXPTH	Absent	
4GNA0017	Eye, left	OPQ	Absent	
4GNA0017	Eye, left	MIS	Absent	
4GNA0017	Eye, left	HMR	Absent	
4GNA0017	Eye, left	EMB	Absent	
4GNA0017	Eye, right	EXPTH	Absent	
4GNA0017	Eye, right	OPQ	Absent	
4GNA0017	Eye, right	MIS	Absent	
4GNA0017	Eye, right	HMR	Absent	
4GNA0017	Eye, right	EMB	Absent	
4GNA0017	Opercula	SLSH	Absent	
4GNA0018	Body Surface	RGR	Absent	
4GNA0018	Body Surface	RLSN	Absent	
4GNA0018	Body Surface	SPDF	Absent	
4GNA0018	Body Surface	HMRB	Absent	
4GNA0018	Body Surface	FDC	Absent	
4GNA0018	Body Surface	BFG	Absent	
4GNA0018	Body Surface	PRST	Absent	
4GNA0018	Head	DFM	Absent	
4GNA0018	Mouth	ULR	Absent	
4GNA0018	Mouth	LLG	Absent	
4GNA0018	Nare	SLN	Absent	
4GNA0018	Eye, left	EXPTH	Absent	
4GNA0018	Eye, left	OPQ	Absent	
4GNA0018	Eye, left	MIS	Absent	
4GNA0018	Eye, left	HMR	Absent	
4GNA0018	Eye, left	EMB	Absent	
4GNA0018	Eye, right	EXPTH	Absent	
4GNA0018	Eye, right	OPQ	Absent	
4GNA0018	Eye, right	MIS	Absent	
4GNA0018	Eye, right	HMR	Absent	
4GNA0018	Eye, right	EMB	Absent	
4GNA0018	Opercula	SLSH	Absent	
4GNA0019	Body Surface	RGR	Absent	
4GNA0019	Body Surface	RLSN	Absent	
4GNA0019	Body Surface	SPDF	Absent	
4GNA0019	Body Surface	HMRB	Absent	
4GNA0019	Body Surface	FDC	Absent	
4GNA0019	Body Surface	BFG	Absent	
4GNA0019	Body Surface	PRST	Absent	
4GNA0019	Head	DFM	Absent	
4GNA0019	Mouth	ULR	Absent	
4GNA0019	Mouth	LLG	Absent	
4GNA0019	Nare	SLN	Absent	
4GNA0019	Eye, left	EXPTH	Absent	
4GNA0019	Eye, left	OPQ	Absent	
4GNA0019	Eye, left	MIS	Absent	
4GNA0019	Eye, left	HMR	Absent	
4GNA0019	Eye, left	EMB	Absent	
4GNA0019	Eye, right	EXPTH	Absent	
4GNA0019	Eye, right	OPQ	Absent	
4GNA0019	Eye, right	MIS	Absent	
4GNA0019	Eye, right	HMR	Absent	
4GNA0019	Eye, right	EMB	Absent	
4GNA0019	Opercula	SLSH	Absent	
4GNA0020	Body Surface	RGR	Absent	
4GNA0020	Body Surface	RLSN	Absent	
4GNA0020	Body Surface	SPDF	Absent	
4GNA0020	Body Surface	HMRB	Absent	
4GNA0020	Body Surface	FDC	Absent	
4GNA0020	Body Surface	BFG	Absent	
4GNA0020	Body Surface	PRST	Absent	
4GNA0020	Body Surface	OTHER	Present	Gill net marks
4GNA0020	Head	DFM	Absent	
4GNA0020	Mouth	ULR	Absent	
4GNA0020	Mouth	LLG	Absent	
4GNA0020	Nare	SLN	Absent	
4GNA0020	Eye, left	EXPTH	Absent	
4GNA0020	Eye, left	OPQ	Absent	
4GNA0020	Eye, left	MIS	Absent	
4GNA0020	Eye, left	HMR	Absent	
4GNA0020	Eye, left	EMB	Absent	
4GNA0020	Eye, right	EXPTH	Absent	
4GNA0020	Eye, right	OPQ	Absent	
4GNA0020	Eye, right	MIS	Absent	
4GNA0020	Eye, right	HMR	Absent	
4GNA0020	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0020	Opercula	SLSH	Absent	
4GNA0021	Body Surface	RGR	Absent	
4GNA0021	Body Surface	RLSN	Absent	
4GNA0021	Body Surface	SPDF	Absent	
4GNA0021	Body Surface	HMRB	Absent	
4GNA0021	Body Surface	FDC	Absent	
4GNA0021	Body Surface	BFG	Absent	
4GNA0021	Body Surface	PRST	Absent	
4GNA0021	Head	DFM	Absent	
4GNA0021	Mouth	ULR	Absent	
4GNA0021	Mouth	LLG	Absent	
4GNA0021	Nare	SLN	Absent	
4GNA0021	Eye, left	EXPTH	Absent	
4GNA0021	Eye, left	OPQ	Absent	
4GNA0021	Eye, left	MIS	Absent	
4GNA0021	Eye, left	HMR	Absent	
4GNA0021	Eye, left	EMB	Absent	
4GNA0021	Eye, right	EXPTH	Absent	
4GNA0021	Eye, right	OPQ	Absent	
4GNA0021	Eye, right	MIS	Absent	
4GNA0021	Eye, right	HMR	Absent	
4GNA0021	Eye, right	EMB	Absent	
4GNA0021	Opercula	SLSH	Absent	
4GNA0022	Body Surface	RGR	Absent	
4GNA0022	Body Surface	RLSN	Absent	
4GNA0022	Body Surface	SPDF	Absent	
4GNA0022	Body Surface	HMRB	Absent	
4GNA0022	Body Surface	FDC	Absent	
4GNA0022	Body Surface	BFG	Absent	
4GNA0022	Body Surface	PRST	Absent	
4GNA0022	Head	DFM	Absent	
4GNA0022	Mouth	ULR	Absent	
4GNA0022	Mouth	LLG	Absent	
4GNA0022	Nare	SLN	Absent	
4GNA0022	Eye, left	EXPTH	Absent	
4GNA0022	Eye, left	OPQ	Absent	
4GNA0022	Eye, left	MIS	Absent	
4GNA0022	Eye, left	HMR	Absent	
4GNA0022	Eye, left	EMB	Absent	
4GNA0022	Eye, right	EXPTH	Absent	
4GNA0022	Eye, right	OPQ	Absent	
4GNA0022	Eye, right	MIS	Absent	
4GNA0022	Eye, right	HMR	Absent	
4GNA0022	Eye, right	EMB	Absent	
4GNA0022	Opercula	SLSH	Absent	
4GNA0023	Body Surface	RGR	Absent	
4GNA0023	Body Surface	RLSN	Absent	
4GNA0023	Body Surface	SPDF	Absent	
4GNA0023	Body Surface	HMRB	Absent	
4GNA0023	Body Surface	FDC	Absent	
4GNA0023	Body Surface	BFG	Absent	
4GNA0023	Body Surface	PRST	Absent	
4GNA0023	Head	DFM	Absent	
4GNA0023	Mouth	ULR	Absent	
4GNA0023	Mouth	LLG	Absent	
4GNA0023	Nare	SLN	Absent	
4GNA0023	Eye, left	EXPTH	Absent	
4GNA0023	Eye, left	OPQ	Absent	
4GNA0023	Eye, left	MIS	Absent	
4GNA0023	Eye, left	HMR	Absent	
4GNA0023	Eye, left	EMB	Absent	
4GNA0023	Eye, right	EXPTH	Absent	
4GNA0023	Eye, right	OPQ	Absent	
4GNA0023	Eye, right	MIS	Absent	
4GNA0023	Eye, right	HMR	Absent	
4GNA0023	Eye, right	EMB	Absent	
4GNA0023	Opercula	SLSH	Absent	
4GNA0024	Body Surface	RGR	Absent	
4GNA0024	Body Surface	RLSN	Absent	
4GNA0024	Body Surface	SPDF	Absent	
4GNA0024	Body Surface	HMRB	Absent	
4GNA0024	Body Surface	FDC	Absent	
4GNA0024	Body Surface	BFG	Absent	
4GNA0024	Body Surface	PRST	Absent	
4GNA0024	Head	DFM	Absent	
4GNA0024	Mouth	ULR	Absent	
4GNA0024	Mouth	LLG	Absent	
4GNA0024	Nare	SLN	Absent	
4GNA0024	Eye, left	EXPTH	Absent	
4GNA0024	Eye, left	OPQ	Absent	
4GNA0024	Eye, left	MIS	Absent	
4GNA0024	Eye, left	HMR	Absent	
4GNA0024	Eye, left	EMB	Absent	
4GNA0024	Eye, right	EXPTH	Absent	
4GNA0024	Eye, right	OPQ	Absent	
4GNA0024	Eye, right	MIS	Absent	
4GNA0024	Eye, right	HMR	Absent	
4GNA0024	Eye, right	EMB	Absent	
4GNA0024	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0025	Body Surface	RGR	Absent	
4GNA0025	Body Surface	RLSN	Absent	
4GNA0025	Body Surface	SPDF	Absent	
4GNA0025	Body Surface	HMRB	Absent	
4GNA0025	Body Surface	FDC	Absent	
4GNA0025	Body Surface	BFG	Absent	
4GNA0025	Body Surface	PRST	Absent	
4GNA0025	Head	DFM	Absent	
4GNA0025	Mouth	ULR	Absent	
4GNA0025	Mouth	LLG	Absent	
4GNA0025	Nare	SLN	Absent	
4GNA0025	Eye, left	EXPTH	Absent	
4GNA0025	Eye, left	OPQ	Absent	
4GNA0025	Eye, left	MIS	Absent	
4GNA0025	Eye, left	HMR	Absent	
4GNA0025	Eye, left	EMB	Absent	
4GNA0025	Eye, right	EXPTH	Absent	
4GNA0025	Eye, right	OPQ	Absent	
4GNA0025	Eye, right	MIS	Absent	
4GNA0025	Eye, right	HMR	Absent	
4GNA0025	Eye, right	EMB	Absent	
4GNA0025	Opercula	SLSH	Absent	
4GNA0026	Body Surface	RGR	Absent	
4GNA0026	Body Surface	RLSN	Absent	
4GNA0026	Body Surface	SPDF	Absent	
4GNA0026	Body Surface	HMRB	Absent	
4GNA0026	Body Surface	FDC	Absent	
4GNA0026	Body Surface	BFG	Absent	
4GNA0026	Body Surface	PRST	Absent	
4GNA0026	Head	DFM	Absent	
4GNA0026	Mouth	ULR	Absent	
4GNA0026	Mouth	LLG	Absent	
4GNA0026	Nare	SLN	Absent	
4GNA0026	Eye, left	EXPTH	Absent	
4GNA0026	Eye, left	OPQ	Absent	
4GNA0026	Eye, left	MIS	Absent	
4GNA0026	Eye, left	HMR	Absent	
4GNA0026	Eye, left	EMB	Absent	
4GNA0026	Eye, right	EXPTH	Absent	
4GNA0026	Eye, right	OPQ	Absent	
4GNA0026	Eye, right	MIS	Absent	
4GNA0026	Eye, right	HMR	Absent	
4GNA0026	Eye, right	EMB	Absent	
4GNA0026	Opercula	SLSH	Absent	
4GNA0027	Body Surface	RGR	Absent	
4GNA0027	Body Surface	RLSN	Absent	
4GNA0027	Body Surface	SPDF	Absent	
4GNA0027	Body Surface	HMRB	Absent	
4GNA0027	Body Surface	FDC	Absent	
4GNA0027	Body Surface	BFG	Absent	
4GNA0027	Body Surface	PRST	Absent	
4GNA0027	Head	DFM	Absent	
4GNA0027	Mouth	ULR	Absent	
4GNA0027	Mouth	LLG	Absent	
4GNA0027	Nare	SLN	Absent	
4GNA0027	Eye, left	EXPTH	Absent	
4GNA0027	Eye, left	OPQ	Absent	
4GNA0027	Eye, left	MIS	Absent	
4GNA0027	Eye, left	HMR	Absent	
4GNA0027	Eye, left	EMB	Absent	
4GNA0027	Eye, right	EXPTH	Absent	
4GNA0027	Eye, right	OPQ	Absent	
4GNA0027	Eye, right	MIS	Absent	
4GNA0027	Eye, right	HMR	Absent	
4GNA0027	Eye, right	EMB	Absent	
4GNA0027	Opercula	SLSH	Absent	
4GNA0028	Body Surface	RGR	Absent	
4GNA0028	Body Surface	RLSN	Absent	
4GNA0028	Body Surface	SPDF	Absent	
4GNA0028	Body Surface	HMRB	Absent	
4GNA0028	Body Surface	FDC	Absent	
4GNA0028	Body Surface	BFG	Absent	
4GNA0028	Body Surface	PRST	Absent	
4GNA0028	Head	DFM	Absent	
4GNA0028	Mouth	ULR	Absent	
4GNA0028	Mouth	LLG	Absent	
4GNA0028	Nare	SLN	Absent	
4GNA0028	Eye, left	EXPTH	Absent	
4GNA0028	Eye, left	OPQ	Absent	
4GNA0028	Eye, left	MIS	Absent	
4GNA0028	Eye, left	HMR	Absent	
4GNA0028	Eye, left	EMB	Absent	
4GNA0028	Eye, right	EXPTH	Absent	
4GNA0028	Eye, right	OPQ	Absent	
4GNA0028	Eye, right	MIS	Absent	
4GNA0028	Eye, right	HMR	Absent	
4GNA0028	Eye, right	EMB	Absent	
4GNA0028	Opercula	SLSH	Absent	
4GNA0029	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0029	Body Surface	RLSN	Absent	
4GNA0029	Body Surface	SPDF	Absent	
4GNA0029	Body Surface	HMRB	Absent	
4GNA0029	Body Surface	FDC	Absent	
4GNA0029	Body Surface	BFG	Absent	
4GNA0029	Body Surface	PRST	Absent	
4GNA0029	Head	DFM	Absent	
4GNA0029	Mouth	ULR	Absent	
4GNA0029	Mouth	LLG	Absent	
4GNA0029	Nare	SLN	Absent	
4GNA0029	Eye, left	EXPTH	Absent	
4GNA0029	Eye, left	OPQ	Absent	
4GNA0029	Eye, left	MIS	Absent	
4GNA0029	Eye, left	HMR	Absent	
4GNA0029	Eye, left	EMB	Absent	
4GNA0029	Eye, right	EXPTH	Absent	
4GNA0029	Eye, right	OPQ	Absent	
4GNA0029	Eye, right	MIS	Absent	
4GNA0029	Eye, right	HMR	Absent	
4GNA0029	Eye, right	EMB	Absent	
4GNA0029	Opercula	SLSH	Absent	
4GNA0030	Body Surface	RGR	Absent	
4GNA0030	Body Surface	RLSN	Absent	
4GNA0030	Body Surface	SPDF	Absent	
4GNA0030	Body Surface	HMRB	Absent	
4GNA0030	Body Surface	FDC	Absent	
4GNA0030	Body Surface	BFG	Absent	
4GNA0030	Body Surface	PRST	Absent	
4GNA0030	Head	DFM	Absent	
4GNA0030	Mouth	ULR	Absent	
4GNA0030	Mouth	LLG	Absent	
4GNA0030	Nare	SLN	Absent	
4GNA0030	Eye, left	EXPTH	Absent	
4GNA0030	Eye, left	OPQ	Absent	
4GNA0030	Eye, left	MIS	Absent	
4GNA0030	Eye, left	HMR	Absent	
4GNA0030	Eye, left	EMB	Absent	
4GNA0030	Eye, right	EXPTH	Absent	
4GNA0030	Eye, right	OPQ	Absent	
4GNA0030	Eye, right	MIS	Absent	
4GNA0030	Eye, right	HMR	Absent	
4GNA0030	Eye, right	EMB	Absent	
4GNA0030	Opercula	SLSH	Absent	
4GNA0031	Body Surface	RGR	Absent	
4GNA0031	Body Surface	RLSN	Absent	
4GNA0031	Body Surface	SPDF	Absent	
4GNA0031	Body Surface	HMRB	Absent	
4GNA0031	Body Surface	FDC	Absent	
4GNA0031	Body Surface	BFG	Absent	
4GNA0031	Body Surface	PRST	Absent	
4GNA0031	Body Surface	OTHER	Present	Gill net marks
4GNA0031	Head	DFM	Absent	
4GNA0031	Mouth	ULR	Absent	
4GNA0031	Mouth	LLG	Absent	
4GNA0031	Nare	SLN	Absent	
4GNA0031	Eye, left	EXPTH	Absent	
4GNA0031	Eye, left	OPQ	Absent	
4GNA0031	Eye, left	MIS	Absent	
4GNA0031	Eye, left	HMR	Absent	
4GNA0031	Eye, left	EMB	Absent	
4GNA0031	Eye, right	EXPTH	Absent	
4GNA0031	Eye, right	OPQ	Absent	
4GNA0031	Eye, right	MIS	Absent	
4GNA0031	Eye, right	HMR	Absent	
4GNA0031	Eye, right	EMB	Absent	
4GNA0031	Opercula	SLSH	Absent	
4GNA0032	Body Surface	RGR	Absent	
4GNA0032	Body Surface	RLSN	Absent	
4GNA0032	Body Surface	SPDF	Absent	
4GNA0032	Body Surface	HMRB	Absent	
4GNA0032	Body Surface	FDC	Absent	
4GNA0032	Body Surface	BFG	Absent	
4GNA0032	Body Surface	PRST	Absent	
4GNA0032	Body Surface	OTHER	Present	Gill net marks
4GNA0032	Head	DFM	Absent	
4GNA0032	Mouth	ULR	Absent	
4GNA0032	Mouth	LLG	Absent	
4GNA0032	Nare	SLN	Absent	
4GNA0032	Eye, left	EXPTH	Absent	
4GNA0032	Eye, left	OPQ	Absent	
4GNA0032	Eye, left	MIS	Absent	
4GNA0032	Eye, left	HMR	Absent	
4GNA0032	Eye, left	EMB	Absent	
4GNA0032	Eye, right	EXPTH	Absent	
4GNA0032	Eye, right	OPQ	Absent	
4GNA0032	Eye, right	MIS	Absent	
4GNA0032	Eye, right	HMR	Absent	
4GNA0032	Eye, right	EMB	Absent	
4GNA0032	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0033	Body Surface	RGR	Absent	
4GNA0033	Body Surface	RLSN	Absent	
4GNA0033	Body Surface	SPDF	Absent	
4GNA0033	Body Surface	HMRB	Absent	
4GNA0033	Body Surface	FDC	Absent	
4GNA0033	Body Surface	BFG	Absent	
4GNA0033	Body Surface	PRST	Absent	
4GNA0033	Head	DFM	Absent	
4GNA0033	Mouth	ULR	Absent	
4GNA0033	Mouth	LLG	Absent	
4GNA0033	Nare	SLN	Absent	
4GNA0033	Eye, left	EXPTH	Absent	
4GNA0033	Eye, left	OPQ	Absent	
4GNA0033	Eye, left	MIS	Absent	
4GNA0033	Eye, left	HMR	Absent	
4GNA0033	Eye, left	EMB	Absent	
4GNA0033	Eye, right	EXPTH	Absent	
4GNA0033	Eye, right	OPQ	Absent	
4GNA0033	Eye, right	MIS	Absent	
4GNA0033	Eye, right	HMR	Absent	
4GNA0033	Eye, right	EMB	Absent	
4GNA0033	Opercula	SLSH	Absent	
4GNA0034	Body Surface	RGR	Absent	
4GNA0034	Body Surface	RLSN	Absent	
4GNA0034	Body Surface	SPDF	Absent	
4GNA0034	Body Surface	HMRB	Absent	
4GNA0034	Body Surface	FDC	Absent	
4GNA0034	Body Surface	BFG	Absent	
4GNA0034	Body Surface	PRST	Absent	
4GNA0034	Body Surface	OTHER	Present	Gill net marks
4GNA0034	Head	DFM	Absent	
4GNA0034	Mouth	ULR	Absent	
4GNA0034	Mouth	LLG	Absent	
4GNA0034	Nare	SLN	Absent	
4GNA0034	Eye, left	EXPTH	Absent	
4GNA0034	Eye, left	OPQ	Absent	
4GNA0034	Eye, left	MIS	Absent	
4GNA0034	Eye, left	HMR	Absent	
4GNA0034	Eye, left	EMB	Absent	
4GNA0034	Eye, right	EXPTH	Absent	
4GNA0034	Eye, right	OPQ	Absent	
4GNA0034	Eye, right	MIS	Absent	
4GNA0034	Eye, right	HMR	Absent	
4GNA0034	Eye, right	EMB	Absent	
4GNA0034	Opercula	SLSH	Absent	
4GNA0035	Body Surface	RGR	Absent	
4GNA0035	Body Surface	RLSN	Absent	
4GNA0035	Body Surface	SPDF	Absent	
4GNA0035	Body Surface	HMRB	Absent	
4GNA0035	Body Surface	FDC	Absent	
4GNA0035	Body Surface	BFG	Absent	
4GNA0035	Body Surface	PRST	Absent	
4GNA0035	Head	DFM	Absent	
4GNA0035	Mouth	ULR	Absent	
4GNA0035	Mouth	LLG	Absent	
4GNA0035	Nare	SLN	Absent	
4GNA0035	Eye, left	EXPTH	Absent	
4GNA0035	Eye, left	OPQ	Absent	
4GNA0035	Eye, left	MIS	Absent	
4GNA0035	Eye, left	HMR	Absent	
4GNA0035	Eye, left	EMB	Absent	
4GNA0035	Eye, right	EXPTH	Absent	
4GNA0035	Eye, right	OPQ	Absent	
4GNA0035	Eye, right	MIS	Absent	
4GNA0035	Eye, right	HMR	Absent	
4GNA0035	Eye, right	EMB	Absent	
4GNA0035	Opercula	SLSH	Absent	
4GNA0036	Body Surface	RGR	Absent	
4GNA0036	Body Surface	RLSN	Absent	
4GNA0036	Body Surface	SPDF	Absent	
4GNA0036	Body Surface	HMRB	Absent	
4GNA0036	Body Surface	FDC	Absent	
4GNA0036	Body Surface	BFG	Absent	
4GNA0036	Body Surface	PRST	Absent	
4GNA0036	Body Surface	OTHER	Present	Gill net marks
4GNA0036	Head	DFM	Absent	
4GNA0036	Mouth	ULR	Absent	
4GNA0036	Mouth	LLG	Absent	
4GNA0036	Nare	SLN	Absent	
4GNA0036	Eye, left	EXPTH	Absent	
4GNA0036	Eye, left	OPQ	Absent	
4GNA0036	Eye, left	MIS	Absent	
4GNA0036	Eye, left	HMR	Absent	
4GNA0036	Eye, left	EMB	Absent	
4GNA0036	Eye, right	EXPTH	Absent	
4GNA0036	Eye, right	OPQ	Absent	
4GNA0036	Eye, right	MIS	Absent	
4GNA0036	Eye, right	HMR	Absent	
4GNA0036	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0036	Opercula	SLSH	Absent	
4GNA0038	Body Surface	RGR	Absent	
4GNA0038	Body Surface	RLSN	Absent	
4GNA0038	Body Surface	SPDF	Absent	
4GNA0038	Body Surface	HMRB	Absent	
4GNA0038	Body Surface	FDC	Absent	
4GNA0038	Body Surface	BFG	Absent	
4GNA0038	Body Surface	PRST	Absent	
4GNA0038	Body Surface	OTHER	Present	Gill net marks
4GNA0038	Head	DFM	Absent	
4GNA0038	Mouth	ULR	Absent	
4GNA0038	Mouth	LLG	Absent	
4GNA0038	Nare	SLN	Absent	
4GNA0038	Eye, left	EXPTH	Absent	
4GNA0038	Eye, left	OPQ	Absent	
4GNA0038	Eye, left	MIS	Absent	
4GNA0038	Eye, left	HMR	Absent	
4GNA0038	Eye, left	EMB	Absent	
4GNA0038	Eye, right	EXPTH	Absent	
4GNA0038	Eye, right	OPQ	Absent	
4GNA0038	Eye, right	MIS	Absent	
4GNA0038	Eye, right	HMR	Absent	
4GNA0038	Eye, right	EMB	Absent	
4GNA0038	Opercula	SLSH	Absent	
4GNA0039	Body Surface	RGR	Absent	
4GNA0039	Body Surface	RLSN	Absent	
4GNA0039	Body Surface	SPDF	Absent	
4GNA0039	Body Surface	HMRB	Absent	
4GNA0039	Body Surface	FDC	Absent	
4GNA0039	Body Surface	BFG	Absent	
4GNA0039	Body Surface	PRST	Absent	
4GNA0039	Body Surface	OTHER	Present	Gill net marks
4GNA0039	Head	DFM	Absent	
4GNA0039	Mouth	ULR	Absent	
4GNA0039	Mouth	LLG	Absent	
4GNA0039	Nare	SLN	Absent	
4GNA0039	Eye, left	EXPTH	Absent	
4GNA0039	Eye, left	OPQ	Absent	
4GNA0039	Eye, left	MIS	Absent	
4GNA0039	Eye, left	HMR	Absent	
4GNA0039	Eye, left	EMB	Absent	
4GNA0039	Eye, right	EXPTH	Absent	
4GNA0039	Eye, right	OPQ	Absent	
4GNA0039	Eye, right	MIS	Absent	
4GNA0039	Eye, right	HMR	Absent	
4GNA0039	Eye, right	EMB	Absent	
4GNA0039	Opercula	SLSH	Absent	
4GNA0041	Body Surface	RGR	Absent	
4GNA0041	Body Surface	RLSN	Absent	
4GNA0041	Body Surface	SPDF	Absent	
4GNA0041	Body Surface	HMRB	Absent	
4GNA0041	Body Surface	FDC	Absent	
4GNA0041	Body Surface	BFG	Absent	
4GNA0041	Body Surface	PRST	Absent	
4GNA0041	Body Surface	OTHER	Present	Gill net marks
4GNA0041	Head	DFM	Absent	
4GNA0041	Mouth	ULR	Absent	
4GNA0041	Mouth	LLG	Absent	
4GNA0041	Nare	SLN	Absent	
4GNA0041	Eye, left	EXPTH	Absent	
4GNA0041	Eye, left	OPQ	Absent	
4GNA0041	Eye, left	MIS	Absent	
4GNA0041	Eye, left	HMR	Absent	
4GNA0041	Eye, left	EMB	Absent	
4GNA0041	Eye, right	EXPTH	Absent	
4GNA0041	Eye, right	OPQ	Absent	
4GNA0041	Eye, right	MIS	Absent	
4GNA0041	Eye, right	HMR	Absent	
4GNA0041	Eye, right	EMB	Absent	
4GNA0041	Opercula	SLSH	Absent	
4GNA0042	Body Surface	RGR	Absent	
4GNA0042	Body Surface	RLSN	Absent	
4GNA0042	Body Surface	SPDF	Absent	
4GNA0042	Body Surface	HMRB	Absent	
4GNA0042	Body Surface	FDC	Absent	
4GNA0042	Body Surface	BFG	Absent	
4GNA0042	Body Surface	PRST	Absent	
4GNA0042	Body Surface	OTHER	Present	Gill net marks
4GNA0042	Head	DFM	Absent	
4GNA0042	Mouth	ULR	Absent	
4GNA0042	Mouth	LLG	Absent	
4GNA0042	Nare	SLN	Absent	
4GNA0042	Eye, left	EXPTH	Absent	
4GNA0042	Eye, left	OPQ	Absent	
4GNA0042	Eye, left	MIS	Absent	
4GNA0042	Eye, left	HMR	Absent	
4GNA0042	Eye, left	EMB	Absent	
4GNA0042	Eye, right	EXPTH	Absent	
4GNA0042	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0042	Eye, right	MIS	Absent	
4GNA0042	Eye, right	HMR	Absent	
4GNA0042	Eye, right	EMB	Absent	
4GNA0042	Opercula	SLSH	Absent	
4GNA0044	Body Surface	RGR	Absent	
4GNA0044	Body Surface	RLSN	Absent	
4GNA0044	Body Surface	SPDF	Absent	
4GNA0044	Body Surface	HMRB	Absent	
4GNA0044	Body Surface	FDC	Absent	
4GNA0044	Body Surface	BFG	Absent	
4GNA0044	Body Surface	PRST	Absent	
4GNA0044	Head	DFM	Absent	
4GNA0044	Mouth	ULR	Absent	
4GNA0044	Mouth	LLG	Absent	
4GNA0044	Nare	SLN	Absent	
4GNA0044	Eye, left	EXPTH	Absent	
4GNA0044	Eye, left	OPQ	Absent	
4GNA0044	Eye, left	MIS	Absent	
4GNA0044	Eye, left	HMR	Absent	
4GNA0044	Eye, left	EMB	Absent	
4GNA0044	Eye, right	EXPTH	Absent	
4GNA0044	Eye, right	OPQ	Absent	
4GNA0044	Eye, right	MIS	Absent	
4GNA0044	Eye, right	HMR	Absent	
4GNA0044	Eye, right	EMB	Absent	
4GNA0044	Opercula	SLSH	Absent	
4GNA0045	Body Surface	RGR	Absent	
4GNA0045	Body Surface	RLSN	Absent	
4GNA0045	Body Surface	SPDF	Absent	
4GNA0045	Body Surface	HMRB	Absent	
4GNA0045	Body Surface	FDC	Absent	
4GNA0045	Body Surface	BFG	Absent	
4GNA0045	Body Surface	PRST	Absent	
4GNA0045	Body Surface	OTHER	Present	Gill net marks
4GNA0045	Head	DFM	Absent	
4GNA0045	Mouth	ULR	Absent	
4GNA0045	Mouth	LLG	Absent	
4GNA0045	Nare	SLN	Absent	
4GNA0045	Eye, left	EXPTH	Absent	
4GNA0045	Eye, left	OPQ	Absent	
4GNA0045	Eye, left	MIS	Absent	
4GNA0045	Eye, left	HMR	Absent	
4GNA0045	Eye, left	EMB	Absent	
4GNA0045	Eye, right	EXPTH	Absent	
4GNA0045	Eye, right	OPQ	Absent	
4GNA0045	Eye, right	MIS	Absent	
4GNA0045	Eye, right	HMR	Absent	
4GNA0045	Eye, right	EMB	Absent	
4GNA0045	Opercula	SLSH	Absent	
4GNA0046	Body Surface	RGR	Absent	
4GNA0046	Body Surface	RLSN	Absent	
4GNA0046	Body Surface	SPDF	Absent	
4GNA0046	Body Surface	HMRB	Absent	
4GNA0046	Body Surface	FDC	Absent	
4GNA0046	Body Surface	BFG	Absent	
4GNA0046	Body Surface	PRST	Absent	
4GNA0046	Body Surface	OTHER	Present	Gill net marks
4GNA0046	Head	DFM	Absent	
4GNA0046	Mouth	ULR	Absent	
4GNA0046	Mouth	LLG	Absent	
4GNA0046	Nare	SLN	Absent	
4GNA0046	Eye, left	EXPTH	Absent	
4GNA0046	Eye, left	OPQ	Absent	
4GNA0046	Eye, left	MIS	Absent	
4GNA0046	Eye, left	HMR	Absent	
4GNA0046	Eye, left	EMB	Absent	
4GNA0046	Eye, right	EXPTH	Absent	
4GNA0046	Eye, right	OPQ	Absent	
4GNA0046	Eye, right	MIS	Absent	
4GNA0046	Eye, right	HMR	Absent	
4GNA0046	Eye, right	EMB	Absent	
4GNA0046	Opercula	SLSH	Absent	
4GNA0047	Body Surface	RGR	Absent	
4GNA0047	Body Surface	RLSN	Absent	
4GNA0047	Body Surface	SPDF	Absent	
4GNA0047	Body Surface	HMRB	Absent	
4GNA0047	Body Surface	FDC	Absent	
4GNA0047	Body Surface	BFG	Absent	
4GNA0047	Body Surface	PRST	Absent	
4GNA0047	Head	DFM	Absent	
4GNA0047	Mouth	ULR	Absent	
4GNA0047	Mouth	LLG	Absent	
4GNA0047	Nare	SLN	Absent	
4GNA0047	Eye, left	EXPTH	Absent	
4GNA0047	Eye, left	OPQ	Absent	
4GNA0047	Eye, left	MIS	Absent	
4GNA0047	Eye, left	HMR	Absent	
4GNA0047	Eye, left	EMB	Absent	
4GNA0047	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0047	Eye, right	OPQ	Absent	
4GNA0047	Eye, right	MIS	Absent	
4GNA0047	Eye, right	HMR	Absent	
4GNA0047	Eye, right	EMB	Absent	
4GNA0047	Opercula	SLSH	Absent	
4GNA0048	Body Surface	RGR	Absent	
4GNA0048	Body Surface	RLSN	Absent	
4GNA0048	Body Surface	SPDF	Absent	
4GNA0048	Body Surface	HMRB	Absent	
4GNA0048	Body Surface	FDC	Absent	
4GNA0048	Body Surface	BFG	Absent	
4GNA0048	Body Surface	PRST	Absent	
4GNA0048	Body Surface	OTHER	Present	Gill net marks
4GNA0048	Head	DFM	Absent	
4GNA0048	Mouth	ULR	Absent	
4GNA0048	Mouth	LLG	Absent	
4GNA0048	Nare	SLN	Absent	
4GNA0048	Eye, left	EXPTH	Absent	
4GNA0048	Eye, left	OPQ	Absent	
4GNA0048	Eye, left	MIS	Absent	
4GNA0048	Eye, left	HMR	Absent	
4GNA0048	Eye, left	EMB	Absent	
4GNA0048	Eye, right	EXPTH	Absent	
4GNA0048	Eye, right	OPQ	Absent	
4GNA0048	Eye, right	MIS	Absent	
4GNA0048	Eye, right	HMR	Absent	
4GNA0048	Eye, right	EMB	Absent	
4GNA0048	Opercula	SLSH	Absent	
4GNA0049	Body Surface	RGR	Absent	
4GNA0049	Body Surface	RLSN	Absent	
4GNA0049	Body Surface	SPDF	Absent	
4GNA0049	Body Surface	HMRB	Absent	
4GNA0049	Body Surface	FDC	Absent	
4GNA0049	Body Surface	BFG	Absent	
4GNA0049	Body Surface	PRST	Absent	
4GNA0049	Head	DFM	Absent	
4GNA0049	Mouth	ULR	Absent	
4GNA0049	Mouth	LLG	Absent	
4GNA0049	Nare	SLN	Absent	
4GNA0049	Eye, left	EXPTH	Absent	
4GNA0049	Eye, left	OPQ	Absent	
4GNA0049	Eye, left	MIS	Absent	
4GNA0049	Eye, left	HMR	Absent	
4GNA0049	Eye, left	EMB	Absent	
4GNA0049	Eye, right	EXPTH	Absent	
4GNA0049	Eye, right	OPQ	Absent	
4GNA0049	Eye, right	MIS	Absent	
4GNA0049	Eye, right	HMR	Absent	
4GNA0049	Eye, right	EMB	Absent	
4GNA0049	Opercula	SLSH	Absent	
4GNA0050	Body Surface	RGR	Absent	
4GNA0050	Body Surface	RLSN	Absent	
4GNA0050	Body Surface	SPDF	Absent	
4GNA0050	Body Surface	HMRB	Absent	
4GNA0050	Body Surface	FDC	Absent	
4GNA0050	Body Surface	BFG	Absent	
4GNA0050	Body Surface	PRST	Absent	
4GNA0050	Head	DFM	Absent	
4GNA0050	Mouth	ULR	Absent	
4GNA0050	Mouth	LLG	Absent	
4GNA0050	Nare	SLN	Absent	
4GNA0050	Eye, left	EXPTH	Absent	
4GNA0050	Eye, left	OPQ	Absent	
4GNA0050	Eye, left	MIS	Absent	
4GNA0050	Eye, left	HMR	Absent	
4GNA0050	Eye, left	EMB	Absent	
4GNA0050	Eye, right	EXPTH	Absent	
4GNA0050	Eye, right	OPQ	Absent	
4GNA0050	Eye, right	MIS	Absent	
4GNA0050	Eye, right	HMR	Absent	
4GNA0050	Eye, right	EMB	Absent	
4GNA0050	Opercula	SLSH	Absent	
4GNA0051	Body Surface	RGR	Absent	
4GNA0051	Body Surface	RLSN	Absent	
4GNA0051	Body Surface	SPDF	Absent	
4GNA0051	Body Surface	HMRB	Absent	
4GNA0051	Body Surface	FDC	Absent	
4GNA0051	Body Surface	BFG	Absent	
4GNA0051	Body Surface	PRST	Absent	
4GNA0051	Head	DFM	Absent	
4GNA0051	Mouth	ULR	Absent	
4GNA0051	Mouth	LLG	Absent	
4GNA0051	Nare	SLN	Absent	
4GNA0051	Eye, left	EXPTH	Absent	
4GNA0051	Eye, left	OPQ	Absent	
4GNA0051	Eye, left	MIS	Absent	
4GNA0051	Eye, left	HMR	Absent	
4GNA0051	Eye, left	EMB	Absent	
4GNA0051	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0051	Eye, right	OPQ	Absent	
4GNA0051	Eye, right	MIS	Absent	
4GNA0051	Eye, right	HMR	Absent	
4GNA0051	Eye, right	EMB	Absent	
4GNA0051	Opercula	SLSH	Absent	
4GNA0052	Body Surface	RGR	Absent	
4GNA0052	Body Surface	RLSN	Absent	
4GNA0052	Body Surface	SPDF	Absent	
4GNA0052	Body Surface	HMRB	Absent	
4GNA0052	Body Surface	FDC	Absent	
4GNA0052	Body Surface	BFG	Absent	
4GNA0052	Body Surface	PRST	Absent	
4GNA0052	Head	DFM	Absent	
4GNA0052	Mouth	ULR	Absent	
4GNA0052	Mouth	LLG	Absent	
4GNA0052	Nare	SLN	Absent	
4GNA0052	Eye, left	EXPTH	Absent	
4GNA0052	Eye, left	OPQ	Absent	
4GNA0052	Eye, left	MIS	Absent	
4GNA0052	Eye, left	HMR	Absent	
4GNA0052	Eye, left	EMB	Absent	
4GNA0052	Eye, right	EXPTH	Absent	
4GNA0052	Eye, right	OPQ	Absent	
4GNA0052	Eye, right	MIS	Absent	
4GNA0052	Eye, right	HMR	Absent	
4GNA0052	Eye, right	EMB	Absent	
4GNA0052	Opercula	SLSH	Absent	
4GNA0053	Body Surface	RGR	Absent	
4GNA0053	Body Surface	RLSN	Absent	
4GNA0053	Body Surface	SPDF	Absent	
4GNA0053	Body Surface	HMRB	Absent	
4GNA0053	Body Surface	FDC	Absent	
4GNA0053	Body Surface	BFG	Absent	
4GNA0053	Body Surface	PRST	Absent	
4GNA0053	Head	DFM	Absent	
4GNA0053	Mouth	ULR	Absent	
4GNA0053	Mouth	LLG	Absent	
4GNA0053	Nare	SLN	Absent	
4GNA0053	Eye, left	EXPTH	Absent	
4GNA0053	Eye, left	OPQ	Absent	
4GNA0053	Eye, left	MIS	Absent	
4GNA0053	Eye, left	HMR	Absent	
4GNA0053	Eye, left	EMB	Absent	
4GNA0053	Eye, right	EXPTH	Absent	
4GNA0053	Eye, right	OPQ	Absent	
4GNA0053	Eye, right	MIS	Absent	
4GNA0053	Eye, right	HMR	Absent	
4GNA0053	Eye, right	EMB	Absent	
4GNA0053	Opercula	SLSH	Absent	
4GNA0054H	Body Surface	RGR	Absent	
4GNA0054H	Body Surface	RLSN	Absent	
4GNA0054H	Body Surface	SPDF	Absent	
4GNA0054H	Body Surface	HMRB	Absent	
4GNA0054H	Body Surface	FDC	Absent	
4GNA0054H	Body Surface	BFG	Absent	
4GNA0054H	Body Surface	PRST	Absent	
4GNA0054H	Body Surface	OTHER	Present	Gill net marks
4GNA0054H	Head	DFM	Absent	
4GNA0054H	Mouth	ULR	Absent	
4GNA0054H	Mouth	LLG	Absent	
4GNA0054H	Nare	SLN	Absent	
4GNA0054H	Eye, left	EXPTH	Absent	
4GNA0054H	Eye, left	OPQ	Absent	
4GNA0054H	Eye, left	MIS	Absent	
4GNA0054H	Eye, left	HMR	Absent	
4GNA0054H	Eye, left	EMB	Absent	
4GNA0054H	Eye, right	EXPTH	Absent	
4GNA0054H	Eye, right	OPQ	Absent	
4GNA0054H	Eye, right	MIS	Absent	
4GNA0054H	Eye, right	HMR	Absent	
4GNA0054H	Eye, right	EMB	Absent	
4GNA0054H	Opercula	SLSH	Absent	
4GNA0055H	Body Surface	RGR	Absent	
4GNA0055H	Body Surface	RLSN	Absent	
4GNA0055H	Body Surface	SPDF	Absent	
4GNA0055H	Body Surface	HMRB	Present	
4GNA0055H	Body Surface	FDC	Absent	
4GNA0055H	Body Surface	BFG	Absent	
4GNA0055H	Body Surface	PRST	Absent	
4GNA0055H	Body Surface	OTHER	Present	Gill net marks
4GNA0055H	Head	DFM	Absent	
4GNA0055H	Mouth	ULR	Absent	
4GNA0055H	Mouth	LLG	Absent	
4GNA0055H	Nare	SLN	Absent	
4GNA0055H	Eye, left	EXPTH	Absent	
4GNA0055H	Eye, left	OPQ	Absent	
4GNA0055H	Eye, left	MIS	Absent	
4GNA0055H	Eye, left	HMR	Absent	
4GNA0055H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0055H	Eye, right	EXPTH	Absent	
4GNA0055H	Eye, right	OPQ	Absent	
4GNA0055H	Eye, right	MIS	Absent	
4GNA0055H	Eye, right	HMR	Absent	
4GNA0055H	Eye, right	EMB	Absent	
4GNA0055H	Opercula	SLSH	Absent	
4GNA0056H	Body Surface	RGR	Absent	
4GNA0056H	Body Surface	RLSN	Absent	
4GNA0056H	Body Surface	SPDF	Absent	
4GNA0056H	Body Surface	HMRB	Absent	
4GNA0056H	Body Surface	FDC	Absent	
4GNA0056H	Body Surface	BFG	Absent	
4GNA0056H	Body Surface	PRST	Absent	
4GNA0056H	Body Surface	OTHER	Present	Gill net marks
4GNA0056H	Head	DFM	Absent	
4GNA0056H	Mouth	ULR	Absent	
4GNA0056H	Mouth	LLG	Absent	
4GNA0056H	Nare	SLN	Absent	
4GNA0056H	Eye, left	EXPTH	Absent	
4GNA0056H	Eye, left	OPQ	Absent	
4GNA0056H	Eye, left	MIS	Absent	
4GNA0056H	Eye, left	HMR	Absent	
4GNA0056H	Eye, left	EMB	Absent	
4GNA0056H	Eye, right	EXPTH	Absent	
4GNA0056H	Eye, right	OPQ	Absent	
4GNA0056H	Eye, right	MIS	Absent	
4GNA0056H	Eye, right	HMR	Absent	
4GNA0056H	Eye, right	EMB	Absent	
4GNA0056H	Opercula	SLSH	Absent	
4GNA0057H	Body Surface	RGR	Absent	
4GNA0057H	Body Surface	RLSN	Absent	
4GNA0057H	Body Surface	SPDF	Absent	
4GNA0057H	Body Surface	HMRB	Absent	
4GNA0057H	Body Surface	FDC	Absent	
4GNA0057H	Body Surface	BFG	Absent	
4GNA0057H	Body Surface	PRST	Absent	
4GNA0057H	Body Surface	OTHER	Present	Gill net marks
4GNA0057H	Head	DFM	Absent	
4GNA0057H	Mouth	ULR	Absent	
4GNA0057H	Mouth	LLG	Absent	
4GNA0057H	Nare	SLN	Absent	
4GNA0057H	Eye, left	EXPTH	Absent	
4GNA0057H	Eye, left	OPQ	Absent	
4GNA0057H	Eye, left	MIS	Absent	
4GNA0057H	Eye, left	HMR	Absent	
4GNA0057H	Eye, left	EMB	Absent	
4GNA0057H	Eye, right	EXPTH	Absent	
4GNA0057H	Eye, right	OPQ	Absent	
4GNA0057H	Eye, right	MIS	Absent	
4GNA0057H	Eye, right	HMR	Absent	
4GNA0057H	Eye, right	EMB	Absent	
4GNA0057H	Opercula	SLSH	Absent	
4GNA0058H	Body Surface	RGR	Absent	
4GNA0058H	Body Surface	RLSN	Absent	
4GNA0058H	Body Surface	SPDF	Absent	
4GNA0058H	Body Surface	HMRB	Absent	
4GNA0058H	Body Surface	FDC	Absent	
4GNA0058H	Body Surface	BFG	Absent	
4GNA0058H	Body Surface	PRST	Absent	
4GNA0058H	Body Surface	OTHER	Present	Gill net marks
4GNA0058H	Head	DFM	Absent	
4GNA0058H	Mouth	ULR	Absent	
4GNA0058H	Mouth	LLG	Absent	
4GNA0058H	Nare	SLN	Absent	
4GNA0058H	Eye, left	EXPTH	Absent	
4GNA0058H	Eye, left	OPQ	Absent	
4GNA0058H	Eye, left	MIS	Absent	
4GNA0058H	Eye, left	HMR	Absent	
4GNA0058H	Eye, left	EMB	Absent	
4GNA0058H	Eye, right	EXPTH	Absent	
4GNA0058H	Eye, right	OPQ	Absent	
4GNA0058H	Eye, right	MIS	Absent	
4GNA0058H	Eye, right	HMR	Absent	
4GNA0058H	Eye, right	EMB	Absent	
4GNA0058H	Opercula	SLSH	Absent	
4GNA0059H	Body Surface	RGR	Absent	
4GNA0059H	Body Surface	RLSN	Absent	
4GNA0059H	Body Surface	SPDF	Absent	
4GNA0059H	Body Surface	HMRB	Absent	
4GNA0059H	Body Surface	FDC	Absent	
4GNA0059H	Body Surface	BFG	Absent	
4GNA0059H	Body Surface	PRST	Absent	
4GNA0059H	Body Surface	OTHER	Present	Gill net marks
4GNA0059H	Head	DFM	Absent	
4GNA0059H	Mouth	ULR	Absent	
4GNA0059H	Mouth	LLG	Absent	
4GNA0059H	Nare	SLN	Absent	
4GNA0059H	Eye, left	EXPTH	Absent	
4GNA0059H	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0059H	Eye, left	MIS	Absent	
4GNA0059H	Eye, left	HMR	Absent	
4GNA0059H	Eye, left	EMB	Absent	
4GNA0059H	Eye, right	EXPTH	Absent	
4GNA0059H	Eye, right	OPQ	Absent	
4GNA0059H	Eye, right	MIS	Absent	
4GNA0059H	Eye, right	HMR	Absent	
4GNA0059H	Eye, right	EMB	Absent	
4GNA0059H	Opercula	SLSH	Absent	
4GNA0060H	Body Surface	RGR	Absent	
4GNA0060H	Body Surface	RLSN	Absent	
4GNA0060H	Body Surface	SPDF	Absent	
4GNA0060H	Body Surface	HMRB	Absent	
4GNA0060H	Body Surface	FDC	Absent	
4GNA0060H	Body Surface	BFG	Absent	
4GNA0060H	Body Surface	PRST	Absent	
4GNA0060H	Body Surface	OTHER	Present	Gill net marks
4GNA0060H	Head	DFM	Absent	
4GNA0060H	Mouth	ULR	Absent	
4GNA0060H	Mouth	LLG	Absent	
4GNA0060H	Nare	SLN	Absent	
4GNA0060H	Eye, left	EXPTH	Absent	
4GNA0060H	Eye, left	OPQ	Absent	
4GNA0060H	Eye, left	MIS	Absent	
4GNA0060H	Eye, left	HMR	Absent	
4GNA0060H	Eye, left	EMB	Absent	
4GNA0060H	Eye, right	EXPTH	Absent	
4GNA0060H	Eye, right	OPQ	Absent	
4GNA0060H	Eye, right	MIS	Absent	
4GNA0060H	Eye, right	HMR	Absent	
4GNA0060H	Eye, right	EMB	Absent	
4GNA0060H	Opercula	SLSH	Absent	
4GNA0061H	Body Surface	RGR	Absent	
4GNA0061H	Body Surface	RLSN	Absent	
4GNA0061H	Body Surface	SPDF	Absent	
4GNA0061H	Body Surface	HMRB	Absent	
4GNA0061H	Body Surface	FDC	Absent	
4GNA0061H	Body Surface	BFG	Absent	
4GNA0061H	Body Surface	PRST	Absent	
4GNA0061H	Body Surface	OTHER	Present	Gill net marks, Healed laceration
4GNA0061H	Head	DFM	Absent	
4GNA0061H	Mouth	ULR	Absent	
4GNA0061H	Mouth	LLG	Absent	
4GNA0061H	Nare	SLN	Absent	
4GNA0061H	Eye, left	EXPTH	Absent	
4GNA0061H	Eye, left	OPQ	Absent	
4GNA0061H	Eye, left	MIS	Absent	
4GNA0061H	Eye, left	HMR	Absent	
4GNA0061H	Eye, left	EMB	Absent	
4GNA0061H	Eye, right	EXPTH	Absent	
4GNA0061H	Eye, right	OPQ	Absent	
4GNA0061H	Eye, right	MIS	Absent	
4GNA0061H	Eye, right	HMR	Absent	
4GNA0061H	Eye, right	EMB	Absent	
4GNA0061H	Opercula	SLSH	Absent	
4GNA0062H	Body Surface	RGR	Absent	
4GNA0062H	Body Surface	RLSN	Absent	
4GNA0062H	Body Surface	SPDF	Absent	
4GNA0062H	Body Surface	HMRB	Absent	
4GNA0062H	Body Surface	FDC	Absent	
4GNA0062H	Body Surface	BFG	Absent	
4GNA0062H	Body Surface	PRST	Absent	
4GNA0062H	Body Surface	OTHER	Present	Gill net marks
4GNA0062H	Head	DFM	Absent	
4GNA0062H	Mouth	ULR	Absent	
4GNA0062H	Mouth	LLG	Absent	
4GNA0062H	Nare	SLN	Absent	
4GNA0062H	Eye, left	EXPTH	Absent	
4GNA0062H	Eye, left	OPQ	Absent	
4GNA0062H	Eye, left	MIS	Absent	
4GNA0062H	Eye, left	HMR	Absent	
4GNA0062H	Eye, left	EMB	Absent	
4GNA0062H	Eye, right	EXPTH	Absent	
4GNA0062H	Eye, right	OPQ	Absent	
4GNA0062H	Eye, right	MIS	Absent	
4GNA0062H	Eye, right	HMR	Absent	
4GNA0062H	Eye, right	EMB	Absent	
4GNA0062H	Opercula	SLSH	Absent	
4GNA0063W	Body Surface	RGR	Absent	
4GNA0063W	Body Surface	RLSN	Absent	
4GNA0063W	Body Surface	SPDF	Absent	
4GNA0063W	Body Surface	HMRB	Absent	
4GNA0063W	Body Surface	FDC	Absent	
4GNA0063W	Body Surface	BFG	Absent	
4GNA0063W	Body Surface	PRST	Absent	
4GNA0063W	Body Surface	OTHER	Present	Gill net marks
4GNA0063W	Head	DFM	Absent	
4GNA0063W	Mouth	ULR	Absent	
4GNA0063W	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0063W	Nare	SLN	Absent	
4GNA0063W	Eye, left	EXPTH	Absent	
4GNA0063W	Eye, left	OPQ	Absent	
4GNA0063W	Eye, left	MIS	Absent	
4GNA0063W	Eye, left	HMR	Absent	
4GNA0063W	Eye, left	EMB	Absent	
4GNA0063W	Eye, right	EXPTH	Absent	
4GNA0063W	Eye, right	OPQ	Absent	
4GNA0063W	Eye, right	MIS	Absent	
4GNA0063W	Eye, right	HMR	Absent	
4GNA0063W	Eye, right	EMB	Absent	
4GNA0063W	Opercula	SLSH	Absent	
4GNA0064H	Body Surface	RGR	Absent	
4GNA0064H	Body Surface	RLSN	Absent	
4GNA0064H	Body Surface	SPDF	Absent	
4GNA0064H	Body Surface	HMRB	Absent	
4GNA0064H	Body Surface	FDC	Absent	
4GNA0064H	Body Surface	BFG	Absent	
4GNA0064H	Body Surface	PRST	Absent	
4GNA0064H	Body Surface	OTHER	Present	Gill net marks
4GNA0064H	Mouth	OTHER	Present	Laceration on mouth
4GNA0064H	Head	DFM	Absent	
4GNA0064H	Mouth	ULR	Absent	
4GNA0064H	Mouth	LLG	Absent	
4GNA0064H	Nare	SLN	Absent	
4GNA0064H	Eye, left	EXPTH	Absent	
4GNA0064H	Eye, left	OPQ	Absent	
4GNA0064H	Eye, left	MIS	Absent	
4GNA0064H	Eye, left	HMR	Absent	
4GNA0064H	Eye, left	EMB	Absent	
4GNA0064H	Eye, right	EXPTH	Absent	
4GNA0064H	Eye, right	OPQ	Absent	
4GNA0064H	Eye, right	MIS	Absent	
4GNA0064H	Eye, right	HMR	Absent	
4GNA0064H	Eye, right	EMB	Absent	
4GNA0064H	Opercula	SLSH	Absent	
4GNA0065H	Body Surface	RGR	Absent	
4GNA0065H	Body Surface	RLSN	Absent	
4GNA0065H	Body Surface	SPDF	Absent	
4GNA0065H	Body Surface	HMRB	Absent	
4GNA0065H	Body Surface	FDC	Absent	
4GNA0065H	Body Surface	BFG	Absent	
4GNA0065H	Body Surface	PRST	Absent	
4GNA0065H	Body Surface	OTHER	Present	Gill net marks
4GNA0065H	Head	DFM	Absent	
4GNA0065H	Mouth	ULR	Absent	
4GNA0065H	Mouth	LLG	Absent	
4GNA0065H	Nare	SLN	Absent	
4GNA0065H	Eye, left	EXPTH	Absent	
4GNA0065H	Eye, left	OPQ	Absent	
4GNA0065H	Eye, left	MIS	Absent	
4GNA0065H	Eye, left	HMR	Absent	
4GNA0065H	Eye, left	EMB	Absent	
4GNA0065H	Eye, right	EXPTH	Absent	
4GNA0065H	Eye, right	OPQ	Absent	
4GNA0065H	Eye, right	MIS	Absent	
4GNA0065H	Eye, right	HMR	Absent	
4GNA0065H	Eye, right	EMB	Absent	
4GNA0065H	Opercula	SLSH	Absent	
4GNA0066W	Body Surface	RGR	Absent	
4GNA0066W	Body Surface	RLSN	Absent	
4GNA0066W	Body Surface	SPDF	Absent	
4GNA0066W	Body Surface	HMRB	Absent	
4GNA0066W	Body Surface	FDC	Absent	
4GNA0066W	Body Surface	BFG	Absent	
4GNA0066W	Body Surface	PRST	Absent	
4GNA0066W	Body Surface	OTHER	Present	Gill net marks
4GNA0066W	Head	DFM	Absent	
4GNA0066W	Mouth	ULR	Absent	
4GNA0066W	Mouth	LLG	Absent	
4GNA0066W	Nare	SLN	Absent	
4GNA0066W	Eye, left	EXPTH	Absent	
4GNA0066W	Eye, left	OPQ	Absent	
4GNA0066W	Eye, left	MIS	Absent	
4GNA0066W	Eye, left	HMR	Absent	
4GNA0066W	Eye, left	EMB	Absent	
4GNA0066W	Eye, right	EXPTH	Absent	
4GNA0066W	Eye, right	OPQ	Absent	
4GNA0066W	Eye, right	MIS	Absent	
4GNA0066W	Eye, right	HMR	Absent	
4GNA0066W	Eye, right	EMB	Absent	
4GNA0066W	Opercula	SLSH	Absent	
4GNA0067H	Body Surface	RGR	Absent	
4GNA0067H	Body Surface	RLSN	Absent	
4GNA0067H	Body Surface	SPDF	Absent	
4GNA0067H	Body Surface	HMRB	Absent	
4GNA0067H	Body Surface	FDC	Absent	
4GNA0067H	Body Surface	BFG	Absent	
4GNA0067H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0067H	Body Surface	OTHER	Present	Gill net marks
4GNA0067H	Head	DFM	Absent	
4GNA0067H	Mouth	ULR	Absent	
4GNA0067H	Mouth	LLG	Absent	
4GNA0067H	Nare	SLN	Absent	
4GNA0067H	Eye, left	EXPTH	Absent	
4GNA0067H	Eye, left	OPQ	Absent	
4GNA0067H	Eye, left	MIS	Absent	
4GNA0067H	Eye, left	HMR	Absent	
4GNA0067H	Eye, left	EMB	Absent	
4GNA0067H	Eye, right	EXPTH	Absent	
4GNA0067H	Eye, right	OPQ	Absent	
4GNA0067H	Eye, right	MIS	Absent	
4GNA0067H	Eye, right	HMR	Absent	
4GNA0067H	Eye, right	EMB	Absent	
4GNA0067H	Opercula	SLSH	Absent	
4GNA0068H	Body Surface	RGR	Absent	
4GNA0068H	Body Surface	RLSN	Absent	
4GNA0068H	Body Surface	SPDF	Absent	
4GNA0068H	Body Surface	HMRB	Absent	
4GNA0068H	Body Surface	FDC	Absent	
4GNA0068H	Body Surface	BFG	Absent	
4GNA0068H	Body Surface	PRST	Absent	
4GNA0068H	Body Surface	OTHER	Present	Gill net marks
4GNA0068H	Head	DFM	Absent	
4GNA0068H	Mouth	ULR	Absent	
4GNA0068H	Mouth	LLG	Absent	
4GNA0068H	Nare	SLN	Absent	
4GNA0068H	Eye, left	EXPTH	Absent	
4GNA0068H	Eye, left	OPQ	Absent	
4GNA0068H	Eye, left	MIS	Absent	
4GNA0068H	Eye, left	HMR	Absent	
4GNA0068H	Eye, left	EMB	Absent	
4GNA0068H	Eye, right	EXPTH	Absent	
4GNA0068H	Eye, right	OPQ	Absent	
4GNA0068H	Eye, right	MIS	Absent	
4GNA0068H	Eye, right	HMR	Absent	
4GNA0068H	Eye, right	EMB	Absent	
4GNA0068H	Opercula	SLSH	Absent	
4GNA0069H	Body Surface	RGR	Absent	
4GNA0069H	Body Surface	RLSN	Absent	
4GNA0069H	Body Surface	SPDF	Absent	
4GNA0069H	Body Surface	HMRB	Absent	
4GNA0069H	Body Surface	FDC	Absent	
4GNA0069H	Body Surface	BFG	Absent	
4GNA0069H	Body Surface	PRST	Absent	
4GNA0069H	Body Surface	OTHER	Present	Gill net marks
4GNA0069H	Mouth	OTHER	Present	Laceration on mouth
4GNA0069H	Head	DFM	Absent	
4GNA0069H	Mouth	ULR	Absent	
4GNA0069H	Mouth	LLG	Absent	
4GNA0069H	Nare	SLN	Absent	
4GNA0069H	Eye, left	EXPTH	Absent	
4GNA0069H	Eye, left	OPQ	Absent	
4GNA0069H	Eye, left	MIS	Absent	
4GNA0069H	Eye, left	HMR	Absent	
4GNA0069H	Eye, left	EMB	Absent	
4GNA0069H	Eye, right	EXPTH	Absent	
4GNA0069H	Eye, right	OPQ	Absent	
4GNA0069H	Eye, right	MIS	Absent	
4GNA0069H	Eye, right	HMR	Absent	
4GNA0069H	Eye, right	EMB	Absent	
4GNA0069H	Opercula	SLSH	Absent	
4GNA0070	Body Surface	RGR	Absent	
4GNA0070	Body Surface	RLSN	Absent	
4GNA0070	Body Surface	SPDF	Absent	
4GNA0070	Body Surface	HMRB	Absent	
4GNA0070	Body Surface	FDC	Absent	
4GNA0070	Body Surface	BFG	Absent	
4GNA0070	Body Surface	PRST	Absent	
4GNA0070	Head	DFM	Absent	
4GNA0070	Mouth	ULR	Absent	
4GNA0070	Mouth	LLG	Absent	
4GNA0070	Nare	SLN	Absent	
4GNA0070	Eye, left	EXPTH	Absent	
4GNA0070	Eye, left	OPQ	Absent	
4GNA0070	Eye, left	MIS	Absent	
4GNA0070	Eye, left	HMR	Absent	
4GNA0070	Eye, left	EMB	Absent	
4GNA0070	Eye, right	EXPTH	Absent	
4GNA0070	Eye, right	OPQ	Absent	
4GNA0070	Eye, right	MIS	Absent	
4GNA0070	Eye, right	HMR	Absent	
4GNA0070	Eye, right	EMB	Absent	
4GNA0070	Opercula	SLSH	Absent	
4GNA0071	Body Surface	RGR	Absent	
4GNA0071	Body Surface	RLSN	Absent	
4GNA0071	Body Surface	SPDF	Absent	
4GNA0071	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0071	Body Surface	FDC	Absent	
4GNA0071	Body Surface	BFG	Absent	
4GNA0071	Body Surface	PRST	Absent	
4GNA0071	Head	DFM	Absent	
4GNA0071	Mouth	ULR	Absent	
4GNA0071	Mouth	LLG	Absent	
4GNA0071	Nare	SLN	Absent	
4GNA0071	Eye, left	EXPTH	Absent	
4GNA0071	Eye, left	OPQ	Absent	
4GNA0071	Eye, left	MIS	Absent	
4GNA0071	Eye, left	HMR	Absent	
4GNA0071	Eye, left	EMB	Absent	
4GNA0071	Eye, right	EXPTH	Absent	
4GNA0071	Eye, right	OPQ	Absent	
4GNA0071	Eye, right	MIS	Absent	
4GNA0071	Eye, right	HMR	Absent	
4GNA0071	Eye, right	EMB	Absent	
4GNA0071	Opercula	SLSH	Absent	
4GNA0072	Body Surface	RGR	Absent	
4GNA0072	Body Surface	RLSN	Absent	
4GNA0072	Body Surface	SPDF	Absent	
4GNA0072	Body Surface	HMRB	Absent	
4GNA0072	Body Surface	FDC	Absent	
4GNA0072	Body Surface	BFG	Absent	
4GNA0072	Body Surface	PRST	Absent	
4GNA0072	Head	DFM	Absent	
4GNA0072	Mouth	ULR	Absent	
4GNA0072	Mouth	LLG	Absent	
4GNA0072	Nare	SLN	Absent	
4GNA0072	Eye, left	EXPTH	Absent	
4GNA0072	Eye, left	OPQ	Absent	
4GNA0072	Eye, left	MIS	Absent	
4GNA0072	Eye, left	HMR	Absent	
4GNA0072	Eye, left	EMB	Absent	
4GNA0072	Eye, right	EXPTH	Absent	
4GNA0072	Eye, right	OPQ	Absent	
4GNA0072	Eye, right	MIS	Absent	
4GNA0072	Eye, right	HMR	Absent	
4GNA0072	Eye, right	EMB	Absent	
4GNA0072	Opercula	SLSH	Absent	
4GNA0073	Body Surface	RGR	Absent	
4GNA0073	Body Surface	RLSN	Absent	
4GNA0073	Body Surface	SPDF	Absent	
4GNA0073	Body Surface	HMRB	Absent	
4GNA0073	Body Surface	FDC	Absent	
4GNA0073	Body Surface	BFG	Absent	
4GNA0073	Body Surface	PRST	Absent	
4GNA0073	Head	DFM	Absent	
4GNA0073	Mouth	ULR	Absent	
4GNA0073	Mouth	LLG	Absent	
4GNA0073	Nare	SLN	Absent	
4GNA0073	Eye, left	EXPTH	Absent	
4GNA0073	Eye, left	OPQ	Absent	
4GNA0073	Eye, left	MIS	Absent	
4GNA0073	Eye, left	HMR	Absent	
4GNA0073	Eye, left	EMB	Absent	
4GNA0073	Eye, right	EXPTH	Absent	
4GNA0073	Eye, right	OPQ	Absent	
4GNA0073	Eye, right	MIS	Absent	
4GNA0073	Eye, right	HMR	Absent	
4GNA0073	Eye, right	EMB	Absent	
4GNA0073	Opercula	SLSH	Absent	
4GNA0074	Body Surface	RGR	Absent	
4GNA0074	Body Surface	RLSN	Absent	
4GNA0074	Body Surface	SPDF	Absent	
4GNA0074	Body Surface	HMRB	Absent	
4GNA0074	Body Surface	FDC	Absent	
4GNA0074	Body Surface	BFG	Absent	
4GNA0074	Body Surface	PRST	Absent	
4GNA0074	Body Surface	OTHER	Present	Gill net marks
4GNA0074	Head	DFM	Absent	
4GNA0074	Mouth	ULR	Absent	
4GNA0074	Mouth	LLG	Absent	
4GNA0074	Nare	SLN	Absent	
4GNA0074	Eye, left	EXPTH	Absent	
4GNA0074	Eye, left	OPQ	Absent	
4GNA0074	Eye, left	MIS	Absent	
4GNA0074	Eye, left	HMR	Absent	
4GNA0074	Eye, left	EMB	Absent	
4GNA0074	Eye, right	EXPTH	Absent	
4GNA0074	Eye, right	OPQ	Absent	
4GNA0074	Eye, right	MIS	Absent	
4GNA0074	Eye, right	HMR	Absent	
4GNA0074	Eye, right	EMB	Absent	
4GNA0074	Opercula	SLSH	Absent	
4GNA0075	Body Surface	RGR	Absent	
4GNA0075	Body Surface	RLSN	Absent	
4GNA0075	Body Surface	SPDF	Absent	
4GNA0075	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0075	Body Surface	FDC	Absent	
4GNA0075	Body Surface	BFG	Absent	
4GNA0075	Body Surface	PRST	Absent	
4GNA0075	Head	DFM	Absent	
4GNA0075	Mouth	ULR	Absent	
4GNA0075	Mouth	LLG	Absent	
4GNA0075	Nare	SLN	Absent	
4GNA0075	Eye, left	EXPTH	Absent	
4GNA0075	Eye, left	OPQ	Absent	
4GNA0075	Eye, left	MIS	Absent	
4GNA0075	Eye, left	HMR	Absent	
4GNA0075	Eye, left	EMB	Absent	
4GNA0075	Eye, right	EXPTH	Absent	
4GNA0075	Eye, right	OPQ	Absent	
4GNA0075	Eye, right	MIS	Absent	
4GNA0075	Eye, right	HMR	Absent	
4GNA0075	Eye, right	EMB	Absent	
4GNA0075	Opercula	SLSH	Absent	
4GNA0076	Body Surface	RGR	Absent	
4GNA0076	Body Surface	RLSN	Absent	
4GNA0076	Body Surface	SPDF	Absent	
4GNA0076	Body Surface	HMRB	Absent	
4GNA0076	Body Surface	FDC	Absent	
4GNA0076	Body Surface	BFG	Absent	
4GNA0076	Body Surface	PRST	Absent	
4GNA0076	Head	DFM	Absent	
4GNA0076	Mouth	ULR	Absent	
4GNA0076	Mouth	LLG	Absent	
4GNA0076	Nare	SLN	Absent	
4GNA0076	Eye, left	EXPTH	Absent	
4GNA0076	Eye, left	OPQ	Absent	
4GNA0076	Eye, left	MIS	Absent	
4GNA0076	Eye, left	HMR	Absent	
4GNA0076	Eye, left	EMB	Absent	
4GNA0076	Eye, right	EXPTH	Absent	
4GNA0076	Eye, right	OPQ	Absent	
4GNA0076	Eye, right	MIS	Absent	
4GNA0076	Eye, right	HMR	Absent	
4GNA0076	Eye, right	EMB	Absent	
4GNA0076	Opercula	SLSH	Absent	
4GNA0077	Body Surface	RGR	Absent	
4GNA0077	Body Surface	RLSN	Absent	
4GNA0077	Body Surface	SPDF	Absent	
4GNA0077	Body Surface	HMRB	Absent	
4GNA0077	Body Surface	FDC	Absent	
4GNA0077	Body Surface	BFG	Absent	
4GNA0077	Body Surface	PRST	Absent	
4GNA0077	Head	DFM	Absent	
4GNA0077	Mouth	ULR	Absent	
4GNA0077	Mouth	LLG	Absent	
4GNA0077	Nare	SLN	Absent	
4GNA0077	Eye, left	EXPTH	Absent	
4GNA0077	Eye, left	OPQ	Absent	
4GNA0077	Eye, left	MIS	Absent	
4GNA0077	Eye, left	HMR	Absent	
4GNA0077	Eye, left	EMB	Absent	
4GNA0077	Eye, right	EXPTH	Absent	
4GNA0077	Eye, right	OPQ	Absent	
4GNA0077	Eye, right	MIS	Absent	
4GNA0077	Eye, right	HMR	Absent	
4GNA0077	Eye, right	EMB	Absent	
4GNA0077	Opercula	SLSH	Absent	
4GNA0078	Body Surface	RGR	Absent	
4GNA0078	Body Surface	RLSN	Absent	
4GNA0078	Body Surface	SPDF	Absent	
4GNA0078	Body Surface	HMRB	Absent	
4GNA0078	Body Surface	FDC	Absent	
4GNA0078	Body Surface	BFG	Absent	
4GNA0078	Body Surface	PRST	Absent	
4GNA0078	Head	DFM	Absent	
4GNA0078	Mouth	ULR	Absent	
4GNA0078	Mouth	LLG	Absent	
4GNA0078	Nare	SLN	Absent	
4GNA0078	Eye, left	EXPTH	Absent	
4GNA0078	Eye, left	OPQ	Absent	
4GNA0078	Eye, left	MIS	Absent	
4GNA0078	Eye, left	HMR	Absent	
4GNA0078	Eye, left	EMB	Absent	
4GNA0078	Eye, right	EXPTH	Absent	
4GNA0078	Eye, right	OPQ	Absent	
4GNA0078	Eye, right	MIS	Absent	
4GNA0078	Eye, right	HMR	Absent	
4GNA0078	Eye, right	EMB	Absent	
4GNA0078	Opercula	SLSH	Absent	
4GNA0079	Body Surface	RGR	Absent	
4GNA0079	Body Surface	RLSN	Absent	
4GNA0079	Body Surface	SPDF	Absent	
4GNA0079	Body Surface	HMRB	Absent	
4GNA0079	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0079	Body Surface	BFG	Absent	
4GNA0079	Body Surface	PRST	Absent	
4GNA0079	Head	DFM	Absent	
4GNA0079	Mouth	ULR	Absent	
4GNA0079	Mouth	LLG	Absent	
4GNA0079	Nare	SLN	Absent	
4GNA0079	Eye, left	EXPTH	Absent	
4GNA0079	Eye, left	OPQ	Absent	
4GNA0079	Eye, left	MIS	Absent	
4GNA0079	Eye, left	HMR	Absent	
4GNA0079	Eye, left	EMB	Absent	
4GNA0079	Eye, right	EXPTH	Absent	
4GNA0079	Eye, right	OPQ	Absent	
4GNA0079	Eye, right	MIS	Absent	
4GNA0079	Eye, right	HMR	Absent	
4GNA0079	Eye, right	EMB	Absent	
4GNA0079	Opercula	SLSH	Absent	
4GNA0080W	Body Surface	RGR	Absent	
4GNA0080W	Body Surface	RLSN	Absent	
4GNA0080W	Body Surface	SPDF	Absent	
4GNA0080W	Body Surface	HMRB	Absent	
4GNA0080W	Body Surface	FDC	Absent	
4GNA0080W	Body Surface	BFG	Absent	
4GNA0080W	Body Surface	PRST	Absent	
4GNA0080W	Head	DFM	Absent	
4GNA0080W	Mouth	ULR	Absent	
4GNA0080W	Mouth	LLG	Absent	
4GNA0080W	Nare	SLN	Absent	
4GNA0080W	Eye, left	EXPTH	Absent	
4GNA0080W	Eye, left	OPQ	Absent	
4GNA0080W	Eye, left	MIS	Absent	
4GNA0080W	Eye, left	HMR	Absent	
4GNA0080W	Eye, left	EMB	Absent	
4GNA0080W	Eye, right	EXPTH	Absent	
4GNA0080W	Eye, right	OPQ	Absent	
4GNA0080W	Eye, right	MIS	Absent	
4GNA0080W	Eye, right	HMR	Absent	
4GNA0080W	Eye, right	EMB	Absent	
4GNA0080W	Opercula	SLSH	Absent	
4GNA0081W	Body Surface	RGR	Absent	
4GNA0081W	Body Surface	RLSN	Absent	
4GNA0081W	Body Surface	SPDF	Absent	
4GNA0081W	Body Surface	HMRB	Absent	
4GNA0081W	Body Surface	FDC	Absent	
4GNA0081W	Body Surface	BFG	Absent	
4GNA0081W	Body Surface	PRST	Absent	
4GNA0081W	Head	DFM	Absent	
4GNA0081W	Mouth	ULR	Absent	
4GNA0081W	Mouth	LLG	Absent	
4GNA0081W	Nare	SLN	Absent	
4GNA0081W	Eye, left	EXPTH	Absent	
4GNA0081W	Eye, left	OPQ	Absent	
4GNA0081W	Eye, left	MIS	Absent	
4GNA0081W	Eye, left	HMR	Absent	
4GNA0081W	Eye, left	EMB	Absent	
4GNA0081W	Eye, right	EXPTH	Absent	
4GNA0081W	Eye, right	OPQ	Absent	
4GNA0081W	Eye, right	MIS	Absent	
4GNA0081W	Eye, right	HMR	Absent	
4GNA0081W	Eye, right	EMB	Absent	
4GNA0081W	Opercula	SLSH	Absent	
4GNA0082H	Body Surface	RGR	Absent	
4GNA0082H	Body Surface	RLSN	Absent	
4GNA0082H	Body Surface	SPDF	Absent	
4GNA0082H	Body Surface	HMRB	Absent	
4GNA0082H	Body Surface	FDC	Absent	
4GNA0082H	Body Surface	BFG	Absent	
4GNA0082H	Body Surface	PRST	Absent	
4GNA0082H	Body Surface	OTHER	Present	Gill net marks
4GNA0082H	Head	DFM	Absent	
4GNA0082H	Mouth	ULR	Absent	
4GNA0082H	Mouth	LLG	Absent	
4GNA0082H	Nare	SLN	Absent	
4GNA0082H	Eye, left	EXPTH	Absent	
4GNA0082H	Eye, left	OPQ	Absent	
4GNA0082H	Eye, left	MIS	Absent	
4GNA0082H	Eye, left	HMR	Absent	
4GNA0082H	Eye, left	EMB	Absent	
4GNA0082H	Eye, right	EXPTH	Absent	
4GNA0082H	Eye, right	OPQ	Absent	
4GNA0082H	Eye, right	MIS	Absent	
4GNA0082H	Eye, right	HMR	Absent	
4GNA0082H	Eye, right	EMB	Absent	
4GNA0082H	Opercula	OTHER	Present	Growth
4GNA0082H	Opercula	SLSH	Absent	
4GNA0083H	Body Surface	RGR	Absent	
4GNA0083H	Body Surface	RLSN	Absent	
4GNA0083H	Body Surface	SPDF	Absent	
4GNA0083H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0083H	Body Surface	FDC	Absent	
4GNA0083H	Body Surface	BFG	Absent	
4GNA0083H	Body Surface	PRST	Absent	
4GNA0083H	Body Surface	OTHER	Present	Gill net marks
4GNA0083H	Head	DFM	Absent	
4GNA0083H	Mouth	ULR	Absent	
4GNA0083H	Mouth	LLG	Absent	
4GNA0083H	Nare	SLN	Absent	
4GNA0083H	Eye, left	EXPTH	Absent	
4GNA0083H	Eye, left	OPQ	Absent	
4GNA0083H	Eye, left	MIS	Absent	
4GNA0083H	Eye, left	HMR	Absent	
4GNA0083H	Eye, left	EMB	Absent	
4GNA0083H	Eye, right	EXPTH	Absent	
4GNA0083H	Eye, right	OPQ	Absent	
4GNA0083H	Eye, right	MIS	Absent	
4GNA0083H	Eye, right	HMR	Absent	
4GNA0083H	Eye, right	EMB	Absent	
4GNA0083H	Opercula	SLSH	Absent	
4GNA0084H	Body Surface	RGR	Absent	
4GNA0084H	Body Surface	RLSN	Absent	
4GNA0084H	Body Surface	SPDF	Absent	
4GNA0084H	Body Surface	HMRB	Present	
4GNA0084H	Body Surface	FDC	Absent	
4GNA0084H	Body Surface	BFG	Absent	
4GNA0084H	Body Surface	PRST	Absent	
4GNA0084H	Body Surface	OTHER	Present	Gill net marks
4GNA0084H	Head	DFM	Absent	
4GNA0084H	Mouth	ULR	Absent	
4GNA0084H	Mouth	LLG	Absent	
4GNA0084H	Nare	SLN	Absent	
4GNA0084H	Eye, left	EXPTH	Absent	
4GNA0084H	Eye, left	OPQ	Absent	
4GNA0084H	Eye, left	MIS	Absent	
4GNA0084H	Eye, left	HMR	Absent	
4GNA0084H	Eye, left	EMB	Absent	
4GNA0084H	Eye, right	EXPTH	Absent	
4GNA0084H	Eye, right	OPQ	Absent	
4GNA0084H	Eye, right	MIS	Absent	
4GNA0084H	Eye, right	HMR	Absent	
4GNA0084H	Eye, right	EMB	Absent	
4GNA0084H	Opercula	SLSH	Absent	
4GNA0085H	Body Surface	RGR	Absent	
4GNA0085H	Body Surface	RLSN	Absent	
4GNA0085H	Body Surface	SPDF	Absent	
4GNA0085H	Body Surface	HMRB	Absent	
4GNA0085H	Body Surface	FDC	Absent	
4GNA0085H	Body Surface	BFG	Absent	
4GNA0085H	Body Surface	PRST	Absent	
4GNA0085H	Head	DFM	Absent	
4GNA0085H	Mouth	ULR	Absent	
4GNA0085H	Mouth	LLG	Absent	
4GNA0085H	Nare	SLN	Absent	
4GNA0085H	Eye, left	EXPTH	Absent	
4GNA0085H	Eye, left	OPQ	Absent	
4GNA0085H	Eye, left	MIS	Absent	
4GNA0085H	Eye, left	HMR	Absent	
4GNA0085H	Eye, left	EMB	Absent	
4GNA0085H	Eye, right	EXPTH	Absent	
4GNA0085H	Eye, right	OPQ	Absent	
4GNA0085H	Eye, right	MIS	Absent	
4GNA0085H	Eye, right	HMR	Absent	
4GNA0085H	Eye, right	EMB	Absent	
4GNA0085H	Opercula	SLSH	Absent	
4GNA0086H	Body Surface	RGR	Absent	
4GNA0086H	Body Surface	RLSN	Absent	
4GNA0086H	Body Surface	SPDF	Absent	
4GNA0086H	Body Surface	HMRB	Absent	
4GNA0086H	Body Surface	FDC	Absent	
4GNA0086H	Body Surface	BFG	Absent	
4GNA0086H	Body Surface	PRST	Absent	
4GNA0086H	Head	DFM	Absent	
4GNA0086H	Mouth	ULR	Absent	
4GNA0086H	Mouth	LLG	Absent	
4GNA0086H	Nare	SLN	Absent	
4GNA0086H	Eye, left	EXPTH	Absent	
4GNA0086H	Eye, left	OPQ	Absent	
4GNA0086H	Eye, left	MIS	Absent	
4GNA0086H	Eye, left	HMR	Absent	
4GNA0086H	Eye, left	EMB	Absent	
4GNA0086H	Eye, right	EXPTH	Absent	
4GNA0086H	Eye, right	OPQ	Absent	
4GNA0086H	Eye, right	MIS	Absent	
4GNA0086H	Eye, right	HMR	Absent	
4GNA0086H	Eye, right	EMB	Absent	
4GNA0086H	Opercula	SLSH	Absent	
4GNA0087H	Body Surface	RGR	Absent	
4GNA0087H	Body Surface	RLSN	Absent	
4GNA0087H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0087H	Body Surface	HMRB	Absent	
4GNA0087H	Body Surface	FDC	Absent	
4GNA0087H	Body Surface	BFG	Absent	
4GNA0087H	Body Surface	PRST	Absent	
4GNA0087H	Body Surface	OTHER	Present	Gill net marks
4GNA0087H	Head	DFM	Absent	
4GNA0087H	Mouth	ULR	Absent	
4GNA0087H	Mouth	LLG	Absent	
4GNA0087H	Nare	SLN	Absent	
4GNA0087H	Eye, left	EXPTH	Absent	
4GNA0087H	Eye, left	OPQ	Absent	
4GNA0087H	Eye, left	MIS	Absent	
4GNA0087H	Eye, left	HMR	Absent	
4GNA0087H	Eye, left	EMB	Absent	
4GNA0087H	Eye, right	EXPTH	Absent	
4GNA0087H	Eye, right	OPQ	Absent	
4GNA0087H	Eye, right	MIS	Absent	
4GNA0087H	Eye, right	HMR	Absent	
4GNA0087H	Eye, right	EMB	Absent	
4GNA0087H	Opercula	SLSH	Absent	
4GNA0088	Body Surface	RGR	Absent	
4GNA0088	Body Surface	RLSN	Absent	
4GNA0088	Body Surface	SPDF	Absent	
4GNA0088	Body Surface	HMRB	Absent	
4GNA0088	Body Surface	FDC	Absent	
4GNA0088	Body Surface	BFG	Absent	
4GNA0088	Body Surface	PRST	Absent	
4GNA0088	Head	DFM	Absent	
4GNA0088	Mouth	ULR	Absent	
4GNA0088	Mouth	LLG	Absent	
4GNA0088	Nare	SLN	Absent	
4GNA0088	Eye, left	EXPTH	Absent	
4GNA0088	Eye, left	OPQ	Absent	
4GNA0088	Eye, left	MIS	Absent	
4GNA0088	Eye, left	HMR	Absent	
4GNA0088	Eye, left	EMB	Absent	
4GNA0088	Eye, right	EXPTH	Absent	
4GNA0088	Eye, right	OPQ	Absent	
4GNA0088	Eye, right	MIS	Absent	
4GNA0088	Eye, right	HMR	Absent	
4GNA0088	Eye, right	EMB	Absent	
4GNA0088	Opercula	SLSH	Absent	
4GNA0089	Body Surface	RGR	Absent	
4GNA0089	Body Surface	RLSN	Absent	
4GNA0089	Body Surface	SPDF	Absent	
4GNA0089	Body Surface	HMRB	Absent	
4GNA0089	Body Surface	FDC	Present	
4GNA0089	Body Surface	BFG	Absent	
4GNA0089	Body Surface	PRST	Absent	
4GNA0089	Head	DFM	Absent	
4GNA0089	Mouth	ULR	Absent	
4GNA0089	Mouth	LLG	Absent	
4GNA0089	Nare	SLN	Absent	
4GNA0089	Eye, left	EXPTH	Absent	
4GNA0089	Eye, left	OPQ	Absent	
4GNA0089	Eye, left	MIS	Absent	
4GNA0089	Eye, left	HMR	Absent	
4GNA0089	Eye, left	EMB	Absent	
4GNA0089	Eye, right	EXPTH	Absent	
4GNA0089	Eye, right	OPQ	Absent	
4GNA0089	Eye, right	MIS	Absent	
4GNA0089	Eye, right	HMR	Absent	
4GNA0089	Eye, right	EMB	Absent	
4GNA0089	Opercula	SLSH	Absent	
4GNA0090	Body Surface	RGR	Absent	
4GNA0090	Body Surface	RLSN	Absent	
4GNA0090	Body Surface	SPDF	Absent	
4GNA0090	Body Surface	HMRB	Absent	
4GNA0090	Body Surface	FDC	Present	
4GNA0090	Body Surface	BFG	Absent	
4GNA0090	Body Surface	PRST	Absent	
4GNA0090	Head	DFM	Absent	
4GNA0090	Mouth	ULR	Absent	
4GNA0090	Mouth	LLG	Absent	
4GNA0090	Nare	SLN	Absent	
4GNA0090	Eye, left	EXPTH	Absent	
4GNA0090	Eye, left	OPQ	Absent	
4GNA0090	Eye, left	MIS	Absent	
4GNA0090	Eye, left	HMR	Absent	
4GNA0090	Eye, left	EMB	Absent	
4GNA0090	Eye, right	EXPTH	Absent	
4GNA0090	Eye, right	OPQ	Absent	
4GNA0090	Eye, right	MIS	Absent	
4GNA0090	Eye, right	HMR	Absent	
4GNA0090	Eye, right	EMB	Absent	
4GNA0090	Opercula	SLSH	Absent	
4GNA0091	Body Surface	RGR	Absent	
4GNA0091	Body Surface	RLSN	Absent	
4GNA0091	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0091	Body Surface	HMRB	Absent	
4GNA0091	Body Surface	FDC	Absent	
4GNA0091	Body Surface	BFG	Absent	
4GNA0091	Body Surface	PRST	Absent	
4GNA0091	Body Surface	OTHER	Present	Gill net marks
4GNA0091	Head	DFM	Absent	
4GNA0091	Mouth	ULR	Absent	
4GNA0091	Mouth	LLG	Absent	
4GNA0091	Nare	SLN	Absent	
4GNA0091	Eye, left	EXPTH	Absent	
4GNA0091	Eye, left	OPQ	Absent	
4GNA0091	Eye, left	MIS	Absent	
4GNA0091	Eye, left	HMR	Absent	
4GNA0091	Eye, left	EMB	Absent	
4GNA0091	Eye, right	EXPTH	Absent	
4GNA0091	Eye, right	OPQ	Absent	
4GNA0091	Eye, right	MIS	Absent	
4GNA0091	Eye, right	HMR	Absent	
4GNA0091	Eye, right	EMB	Absent	
4GNA0091	Opercula	SLSH	Absent	
4GNA0092	Body Surface	RGR	Absent	
4GNA0092	Body Surface	RLSN	Absent	
4GNA0092	Body Surface	SPDF	Absent	
4GNA0092	Body Surface	HMRB	Absent	
4GNA0092	Body Surface	FDC	Absent	
4GNA0092	Body Surface	BFG	Absent	
4GNA0092	Body Surface	PRST	Absent	
4GNA0092	Head	DFM	Absent	
4GNA0092	Mouth	ULR	Absent	
4GNA0092	Mouth	LLG	Absent	
4GNA0092	Nare	SLN	Absent	
4GNA0092	Eye, left	EXPTH	Absent	
4GNA0092	Eye, left	OPQ	Absent	
4GNA0092	Eye, left	MIS	Absent	
4GNA0092	Eye, left	HMR	Absent	
4GNA0092	Eye, left	EMB	Absent	
4GNA0092	Eye, right	EXPTH	Absent	
4GNA0092	Eye, right	OPQ	Absent	
4GNA0092	Eye, right	MIS	Absent	
4GNA0092	Eye, right	HMR	Absent	
4GNA0092	Eye, right	EMB	Absent	
4GNA0092	Opercula	SLSH	Absent	
4GNA0093	Body Surface	RGR	Absent	
4GNA0093	Body Surface	RLSN	Absent	
4GNA0093	Body Surface	SPDF	Absent	
4GNA0093	Body Surface	HMRB	Absent	
4GNA0093	Body Surface	FDC	Absent	
4GNA0093	Body Surface	BFG	Absent	
4GNA0093	Body Surface	PRST	Absent	
4GNA0093	Head	DFM	Absent	
4GNA0093	Mouth	ULR	Absent	
4GNA0093	Mouth	LLG	Absent	
4GNA0093	Nare	SLN	Absent	
4GNA0093	Eye, left	EXPTH	Absent	
4GNA0093	Eye, left	OPQ	Absent	
4GNA0093	Eye, left	MIS	Absent	
4GNA0093	Eye, left	HMR	Absent	
4GNA0093	Eye, left	EMB	Absent	
4GNA0093	Eye, right	EXPTH	Absent	
4GNA0093	Eye, right	OPQ	Absent	
4GNA0093	Eye, right	MIS	Absent	
4GNA0093	Eye, right	HMR	Absent	
4GNA0093	Eye, right	EMB	Absent	
4GNA0093	Opercula	SLSH	Absent	
4GNA0094	Body Surface	RGR	Absent	
4GNA0094	Body Surface	RLSN	Absent	
4GNA0094	Body Surface	SPDF	Absent	
4GNA0094	Body Surface	HMRB	Absent	
4GNA0094	Body Surface	FDC	Absent	
4GNA0094	Body Surface	BFG	Absent	
4GNA0094	Body Surface	PRST	Present	
4GNA0094	Head	DFM	Absent	
4GNA0094	Mouth	ULR	Absent	
4GNA0094	Mouth	LLG	Absent	
4GNA0094	Nare	SLN	Absent	
4GNA0094	Eye, left	EXPTH	Absent	
4GNA0094	Eye, left	OPQ	Absent	
4GNA0094	Eye, left	MIS	Absent	
4GNA0094	Eye, left	HMR	Absent	
4GNA0094	Eye, left	EMB	Absent	
4GNA0094	Eye, right	EXPTH	Absent	
4GNA0094	Eye, right	OPQ	Absent	
4GNA0094	Eye, right	MIS	Absent	
4GNA0094	Eye, right	HMR	Absent	
4GNA0094	Eye, right	EMB	Absent	
4GNA0094	Opercula	SLSH	Absent	
4GNA0095	Body Surface	RGR	Absent	
4GNA0095	Body Surface	RLSN	Absent	
4GNA0095	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0095	Body Surface	HMRB	Absent	
4GNA0095	Body Surface	FDC	Absent	
4GNA0095	Body Surface	BFG	Absent	
4GNA0095	Body Surface	PRST	Absent	
4GNA0095	Head	DFM	Absent	
4GNA0095	Mouth	ULR	Absent	
4GNA0095	Mouth	LLG	Absent	
4GNA0095	Nare	SLN	Absent	
4GNA0095	Eye, left	EXPTH	Absent	
4GNA0095	Eye, left	OPQ	Absent	
4GNA0095	Eye, left	MIS	Absent	
4GNA0095	Eye, left	HMR	Absent	
4GNA0095	Eye, left	EMB	Absent	
4GNA0095	Eye, right	EXPTH	Absent	
4GNA0095	Eye, right	OPQ	Absent	
4GNA0095	Eye, right	MIS	Absent	
4GNA0095	Eye, right	HMR	Absent	
4GNA0095	Eye, right	EMB	Absent	
4GNA0095	Opercula	SLSH	Absent	
4GNA0096	Body Surface	RGR	Absent	
4GNA0096	Body Surface	RLSN	Absent	
4GNA0096	Body Surface	SPDF	Absent	
4GNA0096	Body Surface	HMRB	Absent	
4GNA0096	Body Surface	FDC	Absent	
4GNA0096	Body Surface	BFG	Absent	
4GNA0096	Body Surface	PRST	Absent	
4GNA0096	Body Surface	OTHER	Present	Gill net marks
4GNA0096	Head	DFM	Absent	
4GNA0096	Mouth	ULR	Absent	
4GNA0096	Mouth	LLG	Absent	
4GNA0096	Nare	SLN	Absent	
4GNA0096	Eye, left	EXPTH	Absent	
4GNA0096	Eye, left	OPQ	Absent	
4GNA0096	Eye, left	MIS	Absent	
4GNA0096	Eye, left	HMR	Absent	
4GNA0096	Eye, left	EMB	Absent	
4GNA0096	Eye, right	EXPTH	Absent	
4GNA0096	Eye, right	OPQ	Absent	
4GNA0096	Eye, right	MIS	Absent	
4GNA0096	Eye, right	HMR	Absent	
4GNA0096	Eye, right	EMB	Absent	
4GNA0096	Opercula	SLSH	Absent	
4GNA0097	Body Surface	RGR	Absent	
4GNA0097	Body Surface	RLSN	Absent	
4GNA0097	Body Surface	SPDF	Absent	
4GNA0097	Body Surface	HMRB	Absent	
4GNA0097	Body Surface	FDC	Absent	
4GNA0097	Body Surface	BFG	Absent	
4GNA0097	Body Surface	PRST	Absent	
4GNA0097	Head	DFM	Absent	
4GNA0097	Mouth	ULR	Absent	
4GNA0097	Mouth	LLG	Absent	
4GNA0097	Nare	SLN	Absent	
4GNA0097	Eye, left	EXPTH	Absent	
4GNA0097	Eye, left	OPQ	Absent	
4GNA0097	Eye, left	MIS	Absent	
4GNA0097	Eye, left	HMR	Absent	
4GNA0097	Eye, left	EMB	Absent	
4GNA0097	Eye, right	EXPTH	Absent	
4GNA0097	Eye, right	OPQ	Absent	
4GNA0097	Eye, right	MIS	Absent	
4GNA0097	Eye, right	HMR	Absent	
4GNA0097	Eye, right	EMB	Absent	
4GNA0097	Opercula	SLSH	Absent	
4GNA0098	Body Surface	RGR	Absent	
4GNA0098	Body Surface	RLSN	Absent	
4GNA0098	Body Surface	SPDF	Absent	
4GNA0098	Body Surface	HMRB	Absent	
4GNA0098	Body Surface	FDC	Absent	
4GNA0098	Body Surface	BFG	Absent	
4GNA0098	Body Surface	PRST	Absent	
4GNA0098	Head	DFM	Absent	
4GNA0098	Mouth	ULR	Absent	
4GNA0098	Mouth	LLG	Absent	
4GNA0098	Nare	SLN	Absent	
4GNA0098	Eye, left	EXPTH	Absent	
4GNA0098	Eye, left	OPQ	Absent	
4GNA0098	Eye, left	MIS	Absent	
4GNA0098	Eye, left	HMR	Absent	
4GNA0098	Eye, left	EMB	Absent	
4GNA0098	Eye, right	EXPTH	Absent	
4GNA0098	Eye, right	OPQ	Absent	
4GNA0098	Eye, right	MIS	Absent	
4GNA0098	Eye, right	HMR	Absent	
4GNA0098	Eye, right	EMB	Absent	
4GNA0098	Opercula	SLSH	Absent	
4GNA0099	Body Surface	RGR	Absent	
4GNA0099	Body Surface	RLSN	Absent	
4GNA0099	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0099	Body Surface	HMRB	Absent	
4GNA0099	Body Surface	FDC	Absent	
4GNA0099	Body Surface	BFG	Absent	
4GNA0099	Body Surface	PRST	Absent	
4GNA0099	Barbel	NORM	Present	
4GNA0099	Head	DFM	Absent	
4GNA0099	Mouth	ULR	Absent	
4GNA0099	Mouth	LLG	Absent	
4GNA0099	Nare	SLN	Absent	
4GNA0099	Eye, left	EXPTH	Absent	
4GNA0099	Eye, left	OPQ	Absent	
4GNA0099	Eye, left	MIS	Absent	
4GNA0099	Eye, left	HMR	Absent	
4GNA0099	Eye, left	EMB	Absent	
4GNA0099	Eye, right	EXPTH	Absent	
4GNA0099	Eye, right	OPQ	Absent	
4GNA0099	Eye, right	MIS	Absent	
4GNA0099	Eye, right	HMR	Absent	
4GNA0099	Eye, right	EMB	Absent	
4GNA0099	Opercula	SLSH	Absent	
4GNA0100	Body Surface	RGR	Absent	
4GNA0100	Body Surface	RLSN	Absent	
4GNA0100	Body Surface	SPDF	Absent	
4GNA0100	Body Surface	HMRB	Absent	
4GNA0100	Body Surface	FDC	Absent	
4GNA0100	Body Surface	BFG	Absent	
4GNA0100	Body Surface	PRST	Absent	
4GNA0100	Head	DFM	Absent	
4GNA0100	Mouth	ULR	Absent	
4GNA0100	Mouth	LLG	Absent	
4GNA0100	Nare	SLN	Absent	
4GNA0100	Eye, left	EXPTH	Absent	
4GNA0100	Eye, left	OPQ	Absent	
4GNA0100	Eye, left	MIS	Absent	
4GNA0100	Eye, left	HMR	Absent	
4GNA0100	Eye, left	EMB	Absent	
4GNA0100	Eye, right	EXPTH	Absent	
4GNA0100	Eye, right	OPQ	Absent	
4GNA0100	Eye, right	MIS	Absent	
4GNA0100	Eye, right	HMR	Absent	
4GNA0100	Eye, right	EMB	Absent	
4GNA0100	Opercula	SLSH	Absent	
4GNA0101	Body Surface	RGR	Absent	
4GNA0101	Body Surface	RLSN	Absent	
4GNA0101	Body Surface	SPDF	Absent	
4GNA0101	Body Surface	HMRB	Absent	
4GNA0101	Body Surface	FDC	Absent	
4GNA0101	Body Surface	BFG	Absent	
4GNA0101	Body Surface	PRST	Absent	
4GNA0101	Head	DFM	Absent	
4GNA0101	Mouth	ULR	Absent	
4GNA0101	Mouth	LLG	Absent	
4GNA0101	Nare	SLN	Absent	
4GNA0101	Eye, left	EXPTH	Absent	
4GNA0101	Eye, left	OPQ	Absent	
4GNA0101	Eye, left	MIS	Absent	
4GNA0101	Eye, left	HMR	Absent	
4GNA0101	Eye, left	EMB	Absent	
4GNA0101	Eye, right	EXPTH	Absent	
4GNA0101	Eye, right	OPQ	Absent	
4GNA0101	Eye, right	MIS	Absent	
4GNA0101	Eye, right	HMR	Absent	
4GNA0101	Eye, right	EMB	Absent	
4GNA0101	Opercula	SLSH	Absent	
4GNA0103	Body Surface	RGR	Absent	
4GNA0103	Body Surface	RLSN	Absent	
4GNA0103	Body Surface	SPDF	Absent	
4GNA0103	Body Surface	HMRB	Absent	
4GNA0103	Body Surface	FDC	Absent	
4GNA0103	Body Surface	BFG	Absent	
4GNA0103	Body Surface	PRST	Absent	
4GNA0103	Head	DFM	Absent	
4GNA0103	Mouth	ULR	Absent	
4GNA0103	Mouth	LLG	Absent	
4GNA0103	Nare	SLN	Absent	
4GNA0103	Eye, left	EXPTH	Absent	
4GNA0103	Eye, left	OPQ	Absent	
4GNA0103	Eye, left	MIS	Absent	
4GNA0103	Eye, left	HMR	Absent	
4GNA0103	Eye, left	EMB	Absent	
4GNA0103	Eye, right	EXPTH	Absent	
4GNA0103	Eye, right	OPQ	Absent	
4GNA0103	Eye, right	MIS	Absent	
4GNA0103	Eye, right	HMR	Absent	
4GNA0103	Eye, right	EMB	Absent	
4GNA0103	Opercula	SLSH	Absent	
4GNA0107H	Body Surface	RGR	Absent	
4GNA0107H	Body Surface	RLSN	Absent	
4GNA0107H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0107H	Body Surface	HMRB	Absent	
4GNA0107H	Body Surface	FDC	Absent	
4GNA0107H	Body Surface	BFG	Absent	
4GNA0107H	Body Surface	PRST	Absent	
4GNA0107H	Head	DFM	Absent	
4GNA0107H	Mouth	ULR	Absent	
4GNA0107H	Mouth	LLG	Absent	
4GNA0107H	Nare	SLN	Absent	
4GNA0107H	Eye, left	EXPTH	Absent	
4GNA0107H	Eye, left	OPQ	Absent	
4GNA0107H	Eye, left	MIS	Absent	
4GNA0107H	Eye, left	HMR	Absent	
4GNA0107H	Eye, left	EMB	Absent	
4GNA0107H	Eye, right	EXPTH	Absent	
4GNA0107H	Eye, right	OPQ	Absent	
4GNA0107H	Eye, right	MIS	Absent	
4GNA0107H	Eye, right	HMR	Absent	
4GNA0107H	Eye, right	EMB	Absent	
4GNA0107H	Opercula	SLSH	Absent	
4GNA0108H	Body Surface	RGR	Absent	
4GNA0108H	Body Surface	RLSN	Absent	
4GNA0108H	Body Surface	SPDF	Absent	
4GNA0108H	Body Surface	HMRB	Absent	
4GNA0108H	Body Surface	FDC	Present	
4GNA0108H	Body Surface	BFG	Absent	
4GNA0108H	Body Surface	PRST	Absent	
4GNA0108H	Body Surface	OTHER	Present	Gill net marks
4GNA0108H	Head	DFM	Absent	
4GNA0108H	Mouth	ULR	Absent	
4GNA0108H	Mouth	LLG	Absent	
4GNA0108H	Nare	SLN	Absent	
4GNA0108H	Eye, left	EXPTH	Absent	
4GNA0108H	Eye, left	OPQ	Absent	
4GNA0108H	Eye, left	MIS	Absent	
4GNA0108H	Eye, left	HMR	Absent	
4GNA0108H	Eye, left	EMB	Absent	
4GNA0108H	Eye, right	EXPTH	Absent	
4GNA0108H	Eye, right	OPQ	Absent	
4GNA0108H	Eye, right	MIS	Absent	
4GNA0108H	Eye, right	HMR	Absent	
4GNA0108H	Eye, right	EMB	Absent	
4GNA0108H	Opercula	SLSH	Absent	
4GNA0110H	Body Surface	RGR	Absent	
4GNA0110H	Body Surface	RLSN	Absent	
4GNA0110H	Body Surface	SPDF	Absent	
4GNA0110H	Body Surface	HMRB	Absent	
4GNA0110H	Body Surface	FDC	Absent	
4GNA0110H	Body Surface	BFG	Absent	
4GNA0110H	Body Surface	PRST	Absent	
4GNA0110H	Body Surface	OTHER	Present	Gill net marks
4GNA0110H	Head	DFM	Absent	
4GNA0110H	Mouth	ULR	Absent	
4GNA0110H	Mouth	LLG	Absent	
4GNA0110H	Nare	SLN	Absent	
4GNA0110H	Eye, left	EXPTH	Absent	
4GNA0110H	Eye, left	OPQ	Absent	
4GNA0110H	Eye, left	MIS	Absent	
4GNA0110H	Eye, left	HMR	Absent	
4GNA0110H	Eye, left	EMB	Absent	
4GNA0110H	Eye, right	EXPTH	Absent	
4GNA0110H	Eye, right	OPQ	Absent	
4GNA0110H	Eye, right	MIS	Absent	
4GNA0110H	Eye, right	HMR	Absent	
4GNA0110H	Eye, right	EMB	Absent	
4GNA0110H	Eye, right	OTHER	Present	Damage from clubbing
4GNA0110H	Opercula	SLSH	Absent	
4GNA0111H	Body Surface	RGR	Absent	
4GNA0111H	Body Surface	RLSN	Absent	
4GNA0111H	Body Surface	SPDF	Absent	
4GNA0111H	Body Surface	HMRB	Absent	
4GNA0111H	Body Surface	FDC	Absent	
4GNA0111H	Body Surface	BFG	Absent	
4GNA0111H	Body Surface	PRST	Absent	
4GNA0111H	Body Surface	OTHER	Present	Gill net marks
4GNA0111H	Head	DFM	Absent	
4GNA0111H	Mouth	ULR	Absent	
4GNA0111H	Mouth	LLG	Absent	
4GNA0111H	Nare	SLN	Absent	
4GNA0111H	Eye, left	EXPTH	Absent	
4GNA0111H	Eye, left	OPQ	Absent	
4GNA0111H	Eye, left	MIS	Absent	
4GNA0111H	Eye, left	HMR	Absent	
4GNA0111H	Eye, left	EMB	Absent	
4GNA0111H	Eye, right	EXPTH	Absent	
4GNA0111H	Eye, right	OPQ	Absent	
4GNA0111H	Eye, right	MIS	Absent	
4GNA0111H	Eye, right	HMR	Absent	
4GNA0111H	Eye, right	EMB	Absent	
4GNA0111H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0112H	Body Surface	RGR	Absent	
4GNA0112H	Body Surface	RLSN	Absent	
4GNA0112H	Body Surface	SPDF	Absent	
4GNA0112H	Body Surface	HMRB	Absent	
4GNA0112H	Body Surface	FDC	Absent	
4GNA0112H	Body Surface	BFG	Absent	
4GNA0112H	Body Surface	PRST	Absent	
4GNA0112H	Body Surface	OTHER	Present	Gill net marks
4GNA0112H	Head	DFM	Absent	
4GNA0112H	Mouth	ULR	Absent	
4GNA0112H	Mouth	LLG	Absent	
4GNA0112H	Nare	SLN	Absent	
4GNA0112H	Eye, left	EXPTH	Absent	
4GNA0112H	Eye, left	OPQ	Absent	
4GNA0112H	Eye, left	MIS	Absent	
4GNA0112H	Eye, left	HMR	Absent	
4GNA0112H	Eye, left	EMB	Absent	
4GNA0112H	Eye, right	EXPTH	Absent	
4GNA0112H	Eye, right	OPQ	Absent	
4GNA0112H	Eye, right	MIS	Absent	
4GNA0112H	Eye, right	HMR	Absent	
4GNA0112H	Eye, right	EMB	Absent	
4GNA0112H	Opercula	SLSH	Absent	
4GNA0113H	Body Surface	RGR	Absent	
4GNA0113H	Body Surface	RLSN	Absent	
4GNA0113H	Body Surface	SPDF	Absent	
4GNA0113H	Body Surface	HMRB	Absent	
4GNA0113H	Body Surface	FDC	Absent	
4GNA0113H	Body Surface	BFG	Absent	
4GNA0113H	Body Surface	PRST	Absent	
4GNA0113H	Head	DFM	Absent	
4GNA0113H	Mouth	ULR	Absent	
4GNA0113H	Mouth	LLG	Absent	
4GNA0113H	Nare	SLN	Absent	
4GNA0113H	Eye, left	EXPTH	Absent	
4GNA0113H	Eye, left	OPQ	Absent	
4GNA0113H	Eye, left	MIS	Absent	
4GNA0113H	Eye, left	HMR	Absent	
4GNA0113H	Eye, left	EMB	Absent	
4GNA0113H	Eye, right	EXPTH	Absent	
4GNA0113H	Eye, right	OPQ	Absent	
4GNA0113H	Eye, right	MIS	Absent	
4GNA0113H	Eye, right	HMR	Absent	
4GNA0113H	Eye, right	EMB	Absent	
4GNA0113H	Opercula	SLSH	Absent	
4GNA0114H	Body Surface	RGR	Absent	
4GNA0114H	Body Surface	RLSN	Absent	
4GNA0114H	Body Surface	SPDF	Absent	
4GNA0114H	Body Surface	HMRB	Absent	
4GNA0114H	Body Surface	FDC	Absent	
4GNA0114H	Body Surface	BFG	Absent	
4GNA0114H	Body Surface	PRST	Absent	
4GNA0114H	Body Surface	OTHER	Present	Gill net marks
4GNA0114H	Head	DFM	Absent	
4GNA0114H	Mouth	ULR	Absent	
4GNA0114H	Mouth	LLG	Absent	
4GNA0114H	Nare	SLN	Absent	
4GNA0114H	Eye, left	EXPTH	Absent	
4GNA0114H	Eye, left	OPQ	Absent	
4GNA0114H	Eye, left	MIS	Absent	
4GNA0114H	Eye, left	HMR	Absent	
4GNA0114H	Eye, left	EMB	Absent	
4GNA0114H	Eye, right	EXPTH	Absent	
4GNA0114H	Eye, right	OPQ	Absent	
4GNA0114H	Eye, right	MIS	Absent	
4GNA0114H	Eye, right	HMR	Absent	
4GNA0114H	Eye, right	EMB	Absent	
4GNA0114H	Opercula	SLSH	Absent	
4GNA0115H	Body Surface	RGR	Absent	
4GNA0115H	Body Surface	RLSN	Absent	
4GNA0115H	Body Surface	SPDF	Absent	
4GNA0115H	Body Surface	HMRB	Absent	
4GNA0115H	Body Surface	FDC	Absent	
4GNA0115H	Body Surface	BFG	Absent	
4GNA0115H	Body Surface	PRST	Absent	
4GNA0115H	Body Surface	OTHER	Present	Gill net marks
4GNA0115H	Head	DFM	Absent	
4GNA0115H	Mouth	ULR	Absent	
4GNA0115H	Mouth	LLG	Absent	
4GNA0115H	Nare	SLN	Absent	
4GNA0115H	Eye, left	EXPTH	Absent	
4GNA0115H	Eye, left	OPQ	Absent	
4GNA0115H	Eye, left	MIS	Absent	
4GNA0115H	Eye, left	HMR	Absent	
4GNA0115H	Eye, left	EMB	Absent	
4GNA0115H	Eye, right	EXPTH	Absent	
4GNA0115H	Eye, right	OPQ	Absent	
4GNA0115H	Eye, right	MIS	Absent	
4GNA0115H	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0115H	Eye, right	EMB	Absent	
4GNA0115H	Opercula	SLSH	Absent	
4GNA0116H	Body Surface	RGR	Absent	
4GNA0116H	Body Surface	RLSN	Absent	
4GNA0116H	Body Surface	SPDF	Absent	
4GNA0116H	Body Surface	HMRB	Absent	
4GNA0116H	Body Surface	FDC	Absent	
4GNA0116H	Body Surface	BFG	Absent	
4GNA0116H	Body Surface	PRST	Absent	
4GNA0116H	Body Surface	OTHER	Present	Gill net marks
4GNA0116H	Head	DFM	Absent	
4GNA0116H	Mouth	ULR	Absent	
4GNA0116H	Mouth	LLG	Absent	
4GNA0116H	Nare	SLN	Absent	
4GNA0116H	Eye, left	EXPTH	Absent	
4GNA0116H	Eye, left	OPQ	Absent	
4GNA0116H	Eye, left	MIS	Absent	
4GNA0116H	Eye, left	HMR	Absent	
4GNA0116H	Eye, left	EMB	Absent	
4GNA0116H	Eye, right	EXPTH	Absent	
4GNA0116H	Eye, right	OPQ	Absent	
4GNA0116H	Eye, right	MIS	Absent	
4GNA0116H	Eye, right	HMR	Absent	
4GNA0116H	Eye, right	EMB	Absent	
4GNA0116H	Opercula	SLSH	Absent	
4GNA0117H	Body Surface	RGR	Absent	
4GNA0117H	Body Surface	RLSN	Absent	
4GNA0117H	Body Surface	SPDF	Absent	
4GNA0117H	Body Surface	HMRB	Absent	
4GNA0117H	Body Surface	FDC	Absent	
4GNA0117H	Body Surface	BFG	Absent	
4GNA0117H	Body Surface	PRST	Absent	
4GNA0117H	Body Surface	OTHER	Present	Gill net marks
4GNA0117H	Head	DFM	Absent	
4GNA0117H	Mouth	ULR	Absent	
4GNA0117H	Mouth	LLG	Absent	
4GNA0117H	Nare	SLN	Absent	
4GNA0117H	Eye, left	EXPTH	Absent	
4GNA0117H	Eye, left	OPQ	Absent	
4GNA0117H	Eye, left	MIS	Absent	
4GNA0117H	Eye, left	HMR	Absent	
4GNA0117H	Eye, left	EMB	Absent	
4GNA0117H	Eye, right	EXPTH	Absent	
4GNA0117H	Eye, right	OPQ	Absent	
4GNA0117H	Eye, right	MIS	Absent	
4GNA0117H	Eye, right	HMR	Absent	
4GNA0117H	Eye, right	EMB	Absent	
4GNA0117H	Opercula	SLSH	Absent	
4GNA0118H	Body Surface	RGR	Absent	
4GNA0118H	Body Surface	RLSN	Absent	
4GNA0118H	Body Surface	SPDF	Absent	
4GNA0118H	Body Surface	HMRB	Absent	
4GNA0118H	Body Surface	FDC	Absent	
4GNA0118H	Body Surface	BFG	Absent	
4GNA0118H	Body Surface	PRST	Absent	
4GNA0118H	Body Surface	OTHER	Present	Gill net marks
4GNA0118H	Head	DFM	Absent	
4GNA0118H	Mouth	ULR	Absent	
4GNA0118H	Mouth	LLG	Absent	
4GNA0118H	Nare	SLN	Absent	
4GNA0118H	Eye, left	EXPTH	Absent	
4GNA0118H	Eye, left	OPQ	Absent	
4GNA0118H	Eye, left	MIS	Absent	
4GNA0118H	Eye, left	HMR	Absent	
4GNA0118H	Eye, left	EMB	Absent	
4GNA0118H	Eye, right	EXPTH	Absent	
4GNA0118H	Eye, right	OPQ	Absent	
4GNA0118H	Eye, right	MIS	Absent	
4GNA0118H	Eye, right	HMR	Absent	
4GNA0118H	Eye, right	EMB	Absent	
4GNA0118H	Opercula	SLSH	Absent	
4GNA0119H	Body Surface	RGR	Absent	
4GNA0119H	Body Surface	RLSN	Absent	
4GNA0119H	Body Surface	SPDF	Absent	
4GNA0119H	Body Surface	HMRB	Absent	
4GNA0119H	Body Surface	FDC	Absent	
4GNA0119H	Body Surface	BFG	Absent	
4GNA0119H	Body Surface	PRST	Absent	
4GNA0119H	Head	DFM	Absent	
4GNA0119H	Mouth	ULR	Absent	
4GNA0119H	Mouth	LLG	Absent	
4GNA0119H	Nare	SLN	Absent	
4GNA0119H	Eye, left	EXPTH	Absent	
4GNA0119H	Eye, left	OPQ	Absent	
4GNA0119H	Eye, left	MIS	Absent	
4GNA0119H	Eye, left	HMR	Absent	
4GNA0119H	Eye, left	EMB	Absent	
4GNA0119H	Eye, right	EXPTH	Absent	
4GNA0119H	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0119H	Eye, right	MIS	Absent	
4GNA0119H	Eye, right	HMR	Absent	
4GNA0119H	Eye, right	EMB	Absent	
4GNA0119H	Opercula	SLSH	Absent	
4GNA0120H	Body Surface	RGR	Absent	
4GNA0120H	Body Surface	RLSN	Absent	
4GNA0120H	Body Surface	SPDF	Absent	
4GNA0120H	Body Surface	HMRB	Absent	
4GNA0120H	Body Surface	FDC	Absent	
4GNA0120H	Body Surface	BFG	Absent	
4GNA0120H	Body Surface	PRST	Absent	
4GNA0120H	Body Surface	OTHER	Present	Gill net marks
4GNA0120H	Head	DFM	Absent	
4GNA0120H	Mouth	ULR	Absent	
4GNA0120H	Mouth	LLG	Absent	
4GNA0120H	Nare	SLN	Absent	
4GNA0120H	Eye, left	EXPTH	Absent	
4GNA0120H	Eye, left	OPQ	Absent	
4GNA0120H	Eye, left	MIS	Absent	
4GNA0120H	Eye, left	HMR	Absent	
4GNA0120H	Eye, left	EMB	Absent	
4GNA0120H	Eye, right	EXPTH	Absent	
4GNA0120H	Eye, right	OPQ	Absent	
4GNA0120H	Eye, right	MIS	Absent	
4GNA0120H	Eye, right	HMR	Absent	
4GNA0120H	Eye, right	EMB	Absent	
4GNA0120H	Opercula	SLSH	Absent	
4GNA0122	Body Surface	RGR	Absent	
4GNA0122	Body Surface	RLSN	Absent	
4GNA0122	Body Surface	SPDF	Absent	
4GNA0122	Body Surface	HMRB	Absent	
4GNA0122	Body Surface	FDC	Absent	
4GNA0122	Body Surface	BFG	Absent	
4GNA0122	Body Surface	PRST	Absent	
4GNA0122	Head	DFM	Absent	
4GNA0122	Mouth	ULR	Absent	
4GNA0122	Mouth	LLG	Absent	
4GNA0122	Nare	SLN	Absent	
4GNA0122	Eye, left	EXPTH	Absent	
4GNA0122	Eye, left	OPQ	Absent	
4GNA0122	Eye, left	MIS	Absent	
4GNA0122	Eye, left	HMR	Absent	
4GNA0122	Eye, left	EMB	Absent	
4GNA0122	Eye, right	EXPTH	Absent	
4GNA0122	Eye, right	OPQ	Absent	
4GNA0122	Eye, right	MIS	Absent	
4GNA0122	Eye, right	HMR	Absent	
4GNA0122	Eye, right	EMB	Absent	
4GNA0122	Opercula	SLSH	Absent	
4GNA0123	Body Surface	RGR	Absent	
4GNA0123	Body Surface	RLSN	Absent	
4GNA0123	Body Surface	SPDF	Absent	
4GNA0123	Body Surface	HMRB	Absent	
4GNA0123	Body Surface	FDC	Absent	
4GNA0123	Body Surface	BFG	Absent	
4GNA0123	Body Surface	PRST	Absent	
4GNA0123	Head	DFM	Absent	
4GNA0123	Mouth	ULR	Absent	
4GNA0123	Mouth	LLG	Absent	
4GNA0123	Nare	SLN	Absent	
4GNA0123	Eye, left	EXPTH	Absent	
4GNA0123	Eye, left	OPQ	Absent	
4GNA0123	Eye, left	MIS	Absent	
4GNA0123	Eye, left	HMR	Absent	
4GNA0123	Eye, left	EMB	Absent	
4GNA0123	Eye, right	EXPTH	Absent	
4GNA0123	Eye, right	OPQ	Absent	
4GNA0123	Eye, right	MIS	Absent	
4GNA0123	Eye, right	HMR	Absent	
4GNA0123	Eye, right	EMB	Absent	
4GNA0123	Opercula	SLSH	Absent	
4GNA0124	Body Surface	RGR	Absent	
4GNA0124	Body Surface	RLSN	Absent	
4GNA0124	Body Surface	SPDF	Absent	
4GNA0124	Body Surface	HMRB	Absent	
4GNA0124	Body Surface	FDC	Absent	
4GNA0124	Body Surface	BFG	Absent	
4GNA0124	Body Surface	PRST	Absent	
4GNA0124	Head	DFM	Absent	
4GNA0124	Mouth	ULR	Absent	
4GNA0124	Mouth	LLG	Absent	
4GNA0124	Nare	SLN	Absent	
4GNA0124	Eye, left	EXPTH	Absent	
4GNA0124	Eye, left	OPQ	Absent	
4GNA0124	Eye, left	MIS	Absent	
4GNA0124	Eye, left	HMR	Absent	
4GNA0124	Eye, left	EMB	Absent	
4GNA0124	Eye, right	EXPTH	Absent	
4GNA0124	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0124	Eye, right	MIS	Absent	
4GNA0124	Eye, right	HMR	Absent	
4GNA0124	Eye, right	EMB	Absent	
4GNA0124	Opercula	SLSH	Absent	
4GNA0125	Body Surface	RGR	Absent	
4GNA0125	Body Surface	RLSN	Absent	
4GNA0125	Body Surface	SPDF	Absent	
4GNA0125	Body Surface	HMRB	Absent	
4GNA0125	Body Surface	FDC	Absent	
4GNA0125	Body Surface	BFG	Absent	
4GNA0125	Body Surface	PRST	Absent	
4GNA0125	Body Surface	OTHER	Present	Wound on abdomen
4GNA0125	Head	DFM	Absent	
4GNA0125	Mouth	ULR	Absent	
4GNA0125	Mouth	LLG	Absent	
4GNA0125	Nare	SLN	Absent	
4GNA0125	Eye, left	EXPTH	Absent	
4GNA0125	Eye, left	OPQ	Absent	
4GNA0125	Eye, left	MIS	Absent	
4GNA0125	Eye, left	HMR	Absent	
4GNA0125	Eye, left	EMB	Absent	
4GNA0125	Eye, right	EXPTH	Absent	
4GNA0125	Eye, right	OPQ	Absent	
4GNA0125	Eye, right	MIS	Absent	
4GNA0125	Eye, right	HMR	Absent	
4GNA0125	Eye, right	EMB	Absent	
4GNA0125	Opercula	SLSH	Absent	
4GNA0126	Body Surface	RGR	Absent	
4GNA0126	Body Surface	RLSN	Absent	
4GNA0126	Body Surface	SPDF	Absent	
4GNA0126	Body Surface	HMRB	Absent	
4GNA0126	Body Surface	FDC	Absent	
4GNA0126	Body Surface	BFG	Absent	
4GNA0126	Body Surface	PRST	Absent	
4GNA0126	Head	DFM	Absent	
4GNA0126	Mouth	ULR	Absent	
4GNA0126	Mouth	LLG	Absent	
4GNA0126	Nare	SLN	Absent	
4GNA0126	Eye, left	EXPTH	Absent	
4GNA0126	Eye, left	OPQ	Absent	
4GNA0126	Eye, left	MIS	Absent	
4GNA0126	Eye, left	HMR	Absent	
4GNA0126	Eye, left	EMB	Absent	
4GNA0126	Eye, right	EXPTH	Absent	
4GNA0126	Eye, right	OPQ	Absent	
4GNA0126	Eye, right	MIS	Absent	
4GNA0126	Eye, right	HMR	Absent	
4GNA0126	Eye, right	EMB	Absent	
4GNA0126	Opercula	SLSH	Absent	
4GNA0127	Body Surface	RGR	Absent	
4GNA0127	Body Surface	RLSN	Absent	
4GNA0127	Body Surface	SPDF	Absent	
4GNA0127	Body Surface	HMRB	Absent	
4GNA0127	Body Surface	FDC	Absent	
4GNA0127	Body Surface	BFG	Absent	
4GNA0127	Body Surface	PRST	Absent	
4GNA0127	Head	DFM	Absent	
4GNA0127	Mouth	ULR	Absent	
4GNA0127	Mouth	LLG	Absent	
4GNA0127	Nare	SLN	Absent	
4GNA0127	Eye, left	EXPTH	Absent	
4GNA0127	Eye, left	OPQ	Absent	
4GNA0127	Eye, left	MIS	Absent	
4GNA0127	Eye, left	HMR	Absent	
4GNA0127	Eye, left	EMB	Absent	
4GNA0127	Eye, right	EXPTH	Absent	
4GNA0127	Eye, right	OPQ	Absent	
4GNA0127	Eye, right	MIS	Absent	
4GNA0127	Eye, right	HMR	Absent	
4GNA0127	Eye, right	EMB	Absent	
4GNA0127	Opercula	SLSH	Absent	
4GNA0128	Body Surface	RGR	Absent	
4GNA0128	Body Surface	RLSN	Absent	
4GNA0128	Body Surface	SPDF	Absent	
4GNA0128	Body Surface	HMRB	Absent	
4GNA0128	Body Surface	FDC	Absent	
4GNA0128	Body Surface	BFG	Absent	
4GNA0128	Body Surface	PRST	Absent	
4GNA0128	Head	DFM	Absent	
4GNA0128	Mouth	ULR	Absent	
4GNA0128	Mouth	LLG	Absent	
4GNA0128	Nare	SLN	Absent	
4GNA0128	Eye, left	EXPTH	Absent	
4GNA0128	Eye, left	OPQ	Absent	
4GNA0128	Eye, left	MIS	Absent	
4GNA0128	Eye, left	HMR	Absent	
4GNA0128	Eye, left	EMB	Absent	
4GNA0128	Eye, right	EXPTH	Absent	
4GNA0128	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0128	Eye, right	MIS	Absent	
4GNA0128	Eye, right	HMR	Absent	
4GNA0128	Eye, right	EMB	Absent	
4GNA0128	Opercula	SLSH	Absent	
4GNE0001H	Body Surface	RGR	Absent	
4GNE0001H	Body Surface	RLSN	Absent	
4GNE0001H	Body Surface	SPDF	Absent	
4GNE0001H	Body Surface	HMRB	Absent	
4GNE0001H	Body Surface	FDC	Absent	
4GNE0001H	Body Surface	BFG	Absent	
4GNE0001H	Body Surface	PRST	Absent	
4GNE0001H	Head	DFM	Absent	
4GNE0001H	Mouth	ULR	Absent	
4GNE0001H	Mouth	LLG	Absent	
4GNE0001H	Nare	SLN	Absent	
4GNE0001H	Eye, left	EXPTH	Absent	
4GNE0001H	Eye, left	OPQ	Absent	
4GNE0001H	Eye, left	MIS	Absent	
4GNE0001H	Eye, left	HMR	Absent	
4GNE0001H	Eye, left	EMB	Absent	
4GNE0001H	Eye, right	EXPTH	Absent	
4GNE0001H	Eye, right	OPQ	Absent	
4GNE0001H	Eye, right	MIS	Absent	
4GNE0001H	Eye, right	HMR	Absent	
4GNE0001H	Eye, right	EMB	Absent	
4GNE0001H	Opercula	SLSH	Absent	
4GNE0003H	Body Surface	RGR	Absent	
4GNE0003H	Body Surface	RLSN	Absent	
4GNE0003H	Body Surface	SPDF	Absent	
4GNE0003H	Body Surface	HMRB	Absent	
4GNE0003H	Body Surface	FDC	Absent	
4GNE0003H	Body Surface	BFG	Absent	
4GNE0003H	Body Surface	PRST	Absent	
4GNE0003H	Head	DFM	Absent	
4GNE0003H	Mouth	ULR	Absent	
4GNE0003H	Mouth	LLG	Absent	
4GNE0003H	Nare	SLN	Absent	
4GNE0003H	Eye, left	EXPTH	Absent	
4GNE0003H	Eye, left	OPQ	Absent	
4GNE0003H	Eye, left	MIS	Absent	
4GNE0003H	Eye, left	HMR	Absent	
4GNE0003H	Eye, left	EMB	Absent	
4GNE0003H	Eye, right	EXPTH	Absent	
4GNE0003H	Eye, right	OPQ	Absent	
4GNE0003H	Eye, right	MIS	Absent	
4GNE0003H	Eye, right	HMR	Absent	
4GNE0003H	Eye, right	EMB	Absent	
4GNE0003H	Opercula	SLSH	Absent	
4GNE0004	Body Surface	RGR	Absent	
4GNE0004	Body Surface	RLSN	Absent	
4GNE0004	Body Surface	SPDF	Absent	
4GNE0004	Body Surface	HMRB	Absent	
4GNE0004	Body Surface	FDC	Absent	
4GNE0004	Body Surface	BFG	Absent	
4GNE0004	Body Surface	PRST	Absent	
4GNE0004	Head	DFM	Absent	
4GNE0004	Mouth	ULR	Absent	
4GNE0004	Mouth	LLG	Absent	
4GNE0004	Nare	SLN	Absent	
4GNE0004	Eye, left	EXPTH	Absent	
4GNE0004	Eye, left	OPQ	Absent	
4GNE0004	Eye, left	MIS	Absent	
4GNE0004	Eye, left	HMR	Absent	
4GNE0004	Eye, left	EMB	Absent	
4GNE0004	Eye, right	EXPTH	Absent	
4GNE0004	Eye, right	OPQ	Absent	
4GNE0004	Eye, right	MIS	Absent	
4GNE0004	Eye, right	HMR	Absent	
4GNE0004	Eye, right	EMB	Absent	
4GNE0004	Opercula	SLSH	Absent	
4GNE0005H	Body Surface	RGR	Absent	
4GNE0005H	Body Surface	RLSN	Absent	
4GNE0005H	Body Surface	SPDF	Absent	
4GNE0005H	Body Surface	HMRB	Absent	
4GNE0005H	Body Surface	FDC	Absent	
4GNE0005H	Body Surface	BFG	Absent	
4GNE0005H	Body Surface	PRST	Absent	
4GNE0005H	Head	DFM	Absent	
4GNE0005H	Mouth	ULR	Absent	
4GNE0005H	Mouth	LLG	Absent	
4GNE0005H	Nare	SLN	Absent	
4GNE0005H	Eye, left	EXPTH	Absent	
4GNE0005H	Eye, left	OPQ	Absent	
4GNE0005H	Eye, left	MIS	Absent	
4GNE0005H	Eye, left	HMR	Absent	
4GNE0005H	Eye, left	EMB	Absent	
4GNE0005H	Eye, right	EXPTH	Absent	
4GNE0005H	Eye, right	OPQ	Absent	
4GNE0005H	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0005H	Eye, right	HMR	Absent	
4GNE0005H	Eye, right	EMB	Absent	
4GNE0005H	Opercula	OTHER	Present	Gill net damage
4GNE0005H	Opercula	SLSH	Absent	
4GNE0006W	Body Surface	RGR	Absent	
4GNE0006W	Body Surface	RLSN	Absent	
4GNE0006W	Body Surface	SPDF	Absent	
4GNE0006W	Body Surface	HMRB	Absent	
4GNE0006W	Body Surface	FDC	Absent	
4GNE0006W	Body Surface	BFG	Absent	
4GNE0006W	Body Surface	PRST	Absent	
4GNE0006W	Head	DFM	Absent	
4GNE0006W	Mouth	ULR	Absent	
4GNE0006W	Mouth	LLG	Absent	
4GNE0006W	Nare	SLN	Absent	
4GNE0006W	Eye, left	EXPTH	Absent	
4GNE0006W	Eye, left	OPQ	Absent	
4GNE0006W	Eye, left	MIS	Absent	
4GNE0006W	Eye, left	HMR	Absent	
4GNE0006W	Eye, left	EMB	Absent	
4GNE0006W	Eye, right	EXPTH	Absent	
4GNE0006W	Eye, right	OPQ	Absent	
4GNE0006W	Eye, right	MIS	Absent	
4GNE0006W	Eye, right	HMR	Absent	
4GNE0006W	Eye, right	EMB	Absent	
4GNE0006W	Opercula	SLSH	Absent	
4GNE0008H	Body Surface	RGR	Absent	
4GNE0008H	Body Surface	RLSN	Absent	
4GNE0008H	Body Surface	SPDF	Absent	
4GNE0008H	Body Surface	HMRB	Absent	
4GNE0008H	Body Surface	FDC	Absent	
4GNE0008H	Body Surface	BFG	Absent	
4GNE0008H	Body Surface	PRST	Absent	
4GNE0008H	Head	DFM	Absent	
4GNE0008H	Mouth	ULR	Absent	
4GNE0008H	Mouth	LLG	Absent	
4GNE0008H	Nare	SLN	Absent	
4GNE0008H	Eye, left	EXPTH	Absent	
4GNE0008H	Eye, left	OPQ	Absent	
4GNE0008H	Eye, left	MIS	Absent	
4GNE0008H	Eye, left	HMR	Absent	
4GNE0008H	Eye, left	EMB	Absent	
4GNE0008H	Eye, right	EXPTH	Absent	
4GNE0008H	Eye, right	OPQ	Absent	
4GNE0008H	Eye, right	MIS	Absent	
4GNE0008H	Eye, right	HMR	Absent	
4GNE0008H	Eye, right	EMB	Absent	
4GNE0008H	Opercula	OTHER	Present	Gill net damage
4GNE0008H	Opercula	SLSH	Absent	
4GNE0009H	Body Surface	RGR	Absent	
4GNE0009H	Body Surface	RLSN	Absent	
4GNE0009H	Body Surface	SPDF	Absent	
4GNE0009H	Body Surface	HMRB	Absent	
4GNE0009H	Body Surface	FDC	Absent	
4GNE0009H	Body Surface	BFG	Absent	
4GNE0009H	Body Surface	PRST	Absent	
4GNE0009H	Head	DFM	Absent	
4GNE0009H	Mouth	ULR	Absent	
4GNE0009H	Mouth	LLG	Absent	
4GNE0009H	Nare	SLN	Absent	
4GNE0009H	Eye, left	EXPTH	Absent	
4GNE0009H	Eye, left	OPQ	Absent	
4GNE0009H	Eye, left	MIS	Absent	
4GNE0009H	Eye, left	HMR	Absent	
4GNE0009H	Eye, left	EMB	Absent	
4GNE0009H	Eye, right	EXPTH	Absent	
4GNE0009H	Eye, right	OPQ	Absent	
4GNE0009H	Eye, right	MIS	Absent	
4GNE0009H	Eye, right	HMR	Absent	
4GNE0009H	Eye, right	EMB	Absent	
4GNE0009H	Opercula	SLSH	Absent	
4GNE0010H	Body Surface	RGR	Absent	
4GNE0010H	Body Surface	RLSN	Absent	
4GNE0010H	Body Surface	SPDF	Absent	
4GNE0010H	Body Surface	HMRB	Absent	
4GNE0010H	Body Surface	FDC	Absent	
4GNE0010H	Body Surface	BFG	Absent	
4GNE0010H	Body Surface	PRST	Absent	
4GNE0010H	Head	DFM	Absent	
4GNE0010H	Mouth	ULR	Absent	
4GNE0010H	Mouth	LLG	Absent	
4GNE0010H	Nare	SLN	Absent	
4GNE0010H	Eye, left	EXPTH	Absent	
4GNE0010H	Eye, left	OPQ	Absent	
4GNE0010H	Eye, left	MIS	Absent	
4GNE0010H	Eye, left	HMR	Absent	
4GNE0010H	Eye, left	EMB	Absent	
4GNE0010H	Eye, right	EXPTH	Absent	
4GNE0010H	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0010H	Eye, right	MIS	Absent	
4GNE0010H	Eye, right	HMR	Absent	
4GNE0010H	Eye, right	EMB	Absent	
4GNE0010H	Opercula	SLSH	Absent	
4GNE0011H	Body Surface	RGR	Absent	
4GNE0011H	Body Surface	RLSN	Absent	
4GNE0011H	Body Surface	SPDF	Absent	
4GNE0011H	Body Surface	HMRB	Absent	
4GNE0011H	Body Surface	FDC	Absent	
4GNE0011H	Body Surface	BFG	Absent	
4GNE0011H	Body Surface	PRST	Absent	
4GNE0011H	Head	DFM	Absent	
4GNE0011H	Mouth	ULR	Absent	
4GNE0011H	Mouth	LLG	Absent	
4GNE0011H	Nare	SLN	Absent	
4GNE0011H	Eye, left	EXPTH	Absent	
4GNE0011H	Eye, left	OPQ	Absent	
4GNE0011H	Eye, left	MIS	Absent	
4GNE0011H	Eye, left	HMR	Absent	
4GNE0011H	Eye, left	EMB	Absent	
4GNE0011H	Eye, right	EXPTH	Absent	
4GNE0011H	Eye, right	OPQ	Absent	
4GNE0011H	Eye, right	MIS	Absent	
4GNE0011H	Eye, right	HMR	Absent	
4GNE0011H	Eye, right	EMB	Absent	
4GNE0011H	Opercula	SLSH	Absent	
4GNE0012H	Body Surface	RGR	Absent	
4GNE0012H	Body Surface	RLSN	Absent	
4GNE0012H	Body Surface	SPDF	Absent	
4GNE0012H	Body Surface	HMRB	Absent	
4GNE0012H	Body Surface	FDC	Absent	
4GNE0012H	Body Surface	BFG	Absent	
4GNE0012H	Body Surface	PRST	Absent	
4GNE0012H	Head	DFM	Absent	
4GNE0012H	Mouth	ULR	Absent	
4GNE0012H	Mouth	LLG	Absent	
4GNE0012H	Nare	SLN	Absent	
4GNE0012H	Eye, left	EXPTH	Absent	
4GNE0012H	Eye, left	OPQ	Absent	
4GNE0012H	Eye, left	MIS	Absent	
4GNE0012H	Eye, left	HMR	Absent	
4GNE0012H	Eye, left	EMB	Absent	
4GNE0012H	Eye, right	EXPTH	Absent	
4GNE0012H	Eye, right	OPQ	Absent	
4GNE0012H	Eye, right	MIS	Absent	
4GNE0012H	Eye, right	HMR	Absent	
4GNE0012H	Eye, right	EMB	Absent	
4GNE0012H	Opercula	SLSH	Absent	
4GNE0013	Body Surface	RGR	Absent	
4GNE0013	Body Surface	RLSN	Absent	
4GNE0013	Body Surface	SPDF	Absent	
4GNE0013	Body Surface	HMRB	Absent	
4GNE0013	Body Surface	FDC	Absent	
4GNE0013	Body Surface	BFG	Absent	
4GNE0013	Body Surface	PRST	Absent	
4GNE0013	Head	DFM	Absent	
4GNE0013	Mouth	ULR	Absent	
4GNE0013	Mouth	LLG	Absent	
4GNE0013	Nare	SLN	Absent	
4GNE0013	Eye, left	EXPTH	Absent	
4GNE0013	Eye, left	OPQ	Absent	
4GNE0013	Eye, left	MIS	Absent	
4GNE0013	Eye, left	HMR	Absent	
4GNE0013	Eye, left	EMB	Absent	
4GNE0013	Eye, right	EXPTH	Absent	
4GNE0013	Eye, right	OPQ	Absent	
4GNE0013	Eye, right	MIS	Absent	
4GNE0013	Eye, right	HMR	Absent	
4GNE0013	Eye, right	EMB	Absent	
4GNE0013	Opercula	SLSH	Absent	
4GNE0016H	Body Surface	RGR	Absent	
4GNE0016H	Body Surface	RLSN	Absent	
4GNE0016H	Body Surface	SPDF	Absent	
4GNE0016H	Body Surface	HMRB	Absent	
4GNE0016H	Body Surface	FDC	Absent	
4GNE0016H	Body Surface	BFG	Absent	
4GNE0016H	Body Surface	PRST	Absent	
4GNE0016H	Head	DFM	Absent	
4GNE0016H	Mouth	ULR	Absent	
4GNE0016H	Mouth	LLG	Absent	
4GNE0016H	Nare	SLN	Absent	
4GNE0016H	Eye, left	EXPTH	Absent	
4GNE0016H	Eye, left	OPQ	Absent	
4GNE0016H	Eye, left	MIS	Absent	
4GNE0016H	Eye, left	HMR	Absent	
4GNE0016H	Eye, left	EMB	Absent	
4GNE0016H	Eye, right	EXPTH	Absent	
4GNE0016H	Eye, right	OPQ	Absent	
4GNE0016H	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0016H	Eye, right	HMR	Absent	
4GNE0016H	Eye, right	EMB	Absent	
4GNE0016H	Opercula	SLSH	Absent	
4GNE0017H	Body Surface	RGR	Absent	
4GNE0017H	Body Surface	RLSN	Absent	
4GNE0017H	Body Surface	SPDF	Absent	
4GNE0017H	Body Surface	HMRB	Absent	
4GNE0017H	Body Surface	FDC	Absent	
4GNE0017H	Body Surface	BFG	Absent	
4GNE0017H	Body Surface	PRST	Absent	
4GNE0017H	Head	DFM	Absent	
4GNE0017H	Mouth	ULR	Absent	
4GNE0017H	Mouth	LLG	Absent	
4GNE0017H	Nare	SLN	Absent	
4GNE0017H	Eye, left	EXPTH	Absent	
4GNE0017H	Eye, left	OPQ	Absent	
4GNE0017H	Eye, left	MIS	Absent	
4GNE0017H	Eye, left	HMR	Absent	
4GNE0017H	Eye, left	EMB	Absent	
4GNE0017H	Eye, right	EXPTH	Absent	
4GNE0017H	Eye, right	OPQ	Absent	
4GNE0017H	Eye, right	MIS	Absent	
4GNE0017H	Eye, right	HMR	Absent	
4GNE0017H	Eye, right	EMB	Absent	
4GNE0017H	Opercula	SLSH	Absent	
4GNE0018H	Body Surface	RGR	Absent	
4GNE0018H	Body Surface	RLSN	Absent	
4GNE0018H	Body Surface	SPDF	Absent	
4GNE0018H	Body Surface	HMRB	Absent	
4GNE0018H	Body Surface	FDC	Absent	
4GNE0018H	Body Surface	BFG	Absent	
4GNE0018H	Body Surface	PRST	Absent	
4GNE0018H	Head	DFM	Absent	
4GNE0018H	Mouth	ULR	Absent	
4GNE0018H	Mouth	LLG	Absent	
4GNE0018H	Nare	SLN	Absent	
4GNE0018H	Eye, left	EXPTH	Absent	
4GNE0018H	Eye, left	OPQ	Absent	
4GNE0018H	Eye, left	MIS	Absent	
4GNE0018H	Eye, left	HMR	Absent	
4GNE0018H	Eye, left	EMB	Absent	
4GNE0018H	Eye, right	EXPTH	Absent	
4GNE0018H	Eye, right	OPQ	Absent	
4GNE0018H	Eye, right	MIS	Absent	
4GNE0018H	Eye, right	HMR	Absent	
4GNE0018H	Eye, right	EMB	Absent	
4GNE0018H	Opercula	SLSH	Absent	
4GNE0019W	Body Surface	RGR	Absent	
4GNE0019W	Body Surface	RLSN	Absent	
4GNE0019W	Body Surface	SPDF	Absent	
4GNE0019W	Body Surface	HMRB	Absent	
4GNE0019W	Body Surface	FDC	Absent	
4GNE0019W	Body Surface	BFG	Absent	
4GNE0019W	Body Surface	PRST	Absent	
4GNE0019W	Head	DFM	Absent	
4GNE0019W	Mouth	ULR	Absent	
4GNE0019W	Mouth	LLG	Absent	
4GNE0019W	Nare	SLN	Absent	
4GNE0019W	Eye, left	EXPTH	Absent	
4GNE0019W	Eye, left	OPQ	Absent	
4GNE0019W	Eye, left	MIS	Absent	
4GNE0019W	Eye, left	HMR	Absent	
4GNE0019W	Eye, left	EMB	Absent	
4GNE0019W	Eye, right	EXPTH	Absent	
4GNE0019W	Eye, right	OPQ	Absent	
4GNE0019W	Eye, right	MIS	Absent	
4GNE0019W	Eye, right	HMR	Absent	
4GNE0019W	Eye, right	EMB	Absent	
4GNE0019W	Opercula	SLSH	Absent	
4GNE0021	Body Surface	RGR	Absent	
4GNE0021	Body Surface	RLSN	Absent	
4GNE0021	Body Surface	SPDF	Absent	
4GNE0021	Body Surface	HMRB	Absent	
4GNE0021	Body Surface	FDC	Absent	
4GNE0021	Body Surface	BFG	Absent	
4GNE0021	Body Surface	PRST	Absent	
4GNE0021	Head	DFM	Absent	
4GNE0021	Mouth	ULR	Absent	
4GNE0021	Mouth	LLG	Absent	
4GNE0021	Nare	SLN	Absent	
4GNE0021	Eye, left	EXPTH	Absent	
4GNE0021	Eye, left	OPQ	Absent	
4GNE0021	Eye, left	MIS	Absent	
4GNE0021	Eye, left	HMR	Absent	
4GNE0021	Eye, left	EMB	Absent	
4GNE0021	Eye, right	EXPTH	Absent	
4GNE0021	Eye, right	OPQ	Absent	
4GNE0021	Eye, right	MIS	Absent	
4GNE0021	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0021	Eye, right	EMB	Absent	
4GNE0021	Opercula	SLSH	Absent	
4GNE0022	Body Surface	RGR	Absent	
4GNE0022	Body Surface	RLSN	Absent	
4GNE0022	Body Surface	SPDF	Absent	
4GNE0022	Body Surface	HMRB	Absent	
4GNE0022	Body Surface	FDC	Absent	
4GNE0022	Body Surface	BFG	Absent	
4GNE0022	Body Surface	PRST	Absent	
4GNE0022	Head	DFM	Absent	
4GNE0022	Mouth	ULR	Absent	
4GNE0022	Mouth	LLG	Absent	
4GNE0022	Nare	SLN	Absent	
4GNE0022	Eye, left	EXPTH	Absent	
4GNE0022	Eye, left	OPQ	Absent	
4GNE0022	Eye, left	MIS	Absent	
4GNE0022	Eye, left	HMR	Absent	
4GNE0022	Eye, left	EMB	Absent	
4GNE0022	Eye, right	EXPTH	Absent	
4GNE0022	Eye, right	OPQ	Absent	
4GNE0022	Eye, right	MIS	Absent	
4GNE0022	Eye, right	HMR	Absent	
4GNE0022	Eye, right	EMB	Absent	
4GNE0022	Opercula	SLSH	Absent	
4GNE0023	Body Surface	RGR	Absent	
4GNE0023	Body Surface	RLSN	Absent	
4GNE0023	Body Surface	SPDF	Absent	
4GNE0023	Body Surface	HMRB	Absent	
4GNE0023	Body Surface	FDC	Absent	
4GNE0023	Body Surface	BFG	Absent	
4GNE0023	Body Surface	PRST	Absent	
4GNE0023	Head	DFM	Absent	
4GNE0023	Mouth	ULR	Absent	
4GNE0023	Mouth	LLG	Absent	
4GNE0023	Nare	SLN	Absent	
4GNE0023	Eye, left	EXPTH	Absent	
4GNE0023	Eye, left	OPQ	Absent	
4GNE0023	Eye, left	MIS	Absent	
4GNE0023	Eye, left	HMR	Absent	
4GNE0023	Eye, left	EMB	Absent	
4GNE0023	Eye, right	EXPTH	Absent	
4GNE0023	Eye, right	OPQ	Absent	
4GNE0023	Eye, right	MIS	Absent	
4GNE0023	Eye, right	HMR	Absent	
4GNE0023	Eye, right	EMB	Absent	
4GNE0023	Opercula	SLSH	Absent	
4GNE0024	Body Surface	RGR	Absent	
4GNE0024	Body Surface	RLSN	Absent	
4GNE0024	Body Surface	SPDF	Absent	
4GNE0024	Body Surface	HMRB	Absent	
4GNE0024	Body Surface	FDC	Absent	
4GNE0024	Body Surface	BFG	Absent	
4GNE0024	Body Surface	PRST	Absent	
4GNE0024	Head	DFM	Absent	
4GNE0024	Mouth	ULR	Absent	
4GNE0024	Mouth	LLG	Absent	
4GNE0024	Nare	SLN	Absent	
4GNE0024	Eye, left	EXPTH	Absent	
4GNE0024	Eye, left	OPQ	Absent	
4GNE0024	Eye, left	MIS	Absent	
4GNE0024	Eye, left	HMR	Absent	
4GNE0024	Eye, left	EMB	Absent	
4GNE0024	Eye, right	EXPTH	Absent	
4GNE0024	Eye, right	OPQ	Absent	
4GNE0024	Eye, right	MIS	Absent	
4GNE0024	Eye, right	HMR	Absent	
4GNE0024	Eye, right	EMB	Absent	
4GNE0024	Opercula	SLSH	Absent	
4GNE0027	Body Surface	RGR	Absent	
4GNE0027	Body Surface	RLSN	Absent	
4GNE0027	Body Surface	SPDF	Absent	
4GNE0027	Body Surface	HMRB	Absent	
4GNE0027	Body Surface	FDC	Absent	
4GNE0027	Body Surface	BFG	Absent	
4GNE0027	Body Surface	PRST	Absent	
4GNE0027	Body Surface	OTHER	Present	Gill net marks
4GNE0027	Head	DFM	Absent	
4GNE0027	Mouth	ULR	Absent	
4GNE0027	Mouth	LLG	Absent	
4GNE0027	Nare	SLN	Absent	
4GNE0027	Eye, left	EXPTH	Absent	
4GNE0027	Eye, left	OPQ	Absent	
4GNE0027	Eye, left	MIS	Absent	
4GNE0027	Eye, left	HMR	Present	
4GNE0027	Eye, left	EMB	Absent	
4GNE0027	Eye, right	EXPTH	Absent	
4GNE0027	Eye, right	OPQ	Absent	
4GNE0027	Eye, right	MIS	Absent	
4GNE0027	Eye, right	HMR	Present	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0027	Eye, right	EMB	Absent	
4GNE0027	Opercula	SLSH	Absent	
4GNE0028	Body Surface	RGR	Absent	
4GNE0028	Body Surface	RLSN	Absent	
4GNE0028	Body Surface	SPDF	Absent	
4GNE0028	Body Surface	HMRB	Absent	
4GNE0028	Body Surface	FDC	Absent	
4GNE0028	Body Surface	BFG	Absent	
4GNE0028	Body Surface	PRST	Absent	
4GNE0028	Body Surface	OTHER	Present	Gill net marks
4GNE0028	Head	DFM	Absent	
4GNE0028	Mouth	ULR	Absent	
4GNE0028	Mouth	LLG	Absent	
4GNE0028	Nare	SLN	Absent	
4GNE0028	Eye, left	EXPTH	Absent	
4GNE0028	Eye, left	OPQ	Absent	
4GNE0028	Eye, left	MIS	Absent	
4GNE0028	Eye, left	HMR	Absent	
4GNE0028	Eye, left	EMB	Absent	
4GNE0028	Eye, right	EXPTH	Absent	
4GNE0028	Eye, right	OPQ	Absent	
4GNE0028	Eye, right	MIS	Absent	
4GNE0028	Eye, right	HMR	Absent	
4GNE0028	Eye, right	EMB	Absent	
4GNE0028	Opercula	SLSH	Absent	
4GNE0029	Body Surface	RGR	Absent	
4GNE0029	Body Surface	RLSN	Absent	
4GNE0029	Body Surface	SPDF	Absent	
4GNE0029	Body Surface	HMRB	Absent	
4GNE0029	Body Surface	FDC	Absent	
4GNE0029	Body Surface	BFG	Absent	
4GNE0029	Body Surface	PRST	Absent	
4GNE0029	Head	DFM	Absent	
4GNE0029	Mouth	ULR	Absent	
4GNE0029	Mouth	LLG	Absent	
4GNE0029	Nare	SLN	Absent	
4GNE0029	Eye, left	EXPTH	Absent	
4GNE0029	Eye, left	OPQ	Absent	
4GNE0029	Eye, left	MIS	Absent	
4GNE0029	Eye, left	HMR	Absent	
4GNE0029	Eye, left	EMB	Absent	
4GNE0029	Eye, right	EXPTH	Absent	
4GNE0029	Eye, right	OPQ	Absent	
4GNE0029	Eye, right	MIS	Absent	
4GNE0029	Eye, right	HMR	Absent	
4GNE0029	Eye, right	EMB	Absent	
4GNE0029	Opercula	SLSH	Absent	
4GNE0031	Body Surface	RGR	Absent	
4GNE0031	Body Surface	RLSN	Absent	
4GNE0031	Body Surface	SPDF	Absent	
4GNE0031	Body Surface	HMRB	Absent	
4GNE0031	Body Surface	FDC	Absent	
4GNE0031	Body Surface	BFG	Absent	
4GNE0031	Body Surface	PRST	Absent	
4GNE0031	Head	DFM	Absent	
4GNE0031	Mouth	ULR	Absent	
4GNE0031	Mouth	LLG	Absent	
4GNE0031	Nare	SLN	Absent	
4GNE0031	Eye, left	EXPTH	Absent	
4GNE0031	Eye, left	OPQ	Absent	
4GNE0031	Eye, left	MIS	Absent	
4GNE0031	Eye, left	HMR	Absent	
4GNE0031	Eye, left	EMB	Absent	
4GNE0031	Eye, right	EXPTH	Absent	
4GNE0031	Eye, right	OPQ	Absent	
4GNE0031	Eye, right	MIS	Absent	
4GNE0031	Eye, right	HMR	Absent	
4GNE0031	Eye, right	EMB	Absent	
4GNE0031	Opercula	SLSH	Absent	
4GNE0032	Body Surface	RGR	Absent	
4GNE0032	Body Surface	RLSN	Absent	
4GNE0032	Body Surface	SPDF	Absent	
4GNE0032	Body Surface	HMRB	Absent	
4GNE0032	Body Surface	FDC	Absent	
4GNE0032	Body Surface	BFG	Absent	
4GNE0032	Body Surface	PRST	Absent	
4GNE0032	Body Surface	OTHER	Present	Gill net marks
4GNE0032	Head	DFM	Absent	
4GNE0032	Mouth	ULR	Absent	
4GNE0032	Mouth	LLG	Absent	
4GNE0032	Nare	SLN	Absent	
4GNE0032	Eye, left	EXPTH	Absent	
4GNE0032	Eye, left	OPQ	Absent	
4GNE0032	Eye, left	MIS	Absent	
4GNE0032	Eye, left	HMR	Absent	
4GNE0032	Eye, left	EMB	Absent	
4GNE0032	Eye, right	EXPTH	Absent	
4GNE0032	Eye, right	OPQ	Absent	
4GNE0032	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0032	Eye, right	HMR	Absent	
4GNE0032	Eye, right	EMB	Absent	
4GNE0032	Opercula	SLSH	Absent	
4GNE0034	Body Surface	RGR	Absent	
4GNE0034	Body Surface	RLSN	Absent	
4GNE0034	Body Surface	SPDF	Absent	
4GNE0034	Body Surface	HMRB	Absent	
4GNE0034	Body Surface	FDC	Absent	
4GNE0034	Body Surface	BFG	Absent	
4GNE0034	Body Surface	PRST	Absent	
4GNE0034	Body Surface	OTHER	Present	Gill net marks
4GNE0034	Head	DFM	Absent	
4GNE0034	Mouth	ULR	Absent	
4GNE0034	Mouth	LLG	Absent	
4GNE0034	Nare	SLN	Absent	
4GNE0034	Eye, left	EXPTH	Absent	
4GNE0034	Eye, left	OPQ	Absent	
4GNE0034	Eye, left	MIS	Absent	
4GNE0034	Eye, left	HMR	Absent	
4GNE0034	Eye, left	EMB	Absent	
4GNE0034	Eye, right	EXPTH	Absent	
4GNE0034	Eye, right	OPQ	Absent	
4GNE0034	Eye, right	MIS	Absent	
4GNE0034	Eye, right	HMR	Absent	
4GNE0034	Eye, right	EMB	Absent	
4GNE0034	Opercula	SLSH	Absent	
4GNE0035	Body Surface	RGR	Absent	
4GNE0035	Body Surface	RLSN	Absent	
4GNE0035	Body Surface	SPDF	Absent	
4GNE0035	Body Surface	HMRB	Absent	
4GNE0035	Body Surface	FDC	Absent	
4GNE0035	Body Surface	BFG	Absent	
4GNE0035	Body Surface	PRST	Absent	
4GNE0035	Head	DFM	Absent	
4GNE0035	Mouth	ULR	Absent	
4GNE0035	Mouth	LLG	Absent	
4GNE0035	Nare	SLN	Absent	
4GNE0035	Eye, left	EXPTH	Absent	
4GNE0035	Eye, left	OPQ	Absent	
4GNE0035	Eye, left	MIS	Absent	
4GNE0035	Eye, left	HMR	Absent	
4GNE0035	Eye, left	EMB	Absent	
4GNE0035	Eye, right	EXPTH	Absent	
4GNE0035	Eye, right	OPQ	Absent	
4GNE0035	Eye, right	MIS	Absent	
4GNE0035	Eye, right	HMR	Absent	
4GNE0035	Eye, right	EMB	Absent	
4GNE0035	Opercula	SLSH	Absent	
4GNE0036	Body Surface	RGR	Absent	
4GNE0036	Body Surface	RLSN	Absent	
4GNE0036	Body Surface	SPDF	Absent	
4GNE0036	Body Surface	HMRB	Absent	
4GNE0036	Body Surface	FDC	Absent	
4GNE0036	Body Surface	BFG	Absent	
4GNE0036	Body Surface	PRST	Absent	
4GNE0036	Head	DFM	Absent	
4GNE0036	Mouth	ULR	Absent	
4GNE0036	Mouth	LLG	Absent	
4GNE0036	Nare	SLN	Absent	
4GNE0036	Eye, left	EXPTH	Absent	
4GNE0036	Eye, left	OPQ	Absent	
4GNE0036	Eye, left	MIS	Absent	
4GNE0036	Eye, left	HMR	Absent	
4GNE0036	Eye, left	EMB	Absent	
4GNE0036	Eye, right	EXPTH	Absent	
4GNE0036	Eye, right	OPQ	Absent	
4GNE0036	Eye, right	MIS	Absent	
4GNE0036	Eye, right	HMR	Absent	
4GNE0036	Eye, right	EMB	Absent	
4GNE0036	Opercula	SLSH	Absent	
4GNE0121	Body Surface	RGR	Absent	
4GNE0121	Body Surface	RLSN	Absent	
4GNE0121	Body Surface	SPDF	Absent	
4GNE0121	Body Surface	HMRB	Absent	
4GNE0121	Body Surface	FDC	Absent	
4GNE0121	Body Surface	BFG	Absent	
4GNE0121	Body Surface	PRST	Absent	
4GNE0121	Head	DFM	Absent	
4GNE0121	Mouth	ULR	Absent	
4GNE0121	Mouth	LLG	Absent	
4GNE0121	Nare	SLN	Absent	
4GNE0121	Eye, left	EXPTH	Absent	
4GNE0121	Eye, left	OPQ	Absent	
4GNE0121	Eye, left	MIS	Absent	
4GNE0121	Eye, left	HMR	Absent	
4GNE0121	Eye, left	EMB	Absent	
4GNE0121	Eye, right	EXPTH	Absent	
4GNE0121	Eye, right	OPQ	Absent	
4GNE0121	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0121	Eye, right	HMR	Absent	
4GNE0121	Eye, right	EMB	Absent	
4GNE0121	Opercula	SLSH	Absent	
4GNE0600	Body Surface	RGR	Absent	
4GNE0600	Body Surface	RLSN	Absent	
4GNE0600	Body Surface	SPDF	Absent	
4GNE0600	Body Surface	HMRB	Present	
4GNE0600	Body Surface	FDC	Absent	
4GNE0600	Body Surface	BFG	Absent	
4GNE0600	Body Surface	PRST	Absent	
4GNE0600	Head	DFM	Absent	
4GNE0600	Mouth	ULR	Absent	
4GNE0600	Mouth	LLG	Absent	
4GNE0600	Nare	SLN	Absent	
4GNE0600	Eye, left	EXPTH	Absent	
4GNE0600	Eye, left	OPQ	Absent	
4GNE0600	Eye, left	MIS	Absent	
4GNE0600	Eye, left	HMR	Absent	
4GNE0600	Eye, left	EMB	Absent	
4GNE0600	Eye, right	EXPTH	Absent	
4GNE0600	Eye, right	OPQ	Absent	
4GNE0600	Eye, right	MIS	Absent	
4GNE0600	Eye, right	HMR	Absent	
4GNE0600	Eye, right	EMB	Absent	
4GNE0600	Opercula	SLSH	Absent	
4GNE0601	Body Surface	RGR	Absent	
4GNE0601	Body Surface	RLSN	Absent	
4GNE0601	Body Surface	SPDF	Absent	
4GNE0601	Body Surface	HMRB	Present	
4GNE0601	Body Surface	FDC	Absent	
4GNE0601	Body Surface	BFG	Absent	
4GNE0601	Body Surface	PRST	Absent	
4GNE0601	Body Surface	OTHER	Present	Gill net marks
4GNE0601	Head	DFM	Absent	
4GNE0601	Mouth	ULR	Absent	
4GNE0601	Mouth	LLG	Absent	
4GNE0601	Nare	SLN	Absent	
4GNE0601	Eye, left	EXPTH	Absent	
4GNE0601	Eye, left	OPQ	Absent	
4GNE0601	Eye, left	MIS	Absent	
4GNE0601	Eye, left	HMR	Absent	
4GNE0601	Eye, left	EMB	Absent	
4GNE0601	Eye, right	EXPTH	Absent	
4GNE0601	Eye, right	OPQ	Absent	
4GNE0601	Eye, right	MIS	Absent	
4GNE0601	Eye, right	HMR	Absent	
4GNE0601	Eye, right	EMB	Absent	
4GNE0601	Opercula	SLSH	Absent	
4GNE0602	Body Surface	RGR	Absent	
4GNE0602	Body Surface	RLSN	Absent	
4GNE0602	Body Surface	SPDF	Absent	
4GNE0602	Body Surface	HMRB	Absent	
4GNE0602	Body Surface	FDC	Absent	
4GNE0602	Body Surface	BFG	Absent	
4GNE0602	Body Surface	PRST	Absent	
4GNE0602	Head	DFM	Absent	
4GNE0602	Mouth	ULR	Absent	
4GNE0602	Mouth	LLG	Absent	
4GNE0602	Nare	SLN	Absent	
4GNE0602	Eye, left	EXPTH	Absent	
4GNE0602	Eye, left	OPQ	Absent	
4GNE0602	Eye, left	MIS	Absent	
4GNE0602	Eye, left	HMR	Absent	
4GNE0602	Eye, left	EMB	Absent	
4GNE0602	Eye, right	EXPTH	Absent	
4GNE0602	Eye, right	OPQ	Absent	
4GNE0602	Eye, right	MIS	Absent	
4GNE0602	Eye, right	HMR	Absent	
4GNE0602	Eye, right	EMB	Absent	
4GNE0602	Opercula	SLSH	Absent	
4GNE0603	Body Surface	RGR	Absent	
4GNE0603	Body Surface	RLSN	Absent	
4GNE0603	Body Surface	SPDF	Absent	
4GNE0603	Body Surface	HMRB	Present	
4GNE0603	Body Surface	FDC	Absent	
4GNE0603	Body Surface	BFG	Absent	
4GNE0603	Body Surface	PRST	Absent	
4GNE0603	Body Surface	OTHER	Present	Gill net marks
4GNE0603	Head	DFM	Absent	
4GNE0603	Mouth	ULR	Absent	
4GNE0603	Mouth	LLG	Absent	
4GNE0603	Nare	SLN	Absent	
4GNE0603	Eye, left	EXPTH	Absent	
4GNE0603	Eye, left	OPQ	Absent	
4GNE0603	Eye, left	MIS	Absent	
4GNE0603	Eye, left	HMR	Absent	
4GNE0603	Eye, left	EMB	Absent	
4GNE0603	Eye, right	EXPTH	Absent	
4GNE0603	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0603	Eye, right	MIS	Absent	
4GNE0603	Eye, right	HMR	Absent	
4GNE0603	Eye, right	EMB	Absent	
4GNE0603	Opercula	SLSH	Absent	
4GNE0604	Body Surface	RGR	Absent	
4GNE0604	Body Surface	RLSN	Absent	
4GNE0604	Body Surface	SPDF	Absent	
4GNE0604	Body Surface	HMRB	Present	
4GNE0604	Body Surface	FDC	Absent	
4GNE0604	Body Surface	BFG	Absent	
4GNE0604	Body Surface	PRST	Absent	
4GNE0604	Body Surface	OTHER	Present	Gill net marks
4GNE0604	Head	DFM	Absent	
4GNE0604	Mouth	ULR	Absent	
4GNE0604	Mouth	LLG	Absent	
4GNE0604	Nare	SLN	Absent	
4GNE0604	Eye, left	EXPTH	Absent	
4GNE0604	Eye, left	OPQ	Absent	
4GNE0604	Eye, left	MIS	Absent	
4GNE0604	Eye, left	HMR	Absent	
4GNE0604	Eye, left	EMB	Absent	
4GNE0604	Eye, right	EXPTH	Absent	
4GNE0604	Eye, right	OPQ	Absent	
4GNE0604	Eye, right	MIS	Absent	
4GNE0604	Eye, right	HMR	Absent	
4GNE0604	Eye, right	EMB	Absent	
4GNE0604	Opercula	SLSH	Absent	
4GNE0605	Body Surface	RGR	Absent	
4GNE0605	Body Surface	RLSN	Absent	
4GNE0605	Body Surface	SPDF	Absent	
4GNE0605	Body Surface	HMRB	Present	
4GNE0605	Body Surface	FDC	Absent	
4GNE0605	Body Surface	BFG	Absent	
4GNE0605	Body Surface	PRST	Absent	
4GNE0605	Body Surface	OTHER	Present	Gill net marks
4GNE0605	Head	DFM	Absent	
4GNE0605	Mouth	ULR	Absent	
4GNE0605	Mouth	LLG	Absent	
4GNE0605	Nare	SLN	Absent	
4GNE0605	Eye, left	EXPTH	Absent	
4GNE0605	Eye, left	OPQ	Absent	
4GNE0605	Eye, left	MIS	Absent	
4GNE0605	Eye, left	HMR	Absent	
4GNE0605	Eye, left	EMB	Absent	
4GNE0605	Eye, right	EXPTH	Absent	
4GNE0605	Eye, right	OPQ	Absent	
4GNE0605	Eye, right	MIS	Absent	
4GNE0605	Eye, right	HMR	Absent	
4GNE0605	Eye, right	EMB	Absent	
4GNE0605	Opercula	SLSH	Absent	
4GNE0606	Body Surface	RGR	Absent	
4GNE0606	Body Surface	RLSN	Absent	
4GNE0606	Body Surface	SPDF	Absent	
4GNE0606	Body Surface	HMRB	Present	
4GNE0606	Body Surface	FDC	Absent	
4GNE0606	Body Surface	BFG	Absent	
4GNE0606	Body Surface	PRST	Absent	
4GNE0606	Body Surface	OTHER	Present	Gill net marks
4GNE0606	Head	DFM	Absent	
4GNE0606	Mouth	ULR	Absent	
4GNE0606	Mouth	LLG	Absent	
4GNE0606	Nare	SLN	Absent	
4GNE0606	Eye, left	EXPTH	Absent	
4GNE0606	Eye, left	OPQ	Absent	
4GNE0606	Eye, left	MIS	Absent	
4GNE0606	Eye, left	HMR	Absent	
4GNE0606	Eye, left	EMB	Absent	
4GNE0606	Eye, right	EXPTH	Absent	
4GNE0606	Eye, right	OPQ	Absent	
4GNE0606	Eye, right	MIS	Absent	
4GNE0606	Eye, right	HMR	Absent	
4GNE0606	Eye, right	EMB	Absent	
4GNE0606	Opercula	SLSH	Absent	
4GNE0607	Body Surface	RGR	Absent	
4GNE0607	Body Surface	RLSN	Absent	
4GNE0607	Body Surface	SPDF	Absent	
4GNE0607	Body Surface	HMRB	Absent	
4GNE0607	Body Surface	FDC	Absent	
4GNE0607	Body Surface	BFG	Absent	
4GNE0607	Body Surface	PRST	Absent	
4GNE0607	Body Surface	OTHER	Present	Gill net marks
4GNE0607	Head	DFM	Absent	
4GNE0607	Mouth	ULR	Absent	
4GNE0607	Mouth	LLG	Absent	
4GNE0607	Nare	SLN	Absent	
4GNE0607	Eye, left	EXPTH	Absent	
4GNE0607	Eye, left	OPQ	Absent	
4GNE0607	Eye, left	MIS	Absent	
4GNE0607	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0607	Eye, left	EMB	Absent	
4GNE0607	Eye, right	EXPTH	Absent	
4GNE0607	Eye, right	OPQ	Absent	
4GNE0607	Eye, right	MIS	Absent	
4GNE0607	Eye, right	HMR	Absent	
4GNE0607	Eye, right	EMB	Absent	
4GNE0607	Opercula	SLSH	Absent	
4GNE0608	Body Surface	RGR	Absent	
4GNE0608	Body Surface	RLSN	Absent	
4GNE0608	Body Surface	SPDF	Absent	
4GNE0608	Body Surface	HMRB	Present	
4GNE0608	Body Surface	FDC	Absent	
4GNE0608	Body Surface	BFG	Absent	
4GNE0608	Body Surface	PRST	Absent	
4GNE0608	Body Surface	OTHER	Present	Gill net marks
4GNE0608	Head	DFM	Absent	
4GNE0608	Mouth	ULR	Absent	
4GNE0608	Mouth	LLG	Absent	
4GNE0608	Nare	SLN	Absent	
4GNE0608	Eye, left	EXPTH	Absent	
4GNE0608	Eye, left	OPQ	Absent	
4GNE0608	Eye, left	MIS	Absent	
4GNE0608	Eye, left	HMR	Absent	
4GNE0608	Eye, left	EMB	Absent	
4GNE0608	Eye, right	EXPTH	Absent	
4GNE0608	Eye, right	OPQ	Absent	
4GNE0608	Eye, right	MIS	Absent	
4GNE0608	Eye, right	HMR	Absent	
4GNE0608	Eye, right	EMB	Absent	
4GNE0608	Opercula	SLSH	Absent	
4GNE0609	Body Surface	RGR	Absent	
4GNE0609	Body Surface	RLSN	Absent	
4GNE0609	Body Surface	SPDF	Absent	
4GNE0609	Body Surface	HMRB	Absent	
4GNE0609	Body Surface	FDC	Absent	
4GNE0609	Body Surface	BFG	Absent	
4GNE0609	Body Surface	PRST	Absent	
4GNE0609	Body Surface	OTHER	Present	Gill net marks
4GNE0609	Head	DFM	Absent	
4GNE0609	Mouth	ULR	Absent	
4GNE0609	Mouth	LLG	Absent	
4GNE0609	Nare	SLN	Absent	
4GNE0609	Eye, left	EXPTH	Absent	
4GNE0609	Eye, left	OPQ	Absent	
4GNE0609	Eye, left	MIS	Absent	
4GNE0609	Eye, left	HMR	Absent	
4GNE0609	Eye, left	EMB	Absent	
4GNE0609	Eye, right	EXPTH	Absent	
4GNE0609	Eye, right	OPQ	Absent	
4GNE0609	Eye, right	MIS	Absent	
4GNE0609	Eye, right	HMR	Absent	
4GNE0609	Eye, right	EMB	Absent	
4GNE0609	Opercula	SLSH	Absent	
4GNE0610	Body Surface	RGR	Absent	
4GNE0610	Body Surface	RLSN	Absent	
4GNE0610	Body Surface	SPDF	Absent	
4GNE0610	Body Surface	HMRB	Absent	
4GNE0610	Body Surface	FDC	Absent	
4GNE0610	Body Surface	BFG	Absent	
4GNE0610	Body Surface	PRST	Absent	
4GNE0610	Body Surface	OTHER	Present	Gill net marks
4GNE0610	Head	DFM	Absent	
4GNE0610	Mouth	ULR	Absent	
4GNE0610	Mouth	LLG	Absent	
4GNE0610	Nare	SLN	Absent	
4GNE0610	Eye, left	EXPTH	Absent	
4GNE0610	Eye, left	OPQ	Absent	
4GNE0610	Eye, left	MIS	Absent	
4GNE0610	Eye, left	HMR	Absent	
4GNE0610	Eye, left	EMB	Absent	
4GNE0610	Eye, right	EXPTH	Absent	
4GNE0610	Eye, right	OPQ	Absent	
4GNE0610	Eye, right	MIS	Absent	
4GNE0610	Eye, right	HMR	Absent	
4GNE0610	Eye, right	EMB	Absent	
4GNE0610	Opercula	SLSH	Absent	
4GNE0611	Body Surface	RGR	Absent	
4GNE0611	Body Surface	RLSN	Present	
4GNE0611	Body Surface	SPDF	Absent	
4GNE0611	Body Surface	HMRB	Absent	
4GNE0611	Body Surface	FDC	Absent	
4GNE0611	Body Surface	BFG	Absent	
4GNE0611	Body Surface	PRST	Absent	
4GNE0611	Body Surface	OTHER	Present	Gill net marks
4GNE0611	Barbel	NORM	Present	
4GNE0611	Head	DFM	Absent	
4GNE0611	Mouth	ULR	Absent	
4GNE0611	Mouth	LLG	Absent	
4GNE0611	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0611	Eye, left	EXPTH	Absent	
4GNE0611	Eye, left	OPQ	Absent	
4GNE0611	Eye, left	MIS	Absent	
4GNE0611	Eye, left	HMR	Absent	
4GNE0611	Eye, left	EMB	Absent	
4GNE0611	Eye, right	EXPTH	Absent	
4GNE0611	Eye, right	OPQ	Absent	
4GNE0611	Eye, right	MIS	Absent	
4GNE0611	Eye, right	HMR	Absent	
4GNE0611	Eye, right	EMB	Absent	
4GNE0611	Opercula	SLSH	Absent	
4GNE0612	Body Surface	RGR	Absent	
4GNE0612	Body Surface	RLSN	Absent	
4GNE0612	Body Surface	SPDF	Absent	
4GNE0612	Body Surface	HMRB	Absent	
4GNE0612	Body Surface	FDC	Absent	
4GNE0612	Body Surface	BFG	Absent	
4GNE0612	Body Surface	PRST	Absent	
4GNE0612	Body Surface	OTHER	Present	Gill net marks
4GNE0612	Head	DFM	Absent	
4GNE0612	Mouth	ULR	Absent	
4GNE0612	Mouth	LLG	Absent	
4GNE0612	Nare	SLN	Absent	
4GNE0612	Eye, left	EXPTH	Absent	
4GNE0612	Eye, left	OPQ	Absent	
4GNE0612	Eye, left	MIS	Absent	
4GNE0612	Eye, left	HMR	Absent	
4GNE0612	Eye, left	EMB	Absent	
4GNE0612	Eye, right	EXPTH	Absent	
4GNE0612	Eye, right	OPQ	Absent	
4GNE0612	Eye, right	MIS	Absent	
4GNE0612	Eye, right	HMR	Absent	
4GNE0612	Eye, right	EMB	Absent	
4GNE0612	Opercula	SLSH	Absent	
4GNE0613	Body Surface	RGR	Absent	
4GNE0613	Body Surface	RLSN	Absent	
4GNE0613	Body Surface	SPDF	Absent	
4GNE0613	Body Surface	HMRB	Present	
4GNE0613	Body Surface	FDC	Absent	
4GNE0613	Body Surface	BFG	Absent	
4GNE0613	Body Surface	PRST	Absent	
4GNE0613	Body Surface	OTHER	Present	Gill net marks
4GNE0613	Barbel	NORM	Present	
4GNE0613	Head	DFM	Absent	
4GNE0613	Mouth	ULR	Absent	
4GNE0613	Mouth	LLG	Absent	
4GNE0613	Nare	SLN	Absent	
4GNE0613	Eye, left	EXPTH	Absent	
4GNE0613	Eye, left	OPQ	Absent	
4GNE0613	Eye, left	MIS	Absent	
4GNE0613	Eye, left	HMR	Absent	
4GNE0613	Eye, left	EMB	Absent	
4GNE0613	Eye, right	EXPTH	Absent	
4GNE0613	Eye, right	OPQ	Absent	
4GNE0613	Eye, right	MIS	Absent	
4GNE0613	Eye, right	HMR	Absent	
4GNE0613	Eye, right	EMB	Absent	
4GNE0613	Opercula	SLSH	Absent	
4TF0001	Body Surface	RGR	Absent	
4TF0001	Body Surface	RLSN	Absent	
4TF0001	Body Surface	SPDF	Absent	
4TF0001	Body Surface	HMRB	Absent	
4TF0001	Body Surface	FDC	Absent	
4TF0001	Body Surface	BFG	Absent	
4TF0001	Body Surface	PRST	Absent	
4TF0001	Barbel	NORM	Present	
4TF0001	Head	DFM	Absent	
4TF0001	Mouth	ULR	Absent	
4TF0001	Mouth	LLG	Absent	
4TF0001	Nare	SLN	Absent	
4TF0001	Eye, left	EXPTH	Absent	
4TF0001	Eye, left	OPQ	Absent	
4TF0001	Eye, left	MIS	Absent	
4TF0001	Eye, left	HMR	Absent	
4TF0001	Eye, left	EMB	Absent	
4TF0001	Eye, right	EXPTH	Absent	
4TF0001	Eye, right	OPQ	Absent	
4TF0001	Eye, right	MIS	Absent	
4TF0001	Eye, right	HMR	Absent	
4TF0001	Eye, right	EMB	Absent	
4TF0001	Eye, right	OTHER	Present	Recessed
4TF0001	Opercula	SLSH	Absent	
4TF0002	Body Surface	RGR	Absent	
4TF0002	Body Surface	RLSN	Absent	
4TF0002	Body Surface	SPDF	Absent	
4TF0002	Body Surface	HMRB	Absent	
4TF0002	Body Surface	FDC	Absent	
4TF0002	Body Surface	BFG	Absent	
4TF0002	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4TF0002	Barbel	NORM	Present	
4TF0002	Head	DFM	Absent	
4TF0002	Mouth	ULR	Absent	
4TF0002	Mouth	LLG	Absent	
4TF0002	Nare	SLN	Absent	
4TF0002	Eye, left	EXPTH	Absent	
4TF0002	Eye, left	OPQ	Absent	
4TF0002	Eye, left	MIS	Absent	
4TF0002	Eye, left	HMR	Absent	
4TF0002	Eye, left	EMB	Absent	
4TF0002	Eye, right	EXPTH	Absent	
4TF0002	Eye, right	OPQ	Absent	
4TF0002	Eye, right	MIS	Absent	
4TF0002	Eye, right	HMR	Absent	
4TF0002	Eye, right	EMB	Absent	
4TF0002	Eye, right	OTHER	Present	Recessed
4TF0002	Opercula	SLSH	Absent	
4TF0003	Body Surface	RGR	Absent	
4TF0003	Body Surface	RLSN	Absent	
4TF0003	Body Surface	SPDF	Absent	
4TF0003	Body Surface	HMRB	Absent	
4TF0003	Body Surface	FDC	Absent	
4TF0003	Body Surface	BFG	Absent	
4TF0003	Body Surface	PRST	Absent	
4TF0003	Barbel	NORM	Present	
4TF0003	Head	DFM	Absent	
4TF0003	Mouth	ULR	Absent	
4TF0003	Mouth	LLG	Absent	
4TF0003	Nare	SLN	Absent	
4TF0003	Eye, left	EXPTH	Absent	
4TF0003	Eye, left	OPQ	Absent	
4TF0003	Eye, left	MIS	Absent	
4TF0003	Eye, left	HMR	Absent	
4TF0003	Eye, left	EMB	Absent	
4TF0003	Eye, right	EXPTH	Absent	
4TF0003	Eye, right	OPQ	Absent	
4TF0003	Eye, right	MIS	Absent	
4TF0003	Eye, right	HMR	Absent	
4TF0003	Eye, right	EMB	Absent	
4TF0003	Opercula	SLSH	Absent	
4TF0004	Body Surface	RGR	Absent	
4TF0004	Body Surface	RLSN	Absent	
4TF0004	Body Surface	SPDF	Absent	
4TF0004	Body Surface	HMRB	Absent	
4TF0004	Body Surface	FDC	Absent	
4TF0004	Body Surface	BFG	Absent	
4TF0004	Body Surface	PRST	Absent	
4TF0004	Barbel	NORM	Present	
4TF0004	Head	DFM	Absent	
4TF0004	Mouth	ULR	Absent	
4TF0004	Mouth	LLG	Absent	
4TF0004	Nare	SLN	Absent	
4TF0004	Eye, left	EXPTH	Absent	
4TF0004	Eye, left	OPQ	Absent	
4TF0004	Eye, left	MIS	Absent	
4TF0004	Eye, left	HMR	Absent	
4TF0004	Eye, left	EMB	Absent	
4TF0004	Eye, right	EXPTH	Absent	
4TF0004	Eye, right	OPQ	Absent	
4TF0004	Eye, right	MIS	Absent	
4TF0004	Eye, right	HMR	Absent	
4TF0004	Eye, right	EMB	Absent	
4TF0004	Opercula	SLSH	Absent	
4TF0005	Body Surface	RGR	Absent	
4TF0005	Body Surface	RLSN	Absent	
4TF0005	Body Surface	SPDF	Absent	
4TF0005	Body Surface	HMRB	Absent	
4TF0005	Body Surface	FDC	Absent	
4TF0005	Body Surface	BFG	Absent	
4TF0005	Body Surface	PRST	Absent	
4TF0005	Head	DFM	Absent	
4TF0005	Mouth	ULR	Absent	
4TF0005	Mouth	LLG	Absent	
4TF0005	Nare	SLN	Absent	
4TF0005	Eye, left	EXPTH	Absent	
4TF0005	Eye, left	OPQ	Absent	
4TF0005	Eye, left	MIS	Absent	
4TF0005	Eye, left	HMR	Absent	
4TF0005	Eye, left	EMB	Absent	
4TF0005	Eye, right	EXPTH	Absent	
4TF0005	Eye, right	OPQ	Absent	
4TF0005	Eye, right	MIS	Absent	
4TF0005	Eye, right	HMR	Absent	
4TF0005	Eye, right	EMB	Absent	
4TF0005	Opercula	SLSH	Absent	
4TF0006	Body Surface	RGR	Absent	
4TF0006	Body Surface	RLSN	Absent	
4TF0006	Body Surface	SPDF	Absent	
4TF0006	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4TF0006	Body Surface	FDC	Absent	
4TF0006	Body Surface	BFG	Absent	
4TF0006	Body Surface	PRST	Absent	
4TF0006	Head	DFM	Absent	
4TF0006	Mouth	ULR	Absent	
4TF0006	Mouth	LLG	Absent	
4TF0006	Nare	SLN	Absent	
4TF0006	Eye, left	EXPTH	Absent	
4TF0006	Eye, left	OPQ	Absent	
4TF0006	Eye, left	MIS	Absent	
4TF0006	Eye, left	HMR	Absent	
4TF0006	Eye, left	EMB	Absent	
4TF0006	Eye, right	EXPTH	Absent	
4TF0006	Eye, right	OPQ	Absent	
4TF0006	Eye, right	MIS	Absent	
4TF0006	Eye, right	HMR	Absent	
4TF0006	Eye, right	EMB	Absent	
4TF0006	Opercula	SLSH	Absent	
4TF0007	Body Surface	RGR	Absent	
4TF0007	Body Surface	RLSN	Absent	
4TF0007	Body Surface	SPDF	Absent	
4TF0007	Body Surface	HMRB	Absent	
4TF0007	Body Surface	FDC	Absent	
4TF0007	Body Surface	BFG	Absent	
4TF0007	Body Surface	PRST	Absent	
4TF0007	Barbel	NORM	Present	
4TF0007	Head	DFM	Absent	
4TF0007	Mouth	ULR	Absent	
4TF0007	Mouth	LLG	Absent	
4TF0007	Nare	SLN	Absent	
4TF0007	Eye, left	EXPTH	Absent	
4TF0007	Eye, left	OPQ	Absent	
4TF0007	Eye, left	MIS	Absent	
4TF0007	Eye, left	HMR	Absent	
4TF0007	Eye, left	EMB	Absent	
4TF0007	Eye, right	EXPTH	Absent	
4TF0007	Eye, right	OPQ	Absent	
4TF0007	Eye, right	MIS	Absent	
4TF0007	Eye, right	HMR	Absent	
4TF0007	Eye, right	EMB	Absent	
4TF0007	Opercula	SLSH	Absent	
4TF0008	Body Surface	RGR	Absent	
4TF0008	Body Surface	RLSN	Absent	
4TF0008	Body Surface	SPDF	Absent	
4TF0008	Body Surface	HMRB	Absent	
4TF0008	Body Surface	FDC	Absent	
4TF0008	Body Surface	BFG	Absent	
4TF0008	Body Surface	PRST	Absent	
4TF0008	Barbel	NORM	Present	
4TF0008	Head	DFM	Absent	
4TF0008	Mouth	ULR	Absent	
4TF0008	Mouth	LLG	Absent	
4TF0008	Nare	SLN	Absent	
4TF0008	Eye, left	EXPTH	Absent	
4TF0008	Eye, left	OPQ	Absent	
4TF0008	Eye, left	MIS	Absent	
4TF0008	Eye, left	HMR	Absent	
4TF0008	Eye, left	EMB	Absent	
4TF0008	Eye, right	EXPTH	Absent	
4TF0008	Eye, right	OPQ	Absent	
4TF0008	Eye, right	MIS	Absent	
4TF0008	Eye, right	HMR	Absent	
4TF0008	Eye, right	EMB	Absent	
4TF0008	Opercula	SLSH	Absent	
4TF0010	Body Surface	RGR	Absent	
4TF0010	Body Surface	RLSN	Absent	
4TF0010	Body Surface	SPDF	Absent	
4TF0010	Body Surface	HMRB	Absent	
4TF0010	Body Surface	FDC	Absent	
4TF0010	Body Surface	BFG	Absent	
4TF0010	Body Surface	PRST	Absent	
4TF0010	Barbel	NORM	Present	
4TF0010	Head	DFM	Absent	
4TF0010	Mouth	ULR	Absent	
4TF0010	Mouth	LLG	Absent	
4TF0010	Nare	SLN	Absent	
4TF0010	Eye, left	EXPTH	Absent	
4TF0010	Eye, left	OPQ	Absent	
4TF0010	Eye, left	MIS	Absent	
4TF0010	Eye, left	HMR	Absent	
4TF0010	Eye, left	EMB	Absent	
4TF0010	Eye, right	EXPTH	Absent	
4TF0010	Eye, right	OPQ	Absent	
4TF0010	Eye, right	MIS	Absent	
4TF0010	Eye, right	HMR	Absent	
4TF0010	Eye, right	EMB	Absent	
4TF0010	Opercula	SLSH	Absent	
4TF0011	Body Surface	RGR	Absent	
4TF0011	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4TF0011	Body Surface	SPDF	Absent	
4TF0011	Body Surface	HMRB	Absent	
4TF0011	Body Surface	FDC	Absent	
4TF0011	Body Surface	BFG	Absent	
4TF0011	Body Surface	PRST	Absent	
4TF0011	Barbel	NORM	Present	
4TF0011	Head	DFM	Absent	
4TF0011	Mouth	ULR	Absent	
4TF0011	Mouth	LLG	Absent	
4TF0011	Nare	SLN	Absent	
4TF0011	Eye, left	EXPTH	Absent	
4TF0011	Eye, left	OPQ	Absent	
4TF0011	Eye, left	MIS	Absent	
4TF0011	Eye, left	HMR	Absent	
4TF0011	Eye, left	EMB	Absent	
4TF0011	Eye, right	EXPTH	Absent	
4TF0011	Eye, right	OPQ	Absent	
4TF0011	Eye, right	MIS	Absent	
4TF0011	Eye, right	HMR	Absent	
4TF0011	Eye, right	EMB	Absent	
4TF0011	Opercula	SLSH	Absent	
4TF0012	Body Surface	RGR	Absent	
4TF0012	Body Surface	RLSN	Absent	
4TF0012	Body Surface	SPDF	Absent	
4TF0012	Body Surface	HMRB	Absent	
4TF0012	Body Surface	FDC	Absent	
4TF0012	Body Surface	BFG	Absent	
4TF0012	Body Surface	PRST	Absent	
4TF0012	Barbel	NORM	Present	
4TF0012	Head	DFM	Absent	
4TF0012	Mouth	ULR	Absent	
4TF0012	Mouth	LLG	Absent	
4TF0012	Nare	SLN	Absent	
4TF0012	Eye, left	EXPTH	Absent	
4TF0012	Eye, left	OPQ	Absent	
4TF0012	Eye, left	MIS	Absent	
4TF0012	Eye, left	HMR	Absent	
4TF0012	Eye, left	EMB	Absent	
4TF0012	Eye, right	EXPTH	Absent	
4TF0012	Eye, right	OPQ	Absent	
4TF0012	Eye, right	MIS	Absent	
4TF0012	Eye, right	HMR	Absent	
4TF0012	Eye, right	EMB	Absent	
4TF0012	Opercula	SLSH	Absent	
4TF0013	Body Surface	RGR	Absent	
4TF0013	Body Surface	RLSN	Absent	
4TF0013	Body Surface	SPDF	Absent	
4TF0013	Body Surface	HMRB	Absent	
4TF0013	Body Surface	FDC	Absent	
4TF0013	Body Surface	BFG	Absent	
4TF0013	Body Surface	PRST	Absent	
4TF0013	Barbel	NORM	Present	
4TF0013	Head	DFM	Absent	
4TF0013	Mouth	ULR	Absent	
4TF0013	Mouth	LLG	Absent	
4TF0013	Nare	SLN	Absent	
4TF0013	Eye, left	EXPTH	Absent	
4TF0013	Eye, left	OPQ	Absent	
4TF0013	Eye, left	MIS	Absent	
4TF0013	Eye, left	HMR	Absent	
4TF0013	Eye, left	EMB	Absent	
4TF0013	Eye, right	EXPTH	Absent	
4TF0013	Eye, right	OPQ	Absent	
4TF0013	Eye, right	MIS	Absent	
4TF0013	Eye, right	HMR	Absent	
4TF0013	Eye, right	EMB	Absent	
4TF0013	Opercula	SLSH	Absent	
5BC0001	Body Surface	RGR	Absent	
5BC0001	Body Surface	RLSN	Absent	
5BC0001	Body Surface	SPDF	Absent	
5BC0001	Body Surface	HMRB	Absent	
5BC0001	Body Surface	FDC	Absent	
5BC0001	Body Surface	BFG	Absent	
5BC0001	Body Surface	PRST	Absent	
5BC0001	Barbel	NORM	Present	
5BC0001	Head	DFM	Absent	
5BC0001	Mouth	ULR	Absent	
5BC0001	Mouth	LLG	Absent	
5BC0001	Nare	SLN	Absent	
5BC0001	Eye, left	EXPTH	Absent	
5BC0001	Eye, left	OPQ	Absent	
5BC0001	Eye, left	MIS	Absent	
5BC0001	Eye, left	HMR	Absent	
5BC0001	Eye, left	EMB	Absent	
5BC0001	Eye, right	EXPTH	Absent	
5BC0001	Eye, right	OPQ	Absent	
5BC0001	Eye, right	MIS	Absent	
5BC0001	Eye, right	HMR	Absent	
5BC0001	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5BC0001	Opercula	SLSH	Absent	
5BC0002	Body Surface	RGR	Absent	
5BC0002	Body Surface	RLSN	Absent	
5BC0002	Body Surface	SPDF	Absent	
5BC0002	Body Surface	HMRB	Absent	
5BC0002	Body Surface	FDC	Absent	
5BC0002	Body Surface	BFG	Absent	
5BC0002	Body Surface	PRST	Absent	
5BC0002	Barbel	NORM	Present	
5BC0002	Head	DFM	Absent	
5BC0002	Mouth	ULR	Absent	
5BC0002	Mouth	LLG	Absent	
5BC0002	Nare	SLN	Absent	
5BC0002	Eye, left	EXPTH	Absent	
5BC0002	Eye, left	OPQ	Absent	
5BC0002	Eye, left	MIS	Absent	
5BC0002	Eye, left	HMR	Absent	
5BC0002	Eye, left	EMB	Absent	
5BC0002	Eye, right	EXPTH	Absent	
5BC0002	Eye, right	OPQ	Absent	
5BC0002	Eye, right	MIS	Absent	
5BC0002	Eye, right	HMR	Absent	
5BC0002	Eye, right	EMB	Absent	
5BC0002	Opercula	SLSH	Absent	
5BC0003	Body Surface	RGR	Absent	
5BC0003	Body Surface	RLSN	Absent	
5BC0003	Body Surface	SPDF	Absent	
5BC0003	Body Surface	HMRB	Absent	
5BC0003	Body Surface	FDC	Absent	
5BC0003	Body Surface	BFG	Absent	
5BC0003	Body Surface	PRST	Absent	
5BC0003	Barbel	NORM	Present	
5BC0003	Head	DFM	Absent	
5BC0003	Mouth	ULR	Absent	
5BC0003	Mouth	LLG	Absent	
5BC0003	Nare	SLN	Absent	
5BC0003	Eye, left	EXPTH	Absent	
5BC0003	Eye, left	OPQ	Absent	
5BC0003	Eye, left	MIS	Absent	
5BC0003	Eye, left	HMR	Absent	
5BC0003	Eye, left	EMB	Absent	
5BC0003	Eye, right	EXPTH	Absent	
5BC0003	Eye, right	OPQ	Absent	
5BC0003	Eye, right	MIS	Absent	
5BC0003	Eye, right	HMR	Absent	
5BC0003	Eye, right	EMB	Absent	
5BC0003	Opercula	SLSH	Absent	
5BC0004	Body Surface	RGR	Absent	
5BC0004	Body Surface	RLSN	Absent	
5BC0004	Body Surface	SPDF	Absent	
5BC0004	Body Surface	HMRB	Absent	
5BC0004	Body Surface	FDC	Absent	
5BC0004	Body Surface	BFG	Absent	
5BC0004	Body Surface	PRST	Absent	
5BC0004	Barbel	NORM	Present	
5BC0004	Head	DFM	Absent	
5BC0004	Mouth	ULR	Absent	
5BC0004	Mouth	LLG	Absent	
5BC0004	Nare	SLN	Absent	
5BC0004	Eye, left	EXPTH	Absent	
5BC0004	Eye, left	OPQ	Absent	
5BC0004	Eye, left	MIS	Absent	
5BC0004	Eye, left	HMR	Absent	
5BC0004	Eye, left	EMB	Absent	
5BC0004	Eye, right	EXPTH	Absent	
5BC0004	Eye, right	OPQ	Absent	
5BC0004	Eye, right	MIS	Absent	
5BC0004	Eye, right	HMR	Absent	
5BC0004	Eye, right	EMB	Absent	
5BC0004	Opercula	SLSH	Absent	
5EB0001H	Body Surface	RGR	Absent	
5EB0001H	Body Surface	RLSN	Absent	
5EB0001H	Body Surface	SPDF	Absent	
5EB0001H	Body Surface	HMRB	Absent	
5EB0001H	Body Surface	FDC	Absent	
5EB0001H	Body Surface	BFG	Absent	
5EB0001H	Body Surface	PRST	Absent	
5EB0001H	Head	DFM	Absent	
5EB0001H	Mouth	ULR	Absent	
5EB0001H	Mouth	LLG	Absent	
5EB0001H	Nare	SLN	Absent	
5EB0001H	Eye, left	EXPTH	Absent	
5EB0001H	Eye, left	OPQ	Absent	
5EB0001H	Eye, left	MIS	Absent	
5EB0001H	Eye, left	HMR	Absent	
5EB0001H	Eye, left	EMB	Absent	
5EB0001H	Eye, right	EXPTH	Absent	
5EB0001H	Eye, right	OPQ	Absent	
5EB0001H	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0001H	Eye, right	HMR	Absent	
5EB0001H	Eye, right	EMB	Absent	
5EB0001H	Opercula	SLSH	Absent	
5EB0002H	Body Surface	RGR	Absent	
5EB0002H	Body Surface	RLSN	Absent	
5EB0002H	Body Surface	SPDF	Absent	
5EB0002H	Body Surface	HMRB	Absent	
5EB0002H	Body Surface	FDC	Absent	
5EB0002H	Body Surface	BFG	Absent	
5EB0002H	Body Surface	PRST	Absent	
5EB0002H	Body Surface	OTHER	Present	Lacerations on body
5EB0002H	Head	DFM	Absent	
5EB0002H	Mouth	ULR	Absent	
5EB0002H	Mouth	LLG	Absent	
5EB0002H	Nare	SLN	Absent	
5EB0002H	Eye, left	EXPTH	Absent	
5EB0002H	Eye, left	OPQ	Absent	
5EB0002H	Eye, left	MIS	Absent	
5EB0002H	Eye, left	HMR	Absent	
5EB0002H	Eye, left	EMB	Absent	
5EB0002H	Eye, right	EXPTH	Absent	
5EB0002H	Eye, right	OPQ	Absent	
5EB0002H	Eye, right	MIS	Absent	
5EB0002H	Eye, right	HMR	Absent	
5EB0002H	Eye, right	EMB	Absent	
5EB0002H	Opercula	SLSH	Absent	
5EB0003H	Body Surface	RGR	Absent	
5EB0003H	Body Surface	RLSN	Absent	
5EB0003H	Body Surface	SPDF	Absent	
5EB0003H	Body Surface	HMRB	Absent	
5EB0003H	Body Surface	FDC	Absent	
5EB0003H	Body Surface	BFG	Absent	
5EB0003H	Body Surface	PRST	Present	
5EB0003H	Head	DFM	Absent	
5EB0003H	Mouth	ULR	Absent	
5EB0003H	Mouth	LLG	Absent	
5EB0003H	Nare	SLN	Absent	
5EB0003H	Eye, left	EXPTH	Absent	
5EB0003H	Eye, left	OPQ	Absent	
5EB0003H	Eye, left	MIS	Absent	
5EB0003H	Eye, left	HMR	Absent	
5EB0003H	Eye, left	EMB	Absent	
5EB0003H	Eye, right	EXPTH	Absent	
5EB0003H	Eye, right	OPQ	Absent	
5EB0003H	Eye, right	MIS	Absent	
5EB0003H	Eye, right	HMR	Absent	
5EB0003H	Eye, right	EMB	Absent	
5EB0003H	Opercula	SLSH	Absent	
5EB0004H	Body Surface	RGR	Absent	
5EB0004H	Body Surface	RLSN	Absent	
5EB0004H	Body Surface	SPDF	Absent	
5EB0004H	Body Surface	HMRB	Absent	
5EB0004H	Body Surface	FDC	Absent	
5EB0004H	Body Surface	BFG	Absent	
5EB0004H	Body Surface	PRST	Present	
5EB0004H	Head	DFM	Absent	
5EB0004H	Mouth	ULR	Absent	
5EB0004H	Mouth	LLG	Absent	
5EB0004H	Nare	SLN	Absent	
5EB0004H	Eye, left	EXPTH	Absent	
5EB0004H	Eye, left	OPQ	Absent	
5EB0004H	Eye, left	MIS	Absent	
5EB0004H	Eye, left	HMR	Absent	
5EB0004H	Eye, left	EMB	Absent	
5EB0004H	Eye, right	EXPTH	Absent	
5EB0004H	Eye, right	OPQ	Absent	
5EB0004H	Eye, right	MIS	Absent	
5EB0004H	Eye, right	HMR	Absent	
5EB0004H	Eye, right	EMB	Absent	
5EB0004H	Opercula	SLSH	Absent	
5EB0005H	Body Surface	RGR	Absent	
5EB0005H	Body Surface	RLSN	Absent	
5EB0005H	Body Surface	SPDF	Absent	
5EB0005H	Body Surface	HMRB	Absent	
5EB0005H	Body Surface	FDC	Absent	
5EB0005H	Body Surface	BFG	Absent	
5EB0005H	Body Surface	PRST	Absent	
5EB0005H	Head	DFM	Absent	
5EB0005H	Mouth	ULR	Absent	
5EB0005H	Mouth	LLG	Absent	
5EB0005H	Nare	SLN	Absent	
5EB0005H	Eye, left	EXPTH	Absent	
5EB0005H	Eye, left	OPQ	Absent	
5EB0005H	Eye, left	MIS	Absent	
5EB0005H	Eye, left	HMR	Absent	
5EB0005H	Eye, left	EMB	Absent	
5EB0005H	Eye, right	EXPTH	Absent	
5EB0005H	Eye, right	OPQ	Absent	
5EB0005H	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0005H	Eye, right	HMR	Absent	
5EB0005H	Eye, right	EMB	Absent	
5EB0005H	Opercula	SLSH	Absent	
5EB0006H	Body Surface	RGR	Absent	
5EB0006H	Body Surface	RLSN	Absent	
5EB0006H	Body Surface	SPDF	Absent	
5EB0006H	Body Surface	HMRB	Absent	
5EB0006H	Body Surface	FDC	Absent	
5EB0006H	Body Surface	BFG	Absent	
5EB0006H	Body Surface	PRST	Absent	
5EB0006H	Body Surface	OTHER	Present	Lacerations on right side
5EB0006H	Head	DFM	Absent	
5EB0006H	Mouth	ULR	Absent	
5EB0006H	Mouth	LLG	Absent	
5EB0006H	Nare	SLN	Absent	
5EB0006H	Eye, left	EXPTH	Absent	
5EB0006H	Eye, left	OPQ	Absent	
5EB0006H	Eye, left	MIS	Absent	
5EB0006H	Eye, left	HMR	Absent	
5EB0006H	Eye, left	EMB	Absent	
5EB0006H	Eye, right	EXPTH	Absent	
5EB0006H	Eye, right	OPQ	Absent	
5EB0006H	Eye, right	MIS	Absent	
5EB0006H	Eye, right	HMR	Absent	
5EB0006H	Eye, right	EMB	Absent	
5EB0006H	Opercula	SLSH	Absent	
5EB0007H	Body Surface	RGR	Absent	
5EB0007H	Body Surface	RLSN	Absent	
5EB0007H	Body Surface	SPDF	Absent	
5EB0007H	Body Surface	HMRB	Absent	
5EB0007H	Body Surface	FDC	Absent	
5EB0007H	Body Surface	BFG	Absent	
5EB0007H	Body Surface	PRST	Present	
5EB0007H	Body Surface	OTHER	Present	Abrasion on right side
5EB0007H	Head	DFM	Absent	
5EB0007H	Mouth	ULR	Absent	
5EB0007H	Mouth	LLG	Absent	
5EB0007H	Nare	SLN	Absent	
5EB0007H	Eye, left	EXPTH	Absent	
5EB0007H	Eye, left	OPQ	Absent	
5EB0007H	Eye, left	MIS	Absent	
5EB0007H	Eye, left	HMR	Absent	
5EB0007H	Eye, left	EMB	Absent	
5EB0007H	Eye, right	EXPTH	Absent	
5EB0007H	Eye, right	OPQ	Absent	
5EB0007H	Eye, right	MIS	Absent	
5EB0007H	Eye, right	HMR	Absent	
5EB0007H	Eye, right	EMB	Absent	
5EB0007H	Opercula	SLSH	Absent	
5EB0008H	Body Surface	RGR	Absent	
5EB0008H	Body Surface	RLSN	Absent	
5EB0008H	Body Surface	SPDF	Absent	
5EB0008H	Body Surface	HMRB	Absent	
5EB0008H	Body Surface	FDC	Absent	
5EB0008H	Body Surface	BFG	Absent	
5EB0008H	Body Surface	PRST	Absent	
5EB0008H	Body Surface	OTHER	Present	Lacerations on left side
5EB0008H	Head	DFM	Absent	
5EB0008H	Mouth	ULR	Absent	
5EB0008H	Mouth	LLG	Absent	
5EB0008H	Nare	SLN	Absent	
5EB0008H	Eye, left	EXPTH	Absent	
5EB0008H	Eye, left	OPQ	Absent	
5EB0008H	Eye, left	MIS	Absent	
5EB0008H	Eye, left	HMR	Absent	
5EB0008H	Eye, left	EMB	Absent	
5EB0008H	Eye, right	EXPTH	Absent	
5EB0008H	Eye, right	OPQ	Absent	
5EB0008H	Eye, right	MIS	Absent	
5EB0008H	Eye, right	HMR	Absent	
5EB0008H	Eye, right	EMB	Absent	
5EB0008H	Opercula	SLSH	Absent	
5EB0009H	Body Surface	RGR	Absent	
5EB0009H	Body Surface	RLSN	Absent	
5EB0009H	Body Surface	SPDF	Absent	
5EB0009H	Body Surface	HMRB	Absent	
5EB0009H	Body Surface	FDC	Absent	
5EB0009H	Body Surface	BFG	Absent	
5EB0009H	Body Surface	PRST	Absent	
5EB0009H	Head	DFM	Absent	
5EB0009H	Mouth	ULR	Absent	
5EB0009H	Mouth	LLG	Absent	
5EB0009H	Nare	SLN	Absent	
5EB0009H	Eye, left	EXPTH	Absent	
5EB0009H	Eye, left	OPQ	Absent	
5EB0009H	Eye, left	MIS	Absent	
5EB0009H	Eye, left	HMR	Absent	
5EB0009H	Eye, left	EMB	Absent	
5EB0009H	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0009H	Eye, right	OPQ	Absent	
5EB0009H	Eye, right	MIS	Absent	
5EB0009H	Eye, right	HMR	Absent	
5EB0009H	Eye, right	EMB	Absent	
5EB0009H	Opercula	OTHER	Present	Deformed
5EB0009H	Opercula	SLSH	Absent	
5EB0010H	Body Surface	RGR	Absent	
5EB0010H	Body Surface	RLSN	Absent	
5EB0010H	Body Surface	SPDF	Absent	
5EB0010H	Body Surface	HMRB	Absent	
5EB0010H	Body Surface	FDC	Absent	
5EB0010H	Body Surface	BFG	Absent	
5EB0010H	Body Surface	PRST	Absent	
5EB0010H	Head	DFM	Absent	
5EB0010H	Mouth	ULR	Absent	
5EB0010H	Mouth	LLG	Absent	
5EB0010H	Nare	SLN	Absent	
5EB0010H	Eye, left	EXPTH	Absent	
5EB0010H	Eye, left	OPQ	Absent	
5EB0010H	Eye, left	MIS	Absent	
5EB0010H	Eye, left	HMR	Absent	
5EB0010H	Eye, left	EMB	Absent	
5EB0010H	Eye, right	EXPTH	Absent	
5EB0010H	Eye, right	OPQ	Absent	
5EB0010H	Eye, right	MIS	Absent	
5EB0010H	Eye, right	HMR	Absent	
5EB0010H	Eye, right	EMB	Absent	
5EB0010H	Opercula	SLSH	Absent	
5EB0011H	Body Surface	RGR	Absent	
5EB0011H	Body Surface	RLSN	Absent	
5EB0011H	Body Surface	SPDF	Absent	
5EB0011H	Body Surface	HMRB	Absent	
5EB0011H	Body Surface	FDC	Absent	
5EB0011H	Body Surface	BFG	Absent	
5EB0011H	Body Surface	PRST	Absent	
5EB0011H	Body Surface	OTHER	Present	Lacerations on right side
5EB0011H	Head	DFM	Absent	
5EB0011H	Mouth	ULR	Absent	
5EB0011H	Mouth	LLG	Absent	
5EB0011H	Nare	SLN	Absent	
5EB0011H	Eye, left	EXPTH	Absent	
5EB0011H	Eye, left	OPQ	Absent	
5EB0011H	Eye, left	MIS	Absent	
5EB0011H	Eye, left	HMR	Absent	
5EB0011H	Eye, left	EMB	Absent	
5EB0011H	Eye, right	EXPTH	Absent	
5EB0011H	Eye, right	OPQ	Absent	
5EB0011H	Eye, right	MIS	Absent	
5EB0011H	Eye, right	HMR	Absent	
5EB0011H	Eye, right	EMB	Absent	
5EB0011H	Opercula	SLSH	Absent	
5EB0012H	Body Surface	RGR	Absent	
5EB0012H	Body Surface	RLSN	Absent	
5EB0012H	Body Surface	SPDF	Absent	
5EB0012H	Body Surface	HMRB	Absent	
5EB0012H	Body Surface	FDC	Absent	
5EB0012H	Body Surface	BFG	Absent	
5EB0012H	Body Surface	PRST	Present	
5EB0012H	Body Surface	OTHER	Present	Abrasion on right side
5EB0012H	Head	DFM	Absent	
5EB0012H	Mouth	ULR	Absent	
5EB0012H	Mouth	LLG	Absent	
5EB0012H	Nare	SLN	Absent	
5EB0012H	Eye, left	EXPTH	Absent	
5EB0012H	Eye, left	OPQ	Absent	
5EB0012H	Eye, left	MIS	Absent	
5EB0012H	Eye, left	HMR	Absent	
5EB0012H	Eye, left	EMB	Absent	
5EB0012H	Eye, right	EXPTH	Absent	
5EB0012H	Eye, right	OPQ	Absent	
5EB0012H	Eye, right	MIS	Absent	
5EB0012H	Eye, right	HMR	Absent	
5EB0012H	Eye, right	EMB	Absent	
5EB0012H	Opercula	SLSH	Absent	
5EB0013H	Body Surface	RGR	Absent	
5EB0013H	Body Surface	RLSN	Absent	
5EB0013H	Body Surface	SPDF	Absent	
5EB0013H	Body Surface	HMRB	Absent	
5EB0013H	Body Surface	FDC	Absent	
5EB0013H	Body Surface	BFG	Absent	
5EB0013H	Body Surface	PRST	Present	
5EB0013H	Head	DFM	Absent	
5EB0013H	Mouth	ULR	Absent	
5EB0013H	Mouth	LLG	Absent	
5EB0013H	Nare	SLN	Absent	
5EB0013H	Eye, left	EXPTH	Absent	
5EB0013H	Eye, left	OPQ	Absent	
5EB0013H	Eye, left	MIS	Absent	
5EB0013H	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0013H	Eye, left	EMB	Absent	
5EB0013H	Eye, right	EXPTH	Absent	
5EB0013H	Eye, right	OPQ	Absent	
5EB0013H	Eye, right	MIS	Absent	
5EB0013H	Eye, right	HMR	Absent	
5EB0013H	Eye, right	EMB	Absent	
5EB0013H	Opercula	SLSH	Absent	
5EB0014H	Body Surface	RGR	Absent	
5EB0014H	Body Surface	RLSN	Absent	
5EB0014H	Body Surface	SPDF	Absent	
5EB0014H	Body Surface	HMRB	Absent	
5EB0014H	Body Surface	FDC	Absent	
5EB0014H	Body Surface	BFG	Absent	
5EB0014H	Body Surface	PRST	Absent	
5EB0014H	Head	DFM	Absent	
5EB0014H	Mouth	ULR	Absent	
5EB0014H	Mouth	LLG	Absent	
5EB0014H	Nare	SLN	Absent	
5EB0014H	Eye, left	EXPTH	Absent	
5EB0014H	Eye, left	OPQ	Absent	
5EB0014H	Eye, left	MIS	Absent	
5EB0014H	Eye, left	HMR	Absent	
5EB0014H	Eye, left	EMB	Absent	
5EB0014H	Eye, right	EXPTH	Absent	
5EB0014H	Eye, right	OPQ	Absent	
5EB0014H	Eye, right	MIS	Absent	
5EB0014H	Eye, right	HMR	Absent	
5EB0014H	Eye, right	EMB	Absent	
5EB0014H	Opercula	SLSH	Absent	
5EB0015H	Body Surface	RGR	Absent	
5EB0015H	Body Surface	RLSN	Absent	
5EB0015H	Body Surface	SPDF	Absent	
5EB0015H	Body Surface	HMRB	Absent	
5EB0015H	Body Surface	FDC	Absent	
5EB0015H	Body Surface	BFG	Absent	
5EB0015H	Body Surface	PRST	Absent	
5EB0015H	Head	DFM	Absent	
5EB0015H	Mouth	ULR	Absent	
5EB0015H	Mouth	LLG	Absent	
5EB0015H	Nare	SLN	Absent	
5EB0015H	Eye, left	EXPTH	Absent	
5EB0015H	Eye, left	OPQ	Absent	
5EB0015H	Eye, left	MIS	Absent	
5EB0015H	Eye, left	HMR	Absent	
5EB0015H	Eye, left	EMB	Absent	
5EB0015H	Eye, right	EXPTH	Absent	
5EB0015H	Eye, right	OPQ	Absent	
5EB0015H	Eye, right	MIS	Absent	
5EB0015H	Eye, right	HMR	Absent	
5EB0015H	Eye, right	EMB	Absent	
5EB0015H	Opercula	SLSH	Absent	
5EB0016H	Body Surface	RGR	Absent	
5EB0016H	Body Surface	RLSN	Absent	
5EB0016H	Body Surface	SPDF	Absent	
5EB0016H	Body Surface	HMRB	Absent	
5EB0016H	Body Surface	FDC	Absent	
5EB0016H	Body Surface	BFG	Absent	
5EB0016H	Body Surface	PRST	Absent	
5EB0016H	Head	DFM	Absent	
5EB0016H	Mouth	ULR	Absent	
5EB0016H	Mouth	LLG	Absent	
5EB0016H	Nare	SLN	Absent	
5EB0016H	Eye, left	EXPTH	Absent	
5EB0016H	Eye, left	OPQ	Absent	
5EB0016H	Eye, left	MIS	Absent	
5EB0016H	Eye, left	HMR	Absent	
5EB0016H	Eye, left	EMB	Absent	
5EB0016H	Eye, right	EXPTH	Absent	
5EB0016H	Eye, right	OPQ	Absent	
5EB0016H	Eye, right	MIS	Absent	
5EB0016H	Eye, right	HMR	Absent	
5EB0016H	Eye, right	EMB	Absent	
5EB0016H	Opercula	SLSH	Absent	
5EB0017H	Body Surface	RGR	Absent	
5EB0017H	Body Surface	RLSN	Absent	
5EB0017H	Body Surface	SPDF	Absent	
5EB0017H	Body Surface	HMRB	Absent	
5EB0017H	Body Surface	FDC	Absent	
5EB0017H	Body Surface	BFG	Absent	
5EB0017H	Body Surface	PRST	Present	
5EB0017H	Body Surface	OTHER	Present	Abrasion on right side
5EB0017H	Head	DFM	Absent	
5EB0017H	Mouth	ULR	Absent	
5EB0017H	Mouth	LLG	Absent	
5EB0017H	Nare	SLN	Absent	
5EB0017H	Eye, left	EXPTH	Absent	
5EB0017H	Eye, left	OPQ	Absent	
5EB0017H	Eye, left	MIS	Absent	
5EB0017H	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0017H	Eye, left	EMB	Absent	
5EB0017H	Eye, right	EXPTH	Absent	
5EB0017H	Eye, right	OPQ	Absent	
5EB0017H	Eye, right	MIS	Absent	
5EB0017H	Eye, right	HMR	Absent	
5EB0017H	Eye, right	EMB	Absent	
5EB0017H	Opercula	SLSH	Absent	
5EB0018H	Body Surface	RGR	Absent	
5EB0018H	Body Surface	RLSN	Absent	
5EB0018H	Body Surface	SPDF	Absent	
5EB0018H	Body Surface	HMRB	Absent	
5EB0018H	Body Surface	FDC	Absent	
5EB0018H	Body Surface	BFG	Absent	
5EB0018H	Body Surface	PRST	Absent	
5EB0018H	Head	DFM	Absent	
5EB0018H	Mouth	ULR	Absent	
5EB0018H	Mouth	LLG	Absent	
5EB0018H	Nare	SLN	Absent	
5EB0018H	Eye, left	EXPTH	Absent	
5EB0018H	Eye, left	OPQ	Absent	
5EB0018H	Eye, left	MIS	Absent	
5EB0018H	Eye, left	HMR	Absent	
5EB0018H	Eye, left	EMB	Absent	
5EB0018H	Eye, right	EXPTH	Absent	
5EB0018H	Eye, right	OPQ	Absent	
5EB0018H	Eye, right	MIS	Absent	
5EB0018H	Eye, right	HMR	Absent	
5EB0018H	Eye, right	EMB	Absent	
5EB0018H	Opercula	SLSH	Absent	
5EB0019H	Body Surface	RGR	Absent	
5EB0019H	Body Surface	RLSN	Absent	
5EB0019H	Body Surface	SPDF	Absent	
5EB0019H	Body Surface	HMRB	Absent	
5EB0019H	Body Surface	FDC	Absent	
5EB0019H	Body Surface	BFG	Absent	
5EB0019H	Body Surface	PRST	Absent	
5EB0019H	Head	OTHER	Present	Damage from gill net
5EB0019H	Head	DFM	Absent	
5EB0019H	Mouth	ULR	Absent	
5EB0019H	Mouth	LLG	Absent	
5EB0019H	Nare	SLN	Absent	
5EB0019H	Eye, left	EXPTH	Absent	
5EB0019H	Eye, left	OPQ	Absent	
5EB0019H	Eye, left	MIS	Absent	
5EB0019H	Eye, left	HMR	Absent	
5EB0019H	Eye, left	EMB	Absent	
5EB0019H	Eye, right	EXPTH	Absent	
5EB0019H	Eye, right	OPQ	Absent	
5EB0019H	Eye, right	MIS	Absent	
5EB0019H	Eye, right	HMR	Absent	
5EB0019H	Eye, right	EMB	Absent	
5EB0019H	Opercula	SLSH	Absent	
5EB0020H	Body Surface	RGR	Absent	
5EB0020H	Body Surface	RLSN	Absent	
5EB0020H	Body Surface	SPDF	Absent	
5EB0020H	Body Surface	HMRB	Absent	
5EB0020H	Body Surface	FDC	Absent	
5EB0020H	Body Surface	BFG	Absent	
5EB0020H	Body Surface	PRST	Absent	
5EB0020H	Head	DFM	Absent	
5EB0020H	Mouth	ULR	Absent	
5EB0020H	Mouth	LLG	Absent	
5EB0020H	Nare	SLN	Absent	
5EB0020H	Eye, left	EXPTH	Absent	
5EB0020H	Eye, left	OPQ	Absent	
5EB0020H	Eye, left	MIS	Absent	
5EB0020H	Eye, left	HMR	Absent	
5EB0020H	Eye, left	EMB	Absent	
5EB0020H	Eye, right	EXPTH	Absent	
5EB0020H	Eye, right	OPQ	Absent	
5EB0020H	Eye, right	MIS	Absent	
5EB0020H	Eye, right	HMR	Absent	
5EB0020H	Eye, right	EMB	Absent	
5EB0020H	Opercula	SLSH	Absent	
5EB0021H	Body Surface	RGR	Absent	
5EB0021H	Body Surface	RLSN	Absent	
5EB0021H	Body Surface	SPDF	Absent	
5EB0021H	Body Surface	HMRB	Absent	
5EB0021H	Body Surface	FDC	Absent	
5EB0021H	Body Surface	BFG	Absent	
5EB0021H	Body Surface	PRST	Absent	
5EB0021H	Head	DFM	Absent	
5EB0021H	Mouth	ULR	Absent	
5EB0021H	Mouth	LLG	Absent	
5EB0021H	Nare	SLN	Absent	
5EB0021H	Eye, left	EXPTH	Absent	
5EB0021H	Eye, left	OPQ	Absent	
5EB0021H	Eye, left	MIS	Absent	
5EB0021H	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0021H	Eye, left	EMB	Absent	
5EB0021H	Eye, right	EXPTH	Absent	
5EB0021H	Eye, right	OPQ	Absent	
5EB0021H	Eye, right	MIS	Absent	
5EB0021H	Eye, right	HMR	Absent	
5EB0021H	Eye, right	EMB	Absent	
5EB0021H	Opercula	SLSH	Absent	
5EB0022	Body Surface	RGR	Absent	
5EB0022	Body Surface	RLSN	Absent	
5EB0022	Body Surface	SPDF	Absent	
5EB0022	Body Surface	HMRB	Absent	
5EB0022	Body Surface	FDC	Absent	
5EB0022	Body Surface	BFG	Absent	
5EB0022	Body Surface	PRST	Absent	
5EB0022	Head	DFM	Absent	
5EB0022	Mouth	ULR	Absent	
5EB0022	Mouth	LLG	Absent	
5EB0022	Nare	SLN	Absent	
5EB0022	Eye, left	EXPTH	Absent	
5EB0022	Eye, left	OPQ	Absent	
5EB0022	Eye, left	MIS	Absent	
5EB0022	Eye, left	HMR	Absent	
5EB0022	Eye, left	EMB	Absent	
5EB0022	Eye, right	EXPTH	Absent	
5EB0022	Eye, right	OPQ	Absent	
5EB0022	Eye, right	MIS	Absent	
5EB0022	Eye, right	HMR	Absent	
5EB0022	Eye, right	EMB	Absent	
5EB0022	Opercula	SLSH	Absent	
5EB0023	Body Surface	RGR	Absent	
5EB0023	Body Surface	RLSN	Absent	
5EB0023	Body Surface	SPDF	Absent	
5EB0023	Body Surface	HMRB	Absent	
5EB0023	Body Surface	FDC	Absent	
5EB0023	Body Surface	BFG	Absent	
5EB0023	Body Surface	PRST	Absent	
5EB0023	Head	DFM	Absent	
5EB0023	Mouth	ULR	Absent	
5EB0023	Mouth	LLG	Absent	
5EB0023	Nare	SLN	Absent	
5EB0023	Eye, left	EXPTH	Absent	
5EB0023	Eye, left	OPQ	Absent	
5EB0023	Eye, left	MIS	Absent	
5EB0023	Eye, left	HMR	Absent	
5EB0023	Eye, left	EMB	Absent	
5EB0023	Eye, right	EXPTH	Absent	
5EB0023	Eye, right	OPQ	Absent	
5EB0023	Eye, right	MIS	Absent	
5EB0023	Eye, right	HMR	Absent	
5EB0023	Eye, right	EMB	Absent	
5EB0023	Opercula	SLSH	Absent	
5EB0024	Body Surface	RGR	Absent	
5EB0024	Body Surface	RLSN	Absent	
5EB0024	Body Surface	SPDF	Absent	
5EB0024	Body Surface	HMRB	Absent	
5EB0024	Body Surface	FDC	Absent	
5EB0024	Body Surface	BFG	Absent	
5EB0024	Body Surface	PRST	Absent	
5EB0024	Head	DFM	Absent	
5EB0024	Mouth	ULR	Absent	
5EB0024	Mouth	LLG	Absent	
5EB0024	Nare	SLN	Absent	
5EB0024	Eye, left	EXPTH	Absent	
5EB0024	Eye, left	OPQ	Absent	
5EB0024	Eye, left	MIS	Absent	
5EB0024	Eye, left	HMR	Absent	
5EB0024	Eye, left	EMB	Absent	
5EB0024	Eye, right	EXPTH	Absent	
5EB0024	Eye, right	OPQ	Absent	
5EB0024	Eye, right	MIS	Absent	
5EB0024	Eye, right	HMR	Absent	
5EB0024	Eye, right	EMB	Absent	
5EB0024	Opercula	SLSH	Absent	
5EB0025	Body Surface	RGR	Absent	
5EB0025	Body Surface	RLSN	Absent	
5EB0025	Body Surface	SPDF	Absent	
5EB0025	Body Surface	HMRB	Absent	
5EB0025	Body Surface	FDC	Absent	
5EB0025	Body Surface	BFG	Absent	
5EB0025	Body Surface	PRST	Absent	
5EB0025	Head	DFM	Absent	
5EB0025	Mouth	ULR	Absent	
5EB0025	Mouth	LLG	Absent	
5EB0025	Nare	SLN	Absent	
5EB0025	Eye, left	EXPTH	Absent	
5EB0025	Eye, left	OPQ	Absent	
5EB0025	Eye, left	MIS	Absent	
5EB0025	Eye, left	HMR	Absent	
5EB0025	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0025	Eye, right	EXPTH	Absent	
5EB0025	Eye, right	OPQ	Absent	
5EB0025	Eye, right	MIS	Absent	
5EB0025	Eye, right	HMR	Absent	
5EB0025	Eye, right	EMB	Absent	
5EB0025	Opercula	SLSH	Absent	
5EB0026	Body Surface	RGR	Absent	
5EB0026	Body Surface	RLSN	Absent	
5EB0026	Body Surface	SPDF	Absent	
5EB0026	Body Surface	HMRB	Absent	
5EB0026	Body Surface	FDC	Absent	
5EB0026	Body Surface	BFG	Absent	
5EB0026	Body Surface	PRST	Absent	
5EB0026	Head	DFM	Absent	
5EB0026	Mouth	ULR	Absent	
5EB0026	Mouth	LLG	Absent	
5EB0026	Nare	SLN	Absent	
5EB0026	Eye, left	EXPTH	Absent	
5EB0026	Eye, left	OPQ	Absent	
5EB0026	Eye, left	MIS	Absent	
5EB0026	Eye, left	HMR	Absent	
5EB0026	Eye, left	EMB	Absent	
5EB0026	Eye, right	EXPTH	Absent	
5EB0026	Eye, right	OPQ	Absent	
5EB0026	Eye, right	MIS	Absent	
5EB0026	Eye, right	HMR	Absent	
5EB0026	Eye, right	EMB	Absent	
5EB0026	Opercula	SLSH	Absent	
5EB0027	Body Surface	RGR	Absent	
5EB0027	Body Surface	RLSN	Absent	
5EB0027	Body Surface	SPDF	Absent	
5EB0027	Body Surface	HMRB	Absent	
5EB0027	Body Surface	FDC	Absent	
5EB0027	Body Surface	BFG	Absent	
5EB0027	Body Surface	PRST	Absent	
5EB0027	Head	DFM	Absent	
5EB0027	Mouth	ULR	Absent	
5EB0027	Mouth	LLG	Absent	
5EB0027	Nare	SLN	Absent	
5EB0027	Eye, left	EXPTH	Absent	
5EB0027	Eye, left	OPQ	Absent	
5EB0027	Eye, left	MIS	Absent	
5EB0027	Eye, left	HMR	Absent	
5EB0027	Eye, left	EMB	Absent	
5EB0027	Eye, right	EXPTH	Absent	
5EB0027	Eye, right	OPQ	Absent	
5EB0027	Eye, right	MIS	Absent	
5EB0027	Eye, right	HMR	Absent	
5EB0027	Eye, right	EMB	Absent	
5EB0027	Opercula	SLSH	Absent	
5EB0028	Body Surface	RGR	Absent	
5EB0028	Body Surface	RLSN	Absent	
5EB0028	Body Surface	SPDF	Absent	
5EB0028	Body Surface	HMRB	Absent	
5EB0028	Body Surface	FDC	Absent	
5EB0028	Body Surface	BFG	Absent	
5EB0028	Body Surface	PRST	Absent	
5EB0028	Head	DFM	Absent	
5EB0028	Mouth	ULR	Absent	
5EB0028	Mouth	LLG	Absent	
5EB0028	Nare	SLN	Absent	
5EB0028	Eye, left	EXPTH	Absent	
5EB0028	Eye, left	OPQ	Absent	
5EB0028	Eye, left	MIS	Absent	
5EB0028	Eye, left	HMR	Absent	
5EB0028	Eye, left	EMB	Absent	
5EB0028	Eye, right	EXPTH	Absent	
5EB0028	Eye, right	OPQ	Absent	
5EB0028	Eye, right	MIS	Absent	
5EB0028	Eye, right	HMR	Absent	
5EB0028	Eye, right	EMB	Absent	
5EB0028	Opercula	SLSH	Absent	
5EB0029	Body Surface	RGR	Absent	
5EB0029	Body Surface	RLSN	Absent	
5EB0029	Body Surface	SPDF	Absent	
5EB0029	Body Surface	HMRB	Absent	
5EB0029	Body Surface	FDC	Absent	
5EB0029	Body Surface	BFG	Absent	
5EB0029	Body Surface	PRST	Absent	
5EB0029	Head	DFM	Absent	
5EB0029	Mouth	ULR	Absent	
5EB0029	Mouth	LLG	Absent	
5EB0029	Nare	SLN	Absent	
5EB0029	Eye, left	EXPTH	Absent	
5EB0029	Eye, left	OPQ	Absent	
5EB0029	Eye, left	MIS	Absent	
5EB0029	Eye, left	HMR	Absent	
5EB0029	Eye, left	EMB	Absent	
5EB0029	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0029	Eye, right	OPQ	Absent	
5EB0029	Eye, right	MIS	Absent	
5EB0029	Eye, right	HMR	Absent	
5EB0029	Eye, right	EMB	Absent	
5EB0029	Opercula	SLSH	Absent	
5EB0030	Body Surface	RGR	Absent	
5EB0030	Body Surface	RLSN	Absent	
5EB0030	Body Surface	SPDF	Absent	
5EB0030	Body Surface	HMRB	Absent	
5EB0030	Body Surface	FDC	Absent	
5EB0030	Body Surface	BFG	Absent	
5EB0030	Body Surface	PRST	Absent	
5EB0030	Head	DFM	Absent	
5EB0030	Mouth	ULR	Absent	
5EB0030	Mouth	LLG	Absent	
5EB0030	Nare	SLN	Absent	
5EB0030	Eye, left	EXPTH	Absent	
5EB0030	Eye, left	OPQ	Absent	
5EB0030	Eye, left	MIS	Absent	
5EB0030	Eye, left	HMR	Absent	
5EB0030	Eye, left	EMB	Absent	
5EB0030	Eye, right	EXPTH	Absent	
5EB0030	Eye, right	OPQ	Absent	
5EB0030	Eye, right	MIS	Absent	
5EB0030	Eye, right	HMR	Absent	
5EB0030	Eye, right	EMB	Absent	
5EB0030	Opercula	SLSH	Absent	
5EB0031	Body Surface	RGR	Absent	
5EB0031	Body Surface	RLSN	Absent	
5EB0031	Body Surface	SPDF	Absent	
5EB0031	Body Surface	HMRB	Absent	
5EB0031	Body Surface	FDC	Absent	
5EB0031	Body Surface	BFG	Absent	
5EB0031	Body Surface	PRST	Absent	
5EB0031	Head	DFM	Absent	
5EB0031	Mouth	ULR	Absent	
5EB0031	Mouth	LLG	Absent	
5EB0031	Nare	SLN	Absent	
5EB0031	Eye, left	EXPTH	Absent	
5EB0031	Eye, left	OPQ	Absent	
5EB0031	Eye, left	MIS	Absent	
5EB0031	Eye, left	HMR	Absent	
5EB0031	Eye, left	EMB	Absent	
5EB0031	Eye, right	EXPTH	Absent	
5EB0031	Eye, right	OPQ	Absent	
5EB0031	Eye, right	MIS	Absent	
5EB0031	Eye, right	HMR	Absent	
5EB0031	Eye, right	EMB	Absent	
5EB0031	Opercula	SLSH	Absent	
5EB0032	Body Surface	RGR	Absent	
5EB0032	Body Surface	RLSN	Absent	
5EB0032	Body Surface	SPDF	Absent	
5EB0032	Body Surface	HMRB	Absent	
5EB0032	Body Surface	FDC	Absent	
5EB0032	Body Surface	BFG	Absent	
5EB0032	Body Surface	PRST	Absent	
5EB0032	Head	DFM	Absent	
5EB0032	Mouth	ULR	Absent	
5EB0032	Mouth	LLG	Absent	
5EB0032	Nare	SLN	Absent	
5EB0032	Eye, left	EXPTH	Absent	
5EB0032	Eye, left	OPQ	Absent	
5EB0032	Eye, left	MIS	Absent	
5EB0032	Eye, left	HMR	Absent	
5EB0032	Eye, left	EMB	Absent	
5EB0032	Eye, right	EXPTH	Absent	
5EB0032	Eye, right	OPQ	Absent	
5EB0032	Eye, right	MIS	Absent	
5EB0032	Eye, right	HMR	Absent	
5EB0032	Eye, right	EMB	Absent	
5EB0032	Opercula	SLSH	Absent	
5EB0033	Body Surface	RGR	Absent	
5EB0033	Body Surface	RLSN	Absent	
5EB0033	Body Surface	SPDF	Absent	
5EB0033	Body Surface	HMRB	Absent	
5EB0033	Body Surface	FDC	Absent	
5EB0033	Body Surface	BFG	Absent	
5EB0033	Body Surface	PRST	Absent	
5EB0033	Head	DFM	Absent	
5EB0033	Mouth	ULR	Absent	
5EB0033	Mouth	LLG	Absent	
5EB0033	Nare	SLN	Absent	
5EB0033	Eye, left	EXPTH	Absent	
5EB0033	Eye, left	OPQ	Absent	
5EB0033	Eye, left	MIS	Absent	
5EB0033	Eye, left	HMR	Absent	
5EB0033	Eye, left	EMB	Absent	
5EB0033	Eye, right	EXPTH	Absent	
5EB0033	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0033	Eye, right	MIS	Absent	
5EB0033	Eye, right	HMR	Absent	
5EB0033	Eye, right	EMB	Absent	
5EB0033	Opercula	SLSH	Absent	
5EB0035	Body Surface	RGR	Absent	
5EB0035	Body Surface	RLSN	Absent	
5EB0035	Body Surface	SPDF	Absent	
5EB0035	Body Surface	HMRB	Absent	
5EB0035	Body Surface	FDC	Absent	
5EB0035	Body Surface	BFG	Absent	
5EB0035	Body Surface	PRST	Absent	
5EB0035	Head	DFM	Absent	
5EB0035	Mouth	ULR	Absent	
5EB0035	Mouth	LLG	Absent	
5EB0035	Nare	SLN	Absent	
5EB0035	Eye, left	EXPTH	Absent	
5EB0035	Eye, left	OPQ	Absent	
5EB0035	Eye, left	MIS	Absent	
5EB0035	Eye, left	HMR	Absent	
5EB0035	Eye, left	EMB	Absent	
5EB0035	Eye, right	EXPTH	Absent	
5EB0035	Eye, right	OPQ	Absent	
5EB0035	Eye, right	MIS	Absent	
5EB0035	Eye, right	HMR	Absent	
5EB0035	Eye, right	EMB	Absent	
5EB0035	Opercula	SLSH	Absent	
5EB0038	Body Surface	RGR	Absent	
5EB0038	Body Surface	RLSN	Absent	
5EB0038	Body Surface	SPDF	Absent	
5EB0038	Body Surface	HMRB	Absent	
5EB0038	Body Surface	FDC	Absent	
5EB0038	Body Surface	BFG	Absent	
5EB0038	Body Surface	PRST	Absent	
5EB0038	Head	DFM	Absent	
5EB0038	Mouth	ULR	Absent	
5EB0038	Mouth	LLG	Absent	
5EB0038	Nare	SLN	Absent	
5EB0038	Eye, left	EXPTH	Absent	
5EB0038	Eye, left	OPQ	Absent	
5EB0038	Eye, left	MIS	Absent	
5EB0038	Eye, left	HMR	Absent	
5EB0038	Eye, left	EMB	Absent	
5EB0038	Eye, right	EXPTH	Absent	
5EB0038	Eye, right	OPQ	Absent	
5EB0038	Eye, right	MIS	Absent	
5EB0038	Eye, right	HMR	Absent	
5EB0038	Eye, right	EMB	Absent	
5EB0038	Opercula	SLSH	Absent	
5EB0041	Body Surface	RGR	Absent	
5EB0041	Body Surface	RLSN	Absent	
5EB0041	Body Surface	SPDF	Absent	
5EB0041	Body Surface	HMRB	Absent	
5EB0041	Body Surface	FDC	Absent	
5EB0041	Body Surface	BFG	Absent	
5EB0041	Body Surface	PRST	Absent	
5EB0041	Head	DFM	Absent	
5EB0041	Mouth	ULR	Absent	
5EB0041	Mouth	LLG	Absent	
5EB0041	Nare	SLN	Absent	
5EB0041	Eye, left	EXPTH	Absent	
5EB0041	Eye, left	OPQ	Absent	
5EB0041	Eye, left	MIS	Absent	
5EB0041	Eye, left	HMR	Absent	
5EB0041	Eye, left	EMB	Absent	
5EB0041	Eye, right	EXPTH	Absent	
5EB0041	Eye, right	OPQ	Absent	
5EB0041	Eye, right	MIS	Absent	
5EB0041	Eye, right	HMR	Absent	
5EB0041	Eye, right	EMB	Absent	
5EB0041	Opercula	SLSH	Absent	
5EB0044	Body Surface	RGR	Absent	
5EB0044	Body Surface	RLSN	Absent	
5EB0044	Body Surface	SPDF	Absent	
5EB0044	Body Surface	HMRB	Absent	
5EB0044	Body Surface	FDC	Absent	
5EB0044	Body Surface	BFG	Absent	
5EB0044	Body Surface	PRST	Absent	
5EB0044	Head	DFM	Absent	
5EB0044	Mouth	ULR	Absent	
5EB0044	Mouth	LLG	Absent	
5EB0044	Nare	SLN	Absent	
5EB0044	Eye, left	EXPTH	Absent	
5EB0044	Eye, left	OPQ	Absent	
5EB0044	Eye, left	MIS	Absent	
5EB0044	Eye, left	HMR	Absent	
5EB0044	Eye, left	EMB	Absent	
5EB0044	Eye, right	EXPTH	Absent	
5EB0044	Eye, right	OPQ	Absent	
5EB0044	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0044	Eye, right	HMR	Absent	
5EB0044	Eye, right	EMB	Absent	
5EB0044	Opercula	SLSH	Absent	
5EB0048	Body Surface	RGR	Absent	
5EB0048	Body Surface	RLSN	Absent	
5EB0048	Body Surface	SPDF	Absent	
5EB0048	Body Surface	HMRB	Absent	
5EB0048	Body Surface	FDC	Absent	
5EB0048	Body Surface	BFG	Absent	
5EB0048	Body Surface	PRST	Absent	
5EB0048	Head	DFM	Absent	
5EB0048	Mouth	ULR	Absent	
5EB0048	Mouth	LLG	Absent	
5EB0048	Nare	SLN	Absent	
5EB0048	Eye, left	EXPTH	Absent	
5EB0048	Eye, left	OPQ	Absent	
5EB0048	Eye, left	MIS	Absent	
5EB0048	Eye, left	HMR	Absent	
5EB0048	Eye, left	EMB	Absent	
5EB0048	Eye, right	EXPTH	Absent	
5EB0048	Eye, right	OPQ	Absent	
5EB0048	Eye, right	MIS	Absent	
5EB0048	Eye, right	HMR	Absent	
5EB0048	Eye, right	EMB	Absent	
5EB0048	Opercula	SLSH	Absent	
5EB0049	Body Surface	RGR	Absent	
5EB0049	Body Surface	RLSN	Absent	
5EB0049	Body Surface	SPDF	Absent	
5EB0049	Body Surface	HMRB	Absent	
5EB0049	Body Surface	FDC	Absent	
5EB0049	Body Surface	BFG	Absent	
5EB0049	Body Surface	PRST	Absent	
5EB0049	Head	DFM	Absent	
5EB0049	Mouth	ULR	Absent	
5EB0049	Mouth	LLG	Absent	
5EB0049	Nare	SLN	Absent	
5EB0049	Eye, left	EXPTH	Absent	
5EB0049	Eye, left	OPQ	Absent	
5EB0049	Eye, left	MIS	Absent	
5EB0049	Eye, left	HMR	Absent	
5EB0049	Eye, left	EMB	Absent	
5EB0049	Eye, right	EXPTH	Absent	
5EB0049	Eye, right	OPQ	Absent	
5EB0049	Eye, right	MIS	Absent	
5EB0049	Eye, right	HMR	Absent	
5EB0049	Eye, right	EMB	Absent	
5EB0049	Opercula	SLSH	Absent	
5EB0050	Body Surface	RGR	Absent	
5EB0050	Body Surface	RLSN	Absent	
5EB0050	Body Surface	SPDF	Absent	
5EB0050	Body Surface	HMRB	Absent	
5EB0050	Body Surface	FDC	Absent	
5EB0050	Body Surface	BFG	Absent	
5EB0050	Body Surface	PRST	Absent	
5EB0050	Head	DFM	Absent	
5EB0050	Mouth	ULR	Absent	
5EB0050	Mouth	LLG	Absent	
5EB0050	Nare	SLN	Absent	
5EB0050	Eye, left	EXPTH	Absent	
5EB0050	Eye, left	OPQ	Absent	
5EB0050	Eye, left	MIS	Absent	
5EB0050	Eye, left	HMR	Absent	
5EB0050	Eye, left	EMB	Absent	
5EB0050	Eye, right	EXPTH	Absent	
5EB0050	Eye, right	OPQ	Absent	
5EB0050	Eye, right	MIS	Absent	
5EB0050	Eye, right	HMR	Absent	
5EB0050	Eye, right	EMB	Absent	
5EB0050	Opercula	SLSH	Absent	
5EB0051	Body Surface	RGR	Absent	
5EB0051	Body Surface	RLSN	Absent	
5EB0051	Body Surface	SPDF	Absent	
5EB0051	Body Surface	HMRB	Absent	
5EB0051	Body Surface	FDC	Absent	
5EB0051	Body Surface	BFG	Absent	
5EB0051	Body Surface	PRST	Absent	
5EB0051	Head	DFM	Absent	
5EB0051	Mouth	ULR	Absent	
5EB0051	Mouth	LLG	Absent	
5EB0051	Nare	SLN	Absent	
5EB0051	Eye, left	EXPTH	Absent	
5EB0051	Eye, left	OPQ	Absent	
5EB0051	Eye, left	MIS	Absent	
5EB0051	Eye, left	HMR	Absent	
5EB0051	Eye, left	EMB	Absent	
5EB0051	Eye, right	EXPTH	Absent	
5EB0051	Eye, right	OPQ	Absent	
5EB0051	Eye, right	MIS	Absent	
5EB0051	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0051	Eye, right	EMB	Absent	
5EB0051	Opercula	SLSH	Absent	
5EB0053	Body Surface	RGR	Absent	
5EB0053	Body Surface	RLSN	Absent	
5EB0053	Body Surface	SPDF	Absent	
5EB0053	Body Surface	HMRB	Absent	
5EB0053	Body Surface	FDC	Absent	
5EB0053	Body Surface	BFG	Absent	
5EB0053	Body Surface	PRST	Absent	
5EB0053	Head	DFM	Absent	
5EB0053	Mouth	ULR	Absent	
5EB0053	Mouth	LLG	Absent	
5EB0053	Nare	SLN	Absent	
5EB0053	Eye, left	EXPTH	Absent	
5EB0053	Eye, left	OPQ	Absent	
5EB0053	Eye, left	MIS	Absent	
5EB0053	Eye, left	HMR	Absent	
5EB0053	Eye, left	EMB	Absent	
5EB0053	Eye, right	EXPTH	Absent	
5EB0053	Eye, right	OPQ	Absent	
5EB0053	Eye, right	MIS	Absent	
5EB0053	Eye, right	HMR	Absent	
5EB0053	Eye, right	EMB	Absent	
5EB0053	Opercula	SLSH	Absent	
5EB0054	Body Surface	RGR	Absent	
5EB0054	Body Surface	RLSN	Absent	
5EB0054	Body Surface	SPDF	Absent	
5EB0054	Body Surface	HMRB	Absent	
5EB0054	Body Surface	FDC	Absent	
5EB0054	Body Surface	BFG	Absent	
5EB0054	Body Surface	PRST	Absent	
5EB0054	Head	DFM	Absent	
5EB0054	Mouth	ULR	Absent	
5EB0054	Mouth	LLG	Absent	
5EB0054	Nare	SLN	Absent	
5EB0054	Eye, left	EXPTH	Absent	
5EB0054	Eye, left	OPQ	Absent	
5EB0054	Eye, left	MIS	Absent	
5EB0054	Eye, left	HMR	Absent	
5EB0054	Eye, left	EMB	Absent	
5EB0054	Eye, right	EXPTH	Absent	
5EB0054	Eye, right	OPQ	Absent	
5EB0054	Eye, right	MIS	Absent	
5EB0054	Eye, right	HMR	Absent	
5EB0054	Eye, right	EMB	Absent	
5EB0054	Opercula	SLSH	Absent	
5EB0055	Body Surface	RGR	Absent	
5EB0055	Body Surface	RLSN	Absent	
5EB0055	Body Surface	SPDF	Absent	
5EB0055	Body Surface	HMRB	Absent	
5EB0055	Body Surface	FDC	Absent	
5EB0055	Body Surface	BFG	Absent	
5EB0055	Body Surface	PRST	Absent	
5EB0055	Head	DFM	Absent	
5EB0055	Mouth	ULR	Absent	
5EB0055	Mouth	LLG	Absent	
5EB0055	Nare	SLN	Absent	
5EB0055	Eye, left	EXPTH	Absent	
5EB0055	Eye, left	OPQ	Absent	
5EB0055	Eye, left	MIS	Absent	
5EB0055	Eye, left	HMR	Absent	
5EB0055	Eye, left	EMB	Absent	
5EB0055	Eye, right	EXPTH	Absent	
5EB0055	Eye, right	OPQ	Absent	
5EB0055	Eye, right	MIS	Absent	
5EB0055	Eye, right	HMR	Absent	
5EB0055	Eye, right	EMB	Absent	
5EB0055	Opercula	SLSH	Absent	
5EB0056	Body Surface	RGR	Absent	
5EB0056	Body Surface	RLSN	Absent	
5EB0056	Body Surface	SPDF	Absent	
5EB0056	Body Surface	HMRB	Absent	
5EB0056	Body Surface	FDC	Absent	
5EB0056	Body Surface	BFG	Absent	
5EB0056	Body Surface	PRST	Absent	
5EB0056	Head	DFM	Absent	
5EB0056	Mouth	ULR	Absent	
5EB0056	Mouth	LLG	Absent	
5EB0056	Nare	SLN	Absent	
5EB0056	Eye, left	EXPTH	Absent	
5EB0056	Eye, left	OPQ	Absent	
5EB0056	Eye, left	MIS	Absent	
5EB0056	Eye, left	HMR	Absent	
5EB0056	Eye, left	EMB	Absent	
5EB0056	Eye, right	EXPTH	Absent	
5EB0056	Eye, right	OPQ	Absent	
5EB0056	Eye, right	MIS	Absent	
5EB0056	Eye, right	HMR	Absent	
5EB0056	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0056	Opercula	SLSH	Absent	
5EB0057	Body Surface	RGR	Absent	
5EB0057	Body Surface	RLSN	Absent	
5EB0057	Body Surface	SPDF	Absent	
5EB0057	Body Surface	HMRB	Absent	
5EB0057	Body Surface	FDC	Absent	
5EB0057	Body Surface	BFG	Absent	
5EB0057	Body Surface	PRST	Absent	
5EB0057	Head	DFM	Absent	
5EB0057	Mouth	ULR	Absent	
5EB0057	Mouth	LLG	Absent	
5EB0057	Nare	SLN	Absent	
5EB0057	Eye, left	EXPTH	Absent	
5EB0057	Eye, left	OPQ	Absent	
5EB0057	Eye, left	MIS	Absent	
5EB0057	Eye, left	HMR	Absent	
5EB0057	Eye, left	EMB	Absent	
5EB0057	Eye, right	EXPTH	Absent	
5EB0057	Eye, right	OPQ	Absent	
5EB0057	Eye, right	MIS	Absent	
5EB0057	Eye, right	HMR	Absent	
5EB0057	Eye, right	EMB	Absent	
5EB0057	Opercula	SLSH	Absent	
5EB0058	Body Surface	RGR	Absent	
5EB0058	Body Surface	RLSN	Absent	
5EB0058	Body Surface	SPDF	Absent	
5EB0058	Body Surface	HMRB	Absent	
5EB0058	Body Surface	FDC	Absent	
5EB0058	Body Surface	BFG	Absent	
5EB0058	Body Surface	PRST	Absent	
5EB0058	Head	DFM	Absent	
5EB0058	Mouth	ULR	Absent	
5EB0058	Mouth	LLG	Absent	
5EB0058	Nare	SLN	Absent	
5EB0058	Eye, left	EXPTH	Absent	
5EB0058	Eye, left	OPQ	Absent	
5EB0058	Eye, left	MIS	Absent	
5EB0058	Eye, left	HMR	Absent	
5EB0058	Eye, left	EMB	Absent	
5EB0058	Eye, right	EXPTH	Absent	
5EB0058	Eye, right	OPQ	Absent	
5EB0058	Eye, right	MIS	Absent	
5EB0058	Eye, right	HMR	Absent	
5EB0058	Eye, right	EMB	Absent	
5EB0058	Opercula	SLSH	Absent	
5EB0059	Body Surface	RGR	Absent	
5EB0059	Body Surface	RLSN	Absent	
5EB0059	Body Surface	SPDF	Absent	
5EB0059	Body Surface	HMRB	Absent	
5EB0059	Body Surface	FDC	Absent	
5EB0059	Body Surface	BFG	Absent	
5EB0059	Body Surface	PRST	Absent	
5EB0059	Head	DFM	Absent	
5EB0059	Mouth	ULR	Absent	
5EB0059	Mouth	LLG	Absent	
5EB0059	Nare	SLN	Absent	
5EB0059	Eye, left	EXPTH	Absent	
5EB0059	Eye, left	OPQ	Absent	
5EB0059	Eye, left	MIS	Absent	
5EB0059	Eye, left	HMR	Absent	
5EB0059	Eye, left	EMB	Absent	
5EB0059	Eye, right	EXPTH	Absent	
5EB0059	Eye, right	OPQ	Absent	
5EB0059	Eye, right	MIS	Absent	
5EB0059	Eye, right	HMR	Absent	
5EB0059	Eye, right	EMB	Absent	
5EB0059	Opercula	SLSH	Absent	
5EB0061	Body Surface	RGR	Absent	
5EB0061	Body Surface	RLSN	Absent	
5EB0061	Body Surface	SPDF	Absent	
5EB0061	Body Surface	HMRB	Absent	
5EB0061	Body Surface	FDC	Absent	
5EB0061	Body Surface	BFG	Absent	
5EB0061	Body Surface	PRST	Absent	
5EB0061	Head	DFM	Absent	
5EB0061	Mouth	ULR	Absent	
5EB0061	Mouth	LLG	Absent	
5EB0061	Nare	SLN	Absent	
5EB0061	Eye, left	EXPTH	Absent	
5EB0061	Eye, left	OPQ	Absent	
5EB0061	Eye, left	MIS	Absent	
5EB0061	Eye, left	HMR	Absent	
5EB0061	Eye, left	EMB	Absent	
5EB0061	Eye, right	EXPTH	Absent	
5EB0061	Eye, right	OPQ	Absent	
5EB0061	Eye, right	MIS	Absent	
5EB0061	Eye, right	HMR	Absent	
5EB0061	Eye, right	EMB	Absent	
5EB0061	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0062	Body Surface	RGR	Absent	
5EB0062	Body Surface	RLSN	Absent	
5EB0062	Body Surface	SPDF	Absent	
5EB0062	Body Surface	HMRB	Absent	
5EB0062	Body Surface	FDC	Absent	
5EB0062	Body Surface	BFG	Absent	
5EB0062	Body Surface	PRST	Absent	
5EB0062	Head	DFM	Absent	
5EB0062	Mouth	ULR	Absent	
5EB0062	Mouth	LLG	Absent	
5EB0062	Nare	SLN	Absent	
5EB0062	Eye, left	EXPTH	Absent	
5EB0062	Eye, left	OPQ	Absent	
5EB0062	Eye, left	MIS	Absent	
5EB0062	Eye, left	HMR	Absent	
5EB0062	Eye, left	EMB	Absent	
5EB0062	Eye, right	EXPTH	Absent	
5EB0062	Eye, right	OPQ	Absent	
5EB0062	Eye, right	MIS	Absent	
5EB0062	Eye, right	HMR	Absent	
5EB0062	Eye, right	EMB	Absent	
5EB0062	Opercula	SLSH	Absent	
5EB0063	Body Surface	RGR	Absent	
5EB0063	Body Surface	RLSN	Absent	
5EB0063	Body Surface	SPDF	Absent	
5EB0063	Body Surface	HMRB	Absent	
5EB0063	Body Surface	FDC	Absent	
5EB0063	Body Surface	BFG	Absent	
5EB0063	Body Surface	PRST	Absent	
5EB0063	Head	DFM	Absent	
5EB0063	Mouth	ULR	Absent	
5EB0063	Mouth	LLG	Absent	
5EB0063	Nare	SLN	Absent	
5EB0063	Eye, left	EXPTH	Absent	
5EB0063	Eye, left	OPQ	Absent	
5EB0063	Eye, left	MIS	Absent	
5EB0063	Eye, left	HMR	Absent	
5EB0063	Eye, left	EMB	Absent	
5EB0063	Eye, right	EXPTH	Absent	
5EB0063	Eye, right	OPQ	Absent	
5EB0063	Eye, right	MIS	Absent	
5EB0063	Eye, right	HMR	Absent	
5EB0063	Eye, right	EMB	Absent	
5EB0063	Opercula	SLSH	Absent	
5EB0064	Body Surface	RGR	Absent	
5EB0064	Body Surface	RLSN	Absent	
5EB0064	Body Surface	SPDF	Absent	
5EB0064	Body Surface	HMRB	Absent	
5EB0064	Body Surface	FDC	Absent	
5EB0064	Body Surface	BFG	Absent	
5EB0064	Body Surface	PRST	Absent	
5EB0064	Head	DFM	Absent	
5EB0064	Mouth	ULR	Absent	
5EB0064	Mouth	LLG	Absent	
5EB0064	Nare	SLN	Absent	
5EB0064	Eye, left	EXPTH	Absent	
5EB0064	Eye, left	OPQ	Absent	
5EB0064	Eye, left	MIS	Absent	
5EB0064	Eye, left	HMR	Absent	
5EB0064	Eye, left	EMB	Absent	
5EB0064	Eye, right	EXPTH	Absent	
5EB0064	Eye, right	OPQ	Absent	
5EB0064	Eye, right	MIS	Absent	
5EB0064	Eye, right	HMR	Absent	
5EB0064	Eye, right	EMB	Absent	
5EB0064	Opercula	SLSH	Absent	
5EB0065	Body Surface	RGR	Absent	
5EB0065	Body Surface	RLSN	Absent	
5EB0065	Body Surface	SPDF	Absent	
5EB0065	Body Surface	HMRB	Absent	
5EB0065	Body Surface	FDC	Absent	
5EB0065	Body Surface	BFG	Absent	
5EB0065	Body Surface	PRST	Absent	
5EB0065	Head	DFM	Absent	
5EB0065	Mouth	ULR	Absent	
5EB0065	Mouth	LLG	Absent	
5EB0065	Nare	SLN	Absent	
5EB0065	Eye, left	EXPTH	Absent	
5EB0065	Eye, left	OPQ	Absent	
5EB0065	Eye, left	MIS	Absent	
5EB0065	Eye, left	HMR	Absent	
5EB0065	Eye, left	EMB	Absent	
5EB0065	Eye, right	EXPTH	Absent	
5EB0065	Eye, right	OPQ	Absent	
5EB0065	Eye, right	MIS	Absent	
5EB0065	Eye, right	HMR	Absent	
5EB0065	Eye, right	EMB	Absent	
5EB0065	Opercula	SLSH	Absent	
5EB0066	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0066	Body Surface	RLSN	Absent	
5EB0066	Body Surface	SPDF	Absent	
5EB0066	Body Surface	HMRB	Absent	
5EB0066	Body Surface	FDC	Absent	
5EB0066	Body Surface	BFG	Absent	
5EB0066	Body Surface	PRST	Absent	
5EB0066	Head	DFM	Absent	
5EB0066	Mouth	ULR	Absent	
5EB0066	Mouth	LLG	Absent	
5EB0066	Nare	SLN	Absent	
5EB0066	Eye, left	EXPTH	Absent	
5EB0066	Eye, left	OPQ	Absent	
5EB0066	Eye, left	MIS	Absent	
5EB0066	Eye, left	HMR	Absent	
5EB0066	Eye, left	EMB	Absent	
5EB0066	Eye, right	EXPTH	Absent	
5EB0066	Eye, right	OPQ	Absent	
5EB0066	Eye, right	MIS	Absent	
5EB0066	Eye, right	HMR	Absent	
5EB0066	Eye, right	EMB	Absent	
5EB0066	Opercula	SLSH	Absent	
5EB0067	Body Surface	RGR	Absent	
5EB0067	Body Surface	RLSN	Absent	
5EB0067	Body Surface	SPDF	Absent	
5EB0067	Body Surface	HMRB	Absent	
5EB0067	Body Surface	FDC	Absent	
5EB0067	Body Surface	BFG	Absent	
5EB0067	Body Surface	PRST	Absent	
5EB0067	Head	DFM	Absent	
5EB0067	Mouth	ULR	Absent	
5EB0067	Mouth	LLG	Absent	
5EB0067	Nare	SLN	Absent	
5EB0067	Eye, left	EXPTH	Absent	
5EB0067	Eye, left	OPQ	Absent	
5EB0067	Eye, left	MIS	Absent	
5EB0067	Eye, left	HMR	Absent	
5EB0067	Eye, left	EMB	Absent	
5EB0067	Eye, right	EXPTH	Absent	
5EB0067	Eye, right	OPQ	Absent	
5EB0067	Eye, right	MIS	Absent	
5EB0067	Eye, right	HMR	Absent	
5EB0067	Eye, right	EMB	Absent	
5EB0067	Opercula	SLSH	Absent	
5EB0068	Body Surface	RGR	Absent	
5EB0068	Body Surface	RLSN	Absent	
5EB0068	Body Surface	SPDF	Absent	
5EB0068	Body Surface	HMRB	Absent	
5EB0068	Body Surface	FDC	Absent	
5EB0068	Body Surface	BFG	Absent	
5EB0068	Body Surface	PRST	Absent	
5EB0068	Head	DFM	Absent	
5EB0068	Mouth	ULR	Absent	
5EB0068	Mouth	LLG	Absent	
5EB0068	Nare	SLN	Absent	
5EB0068	Eye, left	EXPTH	Absent	
5EB0068	Eye, left	OPQ	Absent	
5EB0068	Eye, left	MIS	Absent	
5EB0068	Eye, left	HMR	Absent	
5EB0068	Eye, left	EMB	Absent	
5EB0068	Eye, right	EXPTH	Absent	
5EB0068	Eye, right	OPQ	Absent	
5EB0068	Eye, right	MIS	Absent	
5EB0068	Eye, right	HMR	Absent	
5EB0068	Eye, right	EMB	Absent	
5EB0068	Opercula	SLSH	Absent	
5EB0069	Body Surface	RGR	Absent	
5EB0069	Body Surface	RLSN	Absent	
5EB0069	Body Surface	SPDF	Absent	
5EB0069	Body Surface	HMRB	Absent	
5EB0069	Body Surface	FDC	Absent	
5EB0069	Body Surface	BFG	Absent	
5EB0069	Body Surface	PRST	Absent	
5EB0069	Head	DFM	Absent	
5EB0069	Mouth	ULR	Absent	
5EB0069	Mouth	LLG	Absent	
5EB0069	Nare	SLN	Absent	
5EB0069	Eye, left	EXPTH	Absent	
5EB0069	Eye, left	OPQ	Absent	
5EB0069	Eye, left	MIS	Absent	
5EB0069	Eye, left	HMR	Absent	
5EB0069	Eye, left	EMB	Absent	
5EB0069	Eye, right	EXPTH	Absent	
5EB0069	Eye, right	OPQ	Absent	
5EB0069	Eye, right	MIS	Absent	
5EB0069	Eye, right	HMR	Absent	
5EB0069	Eye, right	EMB	Absent	
5EB0069	Opercula	SLSH	Absent	
5EB0070	Body Surface	RGR	Absent	
5EB0070	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0070	Body Surface	SPDF	Absent	
5EB0070	Body Surface	HMRB	Absent	
5EB0070	Body Surface	FDC	Absent	
5EB0070	Body Surface	BFG	Absent	
5EB0070	Body Surface	PRST	Absent	
5EB0070	Head	DFM	Absent	
5EB0070	Mouth	ULR	Absent	
5EB0070	Mouth	LLG	Absent	
5EB0070	Nare	SLN	Absent	
5EB0070	Eye, left	EXPTH	Absent	
5EB0070	Eye, left	OPQ	Absent	
5EB0070	Eye, left	MIS	Absent	
5EB0070	Eye, left	HMR	Absent	
5EB0070	Eye, left	EMB	Absent	
5EB0070	Eye, right	EXPTH	Absent	
5EB0070	Eye, right	OPQ	Absent	
5EB0070	Eye, right	MIS	Absent	
5EB0070	Eye, right	HMR	Absent	
5EB0070	Eye, right	EMB	Absent	
5EB0070	Opercula	SLSH	Absent	
5EB0071	Body Surface	RGR	Absent	
5EB0071	Body Surface	RLSN	Absent	
5EB0071	Body Surface	SPDF	Absent	
5EB0071	Body Surface	HMRB	Absent	
5EB0071	Body Surface	FDC	Absent	
5EB0071	Body Surface	BFG	Absent	
5EB0071	Body Surface	PRST	Absent	
5EB0071	Head	DFM	Absent	
5EB0071	Mouth	ULR	Absent	
5EB0071	Mouth	LLG	Absent	
5EB0071	Nare	SLN	Absent	
5EB0071	Eye, left	EXPTH	Absent	
5EB0071	Eye, left	OPQ	Absent	
5EB0071	Eye, left	MIS	Absent	
5EB0071	Eye, left	HMR	Absent	
5EB0071	Eye, left	EMB	Absent	
5EB0071	Eye, right	EXPTH	Absent	
5EB0071	Eye, right	OPQ	Absent	
5EB0071	Eye, right	MIS	Absent	
5EB0071	Eye, right	HMR	Absent	
5EB0071	Eye, right	EMB	Absent	
5EB0071	Opercula	SLSH	Absent	
5EB0072	Body Surface	RGR	Absent	
5EB0072	Body Surface	RLSN	Absent	
5EB0072	Body Surface	SPDF	Absent	
5EB0072	Body Surface	HMRB	Absent	
5EB0072	Body Surface	FDC	Absent	
5EB0072	Body Surface	BFG	Absent	
5EB0072	Body Surface	PRST	Absent	
5EB0072	Head	DFM	Absent	
5EB0072	Mouth	ULR	Absent	
5EB0072	Mouth	LLG	Absent	
5EB0072	Nare	SLN	Absent	
5EB0072	Eye, left	EXPTH	Absent	
5EB0072	Eye, left	OPQ	Absent	
5EB0072	Eye, left	MIS	Absent	
5EB0072	Eye, left	HMR	Absent	
5EB0072	Eye, left	EMB	Absent	
5EB0072	Eye, right	EXPTH	Absent	
5EB0072	Eye, right	OPQ	Absent	
5EB0072	Eye, right	MIS	Absent	
5EB0072	Eye, right	HMR	Absent	
5EB0072	Eye, right	EMB	Absent	
5EB0072	Opercula	SLSH	Absent	
5EB0073	Body Surface	RGR	Absent	
5EB0073	Body Surface	RLSN	Absent	
5EB0073	Body Surface	SPDF	Absent	
5EB0073	Body Surface	HMRB	Absent	
5EB0073	Body Surface	FDC	Absent	
5EB0073	Body Surface	BFG	Absent	
5EB0073	Body Surface	PRST	Absent	
5EB0073	Head	DFM	Absent	
5EB0073	Mouth	ULR	Absent	
5EB0073	Mouth	LLG	Absent	
5EB0073	Nare	SLN	Absent	
5EB0073	Eye, left	EXPTH	Absent	
5EB0073	Eye, left	OPQ	Absent	
5EB0073	Eye, left	MIS	Absent	
5EB0073	Eye, left	HMR	Absent	
5EB0073	Eye, left	EMB	Absent	
5EB0073	Eye, right	EXPTH	Absent	
5EB0073	Eye, right	OPQ	Absent	
5EB0073	Eye, right	MIS	Absent	
5EB0073	Eye, right	HMR	Absent	
5EB0073	Eye, right	EMB	Absent	
5EB0073	Opercula	SLSH	Absent	
5EB0074	Body Surface	RGR	Absent	
5EB0074	Body Surface	RLSN	Absent	
5EB0074	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0074	Body Surface	HMRB	Absent	
5EB0074	Body Surface	FDC	Absent	
5EB0074	Body Surface	BFG	Absent	
5EB0074	Body Surface	PRST	Absent	
5EB0074	Head	DFM	Absent	
5EB0074	Mouth	ULR	Absent	
5EB0074	Mouth	LLG	Absent	
5EB0074	Nare	SLN	Absent	
5EB0074	Eye, left	EXPTH	Absent	
5EB0074	Eye, left	OPQ	Absent	
5EB0074	Eye, left	MIS	Absent	
5EB0074	Eye, left	HMR	Absent	
5EB0074	Eye, left	EMB	Absent	
5EB0074	Eye, right	EXPTH	Absent	
5EB0074	Eye, right	OPQ	Absent	
5EB0074	Eye, right	MIS	Absent	
5EB0074	Eye, right	HMR	Absent	
5EB0074	Eye, right	EMB	Absent	
5EB0074	Opercula	SLSH	Absent	
5EB0075	Body Surface	RGR	Absent	
5EB0075	Body Surface	RLSN	Absent	
5EB0075	Body Surface	SPDF	Absent	
5EB0075	Body Surface	HMRB	Absent	
5EB0075	Body Surface	FDC	Absent	
5EB0075	Body Surface	BFG	Absent	
5EB0075	Body Surface	PRST	Absent	
5EB0075	Head	DFM	Absent	
5EB0075	Mouth	ULR	Absent	
5EB0075	Mouth	LLG	Absent	
5EB0075	Nare	SLN	Absent	
5EB0075	Eye, left	EXPTH	Absent	
5EB0075	Eye, left	OPQ	Absent	
5EB0075	Eye, left	MIS	Absent	
5EB0075	Eye, left	HMR	Absent	
5EB0075	Eye, left	EMB	Absent	
5EB0075	Eye, right	EXPTH	Absent	
5EB0075	Eye, right	OPQ	Absent	
5EB0075	Eye, right	MIS	Absent	
5EB0075	Eye, right	HMR	Absent	
5EB0075	Eye, right	EMB	Absent	
5EB0075	Opercula	SLSH	Absent	
5EB0076	Body Surface	RGR	Absent	
5EB0076	Body Surface	RLSN	Absent	
5EB0076	Body Surface	SPDF	Absent	
5EB0076	Body Surface	HMRB	Absent	
5EB0076	Body Surface	FDC	Absent	
5EB0076	Body Surface	BFG	Absent	
5EB0076	Body Surface	PRST	Absent	
5EB0076	Head	DFM	Absent	
5EB0076	Mouth	ULR	Absent	
5EB0076	Mouth	LLG	Absent	
5EB0076	Nare	SLN	Absent	
5EB0076	Eye, left	EXPTH	Absent	
5EB0076	Eye, left	OPQ	Absent	
5EB0076	Eye, left	MIS	Absent	
5EB0076	Eye, left	HMR	Absent	
5EB0076	Eye, left	EMB	Absent	
5EB0076	Eye, right	EXPTH	Absent	
5EB0076	Eye, right	OPQ	Absent	
5EB0076	Eye, right	MIS	Absent	
5EB0076	Eye, right	HMR	Absent	
5EB0076	Eye, right	EMB	Absent	
5EB0076	Opercula	SLSH	Absent	
5EB0077	Body Surface	RGR	Absent	
5EB0077	Body Surface	RLSN	Absent	
5EB0077	Body Surface	SPDF	Absent	
5EB0077	Body Surface	HMRB	Absent	
5EB0077	Body Surface	FDC	Absent	
5EB0077	Body Surface	BFG	Absent	
5EB0077	Body Surface	PRST	Absent	
5EB0077	Head	DFM	Absent	
5EB0077	Mouth	ULR	Absent	
5EB0077	Mouth	LLG	Absent	
5EB0077	Nare	SLN	Absent	
5EB0077	Eye, left	EXPTH	Absent	
5EB0077	Eye, left	OPQ	Absent	
5EB0077	Eye, left	MIS	Absent	
5EB0077	Eye, left	HMR	Absent	
5EB0077	Eye, left	EMB	Absent	
5EB0077	Eye, right	EXPTH	Absent	
5EB0077	Eye, right	OPQ	Absent	
5EB0077	Eye, right	MIS	Absent	
5EB0077	Eye, right	HMR	Absent	
5EB0077	Eye, right	EMB	Absent	
5EB0077	Opercula	SLSH	Absent	
5EB0078	Body Surface	RGR	Absent	
5EB0078	Body Surface	RLSN	Absent	
5EB0078	Body Surface	SPDF	Absent	
5EB0078	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0078	Body Surface	FDC	Absent	
5EB0078	Body Surface	BFG	Absent	
5EB0078	Body Surface	PRST	Absent	
5EB0078	Head	DFM	Absent	
5EB0078	Mouth	ULR	Absent	
5EB0078	Mouth	LLG	Absent	
5EB0078	Nare	SLN	Absent	
5EB0078	Eye, left	EXPTH	Absent	
5EB0078	Eye, left	OPQ	Absent	
5EB0078	Eye, left	MIS	Absent	
5EB0078	Eye, left	HMR	Absent	
5EB0078	Eye, left	EMB	Absent	
5EB0078	Eye, right	EXPTH	Absent	
5EB0078	Eye, right	OPQ	Absent	
5EB0078	Eye, right	MIS	Absent	
5EB0078	Eye, right	HMR	Absent	
5EB0078	Eye, right	EMB	Absent	
5EB0078	Opercula	SLSH	Absent	
5EB0079	Body Surface	RGR	Absent	
5EB0079	Body Surface	RLSN	Absent	
5EB0079	Body Surface	SPDF	Absent	
5EB0079	Body Surface	HMRB	Absent	
5EB0079	Body Surface	FDC	Absent	
5EB0079	Body Surface	BFG	Absent	
5EB0079	Body Surface	PRST	Absent	
5EB0079	Head	DFM	Absent	
5EB0079	Mouth	ULR	Absent	
5EB0079	Mouth	LLG	Absent	
5EB0079	Nare	SLN	Absent	
5EB0079	Eye, left	EXPTH	Absent	
5EB0079	Eye, left	OPQ	Absent	
5EB0079	Eye, left	MIS	Absent	
5EB0079	Eye, left	HMR	Absent	
5EB0079	Eye, left	EMB	Absent	
5EB0079	Eye, right	EXPTH	Absent	
5EB0079	Eye, right	OPQ	Absent	
5EB0079	Eye, right	MIS	Absent	
5EB0079	Eye, right	HMR	Absent	
5EB0079	Eye, right	EMB	Absent	
5EB0079	Opercula	SLSH	Absent	
5EB0080	Body Surface	RGR	Absent	
5EB0080	Body Surface	RLSN	Absent	
5EB0080	Body Surface	SPDF	Absent	
5EB0080	Body Surface	HMRB	Absent	
5EB0080	Body Surface	FDC	Absent	
5EB0080	Body Surface	BFG	Absent	
5EB0080	Body Surface	PRST	Absent	
5EB0080	Head	DFM	Absent	
5EB0080	Mouth	ULR	Absent	
5EB0080	Mouth	LLG	Absent	
5EB0080	Nare	SLN	Absent	
5EB0080	Eye, left	EXPTH	Absent	
5EB0080	Eye, left	OPQ	Absent	
5EB0080	Eye, left	MIS	Absent	
5EB0080	Eye, left	HMR	Absent	
5EB0080	Eye, left	EMB	Absent	
5EB0080	Eye, right	EXPTH	Absent	
5EB0080	Eye, right	OPQ	Absent	
5EB0080	Eye, right	MIS	Absent	
5EB0080	Eye, right	HMR	Absent	
5EB0080	Eye, right	EMB	Absent	
5EB0080	Opercula	SLSH	Absent	
5EB0081	Body Surface	RGR	Absent	
5EB0081	Body Surface	RLSN	Absent	
5EB0081	Body Surface	SPDF	Absent	
5EB0081	Body Surface	HMRB	Absent	
5EB0081	Body Surface	FDC	Absent	
5EB0081	Body Surface	BFG	Absent	
5EB0081	Body Surface	PRST	Absent	
5EB0081	Head	DFM	Absent	
5EB0081	Mouth	ULR	Absent	
5EB0081	Mouth	LLG	Absent	
5EB0081	Nare	SLN	Absent	
5EB0081	Eye, left	EXPTH	Absent	
5EB0081	Eye, left	OPQ	Absent	
5EB0081	Eye, left	MIS	Absent	
5EB0081	Eye, left	HMR	Absent	
5EB0081	Eye, left	EMB	Absent	
5EB0081	Eye, right	EXPTH	Absent	
5EB0081	Eye, right	OPQ	Absent	
5EB0081	Eye, right	MIS	Absent	
5EB0081	Eye, right	HMR	Absent	
5EB0081	Eye, right	EMB	Absent	
5EB0081	Opercula	SLSH	Absent	
5EB0082	Body Surface	RGR	Absent	
5EB0082	Body Surface	RLSN	Absent	
5EB0082	Body Surface	SPDF	Absent	
5EB0082	Body Surface	HMRB	Absent	
5EB0082	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0082	Body Surface	BFG	Absent	
5EB0082	Body Surface	PRST	Absent	
5EB0082	Head	DFM	Absent	
5EB0082	Mouth	ULR	Absent	
5EB0082	Mouth	LLG	Absent	
5EB0082	Nare	SLN	Absent	
5EB0082	Eye, left	EXPTH	Absent	
5EB0082	Eye, left	OPQ	Absent	
5EB0082	Eye, left	MIS	Absent	
5EB0082	Eye, left	HMR	Absent	
5EB0082	Eye, left	EMB	Absent	
5EB0082	Eye, right	EXPTH	Absent	
5EB0082	Eye, right	OPQ	Absent	
5EB0082	Eye, right	MIS	Absent	
5EB0082	Eye, right	HMR	Absent	
5EB0082	Eye, right	EMB	Absent	
5EB0082	Opercula	SLSH	Absent	
5EB0083	Body Surface	RGR	Absent	
5EB0083	Body Surface	RLSN	Absent	
5EB0083	Body Surface	SPDF	Absent	
5EB0083	Body Surface	HMRB	Absent	
5EB0083	Body Surface	FDC	Absent	
5EB0083	Body Surface	BFG	Absent	
5EB0083	Body Surface	PRST	Absent	
5EB0083	Head	DFM	Absent	
5EB0083	Mouth	ULR	Absent	
5EB0083	Mouth	LLG	Absent	
5EB0083	Nare	SLN	Absent	
5EB0083	Eye, left	EXPTH	Absent	
5EB0083	Eye, left	OPQ	Absent	
5EB0083	Eye, left	MIS	Absent	
5EB0083	Eye, left	HMR	Absent	
5EB0083	Eye, left	EMB	Absent	
5EB0083	Eye, right	EXPTH	Absent	
5EB0083	Eye, right	OPQ	Absent	
5EB0083	Eye, right	MIS	Absent	
5EB0083	Eye, right	HMR	Absent	
5EB0083	Eye, right	EMB	Absent	
5EB0083	Opercula	SLSH	Absent	
5EB0084	Body Surface	RGR	Absent	
5EB0084	Body Surface	RLSN	Absent	
5EB0084	Body Surface	SPDF	Absent	
5EB0084	Body Surface	HMRB	Absent	
5EB0084	Body Surface	FDC	Absent	
5EB0084	Body Surface	BFG	Absent	
5EB0084	Body Surface	PRST	Absent	
5EB0084	Head	DFM	Absent	
5EB0084	Mouth	ULR	Absent	
5EB0084	Mouth	LLG	Absent	
5EB0084	Nare	SLN	Absent	
5EB0084	Eye, left	EXPTH	Absent	
5EB0084	Eye, left	OPQ	Absent	
5EB0084	Eye, left	MIS	Absent	
5EB0084	Eye, left	HMR	Absent	
5EB0084	Eye, left	EMB	Absent	
5EB0084	Eye, right	EXPTH	Absent	
5EB0084	Eye, right	OPQ	Absent	
5EB0084	Eye, right	MIS	Absent	
5EB0084	Eye, right	HMR	Absent	
5EB0084	Eye, right	EMB	Absent	
5EB0084	Opercula	SLSH	Absent	
5EB0085	Body Surface	RGR	Absent	
5EB0085	Body Surface	RLSN	Absent	
5EB0085	Body Surface	SPDF	Absent	
5EB0085	Body Surface	HMRB	Absent	
5EB0085	Body Surface	FDC	Absent	
5EB0085	Body Surface	BFG	Absent	
5EB0085	Body Surface	PRST	Absent	
5EB0085	Head	DFM	Absent	
5EB0085	Mouth	ULR	Absent	
5EB0085	Mouth	LLG	Absent	
5EB0085	Nare	SLN	Absent	
5EB0085	Eye, left	EXPTH	Absent	
5EB0085	Eye, left	OPQ	Absent	
5EB0085	Eye, left	MIS	Absent	
5EB0085	Eye, left	HMR	Absent	
5EB0085	Eye, left	EMB	Absent	
5EB0085	Eye, right	EXPTH	Absent	
5EB0085	Eye, right	OPQ	Absent	
5EB0085	Eye, right	MIS	Absent	
5EB0085	Eye, right	HMR	Absent	
5EB0085	Eye, right	EMB	Absent	
5EB0085	Opercula	SLSH	Absent	
5EB0086	Body Surface	RGR	Absent	
5EB0086	Body Surface	RLSN	Absent	
5EB0086	Body Surface	SPDF	Absent	
5EB0086	Body Surface	HMRB	Absent	
5EB0086	Body Surface	FDC	Absent	
5EB0086	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0086	Body Surface	PRST	Absent	
5EB0086	Head	DFM	Absent	
5EB0086	Mouth	ULR	Absent	
5EB0086	Mouth	LLG	Absent	
5EB0086	Nare	SLN	Absent	
5EB0086	Eye, left	EXPTH	Absent	
5EB0086	Eye, left	OPQ	Absent	
5EB0086	Eye, left	MIS	Absent	
5EB0086	Eye, left	HMR	Absent	
5EB0086	Eye, left	EMB	Absent	
5EB0086	Eye, right	EXPTH	Absent	
5EB0086	Eye, right	OPQ	Absent	
5EB0086	Eye, right	MIS	Absent	
5EB0086	Eye, right	HMR	Absent	
5EB0086	Eye, right	EMB	Absent	
5EB0086	Opercula	SLSH	Absent	
5EB0087	Body Surface	RGR	Absent	
5EB0087	Body Surface	RLSN	Absent	
5EB0087	Body Surface	SPDF	Absent	
5EB0087	Body Surface	HMRB	Absent	
5EB0087	Body Surface	FDC	Absent	
5EB0087	Body Surface	BFG	Absent	
5EB0087	Body Surface	PRST	Absent	
5EB0087	Head	DFM	Absent	
5EB0087	Mouth	ULR	Absent	
5EB0087	Mouth	LLG	Absent	
5EB0087	Nare	SLN	Absent	
5EB0087	Eye, left	EXPTH	Absent	
5EB0087	Eye, left	OPQ	Absent	
5EB0087	Eye, left	MIS	Absent	
5EB0087	Eye, left	HMR	Absent	
5EB0087	Eye, left	EMB	Absent	
5EB0087	Eye, right	EXPTH	Absent	
5EB0087	Eye, right	OPQ	Absent	
5EB0087	Eye, right	MIS	Absent	
5EB0087	Eye, right	HMR	Absent	
5EB0087	Eye, right	EMB	Absent	
5EB0087	Opercula	SLSH	Absent	
5EB0088	Body Surface	RGR	Absent	
5EB0088	Body Surface	RLSN	Absent	
5EB0088	Body Surface	SPDF	Absent	
5EB0088	Body Surface	HMRB	Absent	
5EB0088	Body Surface	FDC	Absent	
5EB0088	Body Surface	BFG	Absent	
5EB0088	Body Surface	PRST	Absent	
5EB0088	Head	DFM	Absent	
5EB0088	Mouth	ULR	Absent	
5EB0088	Mouth	LLG	Absent	
5EB0088	Nare	SLN	Absent	
5EB0088	Eye, left	EXPTH	Absent	
5EB0088	Eye, left	OPQ	Absent	
5EB0088	Eye, left	MIS	Absent	
5EB0088	Eye, left	HMR	Absent	
5EB0088	Eye, left	EMB	Absent	
5EB0088	Eye, right	EXPTH	Absent	
5EB0088	Eye, right	OPQ	Absent	
5EB0088	Eye, right	MIS	Absent	
5EB0088	Eye, right	HMR	Absent	
5EB0088	Eye, right	EMB	Absent	
5EB0088	Opercula	SLSH	Absent	
5EB0089	Body Surface	RGR	Absent	
5EB0089	Body Surface	RLSN	Absent	
5EB0089	Body Surface	SPDF	Absent	
5EB0089	Body Surface	HMRB	Absent	
5EB0089	Body Surface	FDC	Absent	
5EB0089	Body Surface	BFG	Absent	
5EB0089	Body Surface	PRST	Absent	
5EB0089	Head	DFM	Absent	
5EB0089	Mouth	ULR	Absent	
5EB0089	Mouth	LLG	Absent	
5EB0089	Nare	SLN	Absent	
5EB0089	Eye, left	EXPTH	Absent	
5EB0089	Eye, left	OPQ	Absent	
5EB0089	Eye, left	MIS	Absent	
5EB0089	Eye, left	HMR	Absent	
5EB0089	Eye, left	EMB	Absent	
5EB0089	Eye, right	EXPTH	Absent	
5EB0089	Eye, right	OPQ	Absent	
5EB0089	Eye, right	MIS	Absent	
5EB0089	Eye, right	HMR	Absent	
5EB0089	Eye, right	EMB	Absent	
5EB0089	Opercula	SLSH	Absent	
5EB0090	Body Surface	RGR	Absent	
5EB0090	Body Surface	RLSN	Absent	
5EB0090	Body Surface	SPDF	Absent	
5EB0090	Body Surface	HMRB	Absent	
5EB0090	Body Surface	FDC	Absent	
5EB0090	Body Surface	BFG	Absent	
5EB0090	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0090	Head	DFM	Absent	
5EB0090	Mouth	ULR	Absent	
5EB0090	Mouth	LLG	Absent	
5EB0090	Nare	SLN	Absent	
5EB0090	Eye, left	EXPTH	Absent	
5EB0090	Eye, left	OPQ	Absent	
5EB0090	Eye, left	MIS	Absent	
5EB0090	Eye, left	HMR	Absent	
5EB0090	Eye, left	EMB	Absent	
5EB0090	Eye, right	EXPTH	Absent	
5EB0090	Eye, right	OPQ	Absent	
5EB0090	Eye, right	MIS	Absent	
5EB0090	Eye, right	HMR	Absent	
5EB0090	Eye, right	EMB	Absent	
5EB0090	Opercula	SLSH	Absent	
5EB0091	Body Surface	RGR	Absent	
5EB0091	Body Surface	RLSN	Absent	
5EB0091	Body Surface	SPDF	Absent	
5EB0091	Body Surface	HMRB	Absent	
5EB0091	Body Surface	FDC	Absent	
5EB0091	Body Surface	BFG	Absent	
5EB0091	Body Surface	PRST	Absent	
5EB0091	Head	DFM	Absent	
5EB0091	Mouth	ULR	Absent	
5EB0091	Mouth	LLG	Absent	
5EB0091	Nare	SLN	Absent	
5EB0091	Eye, left	EXPTH	Absent	
5EB0091	Eye, left	OPQ	Absent	
5EB0091	Eye, left	MIS	Absent	
5EB0091	Eye, left	HMR	Absent	
5EB0091	Eye, left	EMB	Absent	
5EB0091	Eye, right	EXPTH	Absent	
5EB0091	Eye, right	OPQ	Absent	
5EB0091	Eye, right	MIS	Absent	
5EB0091	Eye, right	HMR	Absent	
5EB0091	Eye, right	EMB	Absent	
5EB0091	Opercula	SLSH	Absent	
5EB0092H	Body Surface	RGR	Absent	
5EB0092H	Body Surface	RLSN	Absent	
5EB0092H	Body Surface	SPDF	Absent	
5EB0092H	Body Surface	HMRB	Absent	
5EB0092H	Body Surface	FDC	Absent	
5EB0092H	Body Surface	BFG	Absent	
5EB0092H	Body Surface	PRST	Absent	
5EB0092H	Head	DFM	Absent	
5EB0092H	Mouth	ULR	Absent	
5EB0092H	Mouth	LLG	Absent	
5EB0092H	Nare	SLN	Absent	
5EB0092H	Eye, left	EXPTH	Absent	
5EB0092H	Eye, left	OPQ	Absent	
5EB0092H	Eye, left	MIS	Absent	
5EB0092H	Eye, left	HMR	Absent	
5EB0092H	Eye, left	EMB	Absent	
5EB0092H	Eye, right	EXPTH	Absent	
5EB0092H	Eye, right	OPQ	Absent	
5EB0092H	Eye, right	MIS	Absent	
5EB0092H	Eye, right	HMR	Absent	
5EB0092H	Eye, right	EMB	Absent	
5EB0092H	Opercula	SLSH	Absent	
5EB0093H	Body Surface	RGR	Absent	
5EB0093H	Body Surface	RLSN	Absent	
5EB0093H	Body Surface	SPDF	Absent	
5EB0093H	Body Surface	HMRB	Absent	
5EB0093H	Body Surface	FDC	Absent	
5EB0093H	Body Surface	BFG	Absent	
5EB0093H	Body Surface	PRST	Absent	
5EB0093H	Head	DFM	Absent	
5EB0093H	Mouth	ULR	Absent	
5EB0093H	Mouth	LLG	Absent	
5EB0093H	Nare	SLN	Absent	
5EB0093H	Eye, left	EXPTH	Absent	
5EB0093H	Eye, left	OPQ	Absent	
5EB0093H	Eye, left	MIS	Absent	
5EB0093H	Eye, left	HMR	Absent	
5EB0093H	Eye, left	EMB	Absent	
5EB0093H	Eye, right	EXPTH	Absent	
5EB0093H	Eye, right	OPQ	Absent	
5EB0093H	Eye, right	MIS	Absent	
5EB0093H	Eye, right	HMR	Absent	
5EB0093H	Eye, right	EMB	Absent	
5EB0093H	Opercula	SLSH	Absent	
5EB0094	Body Surface	RGR	Absent	
5EB0094	Body Surface	RLSN	Absent	
5EB0094	Body Surface	SPDF	Absent	
5EB0094	Body Surface	HMRB	Present	
5EB0094	Body Surface	FDC	Absent	
5EB0094	Body Surface	BFG	Absent	
5EB0094	Body Surface	PRST	Absent	
5EB0094	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0094	Mouth	ULR	Absent	
5EB0094	Mouth	LLG	Absent	
5EB0094	Nare	SLN	Absent	
5EB0094	Eye, left	EXPTH	Absent	
5EB0094	Eye, left	OPQ	Absent	
5EB0094	Eye, left	MIS	Absent	
5EB0094	Eye, left	HMR	Absent	
5EB0094	Eye, left	EMB	Absent	
5EB0094	Eye, right	EXPTH	Absent	
5EB0094	Eye, right	OPQ	Absent	
5EB0094	Eye, right	MIS	Absent	
5EB0094	Eye, right	HMR	Absent	
5EB0094	Eye, right	EMB	Absent	
5EB0094	Opercula	SLSH	Absent	
5EB0095	Body Surface	RGR	Absent	
5EB0095	Body Surface	RLSN	Absent	
5EB0095	Body Surface	SPDF	Absent	
5EB0095	Body Surface	HMRB	Absent	
5EB0095	Body Surface	FDC	Absent	
5EB0095	Body Surface	BFG	Absent	
5EB0095	Body Surface	PRST	Absent	
5EB0095	Head	DFM	Absent	
5EB0095	Mouth	ULR	Absent	
5EB0095	Mouth	LLG	Absent	
5EB0095	Nare	SLN	Absent	
5EB0095	Eye, left	EXPTH	Absent	
5EB0095	Eye, left	OPQ	Absent	
5EB0095	Eye, left	MIS	Absent	
5EB0095	Eye, left	HMR	Absent	
5EB0095	Eye, left	EMB	Absent	
5EB0095	Eye, right	EXPTH	Absent	
5EB0095	Eye, right	OPQ	Absent	
5EB0095	Eye, right	MIS	Absent	
5EB0095	Eye, right	HMR	Absent	
5EB0095	Eye, right	EMB	Absent	
5EB0095	Opercula	SLSH	Absent	
5EB0096	Body Surface	RGR	Absent	
5EB0096	Body Surface	RLSN	Absent	
5EB0096	Body Surface	SPDF	Absent	
5EB0096	Body Surface	HMRB	Absent	
5EB0096	Body Surface	FDC	Absent	
5EB0096	Body Surface	BFG	Absent	
5EB0096	Body Surface	PRST	Absent	
5EB0096	Head	DFM	Absent	
5EB0096	Mouth	ULR	Absent	
5EB0096	Mouth	LLG	Absent	
5EB0096	Nare	SLN	Absent	
5EB0096	Eye, left	EXPTH	Absent	
5EB0096	Eye, left	OPQ	Absent	
5EB0096	Eye, left	MIS	Absent	
5EB0096	Eye, left	HMR	Absent	
5EB0096	Eye, left	EMB	Absent	
5EB0096	Eye, right	EXPTH	Absent	
5EB0096	Eye, right	OPQ	Absent	
5EB0096	Eye, right	MIS	Absent	
5EB0096	Eye, right	HMR	Absent	
5EB0096	Eye, right	EMB	Absent	
5EB0096	Opercula	SLSH	Absent	
5EB0097	Body Surface	RGR	Absent	
5EB0097	Body Surface	RLSN	Absent	
5EB0097	Body Surface	SPDF	Absent	
5EB0097	Body Surface	HMRB	Absent	
5EB0097	Body Surface	FDC	Absent	
5EB0097	Body Surface	BFG	Absent	
5EB0097	Body Surface	PRST	Absent	
5EB0097	Head	DFM	Absent	
5EB0097	Mouth	ULR	Absent	
5EB0097	Mouth	LLG	Absent	
5EB0097	Nare	SLN	Absent	
5EB0097	Eye, left	EXPTH	Absent	
5EB0097	Eye, left	OPQ	Absent	
5EB0097	Eye, left	MIS	Absent	
5EB0097	Eye, left	HMR	Absent	
5EB0097	Eye, left	EMB	Absent	
5EB0097	Eye, right	EXPTH	Absent	
5EB0097	Eye, right	OPQ	Absent	
5EB0097	Eye, right	MIS	Absent	
5EB0097	Eye, right	HMR	Absent	
5EB0097	Eye, right	EMB	Absent	
5EB0097	Opercula	SLSH	Absent	
5EB0101W	Body Surface	RGR	Absent	
5EB0101W	Body Surface	RLSN	Absent	
5EB0101W	Body Surface	SPDF	Absent	
5EB0101W	Body Surface	HMRB	Absent	
5EB0101W	Body Surface	FDC	Absent	
5EB0101W	Body Surface	BFG	Absent	
5EB0101W	Body Surface	PRST	Absent	
5EB0101W	Head	DFM	Absent	
5EB0101W	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0101W	Mouth	LLG	Absent	
5EB0101W	Nare	SLN	Absent	
5EB0101W	Eye, left	EXPTH	Absent	
5EB0101W	Eye, left	OPQ	Absent	
5EB0101W	Eye, left	MIS	Absent	
5EB0101W	Eye, left	HMR	Absent	
5EB0101W	Eye, left	EMB	Absent	
5EB0101W	Eye, right	EXPTH	Absent	
5EB0101W	Eye, right	OPQ	Absent	
5EB0101W	Eye, right	MIS	Absent	
5EB0101W	Eye, right	HMR	Absent	
5EB0101W	Eye, right	EMB	Absent	
5EB0101W	Opercula	SLSH	Absent	
5EB0102H	Body Surface	RGR	Absent	
5EB0102H	Body Surface	RLSN	Absent	
5EB0102H	Body Surface	SPDF	Absent	
5EB0102H	Body Surface	HMRB	Absent	
5EB0102H	Body Surface	FDC	Absent	
5EB0102H	Body Surface	BFG	Absent	
5EB0102H	Body Surface	PRST	Absent	
5EB0102H	Head	DFM	Absent	
5EB0102H	Mouth	ULR	Absent	
5EB0102H	Mouth	LLG	Absent	
5EB0102H	Nare	SLN	Absent	
5EB0102H	Eye, left	EXPTH	Absent	
5EB0102H	Eye, left	OPQ	Absent	
5EB0102H	Eye, left	MIS	Absent	
5EB0102H	Eye, left	HMR	Absent	
5EB0102H	Eye, left	EMB	Absent	
5EB0102H	Eye, right	EXPTH	Absent	
5EB0102H	Eye, right	OPQ	Absent	
5EB0102H	Eye, right	MIS	Absent	
5EB0102H	Eye, right	HMR	Absent	
5EB0102H	Eye, right	EMB	Absent	
5EB0102H	Opercula	SLSH	Absent	
5EB0103	Body Surface	RGR	Absent	
5EB0103	Body Surface	RLSN	Absent	
5EB0103	Body Surface	SPDF	Absent	
5EB0103	Body Surface	HMRB	Absent	
5EB0103	Body Surface	FDC	Absent	
5EB0103	Body Surface	BFG	Absent	
5EB0103	Body Surface	PRST	Absent	
5EB0103	Barbel	NORM	Present	
5EB0103	Head	DFM	Absent	
5EB0103	Mouth	ULR	Absent	
5EB0103	Mouth	LLG	Absent	
5EB0103	Nare	SLN	Absent	
5EB0103	Eye, left	EXPTH	Absent	
5EB0103	Eye, left	OPQ	Absent	
5EB0103	Eye, left	MIS	Absent	
5EB0103	Eye, left	HMR	Absent	
5EB0103	Eye, left	EMB	Absent	
5EB0103	Eye, right	EXPTH	Absent	
5EB0103	Eye, right	OPQ	Absent	
5EB0103	Eye, right	MIS	Absent	
5EB0103	Eye, right	HMR	Absent	
5EB0103	Eye, right	EMB	Absent	
5EB0103	Opercula	SLSH	Absent	
5EB0104	Body Surface	RGR	Absent	
5EB0104	Body Surface	RLSN	Absent	
5EB0104	Body Surface	SPDF	Absent	
5EB0104	Body Surface	HMRB	Absent	
5EB0104	Body Surface	FDC	Absent	
5EB0104	Body Surface	BFG	Absent	
5EB0104	Body Surface	PRST	Absent	
5EB0104	Barbel	NORM	Present	
5EB0104	Head	DFM	Absent	
5EB0104	Mouth	ULR	Absent	
5EB0104	Mouth	LLG	Absent	
5EB0104	Nare	SLN	Absent	
5EB0104	Eye, left	EXPTH	Absent	
5EB0104	Eye, left	OPQ	Absent	
5EB0104	Eye, left	MIS	Absent	
5EB0104	Eye, left	HMR	Absent	
5EB0104	Eye, left	EMB	Absent	
5EB0104	Eye, right	EXPTH	Absent	
5EB0104	Eye, right	OPQ	Absent	
5EB0104	Eye, right	MIS	Absent	
5EB0104	Eye, right	HMR	Absent	
5EB0104	Eye, right	EMB	Absent	
5EB0104	Opercula	SLSH	Absent	
5EB0105	Body Surface	RGR	Absent	
5EB0105	Body Surface	RLSN	Absent	
5EB0105	Body Surface	SPDF	Absent	
5EB0105	Body Surface	HMRB	Absent	
5EB0105	Body Surface	FDC	Absent	
5EB0105	Body Surface	BFG	Absent	
5EB0105	Body Surface	PRST	Absent	
5EB0105	Barbel	NORM	Present	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0105	Head	DFM	Absent	
5EB0105	Mouth	ULR	Absent	
5EB0105	Mouth	LLG	Absent	
5EB0105	Nare	SLN	Absent	
5EB0105	Eye, left	EXPTH	Absent	
5EB0105	Eye, left	OPQ	Absent	
5EB0105	Eye, left	MIS	Absent	
5EB0105	Eye, left	HMR	Absent	
5EB0105	Eye, left	EMB	Absent	
5EB0105	Eye, right	EXPTH	Absent	
5EB0105	Eye, right	OPQ	Absent	
5EB0105	Eye, right	MIS	Absent	
5EB0105	Eye, right	HMR	Absent	
5EB0105	Eye, right	EMB	Absent	
5EB0105	Opercula	SLSH	Absent	
5EB0108	Body Surface	RGR	Absent	
5EB0108	Body Surface	RLSN	Absent	
5EB0108	Body Surface	SPDF	Absent	
5EB0108	Body Surface	HMRB	Absent	
5EB0108	Body Surface	FDC	Absent	
5EB0108	Body Surface	BFG	Absent	
5EB0108	Body Surface	PRST	Absent	
5EB0108	Head	DFM	Absent	
5EB0108	Mouth	ULR	Absent	
5EB0108	Mouth	LLG	Absent	
5EB0108	Nare	SLN	Absent	
5EB0108	Eye, left	EXPTH	Absent	
5EB0108	Eye, left	OPQ	Absent	
5EB0108	Eye, left	MIS	Absent	
5EB0108	Eye, left	HMR	Absent	
5EB0108	Eye, left	EMB	Absent	
5EB0108	Eye, right	EXPTH	Absent	
5EB0108	Eye, right	OPQ	Absent	
5EB0108	Eye, right	MIS	Absent	
5EB0108	Eye, right	HMR	Absent	
5EB0108	Eye, right	EMB	Absent	
5EB0108	Opercula	SLSH	Absent	
5EB0109	Body Surface	RGR	Absent	
5EB0109	Body Surface	RLSN	Absent	
5EB0109	Body Surface	SPDF	Absent	
5EB0109	Body Surface	HMRB	Absent	
5EB0109	Body Surface	FDC	Absent	
5EB0109	Body Surface	BFG	Absent	
5EB0109	Body Surface	PRST	Absent	
5EB0109	Head	DFM	Absent	
5EB0109	Mouth	ULR	Absent	
5EB0109	Mouth	LLG	Absent	
5EB0109	Nare	SLN	Absent	
5EB0109	Eye, left	EXPTH	Absent	
5EB0109	Eye, left	OPQ	Absent	
5EB0109	Eye, left	MIS	Absent	
5EB0109	Eye, left	HMR	Absent	
5EB0109	Eye, left	EMB	Absent	
5EB0109	Eye, right	EXPTH	Absent	
5EB0109	Eye, right	OPQ	Absent	
5EB0109	Eye, right	MIS	Absent	
5EB0109	Eye, right	HMR	Absent	
5EB0109	Eye, right	EMB	Absent	
5EB0109	Opercula	SLSH	Absent	
5EB0110	Body Surface	RGR	Absent	
5EB0110	Body Surface	RLSN	Absent	
5EB0110	Body Surface	SPDF	Absent	
5EB0110	Body Surface	HMRB	Absent	
5EB0110	Body Surface	FDC	Absent	
5EB0110	Body Surface	BFG	Absent	
5EB0110	Body Surface	PRST	Absent	
5EB0110	Head	DFM	Absent	
5EB0110	Mouth	ULR	Absent	
5EB0110	Mouth	LLG	Absent	
5EB0110	Nare	SLN	Absent	
5EB0110	Eye, left	EXPTH	Absent	
5EB0110	Eye, left	OPQ	Absent	
5EB0110	Eye, left	MIS	Absent	
5EB0110	Eye, left	HMR	Absent	
5EB0110	Eye, left	EMB	Absent	
5EB0110	Eye, right	EXPTH	Absent	
5EB0110	Eye, right	OPQ	Absent	
5EB0110	Eye, right	MIS	Absent	
5EB0110	Eye, right	HMR	Absent	
5EB0110	Eye, right	EMB	Absent	
5EB0110	Opercula	SLSH	Absent	
5EB0111	Body Surface	RGR	Absent	
5EB0111	Body Surface	RLSN	Absent	
5EB0111	Body Surface	SPDF	Absent	
5EB0111	Body Surface	HMRB	Absent	
5EB0111	Body Surface	FDC	Absent	
5EB0111	Body Surface	BFG	Absent	
5EB0111	Body Surface	PRST	Absent	
5EB0111	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0111	Mouth	ULR	Absent	
5EB0111	Mouth	LLG	Absent	
5EB0111	Nare	SLN	Absent	
5EB0111	Eye, left	EXPTH	Absent	
5EB0111	Eye, left	OPQ	Absent	
5EB0111	Eye, left	MIS	Absent	
5EB0111	Eye, left	HMR	Absent	
5EB0111	Eye, left	EMB	Absent	
5EB0111	Eye, right	EXPTH	Absent	
5EB0111	Eye, right	OPQ	Absent	
5EB0111	Eye, right	MIS	Absent	
5EB0111	Eye, right	HMR	Absent	
5EB0111	Eye, right	EMB	Absent	
5EB0111	Opercula	SLSH	Absent	
5EB0112	Body Surface	RGR	Absent	
5EB0112	Body Surface	RLSN	Absent	
5EB0112	Body Surface	SPDF	Absent	
5EB0112	Body Surface	HMRB	Absent	
5EB0112	Body Surface	FDC	Absent	
5EB0112	Body Surface	BFG	Absent	
5EB0112	Body Surface	PRST	Absent	
5EB0112	Head	DFM	Absent	
5EB0112	Mouth	ULR	Absent	
5EB0112	Mouth	LLG	Absent	
5EB0112	Nare	SLN	Absent	
5EB0112	Eye, left	EXPTH	Absent	
5EB0112	Eye, left	OPQ	Absent	
5EB0112	Eye, left	MIS	Absent	
5EB0112	Eye, left	HMR	Absent	
5EB0112	Eye, left	EMB	Absent	
5EB0112	Eye, right	EXPTH	Absent	
5EB0112	Eye, right	OPQ	Absent	
5EB0112	Eye, right	MIS	Absent	
5EB0112	Eye, right	HMR	Absent	
5EB0112	Eye, right	EMB	Absent	
5EB0112	Opercula	SLSH	Absent	
5EB0113	Body Surface	RGR	Absent	
5EB0113	Body Surface	RLSN	Absent	
5EB0113	Body Surface	SPDF	Absent	
5EB0113	Body Surface	HMRB	Absent	
5EB0113	Body Surface	FDC	Absent	
5EB0113	Body Surface	BFG	Absent	
5EB0113	Body Surface	PRST	Absent	
5EB0113	Head	DFM	Absent	
5EB0113	Mouth	ULR	Absent	
5EB0113	Mouth	LLG	Absent	
5EB0113	Nare	SLN	Absent	
5EB0113	Eye, left	EXPTH	Absent	
5EB0113	Eye, left	OPQ	Absent	
5EB0113	Eye, left	MIS	Absent	
5EB0113	Eye, left	HMR	Absent	
5EB0113	Eye, left	EMB	Absent	
5EB0113	Eye, right	EXPTH	Absent	
5EB0113	Eye, right	OPQ	Absent	
5EB0113	Eye, right	MIS	Absent	
5EB0113	Eye, right	HMR	Absent	
5EB0113	Eye, right	EMB	Absent	
5EB0113	Opercula	SLSH	Absent	
5EB0114	Body Surface	RGR	Absent	
5EB0114	Body Surface	RLSN	Absent	
5EB0114	Body Surface	SPDF	Absent	
5EB0114	Body Surface	HMRB	Absent	
5EB0114	Body Surface	FDC	Absent	
5EB0114	Body Surface	BFG	Absent	
5EB0114	Body Surface	PRST	Absent	
5EB0114	Head	DFM	Absent	
5EB0114	Mouth	ULR	Absent	
5EB0114	Mouth	LLG	Absent	
5EB0114	Nare	SLN	Absent	
5EB0114	Eye, left	EXPTH	Absent	
5EB0114	Eye, left	OPQ	Absent	
5EB0114	Eye, left	MIS	Absent	
5EB0114	Eye, left	HMR	Absent	
5EB0114	Eye, left	EMB	Absent	
5EB0114	Eye, right	EXPTH	Absent	
5EB0114	Eye, right	OPQ	Absent	
5EB0114	Eye, right	MIS	Absent	
5EB0114	Eye, right	HMR	Absent	
5EB0114	Eye, right	EMB	Absent	
5EB0114	Opercula	SLSH	Absent	
5EB0115	Body Surface	RGR	Absent	
5EB0115	Body Surface	RLSN	Absent	
5EB0115	Body Surface	SPDF	Absent	
5EB0115	Body Surface	HMRB	Absent	
5EB0115	Body Surface	FDC	Absent	
5EB0115	Body Surface	BFG	Absent	
5EB0115	Body Surface	PRST	Absent	
5EB0115	Head	DFM	Absent	
5EB0115	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0115	Mouth	LLG	Absent	
5EB0115	Nare	SLN	Absent	
5EB0115	Eye, left	EXPTH	Absent	
5EB0115	Eye, left	OPQ	Absent	
5EB0115	Eye, left	MIS	Absent	
5EB0115	Eye, left	HMR	Absent	
5EB0115	Eye, left	EMB	Absent	
5EB0115	Eye, right	EXPTH	Absent	
5EB0115	Eye, right	OPQ	Absent	
5EB0115	Eye, right	MIS	Absent	
5EB0115	Eye, right	HMR	Absent	
5EB0115	Eye, right	EMB	Absent	
5EB0115	Opercula	SLSH	Absent	
5EB0116	Body Surface	RGR	Absent	
5EB0116	Body Surface	RLSN	Absent	
5EB0116	Body Surface	SPDF	Absent	
5EB0116	Body Surface	HMRB	Absent	
5EB0116	Body Surface	FDC	Absent	
5EB0116	Body Surface	BFG	Absent	
5EB0116	Body Surface	PRST	Absent	
5EB0116	Head	DFM	Absent	
5EB0116	Mouth	ULR	Absent	
5EB0116	Mouth	LLG	Absent	
5EB0116	Nare	SLN	Absent	
5EB0116	Eye, left	EXPTH	Absent	
5EB0116	Eye, left	OPQ	Absent	
5EB0116	Eye, left	MIS	Absent	
5EB0116	Eye, left	HMR	Absent	
5EB0116	Eye, left	EMB	Absent	
5EB0116	Eye, right	EXPTH	Absent	
5EB0116	Eye, right	OPQ	Absent	
5EB0116	Eye, right	MIS	Absent	
5EB0116	Eye, right	HMR	Absent	
5EB0116	Eye, right	EMB	Absent	
5EB0116	Opercula	SLSH	Absent	
5EB0127	Body Surface	RGR	Absent	
5EB0127	Body Surface	RLSN	Absent	
5EB0127	Body Surface	SPDF	Absent	
5EB0127	Body Surface	HMRB	Absent	
5EB0127	Body Surface	FDC	Absent	
5EB0127	Body Surface	BFG	Absent	
5EB0127	Body Surface	PRST	Absent	
5EB0127	Head	DFM	Absent	
5EB0127	Mouth	ULR	Absent	
5EB0127	Mouth	LLG	Absent	
5EB0127	Nare	SLN	Absent	
5EB0127	Eye, left	EXPTH	Absent	
5EB0127	Eye, left	OPQ	Absent	
5EB0127	Eye, left	MIS	Absent	
5EB0127	Eye, left	HMR	Absent	
5EB0127	Eye, left	EMB	Absent	
5EB0127	Eye, right	EXPTH	Absent	
5EB0127	Eye, right	OPQ	Absent	
5EB0127	Eye, right	MIS	Absent	
5EB0127	Eye, right	HMR	Absent	
5EB0127	Eye, right	EMB	Absent	
5EB0127	Opercula	SLSH	Absent	
5EB0128	Body Surface	RGR	Absent	
5EB0128	Body Surface	RLSN	Absent	
5EB0128	Body Surface	SPDF	Absent	
5EB0128	Body Surface	HMRB	Absent	
5EB0128	Body Surface	FDC	Absent	
5EB0128	Body Surface	BFG	Absent	
5EB0128	Body Surface	PRST	Absent	
5EB0128	Head	DFM	Absent	
5EB0128	Mouth	ULR	Absent	
5EB0128	Mouth	LLG	Absent	
5EB0128	Nare	SLN	Absent	
5EB0128	Eye, left	EXPTH	Absent	
5EB0128	Eye, left	OPQ	Absent	
5EB0128	Eye, left	MIS	Absent	
5EB0128	Eye, left	HMR	Absent	
5EB0128	Eye, left	EMB	Absent	
5EB0128	Eye, right	EXPTH	Absent	
5EB0128	Eye, right	OPQ	Absent	
5EB0128	Eye, right	MIS	Absent	
5EB0128	Eye, right	HMR	Absent	
5EB0128	Eye, right	EMB	Absent	
5EB0128	Opercula	SLSH	Absent	
5EB0130	Body Surface	RGR	Absent	
5EB0130	Body Surface	RLSN	Absent	
5EB0130	Body Surface	SPDF	Absent	
5EB0130	Body Surface	HMRB	Absent	
5EB0130	Body Surface	FDC	Absent	
5EB0130	Body Surface	BFG	Absent	
5EB0130	Body Surface	PRST	Absent	
5EB0130	Head	DFM	Absent	
5EB0130	Mouth	ULR	Absent	
5EB0130	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0130	Nare	SLN	Absent	
5EB0130	Eye, left	EXPTH	Absent	
5EB0130	Eye, left	OPQ	Absent	
5EB0130	Eye, left	MIS	Absent	
5EB0130	Eye, left	HMR	Absent	
5EB0130	Eye, left	EMB	Absent	
5EB0130	Eye, right	EXPTH	Absent	
5EB0130	Eye, right	OPQ	Absent	
5EB0130	Eye, right	MIS	Absent	
5EB0130	Eye, right	HMR	Absent	
5EB0130	Eye, right	EMB	Absent	
5EB0130	Opercula	SLSH	Absent	
5EB0131	Body Surface	RGR	Absent	
5EB0131	Body Surface	RLSN	Absent	
5EB0131	Body Surface	SPDF	Absent	
5EB0131	Body Surface	HMRB	Absent	
5EB0131	Body Surface	FDC	Absent	
5EB0131	Body Surface	BFG	Absent	
5EB0131	Body Surface	PRST	Absent	
5EB0131	Head	DFM	Absent	
5EB0131	Mouth	ULR	Absent	
5EB0131	Mouth	LLG	Absent	
5EB0131	Nare	SLN	Absent	
5EB0131	Eye, left	EXPTH	Absent	
5EB0131	Eye, left	OPQ	Absent	
5EB0131	Eye, left	MIS	Absent	
5EB0131	Eye, left	HMR	Absent	
5EB0131	Eye, left	EMB	Absent	
5EB0131	Eye, right	EXPTH	Absent	
5EB0131	Eye, right	OPQ	Absent	
5EB0131	Eye, right	MIS	Absent	
5EB0131	Eye, right	HMR	Absent	
5EB0131	Eye, right	EMB	Absent	
5EB0131	Opercula	SLSH	Absent	
5EB0132	Body Surface	RGR	Absent	
5EB0132	Body Surface	RLSN	Absent	
5EB0132	Body Surface	SPDF	Absent	
5EB0132	Body Surface	HMRB	Absent	
5EB0132	Body Surface	FDC	Absent	
5EB0132	Body Surface	BFG	Absent	
5EB0132	Body Surface	PRST	Absent	
5EB0132	Head	DFM	Absent	
5EB0132	Mouth	ULR	Absent	
5EB0132	Mouth	LLG	Absent	
5EB0132	Nare	SLN	Absent	
5EB0132	Eye, left	EXPTH	Absent	
5EB0132	Eye, left	OPQ	Absent	
5EB0132	Eye, left	MIS	Absent	
5EB0132	Eye, left	HMR	Absent	
5EB0132	Eye, left	EMB	Absent	
5EB0132	Eye, right	EXPTH	Absent	
5EB0132	Eye, right	OPQ	Absent	
5EB0132	Eye, right	MIS	Absent	
5EB0132	Eye, right	HMR	Absent	
5EB0132	Eye, right	EMB	Absent	
5EB0132	Opercula	SLSH	Absent	
5EB0133	Body Surface	RGR	Absent	
5EB0133	Body Surface	RLSN	Absent	
5EB0133	Body Surface	SPDF	Absent	
5EB0133	Body Surface	HMRB	Absent	
5EB0133	Body Surface	FDC	Absent	
5EB0133	Body Surface	BFG	Absent	
5EB0133	Body Surface	PRST	Absent	
5EB0133	Head	DFM	Absent	
5EB0133	Mouth	ULR	Absent	
5EB0133	Mouth	LLG	Absent	
5EB0133	Nare	SLN	Absent	
5EB0133	Eye, left	EXPTH	Absent	
5EB0133	Eye, left	OPQ	Absent	
5EB0133	Eye, left	MIS	Absent	
5EB0133	Eye, left	HMR	Absent	
5EB0133	Eye, left	EMB	Absent	
5EB0133	Eye, right	EXPTH	Absent	
5EB0133	Eye, right	OPQ	Absent	
5EB0133	Eye, right	MIS	Absent	
5EB0133	Eye, right	HMR	Absent	
5EB0133	Eye, right	EMB	Absent	
5EB0133	Opercula	SLSH	Absent	
5EB0135	Body Surface	RGR	Absent	
5EB0135	Body Surface	RLSN	Absent	
5EB0135	Body Surface	SPDF	Absent	
5EB0135	Body Surface	HMRB	Absent	
5EB0135	Body Surface	FDC	Absent	
5EB0135	Body Surface	BFG	Absent	
5EB0135	Body Surface	PRST	Absent	
5EB0135	Head	DFM	Absent	
5EB0135	Mouth	ULR	Absent	
5EB0135	Mouth	LLG	Absent	
5EB0135	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0135	Eye, left	EXPTH	Absent	
5EB0135	Eye, left	OPQ	Absent	
5EB0135	Eye, left	MIS	Absent	
5EB0135	Eye, left	HMR	Absent	
5EB0135	Eye, left	EMB	Absent	
5EB0135	Eye, right	EXPTH	Absent	
5EB0135	Eye, right	OPQ	Absent	
5EB0135	Eye, right	MIS	Absent	
5EB0135	Eye, right	HMR	Absent	
5EB0135	Eye, right	EMB	Absent	
5EB0135	Opercula	SLSH	Absent	
5EB0136	Body Surface	RGR	Absent	
5EB0136	Body Surface	RLSN	Absent	
5EB0136	Body Surface	SPDF	Absent	
5EB0136	Body Surface	HMRB	Absent	
5EB0136	Body Surface	FDC	Absent	
5EB0136	Body Surface	BFG	Absent	
5EB0136	Body Surface	PRST	Absent	
5EB0136	Head	DFM	Absent	
5EB0136	Mouth	ULR	Absent	
5EB0136	Mouth	LLG	Absent	
5EB0136	Nare	SLN	Absent	
5EB0136	Eye, left	EXPTH	Absent	
5EB0136	Eye, left	OPQ	Absent	
5EB0136	Eye, left	MIS	Absent	
5EB0136	Eye, left	HMR	Absent	
5EB0136	Eye, left	EMB	Absent	
5EB0136	Eye, right	EXPTH	Absent	
5EB0136	Eye, right	OPQ	Absent	
5EB0136	Eye, right	MIS	Absent	
5EB0136	Eye, right	HMR	Absent	
5EB0136	Eye, right	EMB	Absent	
5EB0136	Opercula	SLSH	Absent	
5EB0137	Body Surface	RGR	Absent	
5EB0137	Body Surface	RLSN	Absent	
5EB0137	Body Surface	SPDF	Absent	
5EB0137	Body Surface	HMRB	Absent	
5EB0137	Body Surface	FDC	Absent	
5EB0137	Body Surface	BFG	Absent	
5EB0137	Body Surface	PRST	Absent	
5EB0137	Head	DFM	Absent	
5EB0137	Mouth	ULR	Absent	
5EB0137	Mouth	LLG	Absent	
5EB0137	Nare	SLN	Absent	
5EB0137	Eye, left	EXPTH	Absent	
5EB0137	Eye, left	OPQ	Absent	
5EB0137	Eye, left	MIS	Absent	
5EB0137	Eye, left	HMR	Absent	
5EB0137	Eye, left	EMB	Absent	
5EB0137	Eye, right	EXPTH	Absent	
5EB0137	Eye, right	OPQ	Absent	
5EB0137	Eye, right	MIS	Absent	
5EB0137	Eye, right	HMR	Absent	
5EB0137	Eye, right	EMB	Absent	
5EB0137	Opercula	SLSH	Absent	
5EB0141	Body Surface	RGR	Absent	
5EB0141	Body Surface	RLSN	Absent	
5EB0141	Body Surface	SPDF	Absent	
5EB0141	Body Surface	HMRB	Absent	
5EB0141	Body Surface	FDC	Absent	
5EB0141	Body Surface	BFG	Absent	
5EB0141	Body Surface	PRST	Absent	
5EB0141	Head	DFM	Absent	
5EB0141	Mouth	ULR	Absent	
5EB0141	Mouth	LLG	Absent	
5EB0141	Nare	SLN	Absent	
5EB0141	Eye, left	EXPTH	Absent	
5EB0141	Eye, left	OPQ	Absent	
5EB0141	Eye, left	MIS	Absent	
5EB0141	Eye, left	HMR	Absent	
5EB0141	Eye, left	EMB	Absent	
5EB0141	Eye, right	EXPTH	Absent	
5EB0141	Eye, right	OPQ	Absent	
5EB0141	Eye, right	MIS	Absent	
5EB0141	Eye, right	HMR	Absent	
5EB0141	Eye, right	EMB	Absent	
5EB0141	Opercula	SLSH	Absent	
5EB0142	Body Surface	RGR	Absent	
5EB0142	Body Surface	RLSN	Absent	
5EB0142	Body Surface	SPDF	Absent	
5EB0142	Body Surface	HMRB	Absent	
5EB0142	Body Surface	FDC	Absent	
5EB0142	Body Surface	BFG	Absent	
5EB0142	Body Surface	PRST	Absent	
5EB0142	Head	DFM	Absent	
5EB0142	Mouth	ULR	Absent	
5EB0142	Mouth	LLG	Absent	
5EB0142	Nare	SLN	Absent	
5EB0142	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0142	Eye, left	OPQ	Absent	
5EB0142	Eye, left	MIS	Absent	
5EB0142	Eye, left	HMR	Absent	
5EB0142	Eye, left	EMB	Absent	
5EB0142	Eye, right	EXPTH	Absent	
5EB0142	Eye, right	OPQ	Absent	
5EB0142	Eye, right	MIS	Absent	
5EB0142	Eye, right	HMR	Absent	
5EB0142	Eye, right	EMB	Absent	
5EB0142	Opercula	SLSH	Absent	
5EB0143	Body Surface	RGR	Absent	
5EB0143	Body Surface	RLSN	Absent	
5EB0143	Body Surface	SPDF	Absent	
5EB0143	Body Surface	HMRB	Absent	
5EB0143	Body Surface	FDC	Absent	
5EB0143	Body Surface	BFG	Absent	
5EB0143	Body Surface	PRST	Absent	
5EB0143	Head	DFM	Absent	
5EB0143	Mouth	ULR	Absent	
5EB0143	Mouth	LLG	Absent	
5EB0143	Nare	SLN	Absent	
5EB0143	Eye, left	EXPTH	Absent	
5EB0143	Eye, left	OPQ	Absent	
5EB0143	Eye, left	MIS	Absent	
5EB0143	Eye, left	HMR	Absent	
5EB0143	Eye, left	EMB	Absent	
5EB0143	Eye, right	EXPTH	Absent	
5EB0143	Eye, right	OPQ	Absent	
5EB0143	Eye, right	MIS	Absent	
5EB0143	Eye, right	HMR	Absent	
5EB0143	Eye, right	EMB	Absent	
5EB0143	Opercula	SLSH	Absent	
5EB0144	Body Surface	RGR	Absent	
5EB0144	Body Surface	RLSN	Absent	
5EB0144	Body Surface	SPDF	Absent	
5EB0144	Body Surface	HMRB	Absent	
5EB0144	Body Surface	FDC	Absent	
5EB0144	Body Surface	BFG	Absent	
5EB0144	Body Surface	PRST	Absent	
5EB0144	Head	DFM	Absent	
5EB0144	Mouth	ULR	Absent	
5EB0144	Mouth	LLG	Absent	
5EB0144	Nare	SLN	Absent	
5EB0144	Eye, left	EXPTH	Absent	
5EB0144	Eye, left	OPQ	Absent	
5EB0144	Eye, left	MIS	Absent	
5EB0144	Eye, left	HMR	Absent	
5EB0144	Eye, left	EMB	Absent	
5EB0144	Eye, right	EXPTH	Absent	
5EB0144	Eye, right	OPQ	Absent	
5EB0144	Eye, right	MIS	Absent	
5EB0144	Eye, right	HMR	Absent	
5EB0144	Eye, right	EMB	Absent	
5EB0144	Opercula	SLSH	Absent	
5EB0147	Body Surface	RGR	Absent	
5EB0147	Body Surface	RLSN	Absent	
5EB0147	Body Surface	SPDF	Absent	
5EB0147	Body Surface	HMRB	Absent	
5EB0147	Body Surface	FDC	Absent	
5EB0147	Body Surface	BFG	Absent	
5EB0147	Body Surface	PRST	Absent	
5EB0147	Head	DFM	Absent	
5EB0147	Mouth	ULR	Absent	
5EB0147	Mouth	LLG	Absent	
5EB0147	Nare	SLN	Absent	
5EB0147	Eye, left	EXPTH	Absent	
5EB0147	Eye, left	OPQ	Absent	
5EB0147	Eye, left	MIS	Absent	
5EB0147	Eye, left	HMR	Absent	
5EB0147	Eye, left	EMB	Absent	
5EB0147	Eye, right	EXPTH	Absent	
5EB0147	Eye, right	OPQ	Absent	
5EB0147	Eye, right	MIS	Absent	
5EB0147	Eye, right	HMR	Absent	
5EB0147	Eye, right	EMB	Absent	
5EB0147	Opercula	SLSH	Absent	
5EB0148	Body Surface	RGR	Absent	
5EB0148	Body Surface	RLSN	Absent	
5EB0148	Body Surface	SPDF	Absent	
5EB0148	Body Surface	HMRB	Absent	
5EB0148	Body Surface	FDC	Absent	
5EB0148	Body Surface	BFG	Absent	
5EB0148	Body Surface	PRST	Absent	
5EB0148	Head	DFM	Absent	
5EB0148	Mouth	ULR	Absent	
5EB0148	Mouth	LLG	Absent	
5EB0148	Nare	SLN	Absent	
5EB0148	Eye, left	EXPTH	Absent	
5EB0148	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0148	Eye, left	MIS	Absent	
5EB0148	Eye, left	HMR	Absent	
5EB0148	Eye, left	EMB	Absent	
5EB0148	Eye, right	EXPTH	Absent	
5EB0148	Eye, right	OPQ	Absent	
5EB0148	Eye, right	MIS	Absent	
5EB0148	Eye, right	HMR	Absent	
5EB0148	Eye, right	EMB	Absent	
5EB0148	Opercula	SLSH	Absent	
5EB0149	Body Surface	RGR	Absent	
5EB0149	Body Surface	RLSN	Absent	
5EB0149	Body Surface	SPDF	Absent	
5EB0149	Body Surface	HMRB	Absent	
5EB0149	Body Surface	FDC	Absent	
5EB0149	Body Surface	BFG	Absent	
5EB0149	Body Surface	PRST	Absent	
5EB0149	Head	DFM	Absent	
5EB0149	Mouth	ULR	Absent	
5EB0149	Mouth	LLG	Absent	
5EB0149	Nare	SLN	Absent	
5EB0149	Eye, left	EXPTH	Absent	
5EB0149	Eye, left	OPQ	Absent	
5EB0149	Eye, left	MIS	Absent	
5EB0149	Eye, left	HMR	Absent	
5EB0149	Eye, left	EMB	Absent	
5EB0149	Eye, right	EXPTH	Absent	
5EB0149	Eye, right	OPQ	Absent	
5EB0149	Eye, right	MIS	Absent	
5EB0149	Eye, right	HMR	Absent	
5EB0149	Eye, right	EMB	Absent	
5EB0149	Opercula	SLSH	Absent	
5EB0150	Body Surface	RGR	Absent	
5EB0150	Body Surface	RLSN	Absent	
5EB0150	Body Surface	SPDF	Absent	
5EB0150	Body Surface	HMRB	Absent	
5EB0150	Body Surface	FDC	Absent	
5EB0150	Body Surface	BFG	Absent	
5EB0150	Body Surface	PRST	Absent	
5EB0150	Head	DFM	Absent	
5EB0150	Mouth	ULR	Absent	
5EB0150	Mouth	LLG	Absent	
5EB0150	Nare	SLN	Absent	
5EB0150	Eye, left	EXPTH	Absent	
5EB0150	Eye, left	OPQ	Absent	
5EB0150	Eye, left	MIS	Absent	
5EB0150	Eye, left	HMR	Absent	
5EB0150	Eye, left	EMB	Absent	
5EB0150	Eye, right	EXPTH	Absent	
5EB0150	Eye, right	OPQ	Absent	
5EB0150	Eye, right	MIS	Absent	
5EB0150	Eye, right	HMR	Absent	
5EB0150	Eye, right	EMB	Absent	
5EB0150	Opercula	SLSH	Absent	
5EB0151	Body Surface	RGR	Absent	
5EB0151	Body Surface	RLSN	Absent	
5EB0151	Body Surface	SPDF	Absent	
5EB0151	Body Surface	HMRB	Absent	
5EB0151	Body Surface	FDC	Absent	
5EB0151	Body Surface	BFG	Absent	
5EB0151	Body Surface	PRST	Absent	
5EB0151	Head	DFM	Absent	
5EB0151	Mouth	ULR	Absent	
5EB0151	Mouth	LLG	Absent	
5EB0151	Nare	SLN	Absent	
5EB0151	Eye, left	EXPTH	Absent	
5EB0151	Eye, left	OPQ	Absent	
5EB0151	Eye, left	MIS	Absent	
5EB0151	Eye, left	HMR	Absent	
5EB0151	Eye, left	EMB	Absent	
5EB0151	Eye, right	EXPTH	Absent	
5EB0151	Eye, right	OPQ	Absent	
5EB0151	Eye, right	MIS	Absent	
5EB0151	Eye, right	HMR	Absent	
5EB0151	Eye, right	EMB	Absent	
5EB0151	Opercula	SLSH	Absent	
5EB0152	Body Surface	RGR	Absent	
5EB0152	Body Surface	RLSN	Absent	
5EB0152	Body Surface	SPDF	Absent	
5EB0152	Body Surface	HMRB	Absent	
5EB0152	Body Surface	FDC	Absent	
5EB0152	Body Surface	BFG	Absent	
5EB0152	Body Surface	PRST	Absent	
5EB0152	Head	DFM	Absent	
5EB0152	Mouth	ULR	Absent	
5EB0152	Mouth	LLG	Absent	
5EB0152	Nare	SLN	Absent	
5EB0152	Eye, left	EXPTH	Absent	
5EB0152	Eye, left	OPQ	Absent	
5EB0152	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0152	Eye, left	HMR	Absent	
5EB0152	Eye, left	EMB	Absent	
5EB0152	Eye, right	EXPTH	Absent	
5EB0152	Eye, right	OPQ	Absent	
5EB0152	Eye, right	MIS	Absent	
5EB0152	Eye, right	HMR	Absent	
5EB0152	Eye, right	EMB	Absent	
5EB0152	Opercula	SLSH	Absent	
5EB0153	Body Surface	RGR	Absent	
5EB0153	Body Surface	RLSN	Absent	
5EB0153	Body Surface	SPDF	Absent	
5EB0153	Body Surface	HMRB	Absent	
5EB0153	Body Surface	FDC	Absent	
5EB0153	Body Surface	BFG	Absent	
5EB0153	Body Surface	PRST	Absent	
5EB0153	Head	DFM	Absent	
5EB0153	Mouth	ULR	Absent	
5EB0153	Mouth	LLG	Absent	
5EB0153	Nare	SLN	Absent	
5EB0153	Eye, left	EXPTH	Absent	
5EB0153	Eye, left	OPQ	Absent	
5EB0153	Eye, left	MIS	Absent	
5EB0153	Eye, left	HMR	Absent	
5EB0153	Eye, left	EMB	Absent	
5EB0153	Eye, right	EXPTH	Absent	
5EB0153	Eye, right	OPQ	Absent	
5EB0153	Eye, right	MIS	Absent	
5EB0153	Eye, right	HMR	Absent	
5EB0153	Eye, right	EMB	Absent	
5EB0153	Opercula	SLSH	Absent	
5EB0154	Body Surface	RGR	Absent	
5EB0154	Body Surface	RLSN	Absent	
5EB0154	Body Surface	SPDF	Absent	
5EB0154	Body Surface	HMRB	Absent	
5EB0154	Body Surface	FDC	Absent	
5EB0154	Body Surface	BFG	Absent	
5EB0154	Body Surface	PRST	Absent	
5EB0154	Head	DFM	Absent	
5EB0154	Mouth	ULR	Absent	
5EB0154	Mouth	LLG	Absent	
5EB0154	Nare	SLN	Absent	
5EB0154	Eye, left	EXPTH	Absent	
5EB0154	Eye, left	OPQ	Absent	
5EB0154	Eye, left	MIS	Absent	
5EB0154	Eye, left	HMR	Absent	
5EB0154	Eye, left	EMB	Absent	
5EB0154	Eye, right	EXPTH	Absent	
5EB0154	Eye, right	OPQ	Absent	
5EB0154	Eye, right	MIS	Absent	
5EB0154	Eye, right	HMR	Absent	
5EB0154	Eye, right	EMB	Absent	
5EB0154	Opercula	SLSH	Absent	
5EB0155	Body Surface	RGR	Absent	
5EB0155	Body Surface	RLSN	Absent	
5EB0155	Body Surface	SPDF	Absent	
5EB0155	Body Surface	HMRB	Absent	
5EB0155	Body Surface	FDC	Absent	
5EB0155	Body Surface	BFG	Absent	
5EB0155	Body Surface	PRST	Absent	
5EB0155	Head	DFM	Absent	
5EB0155	Mouth	ULR	Absent	
5EB0155	Mouth	LLG	Absent	
5EB0155	Nare	SLN	Absent	
5EB0155	Eye, left	EXPTH	Absent	
5EB0155	Eye, left	OPQ	Absent	
5EB0155	Eye, left	MIS	Absent	
5EB0155	Eye, left	HMR	Absent	
5EB0155	Eye, left	EMB	Absent	
5EB0155	Eye, right	EXPTH	Absent	
5EB0155	Eye, right	OPQ	Absent	
5EB0155	Eye, right	MIS	Absent	
5EB0155	Eye, right	HMR	Absent	
5EB0155	Eye, right	EMB	Absent	
5EB0155	Opercula	SLSH	Absent	
5EB0157	Body Surface	RGR	Absent	
5EB0157	Body Surface	RLSN	Absent	
5EB0157	Body Surface	SPDF	Absent	
5EB0157	Body Surface	HMRB	Absent	
5EB0157	Body Surface	FDC	Absent	
5EB0157	Body Surface	BFG	Absent	
5EB0157	Body Surface	PRST	Absent	
5EB0157	Head	DFM	Absent	
5EB0157	Mouth	ULR	Absent	
5EB0157	Mouth	LLG	Absent	
5EB0157	Nare	SLN	Absent	
5EB0157	Eye, left	EXPTH	Absent	
5EB0157	Eye, left	OPQ	Absent	
5EB0157	Eye, left	MIS	Absent	
5EB0157	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0157	Eye, left	EMB	Absent	
5EB0157	Eye, right	EXPTH	Absent	
5EB0157	Eye, right	OPQ	Absent	
5EB0157	Eye, right	MIS	Absent	
5EB0157	Eye, right	HMR	Absent	
5EB0157	Eye, right	EMB	Absent	
5EB0157	Opercula	SLSH	Absent	
5EB0158	Body Surface	RGR	Absent	
5EB0158	Body Surface	RLSN	Absent	
5EB0158	Body Surface	SPDF	Absent	
5EB0158	Body Surface	HMRB	Absent	
5EB0158	Body Surface	FDC	Absent	
5EB0158	Body Surface	BFG	Absent	
5EB0158	Body Surface	PRST	Absent	
5EB0158	Head	DFM	Absent	
5EB0158	Mouth	ULR	Absent	
5EB0158	Mouth	LLG	Absent	
5EB0158	Nare	SLN	Absent	
5EB0158	Eye, left	EXPTH	Absent	
5EB0158	Eye, left	OPQ	Absent	
5EB0158	Eye, left	MIS	Absent	
5EB0158	Eye, left	HMR	Absent	
5EB0158	Eye, left	EMB	Absent	
5EB0158	Eye, right	EXPTH	Absent	
5EB0158	Eye, right	OPQ	Absent	
5EB0158	Eye, right	MIS	Absent	
5EB0158	Eye, right	HMR	Absent	
5EB0158	Eye, right	EMB	Absent	
5EB0158	Opercula	SLSH	Absent	
5EB0159	Body Surface	RGR	Absent	
5EB0159	Body Surface	RLSN	Absent	
5EB0159	Body Surface	SPDF	Absent	
5EB0159	Body Surface	HMRB	Absent	
5EB0159	Body Surface	FDC	Absent	
5EB0159	Body Surface	BFG	Absent	
5EB0159	Body Surface	PRST	Absent	
5EB0159	Head	DFM	Absent	
5EB0159	Mouth	ULR	Absent	
5EB0159	Mouth	LLG	Absent	
5EB0159	Nare	SLN	Absent	
5EB0159	Eye, left	EXPTH	Absent	
5EB0159	Eye, left	OPQ	Absent	
5EB0159	Eye, left	MIS	Absent	
5EB0159	Eye, left	HMR	Absent	
5EB0159	Eye, left	EMB	Absent	
5EB0159	Eye, right	EXPTH	Absent	
5EB0159	Eye, right	OPQ	Absent	
5EB0159	Eye, right	MIS	Absent	
5EB0159	Eye, right	HMR	Absent	
5EB0159	Eye, right	EMB	Absent	
5EB0159	Opercula	SLSH	Absent	
5EB0161	Body Surface	RGR	Absent	
5EB0161	Body Surface	RLSN	Absent	
5EB0161	Body Surface	SPDF	Absent	
5EB0161	Body Surface	HMRB	Absent	
5EB0161	Body Surface	FDC	Absent	
5EB0161	Body Surface	BFG	Absent	
5EB0161	Body Surface	PRST	Absent	
5EB0161	Head	DFM	Absent	
5EB0161	Mouth	ULR	Absent	
5EB0161	Mouth	LLG	Absent	
5EB0161	Nare	SLN	Absent	
5EB0161	Eye, left	EXPTH	Absent	
5EB0161	Eye, left	OPQ	Absent	
5EB0161	Eye, left	MIS	Absent	
5EB0161	Eye, left	HMR	Absent	
5EB0161	Eye, left	EMB	Absent	
5EB0161	Eye, right	EXPTH	Absent	
5EB0161	Eye, right	OPQ	Absent	
5EB0161	Eye, right	MIS	Absent	
5EB0161	Eye, right	HMR	Absent	
5EB0161	Eye, right	EMB	Absent	
5EB0161	Opercula	SLSH	Absent	
5EB0164	Body Surface	RGR	Absent	
5EB0164	Body Surface	RLSN	Absent	
5EB0164	Body Surface	SPDF	Absent	
5EB0164	Body Surface	HMRB	Absent	
5EB0164	Body Surface	FDC	Absent	
5EB0164	Body Surface	BFG	Absent	
5EB0164	Body Surface	PRST	Absent	
5EB0164	Head	DFM	Absent	
5EB0164	Mouth	ULR	Absent	
5EB0164	Mouth	LLG	Absent	
5EB0164	Nare	SLN	Absent	
5EB0164	Eye, left	EXPTH	Absent	
5EB0164	Eye, left	OPQ	Absent	
5EB0164	Eye, left	MIS	Absent	
5EB0164	Eye, left	HMR	Present	
5EB0164	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0164	Eye, right	EXPTH	Absent	
5EB0164	Eye, right	OPQ	Absent	
5EB0164	Eye, right	MIS	Absent	
5EB0164	Eye, right	HMR	Absent	
5EB0164	Eye, right	EMB	Absent	
5EB0164	Opercula	SLSH	Absent	
5EB0167	Body Surface	RGR	Absent	
5EB0167	Body Surface	RLSN	Absent	
5EB0167	Body Surface	SPDF	Absent	
5EB0167	Body Surface	HMRB	Absent	
5EB0167	Body Surface	FDC	Absent	
5EB0167	Body Surface	BFG	Absent	
5EB0167	Body Surface	PRST	Absent	
5EB0167	Head	DFM	Absent	
5EB0167	Mouth	ULR	Absent	
5EB0167	Mouth	LLG	Absent	
5EB0167	Nare	SLN	Absent	
5EB0167	Eye, left	EXPTH	Absent	
5EB0167	Eye, left	OPQ	Absent	
5EB0167	Eye, left	MIS	Absent	
5EB0167	Eye, left	HMR	Absent	
5EB0167	Eye, left	EMB	Absent	
5EB0167	Eye, right	EXPTH	Absent	
5EB0167	Eye, right	OPQ	Absent	
5EB0167	Eye, right	MIS	Absent	
5EB0167	Eye, right	HMR	Absent	
5EB0167	Eye, right	EMB	Absent	
5EB0167	Opercula	SLSH	Absent	
5EB0168	Body Surface	RGR	Absent	
5EB0168	Body Surface	RLSN	Absent	
5EB0168	Body Surface	SPDF	Absent	
5EB0168	Body Surface	HMRB	Absent	
5EB0168	Body Surface	FDC	Absent	
5EB0168	Body Surface	BFG	Absent	
5EB0168	Body Surface	PRST	Absent	
5EB0168	Head	DFM	Absent	
5EB0168	Mouth	ULR	Absent	
5EB0168	Mouth	LLG	Absent	
5EB0168	Nare	SLN	Absent	
5EB0168	Eye, left	EXPTH	Absent	
5EB0168	Eye, left	OPQ	Absent	
5EB0168	Eye, left	MIS	Absent	
5EB0168	Eye, left	HMR	Absent	
5EB0168	Eye, left	EMB	Absent	
5EB0168	Eye, right	EXPTH	Absent	
5EB0168	Eye, right	OPQ	Absent	
5EB0168	Eye, right	MIS	Absent	
5EB0168	Eye, right	HMR	Absent	
5EB0168	Eye, right	EMB	Absent	
5EB0168	Opercula	SLSH	Absent	
5EB0169	Body Surface	RGR	Absent	
5EB0169	Body Surface	RLSN	Absent	
5EB0169	Body Surface	SPDF	Absent	
5EB0169	Body Surface	HMRB	Absent	
5EB0169	Body Surface	FDC	Absent	
5EB0169	Body Surface	BFG	Absent	
5EB0169	Body Surface	PRST	Absent	
5EB0169	Head	DFM	Absent	
5EB0169	Mouth	ULR	Absent	
5EB0169	Mouth	LLG	Absent	
5EB0169	Nare	SLN	Absent	
5EB0169	Eye, left	EXPTH	Absent	
5EB0169	Eye, left	OPQ	Absent	
5EB0169	Eye, left	MIS	Absent	
5EB0169	Eye, left	HMR	Absent	
5EB0169	Eye, left	EMB	Absent	
5EB0169	Eye, right	EXPTH	Absent	
5EB0169	Eye, right	OPQ	Absent	
5EB0169	Eye, right	MIS	Absent	
5EB0169	Eye, right	HMR	Absent	
5EB0169	Eye, right	EMB	Absent	
5EB0169	Opercula	SLSH	Absent	
5EB0176	Body Surface	RGR	Absent	
5EB0176	Body Surface	RLSN	Absent	
5EB0176	Body Surface	SPDF	Absent	
5EB0176	Body Surface	HMRB	Absent	
5EB0176	Body Surface	FDC	Absent	
5EB0176	Body Surface	BFG	Absent	
5EB0176	Body Surface	PRST	Absent	
5EB0176	Head	DFM	Absent	
5EB0176	Mouth	ULR	Absent	
5EB0176	Mouth	LLG	Absent	
5EB0176	Nare	SLN	Absent	
5EB0176	Eye, left	EXPTH	Absent	
5EB0176	Eye, left	OPQ	Absent	
5EB0176	Eye, left	MIS	Absent	
5EB0176	Eye, left	HMR	Absent	
5EB0176	Eye, left	EMB	Absent	
5EB0176	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0176	Eye, right	OPQ	Absent	
5EB0176	Eye, right	MIS	Absent	
5EB0176	Eye, right	HMR	Absent	
5EB0176	Eye, right	EMB	Absent	
5EB0176	Opercula	SLSH	Absent	
5EB0178	Body Surface	RGR	Absent	
5EB0178	Body Surface	RLSN	Absent	
5EB0178	Body Surface	SPDF	Absent	
5EB0178	Body Surface	HMRB	Absent	
5EB0178	Body Surface	FDC	Absent	
5EB0178	Body Surface	BFG	Absent	
5EB0178	Body Surface	PRST	Absent	
5EB0178	Head	DFM	Absent	
5EB0178	Mouth	ULR	Absent	
5EB0178	Mouth	LLG	Absent	
5EB0178	Nare	SLN	Absent	
5EB0178	Eye, left	EXPTH	Absent	
5EB0178	Eye, left	OPQ	Absent	
5EB0178	Eye, left	MIS	Absent	
5EB0178	Eye, left	HMR	Absent	
5EB0178	Eye, left	EMB	Absent	
5EB0178	Eye, right	EXPTH	Absent	
5EB0178	Eye, right	OPQ	Absent	
5EB0178	Eye, right	MIS	Absent	
5EB0178	Eye, right	HMR	Absent	
5EB0178	Eye, right	EMB	Absent	
5EB0178	Opercula	SLSH	Absent	
5EB0184	Body Surface	RGR	Absent	
5EB0184	Body Surface	RGR	Absent	
5EB0184	Body Surface	RLSN	Absent	
5EB0184	Body Surface	RLSN	Absent	
5EB0184	Body Surface	SPDF	Absent	
5EB0184	Body Surface	SPDF	Absent	
5EB0184	Body Surface	HMRB	Absent	
5EB0184	Body Surface	HMRB	Absent	
5EB0184	Body Surface	FDC	Absent	
5EB0184	Body Surface	FDC	Absent	
5EB0184	Body Surface	BFG	Absent	
5EB0184	Body Surface	BFG	Absent	
5EB0184	Body Surface	PRST	Absent	
5EB0184	Body Surface	PRST	Absent	
5EB0184	Head	DFM	Absent	
5EB0184	Head	DFM	Absent	
5EB0184	Mouth	ULR	Absent	
5EB0184	Mouth	ULR	Absent	
5EB0184	Mouth	LLG	Absent	
5EB0184	Mouth	LLG	Absent	
5EB0184	Nare	SLN	Absent	
5EB0184	Nare	SLN	Absent	
5EB0184	Eye, left	EXPTH	Absent	
5EB0184	Eye, left	EXPTH	Absent	
5EB0184	Eye, left	OPQ	Absent	
5EB0184	Eye, left	OPQ	Absent	
5EB0184	Eye, left	MIS	Absent	
5EB0184	Eye, left	MIS	Absent	
5EB0184	Eye, left	HMR	Absent	
5EB0184	Eye, left	HMR	Absent	
5EB0184	Eye, left	EMB	Absent	
5EB0184	Eye, left	EMB	Absent	
5EB0184	Eye, right	EXPTH	Absent	
5EB0184	Eye, right	EXPTH	Absent	
5EB0184	Eye, right	OPQ	Absent	
5EB0184	Eye, right	OPQ	Absent	
5EB0184	Eye, right	MIS	Absent	
5EB0184	Eye, right	MIS	Absent	
5EB0184	Eye, right	HMR	Absent	
5EB0184	Eye, right	HMR	Absent	
5EB0184	Eye, right	EMB	Absent	
5EB0184	Eye, right	EMB	Absent	
5EB0184	Opercula	SLSH	Absent	
5EB0184	Opercula	SLSH	Absent	
5EB0185	Body Surface	RGR	Absent	
5EB0185	Body Surface	RLSN	Absent	
5EB0185	Body Surface	SPDF	Absent	
5EB0185	Body Surface	HMRB	Absent	
5EB0185	Body Surface	FDC	Absent	
5EB0185	Body Surface	BFG	Absent	
5EB0185	Body Surface	PRST	Absent	
5EB0185	Head	DFM	Absent	
5EB0185	Mouth	ULR	Absent	
5EB0185	Mouth	LLG	Absent	
5EB0185	Nare	SLN	Absent	
5EB0185	Eye, left	EXPTH	Absent	
5EB0185	Eye, left	OPQ	Absent	
5EB0185	Eye, left	MIS	Absent	
5EB0185	Eye, left	HMR	Absent	
5EB0185	Eye, left	EMB	Absent	
5EB0185	Eye, right	EXPTH	Absent	
5EB0185	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0185	Eye, right	MIS	Absent	
5EB0185	Eye, right	HMR	Absent	
5EB0185	Eye, right	EMB	Absent	
5EB0185	Opercula	SLSH	Absent	
5EB0186	Body Surface	RGR	Absent	
5EB0186	Body Surface	RLSN	Absent	
5EB0186	Body Surface	SPDF	Absent	
5EB0186	Body Surface	HMRB	Absent	
5EB0186	Body Surface	FDC	Absent	
5EB0186	Body Surface	BFG	Absent	
5EB0186	Body Surface	PRST	Absent	
5EB0186	Head	DFM	Absent	
5EB0186	Mouth	ULR	Absent	
5EB0186	Mouth	LLG	Absent	
5EB0186	Nare	SLN	Absent	
5EB0186	Eye, left	EXPTH	Absent	
5EB0186	Eye, left	OPQ	Absent	
5EB0186	Eye, left	MIS	Absent	
5EB0186	Eye, left	HMR	Absent	
5EB0186	Eye, left	EMB	Absent	
5EB0186	Eye, right	EXPTH	Absent	
5EB0186	Eye, right	OPQ	Absent	
5EB0186	Eye, right	MIS	Absent	
5EB0186	Eye, right	HMR	Absent	
5EB0186	Eye, right	EMB	Absent	
5EB0186	Opercula	SLSH	Absent	
5EB0187	Body Surface	RGR	Absent	
5EB0187	Body Surface	RLSN	Absent	
5EB0187	Body Surface	SPDF	Absent	
5EB0187	Body Surface	HMRB	Absent	
5EB0187	Body Surface	FDC	Absent	
5EB0187	Body Surface	BFG	Absent	
5EB0187	Body Surface	PRST	Absent	
5EB0187	Head	DFM	Absent	
5EB0187	Mouth	ULR	Absent	
5EB0187	Mouth	LLG	Absent	
5EB0187	Nare	SLN	Absent	
5EB0187	Eye, left	EXPTH	Absent	
5EB0187	Eye, left	OPQ	Absent	
5EB0187	Eye, left	MIS	Absent	
5EB0187	Eye, left	HMR	Absent	
5EB0187	Eye, left	EMB	Absent	
5EB0187	Eye, right	EXPTH	Absent	
5EB0187	Eye, right	OPQ	Absent	
5EB0187	Eye, right	MIS	Absent	
5EB0187	Eye, right	HMR	Absent	
5EB0187	Eye, right	EMB	Absent	
5EB0187	Opercula	SLSH	Absent	
5EB0188	Body Surface	RGR	Absent	
5EB0188	Body Surface	RLSN	Absent	
5EB0188	Body Surface	SPDF	Absent	
5EB0188	Body Surface	HMRB	Absent	
5EB0188	Body Surface	FDC	Absent	
5EB0188	Body Surface	BFG	Absent	
5EB0188	Body Surface	PRST	Absent	
5EB0188	Head	DFM	Absent	
5EB0188	Mouth	ULR	Absent	
5EB0188	Mouth	LLG	Absent	
5EB0188	Nare	SLN	Absent	
5EB0188	Eye, left	EXPTH	Absent	
5EB0188	Eye, left	OPQ	Absent	
5EB0188	Eye, left	MIS	Absent	
5EB0188	Eye, left	HMR	Absent	
5EB0188	Eye, left	EMB	Absent	
5EB0188	Eye, right	EXPTH	Absent	
5EB0188	Eye, right	OPQ	Absent	
5EB0188	Eye, right	MIS	Absent	
5EB0188	Eye, right	HMR	Absent	
5EB0188	Eye, right	EMB	Absent	
5EB0188	Opercula	SLSH	Absent	
5EB0189	Body Surface	RGR	Absent	
5EB0189	Body Surface	RLSN	Absent	
5EB0189	Body Surface	SPDF	Absent	
5EB0189	Body Surface	HMRB	Absent	
5EB0189	Body Surface	FDC	Absent	
5EB0189	Body Surface	BFG	Absent	
5EB0189	Body Surface	PRST	Absent	
5EB0189	Head	DFM	Absent	
5EB0189	Mouth	ULR	Absent	
5EB0189	Mouth	LLG	Absent	
5EB0189	Nare	SLN	Absent	
5EB0189	Eye, left	EXPTH	Absent	
5EB0189	Eye, left	OPQ	Absent	
5EB0189	Eye, left	MIS	Absent	
5EB0189	Eye, left	HMR	Absent	
5EB0189	Eye, left	EMB	Absent	
5EB0189	Eye, right	EXPTH	Absent	
5EB0189	Eye, right	OPQ	Absent	
5EB0189	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0189	Eye, right	HMR	Absent	
5EB0189	Eye, right	EMB	Absent	
5EB0189	Opercula	SLSH	Absent	
5EB0190	Body Surface	RGR	Absent	
5EB0190	Body Surface	RLSN	Absent	
5EB0190	Body Surface	SPDF	Absent	
5EB0190	Body Surface	HMRB	Absent	
5EB0190	Body Surface	FDC	Absent	
5EB0190	Body Surface	BFG	Absent	
5EB0190	Body Surface	PRST	Absent	
5EB0190	Head	DFM	Absent	
5EB0190	Mouth	ULR	Absent	
5EB0190	Mouth	LLG	Absent	
5EB0190	Nare	SLN	Absent	
5EB0190	Eye, left	EXPTH	Absent	
5EB0190	Eye, left	OPQ	Absent	
5EB0190	Eye, left	MIS	Absent	
5EB0190	Eye, left	HMR	Absent	
5EB0190	Eye, left	EMB	Absent	
5EB0190	Eye, right	EXPTH	Absent	
5EB0190	Eye, right	OPQ	Absent	
5EB0190	Eye, right	MIS	Absent	
5EB0190	Eye, right	HMR	Absent	
5EB0190	Eye, right	EMB	Absent	
5EB0190	Opercula	SLSH	Absent	
5EB0191	Body Surface	RGR	Present	
5EB0191	Body Surface	RLSN	Absent	
5EB0191	Body Surface	SPDF	Absent	
5EB0191	Body Surface	HMRB	Absent	
5EB0191	Body Surface	FDC	Absent	
5EB0191	Body Surface	BFG	Absent	
5EB0191	Body Surface	PRST	Absent	
5EB0191	Head	DFM	Absent	
5EB0191	Mouth	ULR	Absent	
5EB0191	Mouth	LLG	Absent	
5EB0191	Nare	SLN	Absent	
5EB0191	Eye, left	EXPTH	Absent	
5EB0191	Eye, left	OPQ	Absent	
5EB0191	Eye, left	MIS	Absent	
5EB0191	Eye, left	HMR	Absent	
5EB0191	Eye, left	EMB	Absent	
5EB0191	Eye, right	EXPTH	Absent	
5EB0191	Eye, right	OPQ	Absent	
5EB0191	Eye, right	MIS	Absent	
5EB0191	Eye, right	HMR	Absent	
5EB0191	Eye, right	EMB	Absent	
5EB0191	Opercula	SLSH	Absent	
5EB0192	Body Surface	RGR	Absent	
5EB0192	Body Surface	RLSN	Absent	
5EB0192	Body Surface	SPDF	Absent	
5EB0192	Body Surface	HMRB	Absent	
5EB0192	Body Surface	FDC	Absent	
5EB0192	Body Surface	BFG	Absent	
5EB0192	Body Surface	PRST	Absent	
5EB0192	Head	DFM	Absent	
5EB0192	Mouth	ULR	Absent	
5EB0192	Mouth	LLG	Absent	
5EB0192	Nare	SLN	Absent	
5EB0192	Eye, left	EXPTH	Absent	
5EB0192	Eye, left	OPQ	Absent	
5EB0192	Eye, left	MIS	Absent	
5EB0192	Eye, left	HMR	Absent	
5EB0192	Eye, left	EMB	Absent	
5EB0192	Eye, right	EXPTH	Absent	
5EB0192	Eye, right	OPQ	Absent	
5EB0192	Eye, right	MIS	Absent	
5EB0192	Eye, right	HMR	Absent	
5EB0192	Eye, right	EMB	Absent	
5EB0192	Opercula	SLSH	Absent	
5EB0193	Body Surface	RGR	Absent	
5EB0193	Body Surface	RLSN	Absent	
5EB0193	Body Surface	SPDF	Absent	
5EB0193	Body Surface	HMRB	Absent	
5EB0193	Body Surface	FDC	Absent	
5EB0193	Body Surface	BFG	Absent	
5EB0193	Body Surface	PRST	Absent	
5EB0193	Head	DFM	Absent	
5EB0193	Mouth	ULR	Absent	
5EB0193	Mouth	LLG	Absent	
5EB0193	Nare	SLN	Absent	
5EB0193	Eye, left	EXPTH	Absent	
5EB0193	Eye, left	OPQ	Absent	
5EB0193	Eye, left	MIS	Absent	
5EB0193	Eye, left	HMR	Absent	
5EB0193	Eye, left	EMB	Absent	
5EB0193	Eye, right	EXPTH	Absent	
5EB0193	Eye, right	OPQ	Absent	
5EB0193	Eye, right	MIS	Absent	
5EB0193	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0193	Eye, right	EMB	Absent	
5EB0193	Opercula	SLSH	Absent	
5EB0194	Body Surface	RGR	Absent	
5EB0194	Body Surface	RLSN	Absent	
5EB0194	Body Surface	SPDF	Absent	
5EB0194	Body Surface	HMRB	Absent	
5EB0194	Body Surface	FDC	Absent	
5EB0194	Body Surface	BFG	Absent	
5EB0194	Body Surface	PRST	Absent	
5EB0194	Head	DFM	Absent	
5EB0194	Mouth	ULR	Absent	
5EB0194	Mouth	LLG	Absent	
5EB0194	Nare	SLN	Absent	
5EB0194	Eye, left	EXPTH	Absent	
5EB0194	Eye, left	OPQ	Absent	
5EB0194	Eye, left	MIS	Absent	
5EB0194	Eye, left	HMR	Absent	
5EB0194	Eye, left	EMB	Absent	
5EB0194	Eye, right	EXPTH	Absent	
5EB0194	Eye, right	OPQ	Absent	
5EB0194	Eye, right	MIS	Absent	
5EB0194	Eye, right	HMR	Absent	
5EB0194	Eye, right	EMB	Absent	
5EB0194	Opercula	SLSH	Absent	
5EB0195	Body Surface	RGR	Absent	
5EB0195	Body Surface	RLSN	Absent	
5EB0195	Body Surface	SPDF	Absent	
5EB0195	Body Surface	HMRB	Absent	
5EB0195	Body Surface	FDC	Absent	
5EB0195	Body Surface	BFG	Absent	
5EB0195	Body Surface	PRST	Absent	
5EB0195	Head	DFM	Absent	
5EB0195	Mouth	ULR	Absent	
5EB0195	Mouth	LLG	Absent	
5EB0195	Nare	SLN	Absent	
5EB0195	Eye, left	EXPTH	Absent	
5EB0195	Eye, left	OPQ	Absent	
5EB0195	Eye, left	MIS	Absent	
5EB0195	Eye, left	HMR	Absent	
5EB0195	Eye, left	EMB	Absent	
5EB0195	Eye, right	EXPTH	Absent	
5EB0195	Eye, right	OPQ	Absent	
5EB0195	Eye, right	MIS	Absent	
5EB0195	Eye, right	HMR	Absent	
5EB0195	Eye, right	EMB	Absent	
5EB0195	Opercula	SLSH	Absent	
5EB0196	Body Surface	RGR	Absent	
5EB0196	Body Surface	RLSN	Absent	
5EB0196	Body Surface	SPDF	Absent	
5EB0196	Body Surface	HMRB	Absent	
5EB0196	Body Surface	FDC	Absent	
5EB0196	Body Surface	BFG	Absent	
5EB0196	Body Surface	PRST	Absent	
5EB0196	Head	DFM	Absent	
5EB0196	Mouth	ULR	Absent	
5EB0196	Mouth	LLG	Absent	
5EB0196	Nare	SLN	Absent	
5EB0196	Eye, left	EXPTH	Absent	
5EB0196	Eye, left	OPQ	Absent	
5EB0196	Eye, left	MIS	Absent	
5EB0196	Eye, left	HMR	Absent	
5EB0196	Eye, left	EMB	Absent	
5EB0196	Eye, right	EXPTH	Absent	
5EB0196	Eye, right	OPQ	Absent	
5EB0196	Eye, right	MIS	Absent	
5EB0196	Eye, right	HMR	Absent	
5EB0196	Eye, right	EMB	Absent	
5EB0196	Opercula	SLSH	Absent	
5EB0197	Body Surface	RGR	Absent	
5EB0197	Body Surface	RLSN	Absent	
5EB0197	Body Surface	SPDF	Absent	
5EB0197	Body Surface	HMRB	Absent	
5EB0197	Body Surface	FDC	Absent	
5EB0197	Body Surface	BFG	Absent	
5EB0197	Body Surface	PRST	Absent	
5EB0197	Head	DFM	Absent	
5EB0197	Mouth	ULR	Absent	
5EB0197	Mouth	LLG	Absent	
5EB0197	Nare	SLN	Absent	
5EB0197	Eye, left	EXPTH	Absent	
5EB0197	Eye, left	OPQ	Absent	
5EB0197	Eye, left	MIS	Absent	
5EB0197	Eye, left	HMR	Absent	
5EB0197	Eye, left	EMB	Absent	
5EB0197	Eye, right	EXPTH	Absent	
5EB0197	Eye, right	OPQ	Absent	
5EB0197	Eye, right	MIS	Absent	
5EB0197	Eye, right	HMR	Absent	
5EB0197	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0197	Opercula	SLSH	Absent	
5EB0198	Body Surface	RGR	Absent	
5EB0198	Body Surface	RLSN	Absent	
5EB0198	Body Surface	SPDF	Absent	
5EB0198	Body Surface	HMRB	Absent	
5EB0198	Body Surface	FDC	Absent	
5EB0198	Body Surface	BFG	Absent	
5EB0198	Body Surface	PRST	Absent	
5EB0198	Head	DFM	Absent	
5EB0198	Mouth	ULR	Absent	
5EB0198	Mouth	LLG	Absent	
5EB0198	Nare	SLN	Absent	
5EB0198	Eye, left	EXPTH	Absent	
5EB0198	Eye, left	OPQ	Absent	
5EB0198	Eye, left	MIS	Absent	
5EB0198	Eye, left	HMR	Absent	
5EB0198	Eye, left	EMB	Absent	
5EB0198	Eye, right	EXPTH	Absent	
5EB0198	Eye, right	OPQ	Absent	
5EB0198	Eye, right	MIS	Absent	
5EB0198	Eye, right	HMR	Absent	
5EB0198	Eye, right	EMB	Absent	
5EB0198	Opercula	SLSH	Absent	
5ED0001H	Body Surface	RGR	Absent	
5ED0001H	Body Surface	RLSN	Absent	
5ED0001H	Body Surface	SPDF	Absent	
5ED0001H	Body Surface	HMRB	Absent	
5ED0001H	Body Surface	FDC	Absent	
5ED0001H	Body Surface	BFG	Absent	
5ED0001H	Body Surface	PRST	Absent	
5ED0001H	Head	DFM	Absent	
5ED0001H	Mouth	ULR	Absent	
5ED0001H	Mouth	LLG	Absent	
5ED0001H	Nare	SLN	Absent	
5ED0001H	Eye, left	EXPTH	Absent	
5ED0001H	Eye, left	OPQ	Absent	
5ED0001H	Eye, left	MIS	Absent	
5ED0001H	Eye, left	HMR	Absent	
5ED0001H	Eye, left	EMB	Absent	
5ED0001H	Eye, right	EXPTH	Absent	
5ED0001H	Eye, right	OPQ	Absent	
5ED0001H	Eye, right	MIS	Absent	
5ED0001H	Eye, right	HMR	Absent	
5ED0001H	Eye, right	EMB	Absent	
5ED0001H	Opercula	SLSH	Absent	
5ED0002W	Body Surface	RGR	Absent	
5ED0002W	Body Surface	RLSN	Absent	
5ED0002W	Body Surface	SPDF	Absent	
5ED0002W	Body Surface	HMRB	Absent	
5ED0002W	Body Surface	FDC	Absent	
5ED0002W	Body Surface	BFG	Absent	
5ED0002W	Body Surface	PRST	Present	
5ED0002W	Head	DFM	Absent	
5ED0002W	Mouth	ULR	Absent	
5ED0002W	Mouth	LLG	Absent	
5ED0002W	Nare	SLN	Absent	
5ED0002W	Eye, left	EXPTH	Absent	
5ED0002W	Eye, left	OPQ	Absent	
5ED0002W	Eye, left	MIS	Absent	
5ED0002W	Eye, left	HMR	Absent	
5ED0002W	Eye, left	EMB	Absent	
5ED0002W	Eye, right	EXPTH	Absent	
5ED0002W	Eye, right	OPQ	Absent	
5ED0002W	Eye, right	MIS	Absent	
5ED0002W	Eye, right	HMR	Absent	
5ED0002W	Eye, right	EMB	Absent	
5ED0002W	Opercula	SLSH	Absent	
5ED0003H	Body Surface	RGR	Absent	
5ED0003H	Body Surface	RLSN	Absent	
5ED0003H	Body Surface	SPDF	Absent	
5ED0003H	Body Surface	HMRB	Absent	
5ED0003H	Body Surface	FDC	Absent	
5ED0003H	Body Surface	BFG	Absent	
5ED0003H	Body Surface	PRST	Absent	
5ED0003H	Head	OTHER	Present	Damage from gill net
5ED0003H	Head	DFM	Absent	
5ED0003H	Mouth	ULR	Absent	
5ED0003H	Mouth	LLG	Absent	
5ED0003H	Nare	SLN	Absent	
5ED0003H	Eye, left	EXPTH	Absent	
5ED0003H	Eye, left	OPQ	Absent	
5ED0003H	Eye, left	MIS	Absent	
5ED0003H	Eye, left	HMR	Absent	
5ED0003H	Eye, left	EMB	Absent	
5ED0003H	Eye, right	EXPTH	Absent	
5ED0003H	Eye, right	OPQ	Absent	
5ED0003H	Eye, right	MIS	Absent	
5ED0003H	Eye, right	HMR	Absent	
5ED0003H	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0003H	Opercula	SLSH	Present	
5ED0004H	Body Surface	RGR	Absent	
5ED0004H	Body Surface	RLSN	Absent	
5ED0004H	Body Surface	SPDF	Absent	
5ED0004H	Body Surface	HMRB	Absent	
5ED0004H	Body Surface	FDC	Absent	
5ED0004H	Body Surface	BFG	Absent	
5ED0004H	Body Surface	PRST	Absent	
5ED0004H	Head	DFM	Absent	
5ED0004H	Mouth	ULR	Absent	
5ED0004H	Mouth	LLG	Absent	
5ED0004H	Nare	SLN	Absent	
5ED0004H	Eye, left	EXPTH	Absent	
5ED0004H	Eye, left	OPQ	Absent	
5ED0004H	Eye, left	MIS	Absent	
5ED0004H	Eye, left	HMR	Absent	
5ED0004H	Eye, left	EMB	Absent	
5ED0004H	Eye, right	EXPTH	Absent	
5ED0004H	Eye, right	OPQ	Absent	
5ED0004H	Eye, right	MIS	Absent	
5ED0004H	Eye, right	HMR	Absent	
5ED0004H	Eye, right	EMB	Absent	
5ED0004H	Opercula	SLSH	Absent	
5ED0005H	Body Surface	RGR	Absent	
5ED0005H	Body Surface	RLSN	Absent	
5ED0005H	Body Surface	SPDF	Absent	
5ED0005H	Body Surface	HMRB	Absent	
5ED0005H	Body Surface	FDC	Absent	
5ED0005H	Body Surface	BFG	Absent	
5ED0005H	Body Surface	PRST	Absent	
5ED0005H	Head	DFM	Absent	
5ED0005H	Mouth	ULR	Absent	
5ED0005H	Mouth	LLG	Absent	
5ED0005H	Nare	SLN	Absent	
5ED0005H	Eye, left	EXPTH	Absent	
5ED0005H	Eye, left	OPQ	Absent	
5ED0005H	Eye, left	MIS	Absent	
5ED0005H	Eye, left	HMR	Absent	
5ED0005H	Eye, left	EMB	Absent	
5ED0005H	Eye, right	EXPTH	Absent	
5ED0005H	Eye, right	OPQ	Absent	
5ED0005H	Eye, right	MIS	Absent	
5ED0005H	Eye, right	HMR	Absent	
5ED0005H	Eye, right	EMB	Absent	
5ED0005H	Opercula	SLSH	Present	
5ED0007W	Body Surface	RGR	Absent	
5ED0007W	Body Surface	RLSN	Absent	
5ED0007W	Body Surface	SPDF	Absent	
5ED0007W	Body Surface	HMRB	Absent	
5ED0007W	Body Surface	FDC	Absent	
5ED0007W	Body Surface	BFG	Absent	
5ED0007W	Body Surface	PRST	Present	
5ED0007W	Body Surface	OTHER	Present	Abrasion on right side
5ED0007W	Head	DFM	Absent	
5ED0007W	Mouth	ULR	Absent	
5ED0007W	Mouth	LLG	Absent	
5ED0007W	Nare	SLN	Absent	
5ED0007W	Eye, left	EXPTH	Absent	
5ED0007W	Eye, left	OPQ	Absent	
5ED0007W	Eye, left	MIS	Absent	
5ED0007W	Eye, left	HMR	Absent	
5ED0007W	Eye, left	EMB	Absent	
5ED0007W	Eye, right	EXPTH	Absent	
5ED0007W	Eye, right	OPQ	Absent	
5ED0007W	Eye, right	MIS	Absent	
5ED0007W	Eye, right	HMR	Absent	
5ED0007W	Eye, right	EMB	Absent	
5ED0007W	Opercula	SLSH	Absent	
5ED0008H	Body Surface	RGR	Absent	
5ED0008H	Body Surface	RLSN	Absent	
5ED0008H	Body Surface	SPDF	Absent	
5ED0008H	Body Surface	HMRB	Absent	
5ED0008H	Body Surface	FDC	Absent	
5ED0008H	Body Surface	BFG	Absent	
5ED0008H	Body Surface	PRST	Absent	
5ED0008H	Head	DFM	Absent	
5ED0008H	Mouth	ULR	Absent	
5ED0008H	Mouth	LLG	Absent	
5ED0008H	Nare	SLN	Absent	
5ED0008H	Eye, left	EXPTH	Absent	
5ED0008H	Eye, left	OPQ	Absent	
5ED0008H	Eye, left	MIS	Absent	
5ED0008H	Eye, left	HMR	Absent	
5ED0008H	Eye, left	EMB	Absent	
5ED0008H	Eye, right	EXPTH	Absent	
5ED0008H	Eye, right	OPQ	Absent	
5ED0008H	Eye, right	MIS	Absent	
5ED0008H	Eye, right	HMR	Absent	
5ED0008H	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0008H	Opercula	SLSH	Absent	
5ED0009H	Body Surface	RGR	Absent	
5ED0009H	Body Surface	RLSN	Absent	
5ED0009H	Body Surface	SPDF	Absent	
5ED0009H	Body Surface	HMRB	Absent	
5ED0009H	Body Surface	FDC	Absent	
5ED0009H	Body Surface	BFG	Absent	
5ED0009H	Body Surface	PRST	Absent	
5ED0009H	Head	DFM	Absent	
5ED0009H	Mouth	ULR	Absent	
5ED0009H	Mouth	LLG	Absent	
5ED0009H	Nare	SLN	Absent	
5ED0009H	Eye, left	EXPTH	Absent	
5ED0009H	Eye, left	OPQ	Absent	
5ED0009H	Eye, left	MIS	Absent	
5ED0009H	Eye, left	HMR	Absent	
5ED0009H	Eye, left	EMB	Absent	
5ED0009H	Eye, right	EXPTH	Absent	
5ED0009H	Eye, right	OPQ	Absent	
5ED0009H	Eye, right	MIS	Absent	
5ED0009H	Eye, right	HMR	Absent	
5ED0009H	Eye, right	EMB	Absent	
5ED0009H	Opercula	SLSH	Absent	
5ED0010H	Body Surface	RGR	Absent	
5ED0010H	Body Surface	RLSN	Absent	
5ED0010H	Body Surface	SPDF	Absent	
5ED0010H	Body Surface	HMRB	Absent	
5ED0010H	Body Surface	FDC	Absent	
5ED0010H	Body Surface	BFG	Absent	
5ED0010H	Body Surface	PRST	Absent	
5ED0010H	Head	DFM	Absent	
5ED0010H	Mouth	ULR	Absent	
5ED0010H	Mouth	LLG	Absent	
5ED0010H	Nare	SLN	Absent	
5ED0010H	Eye, left	EXPTH	Absent	
5ED0010H	Eye, left	OPQ	Absent	
5ED0010H	Eye, left	MIS	Absent	
5ED0010H	Eye, left	HMR	Absent	
5ED0010H	Eye, left	EMB	Absent	
5ED0010H	Eye, right	EXPTH	Absent	
5ED0010H	Eye, right	OPQ	Absent	
5ED0010H	Eye, right	MIS	Absent	
5ED0010H	Eye, right	HMR	Absent	
5ED0010H	Eye, right	EMB	Absent	
5ED0010H	Opercula	SLSH	Absent	
5ED0011H	Body Surface	RGR	Absent	
5ED0011H	Body Surface	RLSN	Absent	
5ED0011H	Body Surface	SPDF	Absent	
5ED0011H	Body Surface	HMRB	Absent	
5ED0011H	Body Surface	FDC	Absent	
5ED0011H	Body Surface	BFG	Absent	
5ED0011H	Body Surface	PRST	Absent	
5ED0011H	Body Surface	OTHER	Present	Scar on left side
5ED0011H	Head	DFM	Absent	
5ED0011H	Mouth	ULR	Absent	
5ED0011H	Mouth	LLG	Absent	
5ED0011H	Nare	SLN	Absent	
5ED0011H	Eye, left	EXPTH	Absent	
5ED0011H	Eye, left	OPQ	Absent	
5ED0011H	Eye, left	MIS	Absent	
5ED0011H	Eye, left	HMR	Absent	
5ED0011H	Eye, left	EMB	Absent	
5ED0011H	Eye, right	EXPTH	Absent	
5ED0011H	Eye, right	OPQ	Absent	
5ED0011H	Eye, right	MIS	Absent	
5ED0011H	Eye, right	HMR	Absent	
5ED0011H	Eye, right	EMB	Absent	
5ED0011H	Opercula	SLSH	Absent	
5ED0012H	Body Surface	RGR	Absent	
5ED0012H	Body Surface	RLSN	Absent	
5ED0012H	Body Surface	SPDF	Absent	
5ED0012H	Body Surface	HMRB	Absent	
5ED0012H	Body Surface	FDC	Absent	
5ED0012H	Body Surface	BFG	Absent	
5ED0012H	Body Surface	PRST	Absent	
5ED0012H	Head	DFM	Absent	
5ED0012H	Mouth	ULR	Absent	
5ED0012H	Mouth	LLG	Absent	
5ED0012H	Nare	SLN	Absent	
5ED0012H	Eye, left	EXPTH	Absent	
5ED0012H	Eye, left	OPQ	Absent	
5ED0012H	Eye, left	MIS	Absent	
5ED0012H	Eye, left	HMR	Absent	
5ED0012H	Eye, left	EMB	Absent	
5ED0012H	Eye, right	EXPTH	Absent	
5ED0012H	Eye, right	OPQ	Absent	
5ED0012H	Eye, right	MIS	Absent	
5ED0012H	Eye, right	HMR	Absent	
5ED0012H	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0012H	Opercula	SLSH	Absent	
5ED0013H	Body Surface	RGR	Absent	
5ED0013H	Body Surface	RLSN	Absent	
5ED0013H	Body Surface	SPDF	Absent	
5ED0013H	Body Surface	HMRB	Absent	
5ED0013H	Body Surface	FDC	Absent	
5ED0013H	Body Surface	BFG	Absent	
5ED0013H	Body Surface	PRST	Absent	
5ED0013H	Head	DFM	Absent	
5ED0013H	Mouth	ULR	Absent	
5ED0013H	Mouth	LLG	Absent	
5ED0013H	Nare	SLN	Absent	
5ED0013H	Eye, left	EXPTH	Absent	
5ED0013H	Eye, left	OPQ	Absent	
5ED0013H	Eye, left	MIS	Absent	
5ED0013H	Eye, left	HMR	Absent	
5ED0013H	Eye, left	EMB	Absent	
5ED0013H	Eye, right	EXPTH	Absent	
5ED0013H	Eye, right	OPQ	Absent	
5ED0013H	Eye, right	MIS	Absent	
5ED0013H	Eye, right	HMR	Absent	
5ED0013H	Eye, right	EMB	Absent	
5ED0013H	Opercula	SLSH	Absent	
5ED0014	Body Surface	RGR	Absent	
5ED0014	Body Surface	RLSN	Absent	
5ED0014	Body Surface	SPDF	Absent	
5ED0014	Body Surface	HMRB	Absent	
5ED0014	Body Surface	FDC	Absent	
5ED0014	Body Surface	BFG	Absent	
5ED0014	Body Surface	PRST	Absent	
5ED0014	Head	DFM	Absent	
5ED0014	Mouth	ULR	Absent	
5ED0014	Mouth	LLG	Absent	
5ED0014	Nare	SLN	Absent	
5ED0014	Eye, left	EXPTH	Absent	
5ED0014	Eye, left	OPQ	Absent	
5ED0014	Eye, left	MIS	Absent	
5ED0014	Eye, left	HMR	Absent	
5ED0014	Eye, left	EMB	Absent	
5ED0014	Eye, right	EXPTH	Absent	
5ED0014	Eye, right	OPQ	Absent	
5ED0014	Eye, right	MIS	Absent	
5ED0014	Eye, right	HMR	Absent	
5ED0014	Eye, right	EMB	Absent	
5ED0014	Opercula	SLSH	Absent	
5ED0015	Body Surface	RGR	Absent	
5ED0015	Body Surface	RLSN	Absent	
5ED0015	Body Surface	SPDF	Absent	
5ED0015	Body Surface	HMRB	Absent	
5ED0015	Body Surface	FDC	Absent	
5ED0015	Body Surface	BFG	Absent	
5ED0015	Body Surface	PRST	Absent	
5ED0015	Head	DFM	Absent	
5ED0015	Mouth	ULR	Absent	
5ED0015	Mouth	LLG	Absent	
5ED0015	Nare	SLN	Absent	
5ED0015	Eye, left	EXPTH	Absent	
5ED0015	Eye, left	OPQ	Absent	
5ED0015	Eye, left	MIS	Absent	
5ED0015	Eye, left	HMR	Absent	
5ED0015	Eye, left	EMB	Absent	
5ED0015	Eye, right	EXPTH	Absent	
5ED0015	Eye, right	OPQ	Absent	
5ED0015	Eye, right	MIS	Absent	
5ED0015	Eye, right	HMR	Absent	
5ED0015	Eye, right	EMB	Absent	
5ED0015	Opercula	SLSH	Absent	
5ED0016	Body Surface	RGR	Absent	
5ED0016	Body Surface	RLSN	Absent	
5ED0016	Body Surface	SPDF	Absent	
5ED0016	Body Surface	HMRB	Absent	
5ED0016	Body Surface	FDC	Absent	
5ED0016	Body Surface	BFG	Absent	
5ED0016	Body Surface	PRST	Absent	
5ED0016	Head	DFM	Absent	
5ED0016	Mouth	ULR	Absent	
5ED0016	Mouth	LLG	Absent	
5ED0016	Nare	SLN	Absent	
5ED0016	Eye, left	EXPTH	Absent	
5ED0016	Eye, left	OPQ	Absent	
5ED0016	Eye, left	MIS	Absent	
5ED0016	Eye, left	HMR	Absent	
5ED0016	Eye, left	EMB	Absent	
5ED0016	Eye, right	EXPTH	Absent	
5ED0016	Eye, right	OPQ	Absent	
5ED0016	Eye, right	MIS	Absent	
5ED0016	Eye, right	HMR	Absent	
5ED0016	Eye, right	EMB	Absent	
5ED0016	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0017	Body Surface	RGR	Absent	
5ED0017	Body Surface	RLSN	Absent	
5ED0017	Body Surface	SPDF	Absent	
5ED0017	Body Surface	HMRB	Absent	
5ED0017	Body Surface	FDC	Absent	
5ED0017	Body Surface	BFG	Absent	
5ED0017	Body Surface	PRST	Absent	
5ED0017	Head	DFM	Absent	
5ED0017	Mouth	ULR	Absent	
5ED0017	Mouth	LLG	Absent	
5ED0017	Nare	SLN	Absent	
5ED0017	Eye, left	EXPTH	Absent	
5ED0017	Eye, left	OPQ	Absent	
5ED0017	Eye, left	MIS	Absent	
5ED0017	Eye, left	HMR	Absent	
5ED0017	Eye, left	EMB	Absent	
5ED0017	Eye, right	EXPTH	Absent	
5ED0017	Eye, right	OPQ	Absent	
5ED0017	Eye, right	MIS	Absent	
5ED0017	Eye, right	HMR	Absent	
5ED0017	Eye, right	EMB	Absent	
5ED0017	Opercula	SLSH	Absent	
5ED0018	Body Surface	RGR	Absent	
5ED0018	Body Surface	RLSN	Absent	
5ED0018	Body Surface	SPDF	Absent	
5ED0018	Body Surface	HMRB	Absent	
5ED0018	Body Surface	FDC	Absent	
5ED0018	Body Surface	BFG	Absent	
5ED0018	Body Surface	PRST	Absent	
5ED0018	Head	DFM	Absent	
5ED0018	Mouth	ULR	Absent	
5ED0018	Mouth	LLG	Absent	
5ED0018	Nare	SLN	Absent	
5ED0018	Eye, left	EXPTH	Absent	
5ED0018	Eye, left	OPQ	Absent	
5ED0018	Eye, left	MIS	Absent	
5ED0018	Eye, left	HMR	Absent	
5ED0018	Eye, left	EMB	Absent	
5ED0018	Eye, right	EXPTH	Absent	
5ED0018	Eye, right	OPQ	Absent	
5ED0018	Eye, right	MIS	Absent	
5ED0018	Eye, right	HMR	Absent	
5ED0018	Eye, right	EMB	Absent	
5ED0018	Opercula	SLSH	Absent	
5ED0019	Body Surface	RGR	Absent	
5ED0019	Body Surface	RLSN	Absent	
5ED0019	Body Surface	SPDF	Absent	
5ED0019	Body Surface	HMRB	Absent	
5ED0019	Body Surface	FDC	Absent	
5ED0019	Body Surface	BFG	Absent	
5ED0019	Body Surface	PRST	Absent	
5ED0019	Head	DFM	Absent	
5ED0019	Mouth	ULR	Absent	
5ED0019	Mouth	LLG	Absent	
5ED0019	Nare	SLN	Absent	
5ED0019	Eye, left	EXPTH	Absent	
5ED0019	Eye, left	OPQ	Absent	
5ED0019	Eye, left	MIS	Absent	
5ED0019	Eye, left	HMR	Absent	
5ED0019	Eye, left	EMB	Absent	
5ED0019	Eye, right	EXPTH	Absent	
5ED0019	Eye, right	OPQ	Absent	
5ED0019	Eye, right	MIS	Absent	
5ED0019	Eye, right	HMR	Absent	
5ED0019	Eye, right	EMB	Absent	
5ED0019	Opercula	SLSH	Absent	
5ED0020	Body Surface	RGR	Absent	
5ED0020	Body Surface	RLSN	Absent	
5ED0020	Body Surface	SPDF	Absent	
5ED0020	Body Surface	HMRB	Absent	
5ED0020	Body Surface	FDC	Absent	
5ED0020	Body Surface	BFG	Absent	
5ED0020	Body Surface	PRST	Absent	
5ED0020	Head	DFM	Absent	
5ED0020	Mouth	ULR	Absent	
5ED0020	Mouth	LLG	Absent	
5ED0020	Nare	SLN	Absent	
5ED0020	Eye, left	EXPTH	Absent	
5ED0020	Eye, left	OPQ	Absent	
5ED0020	Eye, left	MIS	Absent	
5ED0020	Eye, left	HMR	Absent	
5ED0020	Eye, left	EMB	Absent	
5ED0020	Eye, right	EXPTH	Absent	
5ED0020	Eye, right	OPQ	Absent	
5ED0020	Eye, right	MIS	Absent	
5ED0020	Eye, right	HMR	Absent	
5ED0020	Eye, right	EMB	Absent	
5ED0020	Opercula	SLSH	Absent	
5ED0021	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0021	Body Surface	RLSN	Absent	
5ED0021	Body Surface	SPDF	Absent	
5ED0021	Body Surface	HMRB	Absent	
5ED0021	Body Surface	FDC	Absent	
5ED0021	Body Surface	BFG	Absent	
5ED0021	Body Surface	PRST	Absent	
5ED0021	Head	DFM	Absent	
5ED0021	Mouth	ULR	Absent	
5ED0021	Mouth	LLG	Absent	
5ED0021	Nare	SLN	Absent	
5ED0021	Eye, left	EXPTH	Absent	
5ED0021	Eye, left	OPQ	Absent	
5ED0021	Eye, left	MIS	Absent	
5ED0021	Eye, left	HMR	Absent	
5ED0021	Eye, left	EMB	Absent	
5ED0021	Eye, right	EXPTH	Absent	
5ED0021	Eye, right	OPQ	Absent	
5ED0021	Eye, right	MIS	Absent	
5ED0021	Eye, right	HMR	Absent	
5ED0021	Eye, right	EMB	Absent	
5ED0021	Opercula	SLSH	Absent	
5ED0022	Body Surface	RGR	Absent	
5ED0022	Body Surface	RLSN	Absent	
5ED0022	Body Surface	SPDF	Absent	
5ED0022	Body Surface	HMRB	Absent	
5ED0022	Body Surface	FDC	Absent	
5ED0022	Body Surface	BFG	Absent	
5ED0022	Body Surface	PRST	Absent	
5ED0022	Head	DFM	Absent	
5ED0022	Mouth	ULR	Absent	
5ED0022	Mouth	LLG	Absent	
5ED0022	Nare	SLN	Absent	
5ED0022	Eye, left	EXPTH	Absent	
5ED0022	Eye, left	OPQ	Absent	
5ED0022	Eye, left	MIS	Absent	
5ED0022	Eye, left	HMR	Absent	
5ED0022	Eye, left	EMB	Absent	
5ED0022	Eye, right	EXPTH	Absent	
5ED0022	Eye, right	OPQ	Absent	
5ED0022	Eye, right	MIS	Absent	
5ED0022	Eye, right	HMR	Absent	
5ED0022	Eye, right	EMB	Absent	
5ED0022	Opercula	SLSH	Absent	
5ED0023	Body Surface	RGR	Absent	
5ED0023	Body Surface	RLSN	Absent	
5ED0023	Body Surface	SPDF	Absent	
5ED0023	Body Surface	HMRB	Absent	
5ED0023	Body Surface	FDC	Absent	
5ED0023	Body Surface	BFG	Absent	
5ED0023	Body Surface	PRST	Absent	
5ED0023	Head	DFM	Absent	
5ED0023	Mouth	ULR	Absent	
5ED0023	Mouth	LLG	Absent	
5ED0023	Nare	SLN	Absent	
5ED0023	Eye, left	EXPTH	Absent	
5ED0023	Eye, left	OPQ	Absent	
5ED0023	Eye, left	MIS	Absent	
5ED0023	Eye, left	HMR	Absent	
5ED0023	Eye, left	EMB	Absent	
5ED0023	Eye, right	EXPTH	Absent	
5ED0023	Eye, right	OPQ	Absent	
5ED0023	Eye, right	MIS	Absent	
5ED0023	Eye, right	HMR	Absent	
5ED0023	Eye, right	EMB	Absent	
5ED0023	Opercula	SLSH	Absent	
5ED0024	Body Surface	RGR	Absent	
5ED0024	Body Surface	RLSN	Absent	
5ED0024	Body Surface	SPDF	Absent	
5ED0024	Body Surface	HMRB	Absent	
5ED0024	Body Surface	FDC	Absent	
5ED0024	Body Surface	BFG	Absent	
5ED0024	Body Surface	PRST	Absent	
5ED0024	Head	DFM	Absent	
5ED0024	Mouth	ULR	Absent	
5ED0024	Mouth	LLG	Absent	
5ED0024	Nare	SLN	Absent	
5ED0024	Eye, left	EXPTH	Absent	
5ED0024	Eye, left	OPQ	Absent	
5ED0024	Eye, left	MIS	Absent	
5ED0024	Eye, left	HMR	Absent	
5ED0024	Eye, left	EMB	Absent	
5ED0024	Eye, right	EXPTH	Absent	
5ED0024	Eye, right	OPQ	Absent	
5ED0024	Eye, right	MIS	Absent	
5ED0024	Eye, right	HMR	Absent	
5ED0024	Eye, right	EMB	Absent	
5ED0024	Opercula	SLSH	Absent	
5ED0025	Body Surface	RGR	Absent	
5ED0025	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0025	Body Surface	SPDF	Absent	
5ED0025	Body Surface	HMRB	Absent	
5ED0025	Body Surface	FDC	Absent	
5ED0025	Body Surface	BFG	Absent	
5ED0025	Body Surface	PRST	Absent	
5ED0025	Head	DFM	Absent	
5ED0025	Mouth	ULR	Absent	
5ED0025	Mouth	LLG	Absent	
5ED0025	Nare	SLN	Absent	
5ED0025	Eye, left	EXPTH	Absent	
5ED0025	Eye, left	OPQ	Absent	
5ED0025	Eye, left	MIS	Absent	
5ED0025	Eye, left	HMR	Absent	
5ED0025	Eye, left	EMB	Absent	
5ED0025	Eye, right	EXPTH	Absent	
5ED0025	Eye, right	OPQ	Absent	
5ED0025	Eye, right	MIS	Absent	
5ED0025	Eye, right	HMR	Absent	
5ED0025	Eye, right	EMB	Absent	
5ED0025	Opercula	SLSH	Absent	
5ED0026	Body Surface	RGR	Absent	
5ED0026	Body Surface	RLSN	Absent	
5ED0026	Body Surface	SPDF	Absent	
5ED0026	Body Surface	HMRB	Absent	
5ED0026	Body Surface	FDC	Absent	
5ED0026	Body Surface	BFG	Absent	
5ED0026	Body Surface	PRST	Absent	
5ED0026	Head	DFM	Absent	
5ED0026	Mouth	ULR	Absent	
5ED0026	Mouth	LLG	Absent	
5ED0026	Nare	SLN	Absent	
5ED0026	Eye, left	EXPTH	Absent	
5ED0026	Eye, left	OPQ	Absent	
5ED0026	Eye, left	MIS	Absent	
5ED0026	Eye, left	HMR	Absent	
5ED0026	Eye, left	EMB	Absent	
5ED0026	Eye, right	EXPTH	Absent	
5ED0026	Eye, right	OPQ	Absent	
5ED0026	Eye, right	MIS	Absent	
5ED0026	Eye, right	HMR	Absent	
5ED0026	Eye, right	EMB	Absent	
5ED0026	Opercula	SLSH	Absent	
5ED0027	Body Surface	RGR	Absent	
5ED0027	Body Surface	RLSN	Absent	
5ED0027	Body Surface	SPDF	Absent	
5ED0027	Body Surface	HMRB	Absent	
5ED0027	Body Surface	FDC	Absent	
5ED0027	Body Surface	BFG	Absent	
5ED0027	Body Surface	PRST	Absent	
5ED0027	Head	DFM	Absent	
5ED0027	Mouth	ULR	Absent	
5ED0027	Mouth	LLG	Absent	
5ED0027	Nare	SLN	Absent	
5ED0027	Eye, left	EXPTH	Absent	
5ED0027	Eye, left	OPQ	Absent	
5ED0027	Eye, left	MIS	Absent	
5ED0027	Eye, left	HMR	Absent	
5ED0027	Eye, left	EMB	Absent	
5ED0027	Eye, right	EXPTH	Absent	
5ED0027	Eye, right	OPQ	Absent	
5ED0027	Eye, right	MIS	Absent	
5ED0027	Eye, right	HMR	Absent	
5ED0027	Eye, right	EMB	Absent	
5ED0027	Opercula	SLSH	Absent	
5ED0028	Body Surface	RGR	Absent	
5ED0028	Body Surface	RLSN	Absent	
5ED0028	Body Surface	SPDF	Absent	
5ED0028	Body Surface	HMRB	Absent	
5ED0028	Body Surface	FDC	Absent	
5ED0028	Body Surface	BFG	Absent	
5ED0028	Body Surface	PRST	Absent	
5ED0028	Head	DFM	Absent	
5ED0028	Mouth	ULR	Absent	
5ED0028	Mouth	LLG	Absent	
5ED0028	Nare	SLN	Absent	
5ED0028	Eye, left	EXPTH	Absent	
5ED0028	Eye, left	OPQ	Absent	
5ED0028	Eye, left	MIS	Absent	
5ED0028	Eye, left	HMR	Absent	
5ED0028	Eye, left	EMB	Absent	
5ED0028	Eye, right	EXPTH	Absent	
5ED0028	Eye, right	OPQ	Absent	
5ED0028	Eye, right	MIS	Absent	
5ED0028	Eye, right	HMR	Absent	
5ED0028	Eye, right	EMB	Absent	
5ED0028	Opercula	SLSH	Absent	
5ED0029	Body Surface	RGR	Absent	
5ED0029	Body Surface	RLSN	Absent	
5ED0029	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0029	Body Surface	HMRB	Absent	
5ED0029	Body Surface	FDC	Absent	
5ED0029	Body Surface	BFG	Absent	
5ED0029	Body Surface	PRST	Absent	
5ED0029	Head	DFM	Absent	
5ED0029	Mouth	ULR	Absent	
5ED0029	Mouth	LLG	Absent	
5ED0029	Nare	SLN	Absent	
5ED0029	Eye, left	EXPTH	Absent	
5ED0029	Eye, left	OPQ	Absent	
5ED0029	Eye, left	MIS	Absent	
5ED0029	Eye, left	HMR	Absent	
5ED0029	Eye, left	EMB	Absent	
5ED0029	Eye, right	EXPTH	Absent	
5ED0029	Eye, right	OPQ	Absent	
5ED0029	Eye, right	MIS	Absent	
5ED0029	Eye, right	HMR	Absent	
5ED0029	Eye, right	EMB	Absent	
5ED0029	Opercula	SLSH	Absent	
5ED0030	Body Surface	RGR	Absent	
5ED0030	Body Surface	RLSN	Absent	
5ED0030	Body Surface	SPDF	Absent	
5ED0030	Body Surface	HMRB	Absent	
5ED0030	Body Surface	FDC	Absent	
5ED0030	Body Surface	BFG	Absent	
5ED0030	Body Surface	PRST	Absent	
5ED0030	Head	DFM	Absent	
5ED0030	Mouth	ULR	Absent	
5ED0030	Mouth	LLG	Absent	
5ED0030	Nare	SLN	Absent	
5ED0030	Eye, left	EXPTH	Absent	
5ED0030	Eye, left	OPQ	Absent	
5ED0030	Eye, left	MIS	Absent	
5ED0030	Eye, left	HMR	Absent	
5ED0030	Eye, left	EMB	Absent	
5ED0030	Eye, right	EXPTH	Absent	
5ED0030	Eye, right	OPQ	Absent	
5ED0030	Eye, right	MIS	Absent	
5ED0030	Eye, right	HMR	Absent	
5ED0030	Eye, right	EMB	Absent	
5ED0030	Opercula	SLSH	Absent	
5ED0031	Body Surface	RGR	Absent	
5ED0031	Body Surface	RLSN	Absent	
5ED0031	Body Surface	SPDF	Absent	
5ED0031	Body Surface	HMRB	Absent	
5ED0031	Body Surface	FDC	Absent	
5ED0031	Body Surface	BFG	Absent	
5ED0031	Body Surface	PRST	Absent	
5ED0031	Head	DFM	Absent	
5ED0031	Mouth	ULR	Absent	
5ED0031	Mouth	LLG	Absent	
5ED0031	Nare	SLN	Absent	
5ED0031	Eye, left	EXPTH	Absent	
5ED0031	Eye, left	OPQ	Absent	
5ED0031	Eye, left	MIS	Absent	
5ED0031	Eye, left	HMR	Absent	
5ED0031	Eye, left	EMB	Absent	
5ED0031	Eye, right	EXPTH	Absent	
5ED0031	Eye, right	OPQ	Absent	
5ED0031	Eye, right	MIS	Absent	
5ED0031	Eye, right	HMR	Absent	
5ED0031	Eye, right	EMB	Absent	
5ED0031	Opercula	SLSH	Absent	
5ED0032	Body Surface	RGR	Absent	
5ED0032	Body Surface	RLSN	Absent	
5ED0032	Body Surface	SPDF	Absent	
5ED0032	Body Surface	HMRB	Absent	
5ED0032	Body Surface	FDC	Absent	
5ED0032	Body Surface	BFG	Absent	
5ED0032	Body Surface	PRST	Absent	
5ED0032	Head	DFM	Absent	
5ED0032	Mouth	ULR	Absent	
5ED0032	Mouth	LLG	Absent	
5ED0032	Nare	SLN	Absent	
5ED0032	Eye, left	EXPTH	Absent	
5ED0032	Eye, left	OPQ	Absent	
5ED0032	Eye, left	MIS	Absent	
5ED0032	Eye, left	HMR	Absent	
5ED0032	Eye, left	EMB	Absent	
5ED0032	Eye, right	EXPTH	Absent	
5ED0032	Eye, right	OPQ	Absent	
5ED0032	Eye, right	MIS	Absent	
5ED0032	Eye, right	HMR	Absent	
5ED0032	Eye, right	EMB	Absent	
5ED0032	Opercula	SLSH	Absent	
5ED0033	Body Surface	RGR	Absent	
5ED0033	Body Surface	RLSN	Absent	
5ED0033	Body Surface	SPDF	Absent	
5ED0033	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0033	Body Surface	FDC	Absent	
5ED0033	Body Surface	BFG	Absent	
5ED0033	Body Surface	PRST	Absent	
5ED0033	Head	DFM	Absent	
5ED0033	Mouth	ULR	Absent	
5ED0033	Mouth	LLG	Absent	
5ED0033	Nare	SLN	Absent	
5ED0033	Eye, left	EXPTH	Absent	
5ED0033	Eye, left	OPQ	Absent	
5ED0033	Eye, left	MIS	Absent	
5ED0033	Eye, left	HMR	Absent	
5ED0033	Eye, left	EMB	Absent	
5ED0033	Eye, right	EXPTH	Absent	
5ED0033	Eye, right	OPQ	Absent	
5ED0033	Eye, right	MIS	Absent	
5ED0033	Eye, right	HMR	Absent	
5ED0033	Eye, right	EMB	Absent	
5ED0033	Opercula	SLSH	Present	
5ED0034	Body Surface	RGR	Absent	
5ED0034	Body Surface	RLSN	Absent	
5ED0034	Body Surface	SPDF	Absent	
5ED0034	Body Surface	HMRB	Absent	
5ED0034	Body Surface	FDC	Absent	
5ED0034	Body Surface	BFG	Absent	
5ED0034	Body Surface	PRST	Absent	
5ED0034	Head	DFM	Absent	
5ED0034	Mouth	ULR	Absent	
5ED0034	Mouth	LLG	Absent	
5ED0034	Nare	SLN	Absent	
5ED0034	Eye, left	EXPTH	Absent	
5ED0034	Eye, left	OPQ	Absent	
5ED0034	Eye, left	MIS	Absent	
5ED0034	Eye, left	HMR	Absent	
5ED0034	Eye, left	EMB	Absent	
5ED0034	Eye, right	EXPTH	Absent	
5ED0034	Eye, right	OPQ	Absent	
5ED0034	Eye, right	MIS	Absent	
5ED0034	Eye, right	HMR	Absent	
5ED0034	Eye, right	EMB	Absent	
5ED0034	Opercula	SLSH	Absent	
5ED0035	Body Surface	RGR	Absent	
5ED0035	Body Surface	RLSN	Absent	
5ED0035	Body Surface	SPDF	Absent	
5ED0035	Body Surface	HMRB	Absent	
5ED0035	Body Surface	FDC	Absent	
5ED0035	Body Surface	BFG	Absent	
5ED0035	Body Surface	PRST	Absent	
5ED0035	Head	DFM	Absent	
5ED0035	Mouth	ULR	Absent	
5ED0035	Mouth	LLG	Absent	
5ED0035	Nare	SLN	Absent	
5ED0035	Eye, left	EXPTH	Absent	
5ED0035	Eye, left	OPQ	Absent	
5ED0035	Eye, left	MIS	Absent	
5ED0035	Eye, left	HMR	Absent	
5ED0035	Eye, left	EMB	Absent	
5ED0035	Eye, right	EXPTH	Absent	
5ED0035	Eye, right	OPQ	Absent	
5ED0035	Eye, right	MIS	Absent	
5ED0035	Eye, right	HMR	Absent	
5ED0035	Eye, right	EMB	Absent	
5ED0035	Opercula	SLSH	Absent	
5ED0036	Body Surface	RGR	Absent	
5ED0036	Body Surface	RLSN	Absent	
5ED0036	Body Surface	SPDF	Absent	
5ED0036	Body Surface	HMRB	Absent	
5ED0036	Body Surface	FDC	Absent	
5ED0036	Body Surface	BFG	Absent	
5ED0036	Body Surface	PRST	Absent	
5ED0036	Head	DFM	Absent	
5ED0036	Mouth	ULR	Absent	
5ED0036	Mouth	LLG	Absent	
5ED0036	Nare	SLN	Absent	
5ED0036	Eye, left	EXPTH	Absent	
5ED0036	Eye, left	OPQ	Absent	
5ED0036	Eye, left	MIS	Absent	
5ED0036	Eye, left	HMR	Absent	
5ED0036	Eye, left	EMB	Absent	
5ED0036	Eye, right	EXPTH	Absent	
5ED0036	Eye, right	OPQ	Absent	
5ED0036	Eye, right	MIS	Absent	
5ED0036	Eye, right	HMR	Absent	
5ED0036	Eye, right	EMB	Absent	
5ED0036	Opercula	SLSH	Absent	
5ED0100H	Body Surface	RGR	Absent	
5ED0100H	Body Surface	RLSN	Absent	
5ED0100H	Body Surface	SPDF	Absent	
5ED0100H	Body Surface	HMRB	Absent	
5ED0100H	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0100H	Body Surface	BFG	Absent	
5ED0100H	Body Surface	PRST	Absent	
5ED0100H	Head	DFM	Absent	
5ED0100H	Mouth	ULR	Absent	
5ED0100H	Mouth	LLG	Absent	
5ED0100H	Nare	SLN	Absent	
5ED0100H	Eye, left	EXPTH	Absent	
5ED0100H	Eye, left	OPQ	Absent	
5ED0100H	Eye, left	MIS	Absent	
5ED0100H	Eye, left	HMR	Absent	
5ED0100H	Eye, left	EMB	Absent	
5ED0100H	Eye, right	EXPTH	Absent	
5ED0100H	Eye, right	OPQ	Absent	
5ED0100H	Eye, right	MIS	Absent	
5ED0100H	Eye, right	HMR	Absent	
5ED0100H	Eye, right	EMB	Absent	
5ED0100H	Opercula	SLSH	Absent	
5ED0101H	Body Surface	RGR	Absent	
5ED0101H	Body Surface	RLSN	Absent	
5ED0101H	Body Surface	SPDF	Absent	
5ED0101H	Body Surface	HMRB	Absent	
5ED0101H	Body Surface	FDC	Absent	
5ED0101H	Body Surface	BFG	Absent	
5ED0101H	Body Surface	PRST	Absent	
5ED0101H	Body Surface	OTHER	Present	Lacerations on left side
5ED0101H	Head	DFM	Absent	
5ED0101H	Mouth	ULR	Absent	
5ED0101H	Mouth	LLG	Absent	
5ED0101H	Nare	SLN	Absent	
5ED0101H	Eye, left	EXPTH	Absent	
5ED0101H	Eye, left	OPQ	Absent	
5ED0101H	Eye, left	MIS	Absent	
5ED0101H	Eye, left	HMR	Absent	
5ED0101H	Eye, left	EMB	Absent	
5ED0101H	Eye, right	EXPTH	Absent	
5ED0101H	Eye, right	OPQ	Absent	
5ED0101H	Eye, right	MIS	Absent	
5ED0101H	Eye, right	HMR	Absent	
5ED0101H	Eye, right	EMB	Absent	
5ED0101H	Opercula	SLSH	Absent	
5ED0102H	Body Surface	RGR	Absent	
5ED0102H	Body Surface	RLSN	Absent	
5ED0102H	Body Surface	SPDF	Absent	
5ED0102H	Body Surface	HMRB	Absent	
5ED0102H	Body Surface	FDC	Absent	
5ED0102H	Body Surface	BFG	Absent	
5ED0102H	Body Surface	PRST	Absent	
5ED0102H	Head	DFM	Absent	
5ED0102H	Mouth	ULR	Absent	
5ED0102H	Mouth	LLG	Absent	
5ED0102H	Nare	SLN	Absent	
5ED0102H	Eye, left	EXPTH	Absent	
5ED0102H	Eye, left	OPQ	Absent	
5ED0102H	Eye, left	MIS	Absent	
5ED0102H	Eye, left	HMR	Absent	
5ED0102H	Eye, left	EMB	Absent	
5ED0102H	Eye, right	EXPTH	Absent	
5ED0102H	Eye, right	OPQ	Absent	
5ED0102H	Eye, right	MIS	Absent	
5ED0102H	Eye, right	HMR	Absent	
5ED0102H	Eye, right	EMB	Absent	
5ED0102H	Opercula	SLSH	Absent	
5ED0103H	Body Surface	RGR	Absent	
5ED0103H	Body Surface	RLSN	Absent	
5ED0103H	Body Surface	SPDF	Absent	
5ED0103H	Body Surface	HMRB	Absent	
5ED0103H	Body Surface	FDC	Absent	
5ED0103H	Body Surface	BFG	Absent	
5ED0103H	Body Surface	PRST	Absent	
5ED0103H	Body Surface	OTHER	Present	Lacerations on left side
5ED0103H	Head	DFM	Absent	
5ED0103H	Mouth	ULR	Absent	
5ED0103H	Mouth	LLG	Absent	
5ED0103H	Nare	SLN	Absent	
5ED0103H	Eye, left	EXPTH	Absent	
5ED0103H	Eye, left	OPQ	Absent	
5ED0103H	Eye, left	MIS	Absent	
5ED0103H	Eye, left	HMR	Absent	
5ED0103H	Eye, left	EMB	Absent	
5ED0103H	Eye, right	EXPTH	Absent	
5ED0103H	Eye, right	OPQ	Absent	
5ED0103H	Eye, right	MIS	Absent	
5ED0103H	Eye, right	HMR	Absent	
5ED0103H	Eye, right	EMB	Absent	
5ED0103H	Opercula	SLSH	Absent	
5ED0104H	Body Surface	RGR	Absent	
5ED0104H	Body Surface	RLSN	Absent	
5ED0104H	Body Surface	SPDF	Absent	
5ED0104H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0104H	Body Surface	FDC	Absent	
5ED0104H	Body Surface	BFG	Absent	
5ED0104H	Body Surface	PRST	Absent	
5ED0104H	Head	DFM	Absent	
5ED0104H	Mouth	ULR	Absent	
5ED0104H	Mouth	LLG	Absent	
5ED0104H	Nare	SLN	Absent	
5ED0104H	Eye, left	EXPTH	Absent	
5ED0104H	Eye, left	OPQ	Absent	
5ED0104H	Eye, left	MIS	Absent	
5ED0104H	Eye, left	HMR	Absent	
5ED0104H	Eye, left	EMB	Absent	
5ED0104H	Eye, right	EXPTH	Absent	
5ED0104H	Eye, right	OPQ	Absent	
5ED0104H	Eye, right	MIS	Absent	
5ED0104H	Eye, right	HMR	Absent	
5ED0104H	Eye, right	EMB	Absent	
5ED0104H	Opercula	SLSH	Absent	
5ED0105H	Body Surface	RGR	Absent	
5ED0105H	Body Surface	RLSN	Absent	
5ED0105H	Body Surface	SPDF	Absent	
5ED0105H	Body Surface	HMRB	Absent	
5ED0105H	Body Surface	FDC	Absent	
5ED0105H	Body Surface	BFG	Absent	
5ED0105H	Body Surface	PRST	Absent	
5ED0105H	Body Surface	OTHER	Present	Lacerations on abdomen
5ED0105H	Mouth	OTHER	Present	Scarring on mouth
5ED0105H	Head	DFM	Absent	
5ED0105H	Mouth	ULR	Absent	
5ED0105H	Mouth	LLG	Absent	
5ED0105H	Nare	SLN	Absent	
5ED0105H	Eye, left	EXPTH	Absent	
5ED0105H	Eye, left	OPQ	Absent	
5ED0105H	Eye, left	MIS	Absent	
5ED0105H	Eye, left	HMR	Absent	
5ED0105H	Eye, left	EMB	Absent	
5ED0105H	Eye, right	EXPTH	Absent	
5ED0105H	Eye, right	OPQ	Absent	
5ED0105H	Eye, right	MIS	Absent	
5ED0105H	Eye, right	HMR	Absent	
5ED0105H	Eye, right	EMB	Absent	
5ED0105H	Opercula	SLSH	Absent	
5ED0106H	Body Surface	RGR	Absent	
5ED0106H	Body Surface	RLSN	Absent	
5ED0106H	Body Surface	SPDF	Absent	
5ED0106H	Body Surface	HMRB	Absent	
5ED0106H	Body Surface	FDC	Absent	
5ED0106H	Body Surface	BFG	Absent	
5ED0106H	Body Surface	PRST	Absent	
5ED0106H	Head	DFM	Absent	
5ED0106H	Mouth	ULR	Absent	
5ED0106H	Mouth	LLG	Absent	
5ED0106H	Nare	SLN	Absent	
5ED0106H	Eye, left	EXPTH	Absent	
5ED0106H	Eye, left	OPQ	Absent	
5ED0106H	Eye, left	MIS	Absent	
5ED0106H	Eye, left	HMR	Absent	
5ED0106H	Eye, left	EMB	Absent	
5ED0106H	Eye, right	EXPTH	Absent	
5ED0106H	Eye, right	OPQ	Absent	
5ED0106H	Eye, right	MIS	Absent	
5ED0106H	Eye, right	HMR	Absent	
5ED0106H	Eye, right	EMB	Absent	
5ED0106H	Opercula	SLSH	Absent	
5ED0107H	Body Surface	RGR	Absent	
5ED0107H	Body Surface	RLSN	Absent	
5ED0107H	Body Surface	SPDF	Absent	
5ED0107H	Body Surface	HMRB	Absent	
5ED0107H	Body Surface	FDC	Absent	
5ED0107H	Body Surface	BFG	Absent	
5ED0107H	Body Surface	PRST	Absent	
5ED0107H	Body Surface	OTHER	Present	Scarring on both sides
5ED0107H	Head	DFM	Absent	
5ED0107H	Mouth	ULR	Absent	
5ED0107H	Mouth	LLG	Absent	
5ED0107H	Nare	SLN	Absent	
5ED0107H	Eye, left	EXPTH	Absent	
5ED0107H	Eye, left	OPQ	Absent	
5ED0107H	Eye, left	MIS	Absent	
5ED0107H	Eye, left	HMR	Absent	
5ED0107H	Eye, left	EMB	Absent	
5ED0107H	Eye, right	EXPTH	Absent	
5ED0107H	Eye, right	OPQ	Absent	
5ED0107H	Eye, right	MIS	Absent	
5ED0107H	Eye, right	HMR	Absent	
5ED0107H	Eye, right	EMB	Absent	
5ED0107H	Opercula	SLSH	Absent	
5ED0108H	Body Surface	RGR	Absent	
5ED0108H	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0108H	Body Surface	SPDF	Absent	
5ED0108H	Body Surface	HMRB	Absent	
5ED0108H	Body Surface	FDC	Absent	
5ED0108H	Body Surface	BFG	Absent	
5ED0108H	Body Surface	PRST	Absent	
5ED0108H	Body Surface	OTHER	Present	Scarring on both sides
5ED0108H	Head	DFM	Absent	
5ED0108H	Mouth	ULR	Absent	
5ED0108H	Mouth	LLG	Absent	
5ED0108H	Nare	SLN	Absent	
5ED0108H	Eye, left	EXPTH	Absent	
5ED0108H	Eye, left	OPQ	Absent	
5ED0108H	Eye, left	MIS	Absent	
5ED0108H	Eye, left	HMR	Absent	
5ED0108H	Eye, left	EMB	Absent	
5ED0108H	Eye, right	EXPTH	Absent	
5ED0108H	Eye, right	OPQ	Absent	
5ED0108H	Eye, right	MIS	Absent	
5ED0108H	Eye, right	HMR	Absent	
5ED0108H	Eye, right	EMB	Absent	
5ED0108H	Opercula	SLSH	Absent	
5ED0109H	Body Surface	RGR	Absent	
5ED0109H	Body Surface	RLSN	Absent	
5ED0109H	Body Surface	SPDF	Absent	
5ED0109H	Body Surface	HMRB	Absent	
5ED0109H	Body Surface	FDC	Absent	
5ED0109H	Body Surface	BFG	Absent	
5ED0109H	Body Surface	PRST	Absent	
5ED0109H	Head	OTHER	Present	Scarring on head
5ED0109H	Head	DFM	Absent	
5ED0109H	Mouth	ULR	Absent	
5ED0109H	Mouth	LLG	Absent	
5ED0109H	Nare	SLN	Absent	
5ED0109H	Eye, left	EXPTH	Absent	
5ED0109H	Eye, left	OPQ	Absent	
5ED0109H	Eye, left	MIS	Absent	
5ED0109H	Eye, left	HMR	Absent	
5ED0109H	Eye, left	EMB	Absent	
5ED0109H	Eye, right	EXPTH	Absent	
5ED0109H	Eye, right	OPQ	Absent	
5ED0109H	Eye, right	MIS	Absent	
5ED0109H	Eye, right	HMR	Absent	
5ED0109H	Eye, right	EMB	Absent	
5ED0109H	Opercula	SLSH	Absent	
5ED0110H	Body Surface	RGR	Absent	
5ED0110H	Body Surface	RLSN	Absent	
5ED0110H	Body Surface	SPDF	Absent	
5ED0110H	Body Surface	HMRB	Absent	
5ED0110H	Body Surface	FDC	Absent	
5ED0110H	Body Surface	BFG	Absent	
5ED0110H	Body Surface	PRST	Absent	
5ED0110H	Head	DFM	Absent	
5ED0110H	Mouth	ULR	Absent	
5ED0110H	Mouth	LLG	Absent	
5ED0110H	Nare	SLN	Absent	
5ED0110H	Eye, left	EXPTH	Absent	
5ED0110H	Eye, left	OPQ	Absent	
5ED0110H	Eye, left	MIS	Absent	
5ED0110H	Eye, left	HMR	Absent	
5ED0110H	Eye, left	EMB	Absent	
5ED0110H	Eye, right	EXPTH	Absent	
5ED0110H	Eye, right	OPQ	Absent	
5ED0110H	Eye, right	MIS	Absent	
5ED0110H	Eye, right	HMR	Absent	
5ED0110H	Eye, right	EMB	Absent	
5ED0110H	Opercula	SLSH	Absent	
5ED0111H	Body Surface	RGR	Absent	
5ED0111H	Body Surface	RLSN	Absent	
5ED0111H	Body Surface	SPDF	Absent	
5ED0111H	Body Surface	HMRB	Absent	
5ED0111H	Body Surface	FDC	Absent	
5ED0111H	Body Surface	BFG	Absent	
5ED0111H	Body Surface	PRST	Absent	
5ED0111H	Head	DFM	Absent	
5ED0111H	Mouth	ULR	Absent	
5ED0111H	Mouth	LLG	Absent	
5ED0111H	Nare	SLN	Absent	
5ED0111H	Eye, left	EXPTH	Absent	
5ED0111H	Eye, left	OPQ	Absent	
5ED0111H	Eye, left	MIS	Absent	
5ED0111H	Eye, left	HMR	Absent	
5ED0111H	Eye, left	EMB	Absent	
5ED0111H	Eye, right	EXPTH	Absent	
5ED0111H	Eye, right	OPQ	Absent	
5ED0111H	Eye, right	MIS	Absent	
5ED0111H	Eye, right	HMR	Absent	
5ED0111H	Eye, right	EMB	Absent	
5ED0111H	Opercula	SLSH	Absent	
5ED0119	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0119	Body Surface	RLSN	Absent	
5ED0119	Body Surface	SPDF	Absent	
5ED0119	Body Surface	HMRB	Absent	
5ED0119	Body Surface	FDC	Absent	
5ED0119	Body Surface	BFG	Absent	
5ED0119	Body Surface	PRST	Absent	
5ED0119	Head	DFM	Absent	
5ED0119	Mouth	ULR	Absent	
5ED0119	Mouth	LLG	Absent	
5ED0119	Nare	SLN	Absent	
5ED0119	Eye, left	EXPTH	Absent	
5ED0119	Eye, left	OPQ	Absent	
5ED0119	Eye, left	MIS	Absent	
5ED0119	Eye, left	HMR	Absent	
5ED0119	Eye, left	EMB	Absent	
5ED0119	Eye, right	EXPTH	Absent	
5ED0119	Eye, right	OPQ	Absent	
5ED0119	Eye, right	MIS	Absent	
5ED0119	Eye, right	HMR	Absent	
5ED0119	Eye, right	EMB	Absent	
5ED0119	Opercula	SLSH	Absent	
5ED0120	Body Surface	RGR	Absent	
5ED0120	Body Surface	RLSN	Absent	
5ED0120	Body Surface	SPDF	Absent	
5ED0120	Body Surface	HMRB	Absent	
5ED0120	Body Surface	FDC	Absent	
5ED0120	Body Surface	BFG	Absent	
5ED0120	Body Surface	PRST	Absent	
5ED0120	Barbel	NORM	Present	
5ED0120	Head	DFM	Absent	
5ED0120	Mouth	ULR	Absent	
5ED0120	Mouth	LLG	Absent	
5ED0120	Nare	SLN	Absent	
5ED0120	Eye, left	EXPTH	Absent	
5ED0120	Eye, left	OPQ	Absent	
5ED0120	Eye, left	MIS	Absent	
5ED0120	Eye, left	HMR	Absent	
5ED0120	Eye, left	EMB	Absent	
5ED0120	Eye, right	EXPTH	Absent	
5ED0120	Eye, right	OPQ	Absent	
5ED0120	Eye, right	MIS	Absent	
5ED0120	Eye, right	HMR	Absent	
5ED0120	Eye, right	EMB	Absent	
5ED0120	Opercula	SLSH	Absent	
5ED0121	Body Surface	RGR	Absent	
5ED0121	Body Surface	RLSN	Absent	
5ED0121	Body Surface	SPDF	Absent	
5ED0121	Body Surface	HMRB	Absent	
5ED0121	Body Surface	FDC	Absent	
5ED0121	Body Surface	BFG	Absent	
5ED0121	Body Surface	PRST	Absent	
5ED0121	Barbel	NORM	Present	
5ED0121	Head	DFM	Absent	
5ED0121	Mouth	ULR	Absent	
5ED0121	Mouth	LLG	Absent	
5ED0121	Nare	SLN	Absent	
5ED0121	Eye, left	EXPTH	Absent	
5ED0121	Eye, left	OPQ	Absent	
5ED0121	Eye, left	MIS	Absent	
5ED0121	Eye, left	HMR	Absent	
5ED0121	Eye, left	EMB	Absent	
5ED0121	Eye, right	EXPTH	Absent	
5ED0121	Eye, right	OPQ	Absent	
5ED0121	Eye, right	MIS	Absent	
5ED0121	Eye, right	HMR	Absent	
5ED0121	Eye, right	EMB	Absent	
5ED0121	Opercula	SLSH	Absent	
5ED0122	Body Surface	RGR	Absent	
5ED0122	Body Surface	RLSN	Absent	
5ED0122	Body Surface	SPDF	Absent	
5ED0122	Body Surface	HMRB	Absent	
5ED0122	Body Surface	FDC	Absent	
5ED0122	Body Surface	BFG	Absent	
5ED0122	Body Surface	PRST	Absent	
5ED0122	Head	DFM	Absent	
5ED0122	Mouth	ULR	Absent	
5ED0122	Mouth	LLG	Absent	
5ED0122	Nare	SLN	Absent	
5ED0122	Eye, left	EXPTH	Absent	
5ED0122	Eye, left	OPQ	Absent	
5ED0122	Eye, left	MIS	Absent	
5ED0122	Eye, left	HMR	Absent	
5ED0122	Eye, left	EMB	Absent	
5ED0122	Eye, right	EXPTH	Absent	
5ED0122	Eye, right	OPQ	Absent	
5ED0122	Eye, right	MIS	Absent	
5ED0122	Eye, right	HMR	Absent	
5ED0122	Eye, right	EMB	Absent	
5ED0122	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0123	Body Surface	RGR	Absent	
5ED0123	Body Surface	RLSN	Absent	
5ED0123	Body Surface	SPDF	Absent	
5ED0123	Body Surface	HMRB	Absent	
5ED0123	Body Surface	FDC	Absent	
5ED0123	Body Surface	BFG	Absent	
5ED0123	Body Surface	PRST	Absent	
5ED0123	Head	DFM	Absent	
5ED0123	Mouth	ULR	Absent	
5ED0123	Mouth	LLG	Absent	
5ED0123	Nare	SLN	Absent	
5ED0123	Eye, left	EXPTH	Absent	
5ED0123	Eye, left	OPQ	Absent	
5ED0123	Eye, left	MIS	Absent	
5ED0123	Eye, left	HMR	Absent	
5ED0123	Eye, left	EMB	Absent	
5ED0123	Eye, right	EXPTH	Absent	
5ED0123	Eye, right	OPQ	Absent	
5ED0123	Eye, right	MIS	Absent	
5ED0123	Eye, right	HMR	Absent	
5ED0123	Eye, right	EMB	Absent	
5ED0123	Opercula	SLSH	Absent	
5ED0124	Body Surface	RGR	Absent	
5ED0124	Body Surface	RLSN	Absent	
5ED0124	Body Surface	SPDF	Absent	
5ED0124	Body Surface	HMRB	Absent	
5ED0124	Body Surface	FDC	Absent	
5ED0124	Body Surface	BFG	Absent	
5ED0124	Body Surface	PRST	Absent	
5ED0124	Head	DFM	Absent	
5ED0124	Mouth	ULR	Absent	
5ED0124	Mouth	LLG	Absent	
5ED0124	Nare	SLN	Absent	
5ED0124	Eye, left	EXPTH	Absent	
5ED0124	Eye, left	OPQ	Absent	
5ED0124	Eye, left	MIS	Absent	
5ED0124	Eye, left	HMR	Absent	
5ED0124	Eye, left	EMB	Absent	
5ED0124	Eye, right	EXPTH	Absent	
5ED0124	Eye, right	OPQ	Absent	
5ED0124	Eye, right	MIS	Absent	
5ED0124	Eye, right	HMR	Absent	
5ED0124	Eye, right	EMB	Absent	
5ED0124	Opercula	SLSH	Absent	
5ED0125	Body Surface	RGR	Absent	
5ED0125	Body Surface	RLSN	Absent	
5ED0125	Body Surface	SPDF	Absent	
5ED0125	Body Surface	HMRB	Absent	
5ED0125	Body Surface	FDC	Absent	
5ED0125	Body Surface	BFG	Absent	
5ED0125	Body Surface	PRST	Absent	
5ED0125	Head	DFM	Absent	
5ED0125	Mouth	ULR	Absent	
5ED0125	Mouth	LLG	Absent	
5ED0125	Nare	SLN	Absent	
5ED0125	Eye, left	EXPTH	Absent	
5ED0125	Eye, left	OPQ	Absent	
5ED0125	Eye, left	MIS	Absent	
5ED0125	Eye, left	HMR	Absent	
5ED0125	Eye, left	EMB	Absent	
5ED0125	Eye, right	EXPTH	Absent	
5ED0125	Eye, right	OPQ	Absent	
5ED0125	Eye, right	MIS	Absent	
5ED0125	Eye, right	HMR	Absent	
5ED0125	Eye, right	EMB	Absent	
5ED0125	Opercula	SLSH	Absent	
5ED0126	Body Surface	RGR	Absent	
5ED0126	Body Surface	RLSN	Absent	
5ED0126	Body Surface	SPDF	Absent	
5ED0126	Body Surface	HMRB	Absent	
5ED0126	Body Surface	FDC	Absent	
5ED0126	Body Surface	BFG	Absent	
5ED0126	Body Surface	PRST	Absent	
5ED0126	Head	DFM	Absent	
5ED0126	Mouth	ULR	Absent	
5ED0126	Mouth	LLG	Absent	
5ED0126	Nare	SLN	Absent	
5ED0126	Eye, left	EXPTH	Absent	
5ED0126	Eye, left	OPQ	Absent	
5ED0126	Eye, left	MIS	Absent	
5ED0126	Eye, left	HMR	Absent	
5ED0126	Eye, left	EMB	Absent	
5ED0126	Eye, right	EXPTH	Absent	
5ED0126	Eye, right	OPQ	Absent	
5ED0126	Eye, right	MIS	Absent	
5ED0126	Eye, right	HMR	Absent	
5ED0126	Eye, right	EMB	Absent	
5ED0126	Opercula	SLSH	Absent	
5ED0127	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0127	Body Surface	RLSN	Absent	
5ED0127	Body Surface	SPDF	Absent	
5ED0127	Body Surface	HMRB	Absent	
5ED0127	Body Surface	FDC	Absent	
5ED0127	Body Surface	BFG	Absent	
5ED0127	Body Surface	PRST	Absent	
5ED0127	Head	DFM	Absent	
5ED0127	Mouth	ULR	Absent	
5ED0127	Mouth	LLG	Absent	
5ED0127	Nare	SLN	Absent	
5ED0127	Eye, left	EXPTH	Absent	
5ED0127	Eye, left	OPQ	Absent	
5ED0127	Eye, left	MIS	Absent	
5ED0127	Eye, left	HMR	Absent	
5ED0127	Eye, left	EMB	Absent	
5ED0127	Eye, right	EXPTH	Absent	
5ED0127	Eye, right	OPQ	Absent	
5ED0127	Eye, right	MIS	Absent	
5ED0127	Eye, right	HMR	Absent	
5ED0127	Eye, right	EMB	Absent	
5ED0127	Opercula	SLSH	Absent	
5ED0128	Body Surface	RGR	Absent	
5ED0128	Body Surface	RLSN	Absent	
5ED0128	Body Surface	SPDF	Absent	
5ED0128	Body Surface	HMRB	Absent	
5ED0128	Body Surface	FDC	Absent	
5ED0128	Body Surface	BFG	Absent	
5ED0128	Body Surface	PRST	Absent	
5ED0128	Head	DFM	Absent	
5ED0128	Mouth	ULR	Absent	
5ED0128	Mouth	LLG	Absent	
5ED0128	Nare	SLN	Absent	
5ED0128	Eye, left	EXPTH	Absent	
5ED0128	Eye, left	OPQ	Absent	
5ED0128	Eye, left	MIS	Absent	
5ED0128	Eye, left	HMR	Absent	
5ED0128	Eye, left	EMB	Absent	
5ED0128	Eye, right	EXPTH	Absent	
5ED0128	Eye, right	OPQ	Absent	
5ED0128	Eye, right	MIS	Absent	
5ED0128	Eye, right	HMR	Absent	
5ED0128	Eye, right	EMB	Absent	
5ED0128	Opercula	SLSH	Absent	
5ED0129	Body Surface	RGR	Absent	
5ED0129	Body Surface	RLSN	Absent	
5ED0129	Body Surface	SPDF	Absent	
5ED0129	Body Surface	HMRB	Absent	
5ED0129	Body Surface	FDC	Absent	
5ED0129	Body Surface	BFG	Absent	
5ED0129	Body Surface	PRST	Absent	
5ED0129	Head	DFM	Absent	
5ED0129	Mouth	ULR	Absent	
5ED0129	Mouth	LLG	Absent	
5ED0129	Nare	SLN	Absent	
5ED0129	Eye, left	EXPTH	Absent	
5ED0129	Eye, left	OPQ	Absent	
5ED0129	Eye, left	MIS	Absent	
5ED0129	Eye, left	HMR	Absent	
5ED0129	Eye, left	EMB	Absent	
5ED0129	Eye, right	EXPTH	Absent	
5ED0129	Eye, right	OPQ	Absent	
5ED0129	Eye, right	MIS	Absent	
5ED0129	Eye, right	HMR	Absent	
5ED0129	Eye, right	EMB	Absent	
5ED0129	Opercula	SLSH	Absent	
5ED0130	Body Surface	RGR	Absent	
5ED0130	Body Surface	RLSN	Absent	
5ED0130	Body Surface	SPDF	Absent	
5ED0130	Body Surface	HMRB	Absent	
5ED0130	Body Surface	FDC	Absent	
5ED0130	Body Surface	BFG	Absent	
5ED0130	Body Surface	PRST	Absent	
5ED0130	Head	DFM	Absent	
5ED0130	Mouth	ULR	Absent	
5ED0130	Mouth	LLG	Absent	
5ED0130	Nare	SLN	Absent	
5ED0130	Eye, left	EXPTH	Absent	
5ED0130	Eye, left	OPQ	Absent	
5ED0130	Eye, left	MIS	Absent	
5ED0130	Eye, left	HMR	Absent	
5ED0130	Eye, left	EMB	Absent	
5ED0130	Eye, right	EXPTH	Absent	
5ED0130	Eye, right	OPQ	Absent	
5ED0130	Eye, right	MIS	Absent	
5ED0130	Eye, right	HMR	Absent	
5ED0130	Eye, right	EMB	Absent	
5ED0130	Opercula	SLSH	Absent	
5ED0131	Body Surface	RGR	Absent	
5ED0131	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0131	Body Surface	SPDF	Absent	
5ED0131	Body Surface	HMRB	Absent	
5ED0131	Body Surface	FDC	Absent	
5ED0131	Body Surface	BFG	Absent	
5ED0131	Body Surface	PRST	Absent	
5ED0131	Head	DFM	Absent	
5ED0131	Mouth	ULR	Absent	
5ED0131	Mouth	LLG	Absent	
5ED0131	Nare	SLN	Absent	
5ED0131	Eye, left	EXPTH	Absent	
5ED0131	Eye, left	OPQ	Absent	
5ED0131	Eye, left	MIS	Absent	
5ED0131	Eye, left	HMR	Absent	
5ED0131	Eye, left	EMB	Absent	
5ED0131	Eye, right	EXPTH	Absent	
5ED0131	Eye, right	OPQ	Absent	
5ED0131	Eye, right	MIS	Absent	
5ED0131	Eye, right	HMR	Absent	
5ED0131	Eye, right	EMB	Absent	
5ED0131	Opercula	SLSH	Absent	
5ED0132	Body Surface	RGR	Absent	
5ED0132	Body Surface	RLSN	Absent	
5ED0132	Body Surface	SPDF	Absent	
5ED0132	Body Surface	HMRB	Absent	
5ED0132	Body Surface	FDC	Absent	
5ED0132	Body Surface	BFG	Absent	
5ED0132	Body Surface	PRST	Absent	
5ED0132	Head	DFM	Absent	
5ED0132	Mouth	ULR	Absent	
5ED0132	Mouth	LLG	Absent	
5ED0132	Nare	SLN	Absent	
5ED0132	Eye, left	EXPTH	Absent	
5ED0132	Eye, left	OPQ	Absent	
5ED0132	Eye, left	MIS	Absent	
5ED0132	Eye, left	HMR	Absent	
5ED0132	Eye, left	EMB	Absent	
5ED0132	Eye, right	EXPTH	Absent	
5ED0132	Eye, right	OPQ	Absent	
5ED0132	Eye, right	MIS	Absent	
5ED0132	Eye, right	HMR	Absent	
5ED0132	Eye, right	EMB	Absent	
5ED0132	Opercula	SLSH	Absent	
5ED0134	Body Surface	RGR	Absent	
5ED0134	Body Surface	RLSN	Absent	
5ED0134	Body Surface	SPDF	Absent	
5ED0134	Body Surface	HMRB	Absent	
5ED0134	Body Surface	FDC	Absent	
5ED0134	Body Surface	BFG	Absent	
5ED0134	Body Surface	PRST	Absent	
5ED0134	Head	DFM	Absent	
5ED0134	Mouth	ULR	Absent	
5ED0134	Mouth	LLG	Absent	
5ED0134	Nare	SLN	Absent	
5ED0134	Eye, left	EXPTH	Absent	
5ED0134	Eye, left	OPQ	Absent	
5ED0134	Eye, left	MIS	Absent	
5ED0134	Eye, left	HMR	Absent	
5ED0134	Eye, left	EMB	Absent	
5ED0134	Eye, right	EXPTH	Absent	
5ED0134	Eye, right	OPQ	Absent	
5ED0134	Eye, right	MIS	Absent	
5ED0134	Eye, right	HMR	Absent	
5ED0134	Eye, right	EMB	Absent	
5ED0134	Opercula	SLSH	Absent	
5ED0135	Body Surface	RGR	Absent	
5ED0135	Body Surface	RLSN	Absent	
5ED0135	Body Surface	SPDF	Absent	
5ED0135	Body Surface	HMRB	Absent	
5ED0135	Body Surface	FDC	Absent	
5ED0135	Body Surface	BFG	Absent	
5ED0135	Body Surface	PRST	Absent	
5ED0135	Head	DFM	Absent	
5ED0135	Mouth	ULR	Absent	
5ED0135	Mouth	LLG	Absent	
5ED0135	Nare	SLN	Absent	
5ED0135	Eye, left	EXPTH	Absent	
5ED0135	Eye, left	OPQ	Absent	
5ED0135	Eye, left	MIS	Absent	
5ED0135	Eye, left	HMR	Absent	
5ED0135	Eye, left	EMB	Absent	
5ED0135	Eye, right	EXPTH	Absent	
5ED0135	Eye, right	OPQ	Absent	
5ED0135	Eye, right	MIS	Absent	
5ED0135	Eye, right	HMR	Absent	
5ED0135	Eye, right	EMB	Absent	
5ED0135	Opercula	OTHER	Present	Gill net damage
5ED0135	Opercula	SLSH	Absent	
5ED0139	Body Surface	RGR	Absent	
5ED0139	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0139	Body Surface	SPDF	Absent	
5ED0139	Body Surface	HMRB	Absent	
5ED0139	Body Surface	FDC	Absent	
5ED0139	Body Surface	BFG	Absent	
5ED0139	Body Surface	PRST	Absent	
5ED0139	Head	DFM	Absent	
5ED0139	Mouth	ULR	Absent	
5ED0139	Mouth	LLG	Absent	
5ED0139	Nare	SLN	Absent	
5ED0139	Eye, left	EXPTH	Absent	
5ED0139	Eye, left	OPQ	Absent	
5ED0139	Eye, left	MIS	Absent	
5ED0139	Eye, left	HMR	Absent	
5ED0139	Eye, left	EMB	Absent	
5ED0139	Eye, right	EXPTH	Absent	
5ED0139	Eye, right	OPQ	Absent	
5ED0139	Eye, right	MIS	Absent	
5ED0139	Eye, right	HMR	Absent	
5ED0139	Eye, right	EMB	Absent	
5ED0139	Opercula	SLSH	Absent	
5ED0141H	Body Surface	RGR	Absent	
5ED0141H	Body Surface	RLSN	Absent	
5ED0141H	Body Surface	SPDF	Absent	
5ED0141H	Body Surface	HMRB	Absent	
5ED0141H	Body Surface	FDC	Absent	
5ED0141H	Body Surface	BFG	Absent	
5ED0141H	Body Surface	PRST	Absent	
5ED0141H	Head	DFM	Absent	
5ED0141H	Mouth	ULR	Absent	
5ED0141H	Mouth	LLG	Absent	
5ED0141H	Nare	SLN	Absent	
5ED0141H	Eye, left	EXPTH	Absent	
5ED0141H	Eye, left	OPQ	Absent	
5ED0141H	Eye, left	MIS	Absent	
5ED0141H	Eye, left	HMR	Absent	
5ED0141H	Eye, left	EMB	Absent	
5ED0141H	Eye, right	EXPTH	Absent	
5ED0141H	Eye, right	OPQ	Absent	
5ED0141H	Eye, right	MIS	Absent	
5ED0141H	Eye, right	HMR	Absent	
5ED0141H	Eye, right	EMB	Absent	
5ED0141H	Opercula	SLSH	Absent	
5ED0142H	Body Surface	RGR	Absent	
5ED0142H	Body Surface	RLSN	Absent	
5ED0142H	Body Surface	SPDF	Absent	
5ED0142H	Body Surface	HMRB	Absent	
5ED0142H	Body Surface	FDC	Absent	
5ED0142H	Body Surface	BFG	Absent	
5ED0142H	Body Surface	PRST	Absent	
5ED0142H	Head	DFM	Absent	
5ED0142H	Mouth	ULR	Absent	
5ED0142H	Mouth	LLG	Absent	
5ED0142H	Nare	SLN	Absent	
5ED0142H	Eye, left	EXPTH	Absent	
5ED0142H	Eye, left	OPQ	Absent	
5ED0142H	Eye, left	MIS	Absent	
5ED0142H	Eye, left	HMR	Absent	
5ED0142H	Eye, left	EMB	Absent	
5ED0142H	Eye, right	EXPTH	Absent	
5ED0142H	Eye, right	OPQ	Absent	
5ED0142H	Eye, right	MIS	Absent	
5ED0142H	Eye, right	HMR	Absent	
5ED0142H	Eye, right	EMB	Absent	
5ED0142H	Opercula	SLSH	Absent	
5ED0144	Body Surface	RGR	Absent	
5ED0144	Body Surface	RLSN	Absent	
5ED0144	Body Surface	SPDF	Absent	
5ED0144	Body Surface	HMRB	Absent	
5ED0144	Body Surface	FDC	Absent	
5ED0144	Body Surface	BFG	Absent	
5ED0144	Body Surface	PRST	Absent	
5ED0144	Head	DFM	Absent	
5ED0144	Mouth	ULR	Absent	
5ED0144	Mouth	LLG	Absent	
5ED0144	Nare	SLN	Absent	
5ED0144	Eye, left	EXPTH	Absent	
5ED0144	Eye, left	OPQ	Absent	
5ED0144	Eye, left	MIS	Absent	
5ED0144	Eye, left	HMR	Absent	
5ED0144	Eye, left	EMB	Absent	
5ED0144	Eye, right	EXPTH	Absent	
5ED0144	Eye, right	OPQ	Absent	
5ED0144	Eye, right	MIS	Absent	
5ED0144	Eye, right	HMR	Absent	
5ED0144	Eye, right	EMB	Absent	
5ED0144	Opercula	SLSH	Absent	
5ED0147	Body Surface	RGR	Absent	
5ED0147	Body Surface	RLSN	Absent	
5ED0147	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0147	Body Surface	HMRB	Absent	
5ED0147	Body Surface	FDC	Absent	
5ED0147	Body Surface	BFG	Absent	
5ED0147	Body Surface	PRST	Absent	
5ED0147	Head	DFM	Absent	
5ED0147	Mouth	ULR	Absent	
5ED0147	Mouth	LLG	Absent	
5ED0147	Nare	SLN	Absent	
5ED0147	Eye, left	EXPTH	Absent	
5ED0147	Eye, left	OPQ	Absent	
5ED0147	Eye, left	MIS	Absent	
5ED0147	Eye, left	HMR	Absent	
5ED0147	Eye, left	EMB	Absent	
5ED0147	Eye, right	EXPTH	Absent	
5ED0147	Eye, right	OPQ	Absent	
5ED0147	Eye, right	MIS	Absent	
5ED0147	Eye, right	HMR	Absent	
5ED0147	Eye, right	EMB	Absent	
5ED0147	Opercula	SLSH	Absent	
5ED0150	Body Surface	RGR	Absent	
5ED0150	Body Surface	RLSN	Absent	
5ED0150	Body Surface	SPDF	Absent	
5ED0150	Body Surface	HMRB	Absent	
5ED0150	Body Surface	FDC	Absent	
5ED0150	Body Surface	BFG	Absent	
5ED0150	Body Surface	PRST	Absent	
5ED0150	Head	DFM	Absent	
5ED0150	Mouth	ULR	Absent	
5ED0150	Mouth	LLG	Absent	
5ED0150	Nare	SLN	Absent	
5ED0150	Eye, left	EXPTH	Absent	
5ED0150	Eye, left	OPQ	Absent	
5ED0150	Eye, left	MIS	Absent	
5ED0150	Eye, left	HMR	Absent	
5ED0150	Eye, left	EMB	Absent	
5ED0150	Eye, right	EXPTH	Absent	
5ED0150	Eye, right	OPQ	Absent	
5ED0150	Eye, right	MIS	Absent	
5ED0150	Eye, right	HMR	Absent	
5ED0150	Eye, right	EMB	Absent	
5ED0150	Opercula	SLSH	Absent	
5ED0151	Body Surface	RGR	Absent	
5ED0151	Body Surface	RLSN	Absent	
5ED0151	Body Surface	SPDF	Absent	
5ED0151	Body Surface	HMRB	Absent	
5ED0151	Body Surface	FDC	Absent	
5ED0151	Body Surface	BFG	Absent	
5ED0151	Body Surface	PRST	Absent	
5ED0151	Head	DFM	Absent	
5ED0151	Mouth	ULR	Absent	
5ED0151	Mouth	LLG	Absent	
5ED0151	Nare	SLN	Absent	
5ED0151	Eye, left	EXPTH	Absent	
5ED0151	Eye, left	OPQ	Absent	
5ED0151	Eye, left	MIS	Absent	
5ED0151	Eye, left	HMR	Absent	
5ED0151	Eye, left	EMB	Absent	
5ED0151	Eye, right	EXPTH	Absent	
5ED0151	Eye, right	OPQ	Absent	
5ED0151	Eye, right	MIS	Absent	
5ED0151	Eye, right	HMR	Absent	
5ED0151	Eye, right	EMB	Absent	
5ED0151	Opercula	SLSH	Absent	
5ED0153	Body Surface	RGR	Absent	
5ED0153	Body Surface	RLSN	Absent	
5ED0153	Body Surface	SPDF	Absent	
5ED0153	Body Surface	HMRB	Absent	
5ED0153	Body Surface	FDC	Absent	
5ED0153	Body Surface	BFG	Absent	
5ED0153	Body Surface	PRST	Absent	
5ED0153	Head	DFM	Absent	
5ED0153	Mouth	ULR	Absent	
5ED0153	Mouth	LLG	Absent	
5ED0153	Nare	SLN	Absent	
5ED0153	Eye, left	EXPTH	Absent	
5ED0153	Eye, left	OPQ	Absent	
5ED0153	Eye, left	MIS	Absent	
5ED0153	Eye, left	HMR	Absent	
5ED0153	Eye, left	EMB	Absent	
5ED0153	Eye, right	EXPTH	Absent	
5ED0153	Eye, right	OPQ	Absent	
5ED0153	Eye, right	MIS	Absent	
5ED0153	Eye, right	HMR	Absent	
5ED0153	Eye, right	EMB	Absent	
5ED0153	Opercula	SLSH	Absent	
5ED0159	Body Surface	RGR	Absent	
5ED0159	Body Surface	RLSN	Absent	
5ED0159	Body Surface	SPDF	Absent	
5ED0159	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0159	Body Surface	FDC	Absent	
5ED0159	Body Surface	BFG	Absent	
5ED0159	Body Surface	PRST	Absent	
5ED0159	Head	DFM	Absent	
5ED0159	Mouth	ULR	Absent	
5ED0159	Mouth	LLG	Absent	
5ED0159	Nare	SLN	Absent	
5ED0159	Eye, left	EXPTH	Absent	
5ED0159	Eye, left	OPQ	Absent	
5ED0159	Eye, left	MIS	Absent	
5ED0159	Eye, left	HMR	Absent	
5ED0159	Eye, left	EMB	Absent	
5ED0159	Eye, right	EXPTH	Absent	
5ED0159	Eye, right	OPQ	Absent	
5ED0159	Eye, right	MIS	Absent	
5ED0159	Eye, right	HMR	Absent	
5ED0159	Eye, right	EMB	Absent	
5ED0159	Opercula	SLSH	Absent	
5ED0163	Body Surface	RGR	Absent	
5ED0163	Body Surface	RLSN	Absent	
5ED0163	Body Surface	SPDF	Absent	
5ED0163	Body Surface	HMRB	Absent	
5ED0163	Body Surface	FDC	Absent	
5ED0163	Body Surface	BFG	Absent	
5ED0163	Body Surface	PRST	Absent	
5ED0163	Head	DFM	Absent	
5ED0163	Mouth	ULR	Absent	
5ED0163	Mouth	LLG	Absent	
5ED0163	Nare	SLN	Absent	
5ED0163	Eye, left	EXPTH	Absent	
5ED0163	Eye, left	OPQ	Absent	
5ED0163	Eye, left	MIS	Absent	
5ED0163	Eye, left	HMR	Absent	
5ED0163	Eye, left	EMB	Absent	
5ED0163	Eye, right	EXPTH	Absent	
5ED0163	Eye, right	OPQ	Absent	
5ED0163	Eye, right	MIS	Absent	
5ED0163	Eye, right	HMR	Absent	
5ED0163	Eye, right	EMB	Absent	
5ED0163	Opercula	SLSH	Absent	
5ED0164	Body Surface	RGR	Absent	
5ED0164	Body Surface	RLSN	Absent	
5ED0164	Body Surface	SPDF	Absent	
5ED0164	Body Surface	HMRB	Absent	
5ED0164	Body Surface	FDC	Absent	
5ED0164	Body Surface	BFG	Absent	
5ED0164	Body Surface	PRST	Absent	
5ED0164	Head	DFM	Absent	
5ED0164	Mouth	ULR	Absent	
5ED0164	Mouth	LLG	Absent	
5ED0164	Nare	SLN	Absent	
5ED0164	Eye, left	EXPTH	Absent	
5ED0164	Eye, left	OPQ	Absent	
5ED0164	Eye, left	MIS	Absent	
5ED0164	Eye, left	HMR	Absent	
5ED0164	Eye, left	EMB	Absent	
5ED0164	Eye, right	EXPTH	Absent	
5ED0164	Eye, right	OPQ	Absent	
5ED0164	Eye, right	MIS	Absent	
5ED0164	Eye, right	HMR	Absent	
5ED0164	Eye, right	EMB	Absent	
5ED0164	Opercula	SLSH	Absent	
5ED0168	Body Surface	RGR	Absent	
5ED0168	Body Surface	RLSN	Absent	
5ED0168	Body Surface	SPDF	Absent	
5ED0168	Body Surface	HMRB	Absent	
5ED0168	Body Surface	FDC	Absent	
5ED0168	Body Surface	BFG	Absent	
5ED0168	Body Surface	PRST	Absent	
5ED0168	Head	DFM	Absent	
5ED0168	Mouth	ULR	Absent	
5ED0168	Mouth	LLG	Absent	
5ED0168	Nare	SLN	Absent	
5ED0168	Eye, left	EXPTH	Absent	
5ED0168	Eye, left	OPQ	Absent	
5ED0168	Eye, left	MIS	Absent	
5ED0168	Eye, left	HMR	Absent	
5ED0168	Eye, left	EMB	Absent	
5ED0168	Eye, right	EXPTH	Absent	
5ED0168	Eye, right	OPQ	Absent	
5ED0168	Eye, right	MIS	Absent	
5ED0168	Eye, right	HMR	Absent	
5ED0168	Eye, right	EMB	Absent	
5ED0168	Opercula	SLSH	Absent	
5ED0169	Body Surface	RGR	Absent	
5ED0169	Body Surface	RLSN	Absent	
5ED0169	Body Surface	SPDF	Absent	
5ED0169	Body Surface	HMRB	Absent	
5ED0169	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0169	Body Surface	BFG	Absent	
5ED0169	Body Surface	PRST	Absent	
5ED0169	Head	DFM	Absent	
5ED0169	Mouth	ULR	Absent	
5ED0169	Mouth	LLG	Absent	
5ED0169	Nare	SLN	Absent	
5ED0169	Eye, left	EXPTH	Absent	
5ED0169	Eye, left	OPQ	Absent	
5ED0169	Eye, left	MIS	Absent	
5ED0169	Eye, left	HMR	Absent	
5ED0169	Eye, left	EMB	Absent	
5ED0169	Eye, right	EXPTH	Absent	
5ED0169	Eye, right	OPQ	Absent	
5ED0169	Eye, right	MIS	Absent	
5ED0169	Eye, right	HMR	Absent	
5ED0169	Eye, right	EMB	Absent	
5ED0169	Opercula	SLSH	Absent	
5ED0170	Body Surface	RGR	Absent	
5ED0170	Body Surface	RLSN	Absent	
5ED0170	Body Surface	SPDF	Absent	
5ED0170	Body Surface	HMRB	Absent	
5ED0170	Body Surface	FDC	Absent	
5ED0170	Body Surface	BFG	Absent	
5ED0170	Body Surface	PRST	Absent	
5ED0170	Head	DFM	Absent	
5ED0170	Mouth	ULR	Absent	
5ED0170	Mouth	LLG	Absent	
5ED0170	Nare	SLN	Absent	
5ED0170	Eye, left	EXPTH	Absent	
5ED0170	Eye, left	OPQ	Absent	
5ED0170	Eye, left	MIS	Absent	
5ED0170	Eye, left	HMR	Absent	
5ED0170	Eye, left	EMB	Absent	
5ED0170	Eye, right	EXPTH	Absent	
5ED0170	Eye, right	OPQ	Absent	
5ED0170	Eye, right	MIS	Absent	
5ED0170	Eye, right	HMR	Absent	
5ED0170	Eye, right	EMB	Absent	
5ED0170	Opercula	SLSH	Absent	
5ED0171	Body Surface	RGR	Absent	
5ED0171	Body Surface	RLSN	Absent	
5ED0171	Body Surface	SPDF	Absent	
5ED0171	Body Surface	HMRB	Absent	
5ED0171	Body Surface	FDC	Absent	
5ED0171	Body Surface	BFG	Absent	
5ED0171	Body Surface	PRST	Absent	
5ED0171	Head	DFM	Absent	
5ED0171	Mouth	ULR	Absent	
5ED0171	Mouth	LLG	Absent	
5ED0171	Nare	SLN	Absent	
5ED0171	Eye, left	EXPTH	Absent	
5ED0171	Eye, left	OPQ	Absent	
5ED0171	Eye, left	MIS	Absent	
5ED0171	Eye, left	HMR	Absent	
5ED0171	Eye, left	EMB	Absent	
5ED0171	Eye, right	EXPTH	Absent	
5ED0171	Eye, right	OPQ	Absent	
5ED0171	Eye, right	MIS	Absent	
5ED0171	Eye, right	HMR	Absent	
5ED0171	Eye, right	EMB	Absent	
5ED0171	Opercula	SLSH	Absent	
5ED0172	Body Surface	RGR	Absent	
5ED0172	Body Surface	RLSN	Absent	
5ED0172	Body Surface	SPDF	Absent	
5ED0172	Body Surface	HMRB	Absent	
5ED0172	Body Surface	FDC	Absent	
5ED0172	Body Surface	BFG	Absent	
5ED0172	Body Surface	PRST	Absent	
5ED0172	Head	DFM	Absent	
5ED0172	Mouth	ULR	Absent	
5ED0172	Mouth	LLG	Absent	
5ED0172	Nare	SLN	Absent	
5ED0172	Eye, left	EXPTH	Absent	
5ED0172	Eye, left	OPQ	Absent	
5ED0172	Eye, left	MIS	Absent	
5ED0172	Eye, left	HMR	Absent	
5ED0172	Eye, left	EMB	Absent	
5ED0172	Eye, right	EXPTH	Absent	
5ED0172	Eye, right	OPQ	Absent	
5ED0172	Eye, right	MIS	Absent	
5ED0172	Eye, right	HMR	Absent	
5ED0172	Eye, right	EMB	Absent	
5ED0172	Opercula	SLSH	Absent	
5ED0173	Body Surface	RGR	Absent	
5ED0173	Body Surface	RLSN	Absent	
5ED0173	Body Surface	SPDF	Absent	
5ED0173	Body Surface	HMRB	Absent	
5ED0173	Body Surface	FDC	Absent	
5ED0173	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0173	Body Surface	PRST	Absent	
5ED0173	Head	DFM	Absent	
5ED0173	Mouth	ULR	Absent	
5ED0173	Mouth	LLG	Absent	
5ED0173	Nare	SLN	Absent	
5ED0173	Eye, left	EXPTH	Absent	
5ED0173	Eye, left	OPQ	Absent	
5ED0173	Eye, left	MIS	Absent	
5ED0173	Eye, left	HMR	Absent	
5ED0173	Eye, left	EMB	Absent	
5ED0173	Eye, right	EXPTH	Absent	
5ED0173	Eye, right	OPQ	Absent	
5ED0173	Eye, right	MIS	Absent	
5ED0173	Eye, right	HMR	Absent	
5ED0173	Eye, right	EMB	Absent	
5ED0173	Opercula	SLSH	Absent	
5ED0174	Body Surface	RGR	Absent	
5ED0174	Body Surface	RLSN	Absent	
5ED0174	Body Surface	SPDF	Absent	
5ED0174	Body Surface	HMRB	Absent	
5ED0174	Body Surface	FDC	Absent	
5ED0174	Body Surface	BFG	Absent	
5ED0174	Body Surface	PRST	Absent	
5ED0174	Head	DFM	Absent	
5ED0174	Mouth	ULR	Absent	
5ED0174	Mouth	LLG	Absent	
5ED0174	Nare	SLN	Absent	
5ED0174	Eye, left	EXPTH	Absent	
5ED0174	Eye, left	OPQ	Absent	
5ED0174	Eye, left	MIS	Absent	
5ED0174	Eye, left	HMR	Absent	
5ED0174	Eye, left	EMB	Absent	
5ED0174	Eye, right	EXPTH	Absent	
5ED0174	Eye, right	OPQ	Absent	
5ED0174	Eye, right	MIS	Absent	
5ED0174	Eye, right	HMR	Absent	
5ED0174	Eye, right	EMB	Absent	
5ED0174	Opercula	SLSH	Absent	
5ED0175	Body Surface	RGR	Absent	
5ED0175	Body Surface	RLSN	Absent	
5ED0175	Body Surface	SPDF	Absent	
5ED0175	Body Surface	HMRB	Absent	
5ED0175	Body Surface	FDC	Absent	
5ED0175	Body Surface	BFG	Absent	
5ED0175	Body Surface	PRST	Absent	
5ED0175	Head	DFM	Absent	
5ED0175	Mouth	ULR	Absent	
5ED0175	Mouth	LLG	Absent	
5ED0175	Nare	SLN	Absent	
5ED0175	Eye, left	EXPTH	Absent	
5ED0175	Eye, left	OPQ	Absent	
5ED0175	Eye, left	MIS	Absent	
5ED0175	Eye, left	HMR	Absent	
5ED0175	Eye, left	EMB	Absent	
5ED0175	Eye, right	EXPTH	Absent	
5ED0175	Eye, right	OPQ	Absent	
5ED0175	Eye, right	MIS	Absent	
5ED0175	Eye, right	HMR	Absent	
5ED0175	Eye, right	EMB	Absent	
5ED0175	Opercula	SLSH	Absent	
5ED0176	Body Surface	RGR	Absent	
5ED0176	Body Surface	RLSN	Absent	
5ED0176	Body Surface	SPDF	Absent	
5ED0176	Body Surface	HMRB	Absent	
5ED0176	Body Surface	FDC	Absent	
5ED0176	Body Surface	BFG	Absent	
5ED0176	Body Surface	PRST	Absent	
5ED0176	Head	DFM	Absent	
5ED0176	Mouth	ULR	Absent	
5ED0176	Mouth	LLG	Absent	
5ED0176	Nare	SLN	Absent	
5ED0176	Eye, left	EXPTH	Absent	
5ED0176	Eye, left	OPQ	Absent	
5ED0176	Eye, left	MIS	Absent	
5ED0176	Eye, left	HMR	Absent	
5ED0176	Eye, left	EMB	Absent	
5ED0176	Eye, right	EXPTH	Absent	
5ED0176	Eye, right	OPQ	Absent	
5ED0176	Eye, right	MIS	Absent	
5ED0176	Eye, right	HMR	Absent	
5ED0176	Eye, right	EMB	Absent	
5ED0176	Opercula	SLSH	Absent	
5ED0177	Body Surface	RGR	Absent	
5ED0177	Body Surface	RLSN	Absent	
5ED0177	Body Surface	SPDF	Absent	
5ED0177	Body Surface	HMRB	Absent	
5ED0177	Body Surface	FDC	Absent	
5ED0177	Body Surface	BFG	Absent	
5ED0177	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0177	Head	DFM	Absent	
5ED0177	Mouth	ULR	Absent	
5ED0177	Mouth	LLG	Absent	
5ED0177	Nare	SLN	Absent	
5ED0177	Eye, left	EXPTH	Absent	
5ED0177	Eye, left	OPQ	Absent	
5ED0177	Eye, left	MIS	Absent	
5ED0177	Eye, left	HMR	Absent	
5ED0177	Eye, left	EMB	Absent	
5ED0177	Eye, right	EXPTH	Absent	
5ED0177	Eye, right	OPQ	Absent	
5ED0177	Eye, right	MIS	Absent	
5ED0177	Eye, right	HMR	Absent	
5ED0177	Eye, right	EMB	Absent	
5ED0177	Opercula	SLSH	Absent	
5ED0178	Body Surface	RGR	Absent	
5ED0178	Body Surface	RLSN	Absent	
5ED0178	Body Surface	SPDF	Absent	
5ED0178	Body Surface	HMRB	Absent	
5ED0178	Body Surface	FDC	Absent	
5ED0178	Body Surface	BFG	Absent	
5ED0178	Body Surface	PRST	Absent	
5ED0178	Head	DFM	Absent	
5ED0178	Mouth	ULR	Absent	
5ED0178	Mouth	LLG	Absent	
5ED0178	Nare	SLN	Absent	
5ED0178	Eye, left	EXPTH	Absent	
5ED0178	Eye, left	OPQ	Absent	
5ED0178	Eye, left	MIS	Absent	
5ED0178	Eye, left	HMR	Absent	
5ED0178	Eye, left	EMB	Absent	
5ED0178	Eye, right	EXPTH	Absent	
5ED0178	Eye, right	OPQ	Absent	
5ED0178	Eye, right	MIS	Absent	
5ED0178	Eye, right	HMR	Absent	
5ED0178	Eye, right	EMB	Absent	
5ED0178	Opercula	SLSH	Absent	
5ED0179	Body Surface	RGR	Absent	
5ED0179	Body Surface	RLSN	Absent	
5ED0179	Body Surface	SPDF	Absent	
5ED0179	Body Surface	HMRB	Absent	
5ED0179	Body Surface	FDC	Absent	
5ED0179	Body Surface	BFG	Absent	
5ED0179	Body Surface	PRST	Absent	
5ED0179	Head	DFM	Absent	
5ED0179	Mouth	ULR	Absent	
5ED0179	Mouth	LLG	Absent	
5ED0179	Nare	SLN	Absent	
5ED0179	Eye, left	EXPTH	Absent	
5ED0179	Eye, left	OPQ	Absent	
5ED0179	Eye, left	MIS	Absent	
5ED0179	Eye, left	HMR	Absent	
5ED0179	Eye, left	EMB	Absent	
5ED0179	Eye, right	EXPTH	Absent	
5ED0179	Eye, right	OPQ	Absent	
5ED0179	Eye, right	MIS	Absent	
5ED0179	Eye, right	HMR	Absent	
5ED0179	Eye, right	EMB	Absent	
5ED0179	Opercula	SLSH	Absent	
5ED0180	Body Surface	RGR	Absent	
5ED0180	Body Surface	RLSN	Absent	
5ED0180	Body Surface	SPDF	Absent	
5ED0180	Body Surface	HMRB	Absent	
5ED0180	Body Surface	FDC	Absent	
5ED0180	Body Surface	BFG	Absent	
5ED0180	Body Surface	PRST	Absent	
5ED0180	Head	DFM	Absent	
5ED0180	Mouth	ULR	Absent	
5ED0180	Mouth	LLG	Absent	
5ED0180	Nare	SLN	Absent	
5ED0180	Eye, left	EXPTH	Absent	
5ED0180	Eye, left	OPQ	Absent	
5ED0180	Eye, left	MIS	Absent	
5ED0180	Eye, left	HMR	Absent	
5ED0180	Eye, left	EMB	Absent	
5ED0180	Eye, right	EXPTH	Absent	
5ED0180	Eye, right	OPQ	Absent	
5ED0180	Eye, right	MIS	Absent	
5ED0180	Eye, right	HMR	Absent	
5ED0180	Eye, right	EMB	Absent	
5ED0180	Opercula	SLSH	Absent	
5ED0181	Body Surface	RGR	Absent	
5ED0181	Body Surface	RLSN	Absent	
5ED0181	Body Surface	SPDF	Absent	
5ED0181	Body Surface	HMRB	Absent	
5ED0181	Body Surface	FDC	Absent	
5ED0181	Body Surface	BFG	Absent	
5ED0181	Body Surface	PRST	Absent	
5ED0181	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0181	Mouth	ULR	Absent	
5ED0181	Mouth	LLG	Absent	
5ED0181	Nare	SLN	Absent	
5ED0181	Eye, left	EXPTH	Absent	
5ED0181	Eye, left	OPQ	Absent	
5ED0181	Eye, left	MIS	Absent	
5ED0181	Eye, left	HMR	Absent	
5ED0181	Eye, left	EMB	Absent	
5ED0181	Eye, right	EXPTH	Absent	
5ED0181	Eye, right	OPQ	Absent	
5ED0181	Eye, right	MIS	Absent	
5ED0181	Eye, right	HMR	Absent	
5ED0181	Eye, right	EMB	Absent	
5ED0181	Opercula	SLSH	Absent	
5ED0182	Body Surface	RGR	Absent	
5ED0182	Body Surface	RLSN	Absent	
5ED0182	Body Surface	SPDF	Absent	
5ED0182	Body Surface	HMRB	Absent	
5ED0182	Body Surface	FDC	Absent	
5ED0182	Body Surface	BFG	Absent	
5ED0182	Body Surface	PRST	Absent	
5ED0182	Head	DFM	Absent	
5ED0182	Mouth	ULR	Absent	
5ED0182	Mouth	LLG	Absent	
5ED0182	Nare	SLN	Absent	
5ED0182	Eye, left	EXPTH	Absent	
5ED0182	Eye, left	OPQ	Absent	
5ED0182	Eye, left	MIS	Absent	
5ED0182	Eye, left	HMR	Absent	
5ED0182	Eye, left	EMB	Absent	
5ED0182	Eye, right	EXPTH	Absent	
5ED0182	Eye, right	OPQ	Absent	
5ED0182	Eye, right	MIS	Absent	
5ED0182	Eye, right	HMR	Absent	
5ED0182	Eye, right	EMB	Absent	
5ED0182	Opercula	SLSH	Absent	
5ED0183	Body Surface	RGR	Absent	
5ED0183	Body Surface	RLSN	Absent	
5ED0183	Body Surface	SPDF	Absent	
5ED0183	Body Surface	HMRB	Absent	
5ED0183	Body Surface	FDC	Absent	
5ED0183	Body Surface	BFG	Absent	
5ED0183	Body Surface	PRST	Absent	
5ED0183	Head	DFM	Absent	
5ED0183	Mouth	ULR	Absent	
5ED0183	Mouth	LLG	Absent	
5ED0183	Nare	SLN	Absent	
5ED0183	Eye, left	EXPTH	Absent	
5ED0183	Eye, left	OPQ	Absent	
5ED0183	Eye, left	MIS	Absent	
5ED0183	Eye, left	HMR	Absent	
5ED0183	Eye, left	EMB	Absent	
5ED0183	Eye, right	EXPTH	Absent	
5ED0183	Eye, right	OPQ	Absent	
5ED0183	Eye, right	MIS	Absent	
5ED0183	Eye, right	HMR	Absent	
5ED0183	Eye, right	EMB	Absent	
5ED0183	Opercula	SLSH	Absent	
5ED0184	Body Surface	RGR	Absent	
5ED0184	Body Surface	RLSN	Absent	
5ED0184	Body Surface	SPDF	Absent	
5ED0184	Body Surface	HMRB	Absent	
5ED0184	Body Surface	FDC	Absent	
5ED0184	Body Surface	BFG	Absent	
5ED0184	Body Surface	PRST	Absent	
5ED0184	Head	DFM	Absent	
5ED0184	Mouth	ULR	Absent	
5ED0184	Mouth	LLG	Absent	
5ED0184	Nare	SLN	Absent	
5ED0184	Eye, left	EXPTH	Absent	
5ED0184	Eye, left	OPQ	Absent	
5ED0184	Eye, left	MIS	Absent	
5ED0184	Eye, left	HMR	Absent	
5ED0184	Eye, left	EMB	Absent	
5ED0184	Eye, right	EXPTH	Absent	
5ED0184	Eye, right	OPQ	Absent	
5ED0184	Eye, right	MIS	Absent	
5ED0184	Eye, right	HMR	Absent	
5ED0184	Eye, right	EMB	Absent	
5ED0184	Opercula	SLSH	Absent	
5ED0185	Body Surface	RGR	Absent	
5ED0185	Body Surface	RLSN	Absent	
5ED0185	Body Surface	SPDF	Absent	
5ED0185	Body Surface	HMRB	Absent	
5ED0185	Body Surface	FDC	Absent	
5ED0185	Body Surface	BFG	Absent	
5ED0185	Body Surface	PRST	Absent	
5ED0185	Head	DFM	Absent	
5ED0185	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0185	Mouth	LLG	Absent	
5ED0185	Nare	SLN	Absent	
5ED0185	Eye, left	EXPTH	Absent	
5ED0185	Eye, left	OPQ	Absent	
5ED0185	Eye, left	MIS	Absent	
5ED0185	Eye, left	HMR	Absent	
5ED0185	Eye, left	EMB	Absent	
5ED0185	Eye, right	EXPTH	Absent	
5ED0185	Eye, right	OPQ	Absent	
5ED0185	Eye, right	MIS	Absent	
5ED0185	Eye, right	HMR	Absent	
5ED0185	Eye, right	EMB	Absent	
5ED0185	Opercula	SLSH	Absent	
5ED0186	Body Surface	RGR	Absent	
5ED0186	Body Surface	RLSN	Absent	
5ED0186	Body Surface	SPDF	Absent	
5ED0186	Body Surface	HMRB	Absent	
5ED0186	Body Surface	FDC	Absent	
5ED0186	Body Surface	BFG	Absent	
5ED0186	Body Surface	PRST	Absent	
5ED0186	Head	DFM	Absent	
5ED0186	Mouth	ULR	Absent	
5ED0186	Mouth	LLG	Absent	
5ED0186	Nare	SLN	Absent	
5ED0186	Eye, left	EXPTH	Absent	
5ED0186	Eye, left	OPQ	Absent	
5ED0186	Eye, left	MIS	Absent	
5ED0186	Eye, left	HMR	Absent	
5ED0186	Eye, left	EMB	Absent	
5ED0186	Eye, right	EXPTH	Absent	
5ED0186	Eye, right	OPQ	Absent	
5ED0186	Eye, right	MIS	Absent	
5ED0186	Eye, right	HMR	Absent	
5ED0186	Eye, right	EMB	Absent	
5ED0186	Opercula	SLSH	Absent	
5ED0187	Body Surface	RGR	Absent	
5ED0187	Body Surface	RLSN	Absent	
5ED0187	Body Surface	SPDF	Absent	
5ED0187	Body Surface	HMRB	Absent	
5ED0187	Body Surface	FDC	Absent	
5ED0187	Body Surface	BFG	Absent	
5ED0187	Body Surface	PRST	Absent	
5ED0187	Head	DFM	Absent	
5ED0187	Mouth	ULR	Absent	
5ED0187	Mouth	LLG	Absent	
5ED0187	Nare	SLN	Absent	
5ED0187	Eye, left	EXPTH	Absent	
5ED0187	Eye, left	OPQ	Absent	
5ED0187	Eye, left	MIS	Absent	
5ED0187	Eye, left	HMR	Absent	
5ED0187	Eye, left	EMB	Absent	
5ED0187	Eye, right	EXPTH	Absent	
5ED0187	Eye, right	OPQ	Absent	
5ED0187	Eye, right	MIS	Absent	
5ED0187	Eye, right	HMR	Absent	
5ED0187	Eye, right	EMB	Absent	
5ED0187	Opercula	SLSH	Absent	
5ED0188	Body Surface	RGR	Absent	
5ED0188	Body Surface	RLSN	Absent	
5ED0188	Body Surface	SPDF	Absent	
5ED0188	Body Surface	HMRB	Absent	
5ED0188	Body Surface	FDC	Absent	
5ED0188	Body Surface	BFG	Absent	
5ED0188	Body Surface	PRST	Absent	
5ED0188	Head	DFM	Absent	
5ED0188	Mouth	ULR	Absent	
5ED0188	Mouth	LLG	Absent	
5ED0188	Nare	SLN	Absent	
5ED0188	Eye, left	EXPTH	Absent	
5ED0188	Eye, left	OPQ	Absent	
5ED0188	Eye, left	MIS	Absent	
5ED0188	Eye, left	HMR	Absent	
5ED0188	Eye, left	EMB	Absent	
5ED0188	Eye, right	EXPTH	Absent	
5ED0188	Eye, right	OPQ	Absent	
5ED0188	Eye, right	MIS	Absent	
5ED0188	Eye, right	HMR	Absent	
5ED0188	Eye, right	EMB	Absent	
5ED0188	Opercula	SLSH	Absent	
5ED0189	Body Surface	RGR	Absent	
5ED0189	Body Surface	RLSN	Absent	
5ED0189	Body Surface	SPDF	Absent	
5ED0189	Body Surface	HMRB	Absent	
5ED0189	Body Surface	FDC	Absent	
5ED0189	Body Surface	BFG	Absent	
5ED0189	Body Surface	PRST	Absent	
5ED0189	Head	DFM	Absent	
5ED0189	Mouth	ULR	Absent	
5ED0189	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0189	Nare	SLN	Absent	
5ED0189	Eye, left	EXPTH	Absent	
5ED0189	Eye, left	OPQ	Absent	
5ED0189	Eye, left	MIS	Absent	
5ED0189	Eye, left	HMR	Absent	
5ED0189	Eye, left	EMB	Absent	
5ED0189	Eye, right	EXPTH	Absent	
5ED0189	Eye, right	OPQ	Absent	
5ED0189	Eye, right	MIS	Absent	
5ED0189	Eye, right	HMR	Absent	
5ED0189	Eye, right	EMB	Absent	
5ED0189	Opercula	SLSH	Absent	
5ED0190	Body Surface	RGR	Absent	
5ED0190	Body Surface	RLSN	Absent	
5ED0190	Body Surface	SPDF	Absent	
5ED0190	Body Surface	HMRB	Absent	
5ED0190	Body Surface	FDC	Absent	
5ED0190	Body Surface	BFG	Absent	
5ED0190	Body Surface	PRST	Absent	
5ED0190	Head	DFM	Absent	
5ED0190	Mouth	ULR	Absent	
5ED0190	Mouth	LLG	Absent	
5ED0190	Nare	SLN	Absent	
5ED0190	Eye, left	EXPTH	Absent	
5ED0190	Eye, left	OPQ	Absent	
5ED0190	Eye, left	MIS	Absent	
5ED0190	Eye, left	HMR	Absent	
5ED0190	Eye, left	EMB	Absent	
5ED0190	Eye, right	EXPTH	Absent	
5ED0190	Eye, right	OPQ	Absent	
5ED0190	Eye, right	MIS	Absent	
5ED0190	Eye, right	HMR	Absent	
5ED0190	Eye, right	EMB	Absent	
5ED0190	Opercula	SLSH	Absent	
5ED0191	Body Surface	RGR	Absent	
5ED0191	Body Surface	RLSN	Absent	
5ED0191	Body Surface	SPDF	Absent	
5ED0191	Body Surface	HMRB	Absent	
5ED0191	Body Surface	FDC	Absent	
5ED0191	Body Surface	BFG	Absent	
5ED0191	Body Surface	PRST	Absent	
5ED0191	Head	DFM	Absent	
5ED0191	Mouth	ULR	Absent	
5ED0191	Mouth	LLG	Absent	
5ED0191	Nare	SLN	Absent	
5ED0191	Eye, left	EXPTH	Absent	
5ED0191	Eye, left	OPQ	Absent	
5ED0191	Eye, left	MIS	Absent	
5ED0191	Eye, left	HMR	Absent	
5ED0191	Eye, left	EMB	Absent	
5ED0191	Eye, right	EXPTH	Absent	
5ED0191	Eye, right	OPQ	Absent	
5ED0191	Eye, right	MIS	Absent	
5ED0191	Eye, right	HMR	Absent	
5ED0191	Eye, right	EMB	Absent	
5ED0191	Opercula	SLSH	Absent	
5ED0192	Body Surface	RGR	Absent	
5ED0192	Body Surface	RLSN	Absent	
5ED0192	Body Surface	SPDF	Absent	
5ED0192	Body Surface	HMRB	Absent	
5ED0192	Body Surface	FDC	Absent	
5ED0192	Body Surface	BFG	Absent	
5ED0192	Body Surface	PRST	Absent	
5ED0192	Head	DFM	Absent	
5ED0192	Mouth	ULR	Absent	
5ED0192	Mouth	LLG	Absent	
5ED0192	Nare	SLN	Absent	
5ED0192	Eye, left	EXPTH	Absent	
5ED0192	Eye, left	OPQ	Absent	
5ED0192	Eye, left	MIS	Absent	
5ED0192	Eye, left	HMR	Absent	
5ED0192	Eye, left	EMB	Absent	
5ED0192	Eye, right	EXPTH	Absent	
5ED0192	Eye, right	OPQ	Absent	
5ED0192	Eye, right	MIS	Absent	
5ED0192	Eye, right	HMR	Absent	
5ED0192	Eye, right	EMB	Absent	
5ED0192	Opercula	SLSH	Absent	
5ED0193	Body Surface	RGR	Absent	
5ED0193	Body Surface	RLSN	Absent	
5ED0193	Body Surface	SPDF	Absent	
5ED0193	Body Surface	HMRB	Absent	
5ED0193	Body Surface	FDC	Absent	
5ED0193	Body Surface	BFG	Absent	
5ED0193	Body Surface	PRST	Absent	
5ED0193	Head	DFM	Absent	
5ED0193	Mouth	ULR	Absent	
5ED0193	Mouth	LLG	Absent	
5ED0193	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0193	Eye, left	EXPTH	Absent	
5ED0193	Eye, left	OPQ	Absent	
5ED0193	Eye, left	MIS	Absent	
5ED0193	Eye, left	HMR	Absent	
5ED0193	Eye, left	EMB	Absent	
5ED0193	Eye, right	EXPTH	Absent	
5ED0193	Eye, right	OPQ	Absent	
5ED0193	Eye, right	MIS	Absent	
5ED0193	Eye, right	HMR	Absent	
5ED0193	Eye, right	EMB	Absent	
5ED0193	Opercula	SLSH	Absent	
5ED0194	Body Surface	RGR	Absent	
5ED0194	Body Surface	RLSN	Absent	
5ED0194	Body Surface	SPDF	Absent	
5ED0194	Body Surface	HMRB	Absent	
5ED0194	Body Surface	FDC	Absent	
5ED0194	Body Surface	BFG	Absent	
5ED0194	Body Surface	PRST	Absent	
5ED0194	Head	DFM	Absent	
5ED0194	Mouth	ULR	Absent	
5ED0194	Mouth	LLG	Absent	
5ED0194	Nare	SLN	Absent	
5ED0194	Eye, left	EXPTH	Absent	
5ED0194	Eye, left	OPQ	Absent	
5ED0194	Eye, left	MIS	Absent	
5ED0194	Eye, left	HMR	Absent	
5ED0194	Eye, left	EMB	Absent	
5ED0194	Eye, right	EXPTH	Absent	
5ED0194	Eye, right	OPQ	Absent	
5ED0194	Eye, right	MIS	Absent	
5ED0194	Eye, right	HMR	Absent	
5ED0194	Eye, right	EMB	Absent	
5ED0194	Opercula	SLSH	Absent	
5ED0195	Body Surface	RGR	Absent	
5ED0195	Body Surface	RLSN	Absent	
5ED0195	Body Surface	SPDF	Absent	
5ED0195	Body Surface	HMRB	Absent	
5ED0195	Body Surface	FDC	Absent	
5ED0195	Body Surface	BFG	Absent	
5ED0195	Body Surface	PRST	Absent	
5ED0195	Head	DFM	Absent	
5ED0195	Mouth	ULR	Absent	
5ED0195	Mouth	LLG	Absent	
5ED0195	Nare	SLN	Absent	
5ED0195	Eye, left	EXPTH	Absent	
5ED0195	Eye, left	OPQ	Absent	
5ED0195	Eye, left	MIS	Absent	
5ED0195	Eye, left	HMR	Absent	
5ED0195	Eye, left	EMB	Absent	
5ED0195	Eye, right	EXPTH	Absent	
5ED0195	Eye, right	OPQ	Absent	
5ED0195	Eye, right	MIS	Absent	
5ED0195	Eye, right	HMR	Absent	
5ED0195	Eye, right	EMB	Absent	
5ED0195	Opercula	SLSH	Absent	
5ED0196	Body Surface	RGR	Absent	
5ED0196	Body Surface	RLSN	Absent	
5ED0196	Body Surface	SPDF	Absent	
5ED0196	Body Surface	HMRB	Absent	
5ED0196	Body Surface	FDC	Absent	
5ED0196	Body Surface	BFG	Absent	
5ED0196	Body Surface	PRST	Absent	
5ED0196	Head	DFM	Absent	
5ED0196	Mouth	ULR	Absent	
5ED0196	Mouth	LLG	Absent	
5ED0196	Nare	SLN	Absent	
5ED0196	Eye, left	EXPTH	Absent	
5ED0196	Eye, left	OPQ	Absent	
5ED0196	Eye, left	MIS	Absent	
5ED0196	Eye, left	HMR	Absent	
5ED0196	Eye, left	EMB	Absent	
5ED0196	Eye, right	EXPTH	Absent	
5ED0196	Eye, right	OPQ	Absent	
5ED0196	Eye, right	MIS	Absent	
5ED0196	Eye, right	HMR	Absent	
5ED0196	Eye, right	EMB	Absent	
5ED0196	Opercula	SLSH	Absent	
5ED0199	Body Surface	RGR	Absent	
5ED0199	Body Surface	RLSN	Absent	
5ED0199	Body Surface	SPDF	Absent	
5ED0199	Body Surface	HMRB	Absent	
5ED0199	Body Surface	FDC	Absent	
5ED0199	Body Surface	BFG	Absent	
5ED0199	Body Surface	PRST	Absent	
5ED0199	Head	DFM	Absent	
5ED0199	Mouth	ULR	Absent	
5ED0199	Mouth	LLG	Absent	
5ED0199	Nare	SLN	Absent	
5ED0199	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0199	Eye, left	OPQ	Absent	
5ED0199	Eye, left	MIS	Absent	
5ED0199	Eye, left	HMR	Absent	
5ED0199	Eye, left	EMB	Absent	
5ED0199	Eye, right	EXPTH	Absent	
5ED0199	Eye, right	OPQ	Absent	
5ED0199	Eye, right	MIS	Absent	
5ED0199	Eye, right	HMR	Absent	
5ED0199	Eye, right	EMB	Absent	
5ED0199	Opercula	SLSH	Absent	
5EE0004	Body Surface	RGR	Absent	
5EE0004	Body Surface	RLSN	Absent	
5EE0004	Body Surface	SPDF	Absent	
5EE0004	Body Surface	HMRB	Absent	
5EE0004	Body Surface	FDC	Absent	
5EE0004	Body Surface	BFG	Absent	
5EE0004	Body Surface	PRST	Absent	
5EE0004	Head	DFM	Absent	
5EE0004	Mouth	ULR	Absent	
5EE0004	Mouth	LLG	Absent	
5EE0004	Nare	SLN	Absent	
5EE0004	Eye, left	EXPTH	Absent	
5EE0004	Eye, left	OPQ	Absent	
5EE0004	Eye, left	MIS	Absent	
5EE0004	Eye, left	HMR	Absent	
5EE0004	Eye, left	EMB	Absent	
5EE0004	Eye, right	EXPTH	Absent	
5EE0004	Eye, right	OPQ	Absent	
5EE0004	Eye, right	MIS	Absent	
5EE0004	Eye, right	HMR	Absent	
5EE0004	Eye, right	EMB	Absent	
5EE0004	Opercula	SLSH	Absent	
5EE0006	Body Surface	RGR	Absent	
5EE0006	Body Surface	RLSN	Absent	
5EE0006	Body Surface	SPDF	Absent	
5EE0006	Body Surface	HMRB	Absent	
5EE0006	Body Surface	FDC	Present	
5EE0006	Body Surface	BFG	Absent	
5EE0006	Body Surface	PRST	Absent	
5EE0006	Head	DFM	Absent	
5EE0006	Mouth	ULR	Absent	
5EE0006	Mouth	LLG	Absent	
5EE0006	Nare	SLN	Absent	
5EE0006	Eye, left	EXPTH	Absent	
5EE0006	Eye, left	OPQ	Absent	
5EE0006	Eye, left	MIS	Absent	
5EE0006	Eye, left	HMR	Absent	
5EE0006	Eye, left	EMB	Absent	
5EE0006	Eye, right	EXPTH	Absent	
5EE0006	Eye, right	OPQ	Absent	
5EE0006	Eye, right	MIS	Absent	
5EE0006	Eye, right	HMR	Absent	
5EE0006	Eye, right	EMB	Absent	
5EE0006	Opercula	SLSH	Absent	
5EE0007	Body Surface	RGR	Absent	
5EE0007	Body Surface	RLSN	Absent	
5EE0007	Body Surface	SPDF	Absent	
5EE0007	Body Surface	HMRB	Absent	
5EE0007	Body Surface	FDC	Present	
5EE0007	Body Surface	BFG	Absent	
5EE0007	Body Surface	PRST	Absent	
5EE0007	Head	DFM	Absent	
5EE0007	Mouth	ULR	Absent	
5EE0007	Mouth	LLG	Absent	
5EE0007	Nare	SLN	Absent	
5EE0007	Eye, left	EXPTH	Absent	
5EE0007	Eye, left	OPQ	Absent	
5EE0007	Eye, left	MIS	Absent	
5EE0007	Eye, left	HMR	Absent	
5EE0007	Eye, left	EMB	Absent	
5EE0007	Eye, right	EXPTH	Absent	
5EE0007	Eye, right	OPQ	Absent	
5EE0007	Eye, right	MIS	Absent	
5EE0007	Eye, right	HMR	Absent	
5EE0007	Eye, right	EMB	Absent	
5EE0007	Opercula	SLSH	Absent	
5GNA0001H	Body Surface	RGR	Absent	
5GNA0001H	Body Surface	RLSN	Absent	
5GNA0001H	Body Surface	SPDF	Absent	
5GNA0001H	Body Surface	HMRB	Absent	
5GNA0001H	Body Surface	FDC	Absent	
5GNA0001H	Body Surface	BFG	Absent	
5GNA0001H	Body Surface	PRST	Absent	
5GNA0001H	Head	DFM	Absent	
5GNA0001H	Mouth	ULR	Absent	
5GNA0001H	Mouth	LLG	Absent	
5GNA0001H	Nare	SLN	Absent	
5GNA0001H	Eye, left	EXPTH	Absent	
5GNA0001H	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0001H	Eye, left	MIS	Absent	
5GNA0001H	Eye, left	HMR	Absent	
5GNA0001H	Eye, left	EMB	Absent	
5GNA0001H	Eye, right	EXPTH	Absent	
5GNA0001H	Eye, right	OPQ	Absent	
5GNA0001H	Eye, right	MIS	Absent	
5GNA0001H	Eye, right	HMR	Absent	
5GNA0001H	Eye, right	EMB	Absent	
5GNA0001H	Opercula	SLSH	Absent	
5GNA0002H	Body Surface	RGR	Absent	
5GNA0002H	Body Surface	RLSN	Absent	
5GNA0002H	Body Surface	SPDF	Absent	
5GNA0002H	Body Surface	HMRB	Absent	
5GNA0002H	Body Surface	FDC	Absent	
5GNA0002H	Body Surface	BFG	Absent	
5GNA0002H	Body Surface	PRST	Absent	
5GNA0002H	Head	DFM	Absent	
5GNA0002H	Mouth	ULR	Absent	
5GNA0002H	Mouth	LLG	Absent	
5GNA0002H	Nare	SLN	Absent	
5GNA0002H	Eye, left	EXPTH	Absent	
5GNA0002H	Eye, left	OPQ	Absent	
5GNA0002H	Eye, left	MIS	Absent	
5GNA0002H	Eye, left	HMR	Absent	
5GNA0002H	Eye, left	EMB	Absent	
5GNA0002H	Eye, right	EXPTH	Absent	
5GNA0002H	Eye, right	OPQ	Absent	
5GNA0002H	Eye, right	MIS	Absent	
5GNA0002H	Eye, right	HMR	Absent	
5GNA0002H	Eye, right	EMB	Absent	
5GNA0002H	Opercula	SLSH	Absent	
5GNA0003H	Body Surface	RGR	Absent	
5GNA0003H	Body Surface	RLSN	Absent	
5GNA0003H	Body Surface	SPDF	Absent	
5GNA0003H	Body Surface	HMRB	Absent	
5GNA0003H	Body Surface	FDC	Absent	
5GNA0003H	Body Surface	BFG	Absent	
5GNA0003H	Body Surface	PRST	Absent	
5GNA0003H	Head	DFM	Absent	
5GNA0003H	Mouth	ULR	Absent	
5GNA0003H	Mouth	LLG	Absent	
5GNA0003H	Nare	SLN	Absent	
5GNA0003H	Eye, left	EXPTH	Absent	
5GNA0003H	Eye, left	OPQ	Absent	
5GNA0003H	Eye, left	MIS	Absent	
5GNA0003H	Eye, left	HMR	Absent	
5GNA0003H	Eye, left	EMB	Absent	
5GNA0003H	Eye, right	EXPTH	Absent	
5GNA0003H	Eye, right	OPQ	Absent	
5GNA0003H	Eye, right	MIS	Absent	
5GNA0003H	Eye, right	HMR	Absent	
5GNA0003H	Eye, right	EMB	Absent	
5GNA0003H	Opercula	SLSH	Absent	
5GNA0004H	Body Surface	RGR	Absent	
5GNA0004H	Body Surface	RLSN	Absent	
5GNA0004H	Body Surface	SPDF	Absent	
5GNA0004H	Body Surface	HMRB	Absent	
5GNA0004H	Body Surface	FDC	Absent	
5GNA0004H	Body Surface	BFG	Absent	
5GNA0004H	Body Surface	PRST	Absent	
5GNA0004H	Head	DFM	Absent	
5GNA0004H	Mouth	ULR	Absent	
5GNA0004H	Mouth	LLG	Absent	
5GNA0004H	Nare	SLN	Absent	
5GNA0004H	Eye, left	EXPTH	Absent	
5GNA0004H	Eye, left	OPQ	Absent	
5GNA0004H	Eye, left	MIS	Absent	
5GNA0004H	Eye, left	HMR	Absent	
5GNA0004H	Eye, left	EMB	Absent	
5GNA0004H	Eye, right	EXPTH	Absent	
5GNA0004H	Eye, right	OPQ	Absent	
5GNA0004H	Eye, right	MIS	Absent	
5GNA0004H	Eye, right	HMR	Absent	
5GNA0004H	Eye, right	EMB	Absent	
5GNA0004H	Opercula	SLSH	Absent	
5GNA0005H	Body Surface	RGR	Absent	
5GNA0005H	Body Surface	RLSN	Absent	
5GNA0005H	Body Surface	SPDF	Absent	
5GNA0005H	Body Surface	HMRB	Absent	
5GNA0005H	Body Surface	FDC	Absent	
5GNA0005H	Body Surface	BFG	Absent	
5GNA0005H	Body Surface	PRST	Absent	
5GNA0005H	Head	DFM	Absent	
5GNA0005H	Mouth	ULR	Absent	
5GNA0005H	Mouth	LLG	Absent	
5GNA0005H	Nare	SLN	Absent	
5GNA0005H	Eye, left	EXPTH	Absent	
5GNA0005H	Eye, left	OPQ	Absent	
5GNA0005H	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0005H	Eye, left	HMR	Absent	
5GNA0005H	Eye, left	EMB	Absent	
5GNA0005H	Eye, right	EXPTH	Absent	
5GNA0005H	Eye, right	OPQ	Absent	
5GNA0005H	Eye, right	MIS	Absent	
5GNA0005H	Eye, right	HMR	Absent	
5GNA0005H	Eye, right	EMB	Absent	
5GNA0005H	Opercula	SLSH	Absent	
5GNA0006H	Body Surface	RGR	Absent	
5GNA0006H	Body Surface	RLSN	Absent	
5GNA0006H	Body Surface	SPDF	Absent	
5GNA0006H	Body Surface	HMRB	Absent	
5GNA0006H	Body Surface	FDC	Absent	
5GNA0006H	Body Surface	BFG	Absent	
5GNA0006H	Body Surface	PRST	Absent	
5GNA0006H	Body Surface	OTHER	Present	Gill net marks
5GNA0006H	Head	DFM	Absent	
5GNA0006H	Mouth	ULR	Absent	
5GNA0006H	Mouth	LLG	Absent	
5GNA0006H	Nare	SLN	Absent	
5GNA0006H	Eye, left	EXPTH	Absent	
5GNA0006H	Eye, left	OPQ	Absent	
5GNA0006H	Eye, left	MIS	Absent	
5GNA0006H	Eye, left	HMR	Absent	
5GNA0006H	Eye, left	EMB	Absent	
5GNA0006H	Eye, right	EXPTH	Absent	
5GNA0006H	Eye, right	OPQ	Absent	
5GNA0006H	Eye, right	MIS	Absent	
5GNA0006H	Eye, right	HMR	Absent	
5GNA0006H	Eye, right	EMB	Absent	
5GNA0006H	Opercula	SLSH	Absent	
5GNA0007H	Body Surface	RGR	Absent	
5GNA0007H	Body Surface	RLSN	Absent	
5GNA0007H	Body Surface	SPDF	Absent	
5GNA0007H	Body Surface	HMRB	Absent	
5GNA0007H	Body Surface	FDC	Absent	
5GNA0007H	Body Surface	BFG	Absent	
5GNA0007H	Body Surface	PRST	Absent	
5GNA0007H	Head	DFM	Absent	
5GNA0007H	Mouth	ULR	Absent	
5GNA0007H	Mouth	LLG	Absent	
5GNA0007H	Nare	SLN	Absent	
5GNA0007H	Eye, left	EXPTH	Absent	
5GNA0007H	Eye, left	OPQ	Absent	
5GNA0007H	Eye, left	MIS	Absent	
5GNA0007H	Eye, left	HMR	Absent	
5GNA0007H	Eye, left	EMB	Absent	
5GNA0007H	Eye, right	EXPTH	Absent	
5GNA0007H	Eye, right	OPQ	Absent	
5GNA0007H	Eye, right	MIS	Absent	
5GNA0007H	Eye, right	HMR	Absent	
5GNA0007H	Eye, right	EMB	Absent	
5GNA0007H	Opercula	SLSH	Absent	
5GNA0008W	Body Surface	RGR	Absent	
5GNA0008W	Body Surface	RLSN	Absent	
5GNA0008W	Body Surface	SPDF	Absent	
5GNA0008W	Body Surface	HMRB	Absent	
5GNA0008W	Body Surface	FDC	Absent	
5GNA0008W	Body Surface	BFG	Absent	
5GNA0008W	Body Surface	PRST	Absent	
5GNA0008W	Head	DFM	Absent	
5GNA0008W	Mouth	ULR	Absent	
5GNA0008W	Mouth	LLG	Absent	
5GNA0008W	Nare	SLN	Absent	
5GNA0008W	Eye, left	EXPTH	Absent	
5GNA0008W	Eye, left	OPQ	Absent	
5GNA0008W	Eye, left	MIS	Absent	
5GNA0008W	Eye, left	HMR	Absent	
5GNA0008W	Eye, left	EMB	Absent	
5GNA0008W	Eye, right	EXPTH	Absent	
5GNA0008W	Eye, right	OPQ	Absent	
5GNA0008W	Eye, right	MIS	Absent	
5GNA0008W	Eye, right	HMR	Absent	
5GNA0008W	Eye, right	EMB	Absent	
5GNA0008W	Opercula	SLSH	Absent	
5GNA0009W	Body Surface	RGR	Absent	
5GNA0009W	Body Surface	RLSN	Absent	
5GNA0009W	Body Surface	SPDF	Absent	
5GNA0009W	Body Surface	HMRB	Absent	
5GNA0009W	Body Surface	FDC	Absent	
5GNA0009W	Body Surface	BFG	Absent	
5GNA0009W	Body Surface	PRST	Absent	
5GNA0009W	Head	DFM	Absent	
5GNA0009W	Mouth	ULR	Absent	
5GNA0009W	Mouth	LLG	Absent	
5GNA0009W	Nare	SLN	Absent	
5GNA0009W	Eye, left	EXPTH	Absent	
5GNA0009W	Eye, left	OPQ	Absent	
5GNA0009W	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0009W	Eye, left	HMR	Absent	
5GNA0009W	Eye, left	EMB	Absent	
5GNA0009W	Eye, right	EXPTH	Absent	
5GNA0009W	Eye, right	OPQ	Absent	
5GNA0009W	Eye, right	MIS	Absent	
5GNA0009W	Eye, right	HMR	Absent	
5GNA0009W	Eye, right	EMB	Absent	
5GNA0009W	Opercula	SLSH	Absent	
5GNA0010H	Body Surface	RGR	Absent	
5GNA0010H	Body Surface	RLSN	Absent	
5GNA0010H	Body Surface	SPDF	Absent	
5GNA0010H	Body Surface	HMRB	Absent	
5GNA0010H	Body Surface	FDC	Absent	
5GNA0010H	Body Surface	BFG	Absent	
5GNA0010H	Body Surface	PRST	Absent	
5GNA0010H	Head	DFM	Absent	
5GNA0010H	Mouth	ULR	Absent	
5GNA0010H	Mouth	LLG	Absent	
5GNA0010H	Nare	SLN	Absent	
5GNA0010H	Eye, left	EXPTH	Absent	
5GNA0010H	Eye, left	OPQ	Absent	
5GNA0010H	Eye, left	MIS	Absent	
5GNA0010H	Eye, left	HMR	Absent	
5GNA0010H	Eye, left	EMB	Absent	
5GNA0010H	Eye, right	EXPTH	Absent	
5GNA0010H	Eye, right	OPQ	Absent	
5GNA0010H	Eye, right	MIS	Absent	
5GNA0010H	Eye, right	HMR	Absent	
5GNA0010H	Eye, right	EMB	Absent	
5GNA0010H	Opercula	SLSH	Absent	
5GNA0011H	Body Surface	RGR	Absent	
5GNA0011H	Body Surface	RLSN	Absent	
5GNA0011H	Body Surface	SPDF	Absent	
5GNA0011H	Body Surface	HMRB	Absent	
5GNA0011H	Body Surface	FDC	Absent	
5GNA0011H	Body Surface	BFG	Absent	
5GNA0011H	Body Surface	PRST	Absent	
5GNA0011H	Body Surface	OTHER	Present	Gill net marks
5GNA0011H	Head	DFM	Absent	
5GNA0011H	Mouth	ULR	Absent	
5GNA0011H	Mouth	LLG	Absent	
5GNA0011H	Nare	SLN	Absent	
5GNA0011H	Eye, left	EXPTH	Absent	
5GNA0011H	Eye, left	OPQ	Absent	
5GNA0011H	Eye, left	MIS	Absent	
5GNA0011H	Eye, left	HMR	Absent	
5GNA0011H	Eye, left	EMB	Absent	
5GNA0011H	Eye, right	EXPTH	Absent	
5GNA0011H	Eye, right	OPQ	Absent	
5GNA0011H	Eye, right	MIS	Absent	
5GNA0011H	Eye, right	HMR	Absent	
5GNA0011H	Eye, right	EMB	Absent	
5GNA0011H	Opercula	SLSH	Absent	
5GNA0012W	Body Surface	RGR	Absent	
5GNA0012W	Body Surface	RLSN	Absent	
5GNA0012W	Body Surface	SPDF	Absent	
5GNA0012W	Body Surface	HMRB	Absent	
5GNA0012W	Body Surface	FDC	Absent	
5GNA0012W	Body Surface	BFG	Absent	
5GNA0012W	Body Surface	PRST	Absent	
5GNA0012W	Body Surface	OTHER	Present	Gill net marks
5GNA0012W	Head	DFM	Absent	
5GNA0012W	Mouth	ULR	Absent	
5GNA0012W	Mouth	LLG	Absent	
5GNA0012W	Nare	SLN	Absent	
5GNA0012W	Eye, left	EXPTH	Absent	
5GNA0012W	Eye, left	OPQ	Absent	
5GNA0012W	Eye, left	MIS	Absent	
5GNA0012W	Eye, left	HMR	Absent	
5GNA0012W	Eye, left	EMB	Absent	
5GNA0012W	Eye, right	EXPTH	Absent	
5GNA0012W	Eye, right	OPQ	Absent	
5GNA0012W	Eye, right	MIS	Absent	
5GNA0012W	Eye, right	HMR	Absent	
5GNA0012W	Eye, right	EMB	Absent	
5GNA0012W	Opercula	SLSH	Absent	
5GNA0013H	Body Surface	RGR	Absent	
5GNA0013H	Body Surface	RLSN	Absent	
5GNA0013H	Body Surface	SPDF	Absent	
5GNA0013H	Body Surface	HMRB	Absent	
5GNA0013H	Body Surface	FDC	Absent	
5GNA0013H	Body Surface	BFG	Absent	
5GNA0013H	Body Surface	PRST	Absent	
5GNA0013H	Head	DFM	Absent	
5GNA0013H	Mouth	ULR	Absent	
5GNA0013H	Mouth	LLG	Absent	
5GNA0013H	Nare	SLN	Absent	
5GNA0013H	Eye, left	EXPTH	Absent	
5GNA0013H	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0013H	Eye, left	MIS	Absent	
5GNA0013H	Eye, left	HMR	Absent	
5GNA0013H	Eye, left	EMB	Absent	
5GNA0013H	Eye, right	EXPTH	Absent	
5GNA0013H	Eye, right	OPQ	Absent	
5GNA0013H	Eye, right	MIS	Absent	
5GNA0013H	Eye, right	HMR	Absent	
5GNA0013H	Eye, right	EMB	Absent	
5GNA0013H	Opercula	SLSH	Absent	
5GNA0014H	Body Surface	RGR	Absent	
5GNA0014H	Body Surface	RLSN	Absent	
5GNA0014H	Body Surface	SPDF	Absent	
5GNA0014H	Body Surface	HMRB	Absent	
5GNA0014H	Body Surface	FDC	Absent	
5GNA0014H	Body Surface	BFG	Absent	
5GNA0014H	Body Surface	PRST	Absent	
5GNA0014H	Head	DFM	Absent	
5GNA0014H	Mouth	ULR	Absent	
5GNA0014H	Mouth	LLG	Absent	
5GNA0014H	Nare	SLN	Absent	
5GNA0014H	Eye, left	EXPTH	Absent	
5GNA0014H	Eye, left	OPQ	Absent	
5GNA0014H	Eye, left	MIS	Absent	
5GNA0014H	Eye, left	HMR	Absent	
5GNA0014H	Eye, left	EMB	Absent	
5GNA0014H	Eye, right	EXPTH	Absent	
5GNA0014H	Eye, right	OPQ	Absent	
5GNA0014H	Eye, right	MIS	Absent	
5GNA0014H	Eye, right	HMR	Absent	
5GNA0014H	Eye, right	EMB	Absent	
5GNA0014H	Opercula	SLSH	Absent	
5GNA0015H	Body Surface	RGR	Absent	
5GNA0015H	Body Surface	RLSN	Absent	
5GNA0015H	Body Surface	SPDF	Absent	
5GNA0015H	Body Surface	HMRB	Absent	
5GNA0015H	Body Surface	FDC	Absent	
5GNA0015H	Body Surface	BFG	Absent	
5GNA0015H	Body Surface	PRST	Absent	
5GNA0015H	Head	DFM	Absent	
5GNA0015H	Mouth	ULR	Absent	
5GNA0015H	Mouth	LLG	Absent	
5GNA0015H	Nare	SLN	Absent	
5GNA0015H	Eye, left	EXPTH	Absent	
5GNA0015H	Eye, left	OPQ	Absent	
5GNA0015H	Eye, left	MIS	Absent	
5GNA0015H	Eye, left	HMR	Absent	
5GNA0015H	Eye, left	EMB	Absent	
5GNA0015H	Eye, right	EXPTH	Absent	
5GNA0015H	Eye, right	OPQ	Absent	
5GNA0015H	Eye, right	MIS	Absent	
5GNA0015H	Eye, right	HMR	Absent	
5GNA0015H	Eye, right	EMB	Absent	
5GNA0015H	Opercula	SLSH	Absent	
5GNA0016	Body Surface	RGR	Absent	
5GNA0016	Body Surface	RLSN	Absent	
5GNA0016	Body Surface	SPDF	Absent	
5GNA0016	Body Surface	HMRB	Absent	
5GNA0016	Body Surface	FDC	Absent	
5GNA0016	Body Surface	BFG	Absent	
5GNA0016	Body Surface	PRST	Absent	
5GNA0016	Head	DFM	Absent	
5GNA0016	Mouth	ULR	Absent	
5GNA0016	Mouth	LLG	Absent	
5GNA0016	Nare	SLN	Absent	
5GNA0016	Eye, left	EXPTH	Absent	
5GNA0016	Eye, left	OPQ	Absent	
5GNA0016	Eye, left	MIS	Absent	
5GNA0016	Eye, left	HMR	Absent	
5GNA0016	Eye, left	EMB	Absent	
5GNA0016	Eye, right	EXPTH	Absent	
5GNA0016	Eye, right	OPQ	Absent	
5GNA0016	Eye, right	MIS	Absent	
5GNA0016	Eye, right	HMR	Absent	
5GNA0016	Eye, right	EMB	Absent	
5GNA0016	Opercula	SLSH	Absent	
5GNA0018	Body Surface	RGR	Absent	
5GNA0018	Body Surface	RLSN	Absent	
5GNA0018	Body Surface	SPDF	Absent	
5GNA0018	Body Surface	HMRB	Absent	
5GNA0018	Body Surface	FDC	Absent	
5GNA0018	Body Surface	BFG	Absent	
5GNA0018	Body Surface	PRST	Absent	
5GNA0018	Head	DFM	Absent	
5GNA0018	Mouth	ULR	Absent	
5GNA0018	Mouth	LLG	Absent	
5GNA0018	Nare	SLN	Absent	
5GNA0018	Eye, left	EXPTH	Present	
5GNA0018	Eye, left	OPQ	Absent	
5GNA0018	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0018	Eye, left	HMR	Absent	
5GNA0018	Eye, left	EMB	Absent	
5GNA0018	Eye, right	EXPTH	Present	
5GNA0018	Eye, right	OPQ	Absent	
5GNA0018	Eye, right	MIS	Absent	
5GNA0018	Eye, right	HMR	Absent	
5GNA0018	Eye, right	EMB	Absent	
5GNA0018	Opercula	SLSH	Absent	
5GNA0019	Body Surface	RGR	Absent	
5GNA0019	Body Surface	RLSN	Absent	
5GNA0019	Body Surface	SPDF	Absent	
5GNA0019	Body Surface	HMRB	Absent	
5GNA0019	Body Surface	FDC	Absent	
5GNA0019	Body Surface	BFG	Absent	
5GNA0019	Body Surface	PRST	Absent	
5GNA0019	Head	DFM	Absent	
5GNA0019	Mouth	ULR	Absent	
5GNA0019	Mouth	LLG	Absent	
5GNA0019	Nare	SLN	Absent	
5GNA0019	Eye, left	EXPTH	Absent	
5GNA0019	Eye, left	OPQ	Absent	
5GNA0019	Eye, left	MIS	Absent	
5GNA0019	Eye, left	HMR	Absent	
5GNA0019	Eye, left	EMB	Absent	
5GNA0019	Eye, right	EXPTH	Absent	
5GNA0019	Eye, right	OPQ	Absent	
5GNA0019	Eye, right	MIS	Absent	
5GNA0019	Eye, right	HMR	Absent	
5GNA0019	Eye, right	EMB	Absent	
5GNA0019	Opercula	SLSH	Absent	
5GNA0020	Body Surface	RGR	Absent	
5GNA0020	Body Surface	RLSN	Absent	
5GNA0020	Body Surface	SPDF	Absent	
5GNA0020	Body Surface	HMRB	Absent	
5GNA0020	Body Surface	FDC	Absent	
5GNA0020	Body Surface	BFG	Absent	
5GNA0020	Body Surface	PRST	Absent	
5GNA0020	Head	DFM	Absent	
5GNA0020	Mouth	ULR	Absent	
5GNA0020	Mouth	LLG	Absent	
5GNA0020	Nare	SLN	Absent	
5GNA0020	Eye, left	EXPTH	Absent	
5GNA0020	Eye, left	OPQ	Absent	
5GNA0020	Eye, left	MIS	Absent	
5GNA0020	Eye, left	HMR	Absent	
5GNA0020	Eye, left	EMB	Absent	
5GNA0020	Eye, right	EXPTH	Absent	
5GNA0020	Eye, right	OPQ	Absent	
5GNA0020	Eye, right	MIS	Absent	
5GNA0020	Eye, right	HMR	Absent	
5GNA0020	Eye, right	EMB	Absent	
5GNA0020	Opercula	SLSH	Absent	
5GNA0021	Body Surface	RGR	Absent	
5GNA0021	Body Surface	RLSN	Absent	
5GNA0021	Body Surface	SPDF	Absent	
5GNA0021	Body Surface	HMRB	Absent	
5GNA0021	Body Surface	FDC	Absent	
5GNA0021	Body Surface	BFG	Absent	
5GNA0021	Body Surface	PRST	Absent	
5GNA0021	Head	DFM	Absent	
5GNA0021	Mouth	ULR	Absent	
5GNA0021	Mouth	LLG	Absent	
5GNA0021	Nare	SLN	Absent	
5GNA0021	Eye, left	EXPTH	Absent	
5GNA0021	Eye, left	OPQ	Absent	
5GNA0021	Eye, left	MIS	Absent	
5GNA0021	Eye, left	HMR	Absent	
5GNA0021	Eye, left	EMB	Absent	
5GNA0021	Eye, right	EXPTH	Absent	
5GNA0021	Eye, right	OPQ	Absent	
5GNA0021	Eye, right	MIS	Absent	
5GNA0021	Eye, right	HMR	Absent	
5GNA0021	Eye, right	EMB	Absent	
5GNA0021	Opercula	SLSH	Absent	
5GNA0022	Body Surface	RGR	Absent	
5GNA0022	Body Surface	RLSN	Absent	
5GNA0022	Body Surface	SPDF	Absent	
5GNA0022	Body Surface	HMRB	Absent	
5GNA0022	Body Surface	FDC	Absent	
5GNA0022	Body Surface	BFG	Absent	
5GNA0022	Body Surface	PRST	Absent	
5GNA0022	Head	DFM	Absent	
5GNA0022	Mouth	ULR	Absent	
5GNA0022	Mouth	LLG	Absent	
5GNA0022	Nare	SLN	Absent	
5GNA0022	Eye, left	EXPTH	Absent	
5GNA0022	Eye, left	OPQ	Absent	
5GNA0022	Eye, left	MIS	Absent	
5GNA0022	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0022	Eye, left	EMB	Absent	
5GNA0022	Eye, right	EXPTH	Absent	
5GNA0022	Eye, right	OPQ	Absent	
5GNA0022	Eye, right	MIS	Absent	
5GNA0022	Eye, right	HMR	Absent	
5GNA0022	Eye, right	EMB	Absent	
5GNA0022	Opercula	SLSH	Absent	
5GNA0023	Body Surface	RGR	Absent	
5GNA0023	Body Surface	RLSN	Absent	
5GNA0023	Body Surface	SPDF	Absent	
5GNA0023	Body Surface	HMRB	Absent	
5GNA0023	Body Surface	FDC	Absent	
5GNA0023	Body Surface	BFG	Absent	
5GNA0023	Body Surface	PRST	Absent	
5GNA0023	Head	DFM	Absent	
5GNA0023	Mouth	ULR	Absent	
5GNA0023	Mouth	LLG	Absent	
5GNA0023	Nare	SLN	Absent	
5GNA0023	Eye, left	EXPTH	Absent	
5GNA0023	Eye, left	OPQ	Absent	
5GNA0023	Eye, left	MIS	Absent	
5GNA0023	Eye, left	HMR	Absent	
5GNA0023	Eye, left	EMB	Absent	
5GNA0023	Eye, right	EXPTH	Absent	
5GNA0023	Eye, right	OPQ	Absent	
5GNA0023	Eye, right	MIS	Absent	
5GNA0023	Eye, right	HMR	Absent	
5GNA0023	Eye, right	EMB	Absent	
5GNA0023	Opercula	SLSH	Absent	
5GNA0024	Body Surface	RGR	Absent	
5GNA0024	Body Surface	RLSN	Absent	
5GNA0024	Body Surface	SPDF	Absent	
5GNA0024	Body Surface	HMRB	Absent	
5GNA0024	Body Surface	FDC	Absent	
5GNA0024	Body Surface	BFG	Absent	
5GNA0024	Body Surface	PRST	Absent	
5GNA0024	Head	DFM	Absent	
5GNA0024	Mouth	ULR	Absent	
5GNA0024	Mouth	LLG	Absent	
5GNA0024	Nare	SLN	Absent	
5GNA0024	Eye, left	EXPTH	Absent	
5GNA0024	Eye, left	OPQ	Absent	
5GNA0024	Eye, left	MIS	Absent	
5GNA0024	Eye, left	HMR	Absent	
5GNA0024	Eye, left	EMB	Absent	
5GNA0024	Eye, right	EXPTH	Absent	
5GNA0024	Eye, right	OPQ	Absent	
5GNA0024	Eye, right	MIS	Absent	
5GNA0024	Eye, right	HMR	Absent	
5GNA0024	Eye, right	EMB	Absent	
5GNA0024	Opercula	SLSH	Absent	
5GNA0025	Body Surface	RGR	Absent	
5GNA0025	Body Surface	RLSN	Absent	
5GNA0025	Body Surface	SPDF	Absent	
5GNA0025	Body Surface	HMRB	Absent	
5GNA0025	Body Surface	FDC	Absent	
5GNA0025	Body Surface	BFG	Absent	
5GNA0025	Body Surface	PRST	Absent	
5GNA0025	Head	DFM	Absent	
5GNA0025	Mouth	ULR	Absent	
5GNA0025	Mouth	LLG	Absent	
5GNA0025	Nare	SLN	Absent	
5GNA0025	Eye, left	EXPTH	Absent	
5GNA0025	Eye, left	OPQ	Absent	
5GNA0025	Eye, left	MIS	Absent	
5GNA0025	Eye, left	HMR	Absent	
5GNA0025	Eye, left	EMB	Absent	
5GNA0025	Eye, right	EXPTH	Absent	
5GNA0025	Eye, right	OPQ	Absent	
5GNA0025	Eye, right	MIS	Absent	
5GNA0025	Eye, right	HMR	Absent	
5GNA0025	Eye, right	EMB	Absent	
5GNA0025	Opercula	SLSH	Absent	
5GNA0026	Body Surface	RGR	Absent	
5GNA0026	Body Surface	RLSN	Absent	
5GNA0026	Body Surface	SPDF	Absent	
5GNA0026	Body Surface	HMRB	Absent	
5GNA0026	Body Surface	FDC	Absent	
5GNA0026	Body Surface	BFG	Absent	
5GNA0026	Body Surface	PRST	Absent	
5GNA0026	Head	DFM	Absent	
5GNA0026	Mouth	ULR	Absent	
5GNA0026	Mouth	LLG	Absent	
5GNA0026	Nare	SLN	Absent	
5GNA0026	Eye, left	EXPTH	Absent	
5GNA0026	Eye, left	OPQ	Absent	
5GNA0026	Eye, left	MIS	Absent	
5GNA0026	Eye, left	HMR	Absent	
5GNA0026	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0026	Eye, right	EXPTH	Absent	
5GNA0026	Eye, right	OPQ	Absent	
5GNA0026	Eye, right	MIS	Absent	
5GNA0026	Eye, right	HMR	Absent	
5GNA0026	Eye, right	EMB	Absent	
5GNA0026	Opercula	SLSH	Absent	
5GNA0027	Body Surface	RGR	Absent	
5GNA0027	Body Surface	RLSN	Absent	
5GNA0027	Body Surface	SPDF	Absent	
5GNA0027	Body Surface	HMRB	Absent	
5GNA0027	Body Surface	FDC	Absent	
5GNA0027	Body Surface	BFG	Absent	
5GNA0027	Body Surface	PRST	Absent	
5GNA0027	Head	DFM	Absent	
5GNA0027	Mouth	ULR	Absent	
5GNA0027	Mouth	LLG	Absent	
5GNA0027	Nare	SLN	Absent	
5GNA0027	Eye, left	EXPTH	Absent	
5GNA0027	Eye, left	OPQ	Absent	
5GNA0027	Eye, left	MIS	Absent	
5GNA0027	Eye, left	HMR	Absent	
5GNA0027	Eye, left	EMB	Absent	
5GNA0027	Eye, right	EXPTH	Absent	
5GNA0027	Eye, right	OPQ	Absent	
5GNA0027	Eye, right	MIS	Absent	
5GNA0027	Eye, right	HMR	Absent	
5GNA0027	Eye, right	EMB	Absent	
5GNA0027	Opercula	SLSH	Absent	
5GNA0028	Body Surface	RGR	Absent	
5GNA0028	Body Surface	RLSN	Absent	
5GNA0028	Body Surface	SPDF	Absent	
5GNA0028	Body Surface	HMRB	Absent	
5GNA0028	Body Surface	FDC	Absent	
5GNA0028	Body Surface	BFG	Absent	
5GNA0028	Body Surface	PRST	Absent	
5GNA0028	Head	DFM	Absent	
5GNA0028	Mouth	ULR	Absent	
5GNA0028	Mouth	LLG	Absent	
5GNA0028	Nare	SLN	Absent	
5GNA0028	Eye, left	EXPTH	Absent	
5GNA0028	Eye, left	OPQ	Absent	
5GNA0028	Eye, left	MIS	Absent	
5GNA0028	Eye, left	HMR	Absent	
5GNA0028	Eye, left	EMB	Absent	
5GNA0028	Eye, right	EXPTH	Absent	
5GNA0028	Eye, right	OPQ	Absent	
5GNA0028	Eye, right	MIS	Absent	
5GNA0028	Eye, right	HMR	Absent	
5GNA0028	Eye, right	EMB	Absent	
5GNA0028	Opercula	SLSH	Absent	
5GNA0030	Body Surface	RGR	Absent	
5GNA0030	Body Surface	RLSN	Absent	
5GNA0030	Body Surface	SPDF	Absent	
5GNA0030	Body Surface	HMRB	Absent	
5GNA0030	Body Surface	FDC	Absent	
5GNA0030	Body Surface	BFG	Absent	
5GNA0030	Body Surface	PRST	Absent	
5GNA0030	Head	DFM	Absent	
5GNA0030	Mouth	ULR	Absent	
5GNA0030	Mouth	LLG	Absent	
5GNA0030	Nare	SLN	Absent	
5GNA0030	Eye, left	EXPTH	Absent	
5GNA0030	Eye, left	OPQ	Absent	
5GNA0030	Eye, left	MIS	Absent	
5GNA0030	Eye, left	HMR	Absent	
5GNA0030	Eye, left	EMB	Absent	
5GNA0030	Eye, right	EXPTH	Absent	
5GNA0030	Eye, right	OPQ	Absent	
5GNA0030	Eye, right	MIS	Absent	
5GNA0030	Eye, right	HMR	Absent	
5GNA0030	Eye, right	EMB	Absent	
5GNA0030	Opercula	SLSH	Absent	
5GNA0035	Body Surface	RGR	Absent	
5GNA0035	Body Surface	RLSN	Absent	
5GNA0035	Body Surface	SPDF	Absent	
5GNA0035	Body Surface	HMRB	Absent	
5GNA0035	Body Surface	FDC	Absent	
5GNA0035	Body Surface	BFG	Absent	
5GNA0035	Body Surface	PRST	Absent	
5GNA0035	Head	DFM	Absent	
5GNA0035	Mouth	ULR	Absent	
5GNA0035	Mouth	LLG	Absent	
5GNA0035	Nare	SLN	Absent	
5GNA0035	Eye, left	EXPTH	Absent	
5GNA0035	Eye, left	OPQ	Absent	
5GNA0035	Eye, left	MIS	Absent	
5GNA0035	Eye, left	HMR	Absent	
5GNA0035	Eye, left	EMB	Absent	
5GNA0035	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0035	Eye, right	OPQ	Absent	
5GNA0035	Eye, right	MIS	Absent	
5GNA0035	Eye, right	HMR	Absent	
5GNA0035	Eye, right	EMB	Absent	
5GNA0035	Opercula	SLSH	Absent	
5GNA0036	Body Surface	RGR	Absent	
5GNA0036	Body Surface	RLSN	Absent	
5GNA0036	Body Surface	SPDF	Absent	
5GNA0036	Body Surface	HMRB	Absent	
5GNA0036	Body Surface	FDC	Absent	
5GNA0036	Body Surface	BFG	Absent	
5GNA0036	Body Surface	PRST	Absent	
5GNA0036	Head	DFM	Absent	
5GNA0036	Mouth	ULR	Absent	
5GNA0036	Mouth	LLG	Absent	
5GNA0036	Nare	SLN	Absent	
5GNA0036	Eye, left	EXPTH	Absent	
5GNA0036	Eye, left	OPQ	Absent	
5GNA0036	Eye, left	MIS	Absent	
5GNA0036	Eye, left	HMR	Absent	
5GNA0036	Eye, left	EMB	Absent	
5GNA0036	Eye, right	EXPTH	Absent	
5GNA0036	Eye, right	OPQ	Absent	
5GNA0036	Eye, right	MIS	Absent	
5GNA0036	Eye, right	HMR	Absent	
5GNA0036	Eye, right	EMB	Absent	
5GNA0036	Opercula	SLSH	Absent	
5GNA0037	Body Surface	RGR	Absent	
5GNA0037	Body Surface	RLSN	Absent	
5GNA0037	Body Surface	SPDF	Absent	
5GNA0037	Body Surface	HMRB	Absent	
5GNA0037	Body Surface	FDC	Absent	
5GNA0037	Body Surface	BFG	Absent	
5GNA0037	Body Surface	PRST	Absent	
5GNA0037	Head	DFM	Absent	
5GNA0037	Mouth	ULR	Absent	
5GNA0037	Mouth	LLG	Absent	
5GNA0037	Nare	SLN	Absent	
5GNA0037	Eye, left	EXPTH	Absent	
5GNA0037	Eye, left	OPQ	Absent	
5GNA0037	Eye, left	MIS	Absent	
5GNA0037	Eye, left	HMR	Absent	
5GNA0037	Eye, left	EMB	Absent	
5GNA0037	Eye, right	EXPTH	Absent	
5GNA0037	Eye, right	OPQ	Absent	
5GNA0037	Eye, right	MIS	Absent	
5GNA0037	Eye, right	HMR	Absent	
5GNA0037	Eye, right	EMB	Absent	
5GNA0037	Opercula	SLSH	Absent	
5GNA0038	Body Surface	RGR	Absent	
5GNA0038	Body Surface	RLSN	Absent	
5GNA0038	Body Surface	SPDF	Absent	
5GNA0038	Body Surface	HMRB	Absent	
5GNA0038	Body Surface	FDC	Absent	
5GNA0038	Body Surface	BFG	Absent	
5GNA0038	Body Surface	PRST	Absent	
5GNA0038	Head	DFM	Absent	
5GNA0038	Mouth	ULR	Absent	
5GNA0038	Mouth	LLG	Absent	
5GNA0038	Nare	SLN	Absent	
5GNA0038	Eye, left	EXPTH	Absent	
5GNA0038	Eye, left	OPQ	Absent	
5GNA0038	Eye, left	MIS	Absent	
5GNA0038	Eye, left	HMR	Absent	
5GNA0038	Eye, left	EMB	Absent	
5GNA0038	Eye, right	EXPTH	Absent	
5GNA0038	Eye, right	OPQ	Absent	
5GNA0038	Eye, right	MIS	Absent	
5GNA0038	Eye, right	HMR	Absent	
5GNA0038	Eye, right	EMB	Absent	
5GNA0038	Opercula	SLSH	Absent	
5GNA0039	Body Surface	RGR	Absent	
5GNA0039	Body Surface	RLSN	Absent	
5GNA0039	Body Surface	SPDF	Absent	
5GNA0039	Body Surface	HMRB	Absent	
5GNA0039	Body Surface	FDC	Absent	
5GNA0039	Body Surface	BFG	Absent	
5GNA0039	Body Surface	PRST	Absent	
5GNA0039	Head	DFM	Absent	
5GNA0039	Mouth	ULR	Absent	
5GNA0039	Mouth	LLG	Absent	
5GNA0039	Nare	SLN	Absent	
5GNA0039	Eye, left	EXPTH	Absent	
5GNA0039	Eye, left	OPQ	Absent	
5GNA0039	Eye, left	MIS	Absent	
5GNA0039	Eye, left	HMR	Absent	
5GNA0039	Eye, left	EMB	Absent	
5GNA0039	Eye, right	EXPTH	Absent	
5GNA0039	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0039	Eye, right	MIS	Absent	
5GNA0039	Eye, right	HMR	Absent	
5GNA0039	Eye, right	EMB	Absent	
5GNA0039	Opercula	SLSH	Absent	
5GNA0040	Body Surface	RGR	Absent	
5GNA0040	Body Surface	RLSN	Absent	
5GNA0040	Body Surface	SPDF	Absent	
5GNA0040	Body Surface	HMRB	Absent	
5GNA0040	Body Surface	FDC	Absent	
5GNA0040	Body Surface	BFG	Absent	
5GNA0040	Body Surface	PRST	Absent	
5GNA0040	Head	DFM	Absent	
5GNA0040	Mouth	ULR	Absent	
5GNA0040	Mouth	LLG	Absent	
5GNA0040	Nare	SLN	Absent	
5GNA0040	Eye, left	EXPTH	Absent	
5GNA0040	Eye, left	OPQ	Absent	
5GNA0040	Eye, left	MIS	Absent	
5GNA0040	Eye, left	HMR	Absent	
5GNA0040	Eye, left	EMB	Absent	
5GNA0040	Eye, right	EXPTH	Absent	
5GNA0040	Eye, right	OPQ	Absent	
5GNA0040	Eye, right	MIS	Absent	
5GNA0040	Eye, right	HMR	Absent	
5GNA0040	Eye, right	EMB	Absent	
5GNA0040	Opercula	SLSH	Absent	
5GNA0041	Body Surface	RGR	Absent	
5GNA0041	Body Surface	RLSN	Absent	
5GNA0041	Body Surface	SPDF	Absent	
5GNA0041	Body Surface	HMRB	Absent	
5GNA0041	Body Surface	FDC	Absent	
5GNA0041	Body Surface	BFG	Absent	
5GNA0041	Body Surface	PRST	Absent	
5GNA0041	Head	DFM	Absent	
5GNA0041	Mouth	ULR	Absent	
5GNA0041	Mouth	LLG	Absent	
5GNA0041	Nare	SLN	Absent	
5GNA0041	Eye, left	EXPTH	Absent	
5GNA0041	Eye, left	OPQ	Absent	
5GNA0041	Eye, left	MIS	Absent	
5GNA0041	Eye, left	HMR	Absent	
5GNA0041	Eye, left	EMB	Absent	
5GNA0041	Eye, right	EXPTH	Absent	
5GNA0041	Eye, right	OPQ	Absent	
5GNA0041	Eye, right	MIS	Absent	
5GNA0041	Eye, right	HMR	Absent	
5GNA0041	Eye, right	EMB	Absent	
5GNA0041	Opercula	SLSH	Absent	
5GNA0042	Body Surface	RGR	Absent	
5GNA0042	Body Surface	RLSN	Absent	
5GNA0042	Body Surface	SPDF	Absent	
5GNA0042	Body Surface	HMRB	Absent	
5GNA0042	Body Surface	FDC	Absent	
5GNA0042	Body Surface	BFG	Absent	
5GNA0042	Body Surface	PRST	Absent	
5GNA0042	Head	DFM	Absent	
5GNA0042	Mouth	ULR	Absent	
5GNA0042	Mouth	LLG	Absent	
5GNA0042	Nare	SLN	Absent	
5GNA0042	Eye, left	EXPTH	Absent	
5GNA0042	Eye, left	OPQ	Absent	
5GNA0042	Eye, left	MIS	Absent	
5GNA0042	Eye, left	HMR	Absent	
5GNA0042	Eye, left	EMB	Absent	
5GNA0042	Eye, right	EXPTH	Absent	
5GNA0042	Eye, right	OPQ	Absent	
5GNA0042	Eye, right	MIS	Absent	
5GNA0042	Eye, right	HMR	Absent	
5GNA0042	Eye, right	EMB	Absent	
5GNA0042	Opercula	SLSH	Absent	
5GNA0043	Body Surface	RGR	Absent	
5GNA0043	Body Surface	RLSN	Absent	
5GNA0043	Body Surface	SPDF	Absent	
5GNA0043	Body Surface	HMRB	Absent	
5GNA0043	Body Surface	FDC	Absent	
5GNA0043	Body Surface	BFG	Absent	
5GNA0043	Body Surface	PRST	Absent	
5GNA0043	Head	DFM	Absent	
5GNA0043	Mouth	ULR	Absent	
5GNA0043	Mouth	LLG	Absent	
5GNA0043	Nare	SLN	Absent	
5GNA0043	Eye, left	EXPTH	Absent	
5GNA0043	Eye, left	OPQ	Absent	
5GNA0043	Eye, left	MIS	Absent	
5GNA0043	Eye, left	HMR	Absent	
5GNA0043	Eye, left	EMB	Absent	
5GNA0043	Eye, right	EXPTH	Absent	
5GNA0043	Eye, right	OPQ	Absent	
5GNA0043	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0043	Eye, right	HMR	Absent	
5GNA0043	Eye, right	EMB	Absent	
5GNA0043	Opercula	SLSH	Absent	
5GNA0044	Body Surface	RGR	Absent	
5GNA0044	Body Surface	RLSN	Absent	
5GNA0044	Body Surface	SPDF	Absent	
5GNA0044	Body Surface	HMRB	Absent	
5GNA0044	Body Surface	FDC	Absent	
5GNA0044	Body Surface	BFG	Absent	
5GNA0044	Body Surface	PRST	Absent	
5GNA0044	Head	DFM	Absent	
5GNA0044	Mouth	ULR	Absent	
5GNA0044	Mouth	LLG	Absent	
5GNA0044	Nare	SLN	Absent	
5GNA0044	Eye, left	EXPTH	Absent	
5GNA0044	Eye, left	OPQ	Absent	
5GNA0044	Eye, left	MIS	Absent	
5GNA0044	Eye, left	HMR	Absent	
5GNA0044	Eye, left	EMB	Absent	
5GNA0044	Eye, right	EXPTH	Absent	
5GNA0044	Eye, right	OPQ	Absent	
5GNA0044	Eye, right	MIS	Absent	
5GNA0044	Eye, right	HMR	Absent	
5GNA0044	Eye, right	EMB	Absent	
5GNA0044	Opercula	SLSH	Absent	
5GNA0046	Body Surface	RGR	Absent	
5GNA0046	Body Surface	RLSN	Absent	
5GNA0046	Body Surface	SPDF	Absent	
5GNA0046	Body Surface	HMRB	Absent	
5GNA0046	Body Surface	FDC	Absent	
5GNA0046	Body Surface	BFG	Absent	
5GNA0046	Body Surface	PRST	Absent	
5GNA0046	Head	DFM	Absent	
5GNA0046	Mouth	ULR	Absent	
5GNA0046	Mouth	LLG	Absent	
5GNA0046	Nare	SLN	Absent	
5GNA0046	Eye, left	EXPTH	Absent	
5GNA0046	Eye, left	OPQ	Absent	
5GNA0046	Eye, left	MIS	Absent	
5GNA0046	Eye, left	HMR	Absent	
5GNA0046	Eye, left	EMB	Absent	
5GNA0046	Eye, right	EXPTH	Absent	
5GNA0046	Eye, right	OPQ	Absent	
5GNA0046	Eye, right	MIS	Absent	
5GNA0046	Eye, right	HMR	Absent	
5GNA0046	Eye, right	EMB	Absent	
5GNA0046	Opercula	SLSH	Absent	
5GNA0047	Body Surface	RGR	Absent	
5GNA0047	Body Surface	RLSN	Absent	
5GNA0047	Body Surface	SPDF	Absent	
5GNA0047	Body Surface	HMRB	Absent	
5GNA0047	Body Surface	FDC	Absent	
5GNA0047	Body Surface	BFG	Absent	
5GNA0047	Body Surface	PRST	Absent	
5GNA0047	Head	DFM	Absent	
5GNA0047	Mouth	ULR	Absent	
5GNA0047	Mouth	LLG	Absent	
5GNA0047	Nare	SLN	Absent	
5GNA0047	Eye, left	EXPTH	Absent	
5GNA0047	Eye, left	OPQ	Absent	
5GNA0047	Eye, left	MIS	Absent	
5GNA0047	Eye, left	HMR	Absent	
5GNA0047	Eye, left	EMB	Absent	
5GNA0047	Eye, right	EXPTH	Absent	
5GNA0047	Eye, right	OPQ	Absent	
5GNA0047	Eye, right	MIS	Absent	
5GNA0047	Eye, right	HMR	Absent	
5GNA0047	Eye, right	EMB	Absent	
5GNA0047	Opercula	SLSH	Absent	
5GNA0048	Body Surface	RGR	Absent	
5GNA0048	Body Surface	RLSN	Absent	
5GNA0048	Body Surface	SPDF	Absent	
5GNA0048	Body Surface	HMRB	Absent	
5GNA0048	Body Surface	FDC	Absent	
5GNA0048	Body Surface	BFG	Absent	
5GNA0048	Body Surface	PRST	Absent	
5GNA0048	Head	DFM	Absent	
5GNA0048	Mouth	ULR	Absent	
5GNA0048	Mouth	LLG	Absent	
5GNA0048	Nare	SLN	Absent	
5GNA0048	Eye, left	EXPTH	Absent	
5GNA0048	Eye, left	OPQ	Absent	
5GNA0048	Eye, left	MIS	Absent	
5GNA0048	Eye, left	HMR	Absent	
5GNA0048	Eye, left	EMB	Absent	
5GNA0048	Eye, right	EXPTH	Absent	
5GNA0048	Eye, right	OPQ	Absent	
5GNA0048	Eye, right	MIS	Absent	
5GNA0048	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0048	Eye, right	EMB	Absent	
5GNA0048	Opercula	SLSH	Absent	
5GNA0049	Body Surface	RGR	Absent	
5GNA0049	Body Surface	RLSN	Absent	
5GNA0049	Body Surface	SPDF	Absent	
5GNA0049	Body Surface	HMRB	Absent	
5GNA0049	Body Surface	FDC	Absent	
5GNA0049	Body Surface	BFG	Absent	
5GNA0049	Body Surface	PRST	Absent	
5GNA0049	Head	DFM	Absent	
5GNA0049	Mouth	ULR	Absent	
5GNA0049	Mouth	LLG	Absent	
5GNA0049	Nare	SLN	Absent	
5GNA0049	Eye, left	EXPTH	Absent	
5GNA0049	Eye, left	OPQ	Absent	
5GNA0049	Eye, left	MIS	Absent	
5GNA0049	Eye, left	HMR	Absent	
5GNA0049	Eye, left	EMB	Absent	
5GNA0049	Eye, right	EXPTH	Absent	
5GNA0049	Eye, right	OPQ	Absent	
5GNA0049	Eye, right	MIS	Absent	
5GNA0049	Eye, right	HMR	Absent	
5GNA0049	Eye, right	EMB	Absent	
5GNA0049	Opercula	SLSH	Absent	
5GNA0050	Body Surface	RGR	Absent	
5GNA0050	Body Surface	RLSN	Absent	
5GNA0050	Body Surface	SPDF	Absent	
5GNA0050	Body Surface	HMRB	Absent	
5GNA0050	Body Surface	FDC	Absent	
5GNA0050	Body Surface	BFG	Absent	
5GNA0050	Body Surface	PRST	Absent	
5GNA0050	Head	DFM	Absent	
5GNA0050	Mouth	ULR	Absent	
5GNA0050	Mouth	LLG	Absent	
5GNA0050	Nare	SLN	Absent	
5GNA0050	Eye, left	EXPTH	Absent	
5GNA0050	Eye, left	OPQ	Absent	
5GNA0050	Eye, left	MIS	Absent	
5GNA0050	Eye, left	HMR	Absent	
5GNA0050	Eye, left	EMB	Absent	
5GNA0050	Eye, right	EXPTH	Absent	
5GNA0050	Eye, right	OPQ	Absent	
5GNA0050	Eye, right	MIS	Absent	
5GNA0050	Eye, right	HMR	Absent	
5GNA0050	Eye, right	EMB	Absent	
5GNA0050	Opercula	SLSH	Absent	
5GNA0051	Body Surface	RGR	Absent	
5GNA0051	Body Surface	RLSN	Absent	
5GNA0051	Body Surface	SPDF	Absent	
5GNA0051	Body Surface	HMRB	Absent	
5GNA0051	Body Surface	FDC	Absent	
5GNA0051	Body Surface	BFG	Absent	
5GNA0051	Body Surface	PRST	Absent	
5GNA0051	Head	DFM	Absent	
5GNA0051	Mouth	ULR	Absent	
5GNA0051	Mouth	LLG	Absent	
5GNA0051	Nare	SLN	Absent	
5GNA0051	Eye, left	EXPTH	Absent	
5GNA0051	Eye, left	OPQ	Absent	
5GNA0051	Eye, left	MIS	Absent	
5GNA0051	Eye, left	HMR	Absent	
5GNA0051	Eye, left	EMB	Absent	
5GNA0051	Eye, right	EXPTH	Absent	
5GNA0051	Eye, right	OPQ	Absent	
5GNA0051	Eye, right	MIS	Absent	
5GNA0051	Eye, right	HMR	Absent	
5GNA0051	Eye, right	EMB	Absent	
5GNA0051	Opercula	SLSH	Absent	
5GNA0052	Body Surface	RGR	Absent	
5GNA0052	Body Surface	RLSN	Absent	
5GNA0052	Body Surface	SPDF	Absent	
5GNA0052	Body Surface	HMRB	Absent	
5GNA0052	Body Surface	FDC	Absent	
5GNA0052	Body Surface	BFG	Absent	
5GNA0052	Body Surface	PRST	Absent	
5GNA0052	Head	DFM	Absent	
5GNA0052	Mouth	ULR	Absent	
5GNA0052	Mouth	LLG	Absent	
5GNA0052	Nare	SLN	Absent	
5GNA0052	Eye, left	EXPTH	Absent	
5GNA0052	Eye, left	OPQ	Absent	
5GNA0052	Eye, left	MIS	Absent	
5GNA0052	Eye, left	HMR	Absent	
5GNA0052	Eye, left	EMB	Absent	
5GNA0052	Eye, right	EXPTH	Absent	
5GNA0052	Eye, right	OPQ	Absent	
5GNA0052	Eye, right	MIS	Absent	
5GNA0052	Eye, right	HMR	Absent	
5GNA0052	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0052	Opercula	SLSH	Absent	
5GNA0053	Body Surface	RGR	Absent	
5GNA0053	Body Surface	RLSN	Absent	
5GNA0053	Body Surface	SPDF	Absent	
5GNA0053	Body Surface	HMRB	Absent	
5GNA0053	Body Surface	FDC	Present	
5GNA0053	Body Surface	BFG	Absent	
5GNA0053	Body Surface	PRST	Absent	
5GNA0053	Barbel	NORM	Present	
5GNA0053	Head	DFM	Absent	
5GNA0053	Mouth	ULR	Absent	
5GNA0053	Mouth	LLG	Absent	
5GNA0053	Nare	SLN	Absent	
5GNA0053	Eye, left	EXPTH	Absent	
5GNA0053	Eye, left	OPQ	Absent	
5GNA0053	Eye, left	MIS	Absent	
5GNA0053	Eye, left	HMR	Absent	
5GNA0053	Eye, left	EMB	Absent	
5GNA0053	Eye, right	EXPTH	Absent	
5GNA0053	Eye, right	OPQ	Absent	
5GNA0053	Eye, right	MIS	Absent	
5GNA0053	Eye, right	HMR	Absent	
5GNA0053	Eye, right	EMB	Absent	
5GNA0053	Opercula	SLSH	Absent	
5GNA0054	Body Surface	RGR	Absent	
5GNA0054	Body Surface	RLSN	Absent	
5GNA0054	Body Surface	SPDF	Absent	
5GNA0054	Body Surface	HMRB	Absent	
5GNA0054	Body Surface	FDC	Absent	
5GNA0054	Body Surface	BFG	Absent	
5GNA0054	Body Surface	PRST	Absent	
5GNA0054	Head	DFM	Absent	
5GNA0054	Mouth	ULR	Absent	
5GNA0054	Mouth	LLG	Absent	
5GNA0054	Nare	SLN	Absent	
5GNA0054	Eye, left	EXPTH	Absent	
5GNA0054	Eye, left	OPQ	Absent	
5GNA0054	Eye, left	MIS	Absent	
5GNA0054	Eye, left	HMR	Absent	
5GNA0054	Eye, left	EMB	Absent	
5GNA0054	Eye, right	EXPTH	Absent	
5GNA0054	Eye, right	OPQ	Absent	
5GNA0054	Eye, right	MIS	Absent	
5GNA0054	Eye, right	HMR	Absent	
5GNA0054	Eye, right	EMB	Absent	
5GNA0054	Opercula	SLSH	Absent	
5GNA0055	Body Surface	RGR	Absent	
5GNA0055	Body Surface	RLSN	Absent	
5GNA0055	Body Surface	SPDF	Absent	
5GNA0055	Body Surface	HMRB	Absent	
5GNA0055	Body Surface	FDC	Absent	
5GNA0055	Body Surface	BFG	Absent	
5GNA0055	Body Surface	PRST	Absent	
5GNA0055	Head	DFM	Absent	
5GNA0055	Mouth	ULR	Absent	
5GNA0055	Mouth	LLG	Absent	
5GNA0055	Nare	SLN	Absent	
5GNA0055	Eye, left	EXPTH	Absent	
5GNA0055	Eye, left	OPQ	Absent	
5GNA0055	Eye, left	MIS	Absent	
5GNA0055	Eye, left	HMR	Absent	
5GNA0055	Eye, left	EMB	Absent	
5GNA0055	Eye, right	EXPTH	Absent	
5GNA0055	Eye, right	OPQ	Absent	
5GNA0055	Eye, right	MIS	Absent	
5GNA0055	Eye, right	HMR	Absent	
5GNA0055	Eye, right	EMB	Absent	
5GNA0055	Opercula	SLSH	Absent	
5GNA0056	Body Surface	RGR	Absent	
5GNA0056	Body Surface	RLSN	Absent	
5GNA0056	Body Surface	SPDF	Absent	
5GNA0056	Body Surface	HMRB	Absent	
5GNA0056	Body Surface	FDC	Absent	
5GNA0056	Body Surface	BFG	Absent	
5GNA0056	Body Surface	PRST	Absent	
5GNA0056	Head	DFM	Absent	
5GNA0056	Mouth	ULR	Absent	
5GNA0056	Mouth	LLG	Absent	
5GNA0056	Nare	SLN	Absent	
5GNA0056	Eye, left	EXPTH	Absent	
5GNA0056	Eye, left	OPQ	Absent	
5GNA0056	Eye, left	MIS	Absent	
5GNA0056	Eye, left	HMR	Absent	
5GNA0056	Eye, left	EMB	Absent	
5GNA0056	Eye, right	EXPTH	Absent	
5GNA0056	Eye, right	OPQ	Absent	
5GNA0056	Eye, right	MIS	Absent	
5GNA0056	Eye, right	HMR	Absent	
5GNA0056	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0056	Opercula	SLSH	Absent	
5GNA0057	Body Surface	RGR	Absent	
5GNA0057	Body Surface	RLSN	Absent	
5GNA0057	Body Surface	SPDF	Absent	
5GNA0057	Body Surface	HMRB	Absent	
5GNA0057	Body Surface	FDC	Present	
5GNA0057	Body Surface	BFG	Absent	
5GNA0057	Body Surface	PRST	Absent	
5GNA0057	Head	DFM	Absent	
5GNA0057	Mouth	ULR	Absent	
5GNA0057	Mouth	LLG	Absent	
5GNA0057	Nare	SLN	Absent	
5GNA0057	Eye, left	EXPTH	Absent	
5GNA0057	Eye, left	OPQ	Absent	
5GNA0057	Eye, left	MIS	Absent	
5GNA0057	Eye, left	HMR	Absent	
5GNA0057	Eye, left	EMB	Absent	
5GNA0057	Eye, right	EXPTH	Absent	
5GNA0057	Eye, right	OPQ	Absent	
5GNA0057	Eye, right	MIS	Absent	
5GNA0057	Eye, right	HMR	Absent	
5GNA0057	Eye, right	EMB	Absent	
5GNA0057	Opercula	SLSH	Absent	
5GNA0058	Body Surface	RGR	Absent	
5GNA0058	Body Surface	RLSN	Absent	
5GNA0058	Body Surface	SPDF	Absent	
5GNA0058	Body Surface	HMRB	Absent	
5GNA0058	Body Surface	FDC	Absent	
5GNA0058	Body Surface	BFG	Absent	
5GNA0058	Body Surface	PRST	Absent	
5GNA0058	Head	DFM	Absent	
5GNA0058	Mouth	ULR	Absent	
5GNA0058	Mouth	LLG	Absent	
5GNA0058	Nare	SLN	Absent	
5GNA0058	Eye, left	EXPTH	Absent	
5GNA0058	Eye, left	OPQ	Absent	
5GNA0058	Eye, left	MIS	Absent	
5GNA0058	Eye, left	HMR	Absent	
5GNA0058	Eye, left	EMB	Absent	
5GNA0058	Eye, right	EXPTH	Absent	
5GNA0058	Eye, right	OPQ	Absent	
5GNA0058	Eye, right	MIS	Absent	
5GNA0058	Eye, right	HMR	Absent	
5GNA0058	Eye, right	EMB	Absent	
5GNA0058	Opercula	SLSH	Absent	
5GNA0059	Body Surface	RGR	Absent	
5GNA0059	Body Surface	RLSN	Absent	
5GNA0059	Body Surface	SPDF	Absent	
5GNA0059	Body Surface	HMRB	Absent	
5GNA0059	Body Surface	FDC	Absent	
5GNA0059	Body Surface	BFG	Absent	
5GNA0059	Body Surface	PRST	Absent	
5GNA0059	Head	DFM	Absent	
5GNA0059	Mouth	ULR	Absent	
5GNA0059	Mouth	LLG	Absent	
5GNA0059	Nare	SLN	Absent	
5GNA0059	Eye, left	EXPTH	Absent	
5GNA0059	Eye, left	OPQ	Absent	
5GNA0059	Eye, left	MIS	Absent	
5GNA0059	Eye, left	HMR	Absent	
5GNA0059	Eye, left	EMB	Absent	
5GNA0059	Eye, right	EXPTH	Absent	
5GNA0059	Eye, right	OPQ	Absent	
5GNA0059	Eye, right	MIS	Absent	
5GNA0059	Eye, right	HMR	Absent	
5GNA0059	Eye, right	EMB	Absent	
5GNA0059	Opercula	SLSH	Absent	
5GNA0060	Body Surface	RGR	Absent	
5GNA0060	Body Surface	RLSN	Absent	
5GNA0060	Body Surface	SPDF	Absent	
5GNA0060	Body Surface	HMRB	Absent	
5GNA0060	Body Surface	FDC	Absent	
5GNA0060	Body Surface	BFG	Absent	
5GNA0060	Body Surface	PRST	Absent	
5GNA0060	Head	DFM	Absent	
5GNA0060	Mouth	ULR	Absent	
5GNA0060	Mouth	LLG	Absent	
5GNA0060	Nare	SLN	Absent	
5GNA0060	Eye, left	EXPTH	Absent	
5GNA0060	Eye, left	OPQ	Absent	
5GNA0060	Eye, left	MIS	Absent	
5GNA0060	Eye, left	HMR	Absent	
5GNA0060	Eye, left	EMB	Absent	
5GNA0060	Eye, right	EXPTH	Absent	
5GNA0060	Eye, right	OPQ	Absent	
5GNA0060	Eye, right	MIS	Absent	
5GNA0060	Eye, right	HMR	Absent	
5GNA0060	Eye, right	EMB	Absent	
5GNA0060	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0001H	Body Surface	RGR	Absent	
5GNE0001H	Body Surface	RLSN	Absent	
5GNE0001H	Body Surface	SPDF	Absent	
5GNE0001H	Body Surface	HMRB	Absent	
5GNE0001H	Body Surface	FDC	Absent	
5GNE0001H	Body Surface	BFG	Absent	
5GNE0001H	Body Surface	PRST	Absent	
5GNE0001H	Head	DFM	Absent	
5GNE0001H	Mouth	ULR	Absent	
5GNE0001H	Mouth	LLG	Absent	
5GNE0001H	Nare	SLN	Absent	
5GNE0001H	Eye, left	EXPTH	Absent	
5GNE0001H	Eye, left	OPQ	Absent	
5GNE0001H	Eye, left	MIS	Absent	
5GNE0001H	Eye, left	HMR	Absent	
5GNE0001H	Eye, left	EMB	Absent	
5GNE0001H	Eye, right	EXPTH	Absent	
5GNE0001H	Eye, right	OPQ	Absent	
5GNE0001H	Eye, right	MIS	Absent	
5GNE0001H	Eye, right	HMR	Absent	
5GNE0001H	Eye, right	EMB	Absent	
5GNE0001H	Opercula	SLSH	Absent	
5GNE0003	Body Surface	RGR	Absent	
5GNE0003	Body Surface	RLSN	Absent	
5GNE0003	Body Surface	SPDF	Absent	
5GNE0003	Body Surface	HMRB	Absent	
5GNE0003	Body Surface	FDC	Absent	
5GNE0003	Body Surface	BFG	Absent	
5GNE0003	Body Surface	PRST	Absent	
5GNE0003	Head	DFM	Absent	
5GNE0003	Mouth	ULR	Absent	
5GNE0003	Mouth	LLG	Absent	
5GNE0003	Nare	SLN	Absent	
5GNE0003	Eye, left	EXPTH	Absent	
5GNE0003	Eye, left	OPQ	Absent	
5GNE0003	Eye, left	MIS	Absent	
5GNE0003	Eye, left	HMR	Absent	
5GNE0003	Eye, left	EMB	Absent	
5GNE0003	Eye, right	EXPTH	Absent	
5GNE0003	Eye, right	OPQ	Absent	
5GNE0003	Eye, right	MIS	Absent	
5GNE0003	Eye, right	HMR	Absent	
5GNE0003	Eye, right	EMB	Absent	
5GNE0003	Opercula	SLSH	Absent	
5GNE0004	Body Surface	RGR	Absent	
5GNE0004	Body Surface	RLSN	Absent	
5GNE0004	Body Surface	SPDF	Absent	
5GNE0004	Body Surface	HMRB	Absent	
5GNE0004	Body Surface	FDC	Absent	
5GNE0004	Body Surface	BFG	Absent	
5GNE0004	Body Surface	PRST	Absent	
5GNE0004	Head	DFM	Absent	
5GNE0004	Mouth	ULR	Absent	
5GNE0004	Mouth	LLG	Absent	
5GNE0004	Nare	SLN	Absent	
5GNE0004	Eye, left	EXPTH	Absent	
5GNE0004	Eye, left	OPQ	Absent	
5GNE0004	Eye, left	MIS	Absent	
5GNE0004	Eye, left	HMR	Absent	
5GNE0004	Eye, left	EMB	Absent	
5GNE0004	Eye, right	EXPTH	Absent	
5GNE0004	Eye, right	OPQ	Absent	
5GNE0004	Eye, right	MIS	Absent	
5GNE0004	Eye, right	HMR	Absent	
5GNE0004	Eye, right	EMB	Absent	
5GNE0004	Opercula	OTHER	Present	Gill net damage
5GNE0004	Opercula	SLSH	Absent	
5GNE0005	Body Surface	RGR	Absent	
5GNE0005	Body Surface	RLSN	Absent	
5GNE0005	Body Surface	SPDF	Absent	
5GNE0005	Body Surface	HMRB	Absent	
5GNE0005	Body Surface	FDC	Absent	
5GNE0005	Body Surface	BFG	Absent	
5GNE0005	Body Surface	PRST	Absent	
5GNE0005	Head	DFM	Absent	
5GNE0005	Mouth	ULR	Absent	
5GNE0005	Mouth	LLG	Absent	
5GNE0005	Nare	SLN	Absent	
5GNE0005	Eye, left	EXPTH	Absent	
5GNE0005	Eye, left	OPQ	Absent	
5GNE0005	Eye, left	MIS	Absent	
5GNE0005	Eye, left	HMR	Absent	
5GNE0005	Eye, left	EMB	Absent	
5GNE0005	Eye, right	EXPTH	Absent	
5GNE0005	Eye, right	OPQ	Absent	
5GNE0005	Eye, right	MIS	Absent	
5GNE0005	Eye, right	HMR	Absent	
5GNE0005	Eye, right	EMB	Absent	
5GNE0005	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0007	Body Surface	RGR	Absent	
5GNE0007	Body Surface	RLSN	Absent	
5GNE0007	Body Surface	SPDF	Absent	
5GNE0007	Body Surface	HMRB	Absent	
5GNE0007	Body Surface	FDC	Absent	
5GNE0007	Body Surface	BFG	Absent	
5GNE0007	Body Surface	PRST	Absent	
5GNE0007	Head	DFM	Absent	
5GNE0007	Mouth	ULR	Absent	
5GNE0007	Mouth	LLG	Absent	
5GNE0007	Nare	SLN	Absent	
5GNE0007	Eye, left	EXPTH	Absent	
5GNE0007	Eye, left	OPQ	Absent	
5GNE0007	Eye, left	MIS	Absent	
5GNE0007	Eye, left	HMR	Absent	
5GNE0007	Eye, left	EMB	Absent	
5GNE0007	Eye, right	EXPTH	Absent	
5GNE0007	Eye, right	OPQ	Absent	
5GNE0007	Eye, right	MIS	Absent	
5GNE0007	Eye, right	HMR	Absent	
5GNE0007	Eye, right	EMB	Absent	
5GNE0007	Opercula	SLSH	Absent	
5GNE0008H	Body Surface	RGR	Absent	
5GNE0008H	Body Surface	RLSN	Absent	
5GNE0008H	Body Surface	SPDF	Absent	
5GNE0008H	Body Surface	HMRB	Absent	
5GNE0008H	Body Surface	FDC	Absent	
5GNE0008H	Body Surface	BFG	Absent	
5GNE0008H	Body Surface	PRST	Absent	
5GNE0008H	Head	DFM	Absent	
5GNE0008H	Mouth	ULR	Absent	
5GNE0008H	Mouth	LLG	Absent	
5GNE0008H	Nare	SLN	Absent	
5GNE0008H	Eye, left	EXPTH	Absent	
5GNE0008H	Eye, left	OPQ	Absent	
5GNE0008H	Eye, left	MIS	Absent	
5GNE0008H	Eye, left	HMR	Absent	
5GNE0008H	Eye, left	EMB	Absent	
5GNE0008H	Eye, right	EXPTH	Absent	
5GNE0008H	Eye, right	OPQ	Absent	
5GNE0008H	Eye, right	MIS	Absent	
5GNE0008H	Eye, right	HMR	Absent	
5GNE0008H	Eye, right	EMB	Absent	
5GNE0008H	Opercula	SLSH	Absent	
5GNE0009	Body Surface	RGR	Absent	
5GNE0009	Body Surface	RLSN	Absent	
5GNE0009	Body Surface	SPDF	Absent	
5GNE0009	Body Surface	HMRB	Absent	
5GNE0009	Body Surface	FDC	Absent	
5GNE0009	Body Surface	BFG	Absent	
5GNE0009	Body Surface	PRST	Absent	
5GNE0009	Head	DFM	Absent	
5GNE0009	Mouth	ULR	Absent	
5GNE0009	Mouth	LLG	Absent	
5GNE0009	Nare	SLN	Absent	
5GNE0009	Eye, left	EXPTH	Absent	
5GNE0009	Eye, left	OPQ	Absent	
5GNE0009	Eye, left	MIS	Absent	
5GNE0009	Eye, left	HMR	Absent	
5GNE0009	Eye, left	EMB	Absent	
5GNE0009	Eye, right	EXPTH	Absent	
5GNE0009	Eye, right	OPQ	Absent	
5GNE0009	Eye, right	MIS	Absent	
5GNE0009	Eye, right	HMR	Absent	
5GNE0009	Eye, right	EMB	Absent	
5GNE0009	Opercula	SLSH	Absent	
5GNE0010	Body Surface	RGR	Absent	
5GNE0010	Body Surface	RLSN	Absent	
5GNE0010	Body Surface	SPDF	Absent	
5GNE0010	Body Surface	HMRB	Absent	
5GNE0010	Body Surface	FDC	Absent	
5GNE0010	Body Surface	BFG	Absent	
5GNE0010	Body Surface	PRST	Absent	
5GNE0010	Head	DFM	Absent	
5GNE0010	Mouth	ULR	Absent	
5GNE0010	Mouth	LLG	Absent	
5GNE0010	Nare	SLN	Absent	
5GNE0010	Eye, left	EXPTH	Absent	
5GNE0010	Eye, left	OPQ	Absent	
5GNE0010	Eye, left	MIS	Absent	
5GNE0010	Eye, left	HMR	Absent	
5GNE0010	Eye, left	EMB	Absent	
5GNE0010	Eye, right	EXPTH	Absent	
5GNE0010	Eye, right	OPQ	Absent	
5GNE0010	Eye, right	MIS	Absent	
5GNE0010	Eye, right	HMR	Absent	
5GNE0010	Eye, right	EMB	Absent	
5GNE0010	Opercula	SLSH	Absent	
5GNE0011	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0011	Body Surface	RLSN	Absent	
5GNE0011	Body Surface	SPDF	Absent	
5GNE0011	Body Surface	HMRB	Absent	
5GNE0011	Body Surface	FDC	Absent	
5GNE0011	Body Surface	BFG	Absent	
5GNE0011	Body Surface	PRST	Absent	
5GNE0011	Head	DFM	Absent	
5GNE0011	Mouth	ULR	Absent	
5GNE0011	Mouth	LLG	Absent	
5GNE0011	Nare	SLN	Absent	
5GNE0011	Eye, left	EXPTH	Absent	
5GNE0011	Eye, left	OPQ	Absent	
5GNE0011	Eye, left	MIS	Absent	
5GNE0011	Eye, left	HMR	Absent	
5GNE0011	Eye, left	EMB	Absent	
5GNE0011	Eye, right	EXPTH	Absent	
5GNE0011	Eye, right	OPQ	Absent	
5GNE0011	Eye, right	MIS	Absent	
5GNE0011	Eye, right	HMR	Absent	
5GNE0011	Eye, right	EMB	Absent	
5GNE0011	Opercula	SLSH	Absent	
5GNE0013	Body Surface	RGR	Absent	
5GNE0013	Body Surface	RLSN	Absent	
5GNE0013	Body Surface	SPDF	Absent	
5GNE0013	Body Surface	HMRB	Absent	
5GNE0013	Body Surface	FDC	Absent	
5GNE0013	Body Surface	BFG	Absent	
5GNE0013	Body Surface	PRST	Absent	
5GNE0013	Head	DFM	Absent	
5GNE0013	Mouth	ULR	Absent	
5GNE0013	Mouth	LLG	Absent	
5GNE0013	Nare	SLN	Absent	
5GNE0013	Eye, left	EXPTH	Absent	
5GNE0013	Eye, left	OPQ	Absent	
5GNE0013	Eye, left	MIS	Absent	
5GNE0013	Eye, left	HMR	Absent	
5GNE0013	Eye, left	EMB	Absent	
5GNE0013	Eye, right	EXPTH	Absent	
5GNE0013	Eye, right	OPQ	Absent	
5GNE0013	Eye, right	MIS	Absent	
5GNE0013	Eye, right	HMR	Absent	
5GNE0013	Eye, right	EMB	Absent	
5GNE0013	Opercula	SLSH	Absent	
5GNE0016	Body Surface	RGR	Absent	
5GNE0016	Body Surface	RLSN	Absent	
5GNE0016	Body Surface	SPDF	Absent	
5GNE0016	Body Surface	HMRB	Absent	
5GNE0016	Body Surface	FDC	Absent	
5GNE0016	Body Surface	BFG	Absent	
5GNE0016	Body Surface	PRST	Absent	
5GNE0016	Head	DFM	Absent	
5GNE0016	Mouth	ULR	Absent	
5GNE0016	Mouth	LLG	Absent	
5GNE0016	Nare	SLN	Absent	
5GNE0016	Eye, left	EXPTH	Absent	
5GNE0016	Eye, left	OPQ	Absent	
5GNE0016	Eye, left	MIS	Absent	
5GNE0016	Eye, left	HMR	Absent	
5GNE0016	Eye, left	EMB	Absent	
5GNE0016	Eye, right	EXPTH	Absent	
5GNE0016	Eye, right	OPQ	Absent	
5GNE0016	Eye, right	MIS	Absent	
5GNE0016	Eye, right	HMR	Absent	
5GNE0016	Eye, right	EMB	Absent	
5GNE0016	Opercula	SLSH	Absent	
5GNE0018H	OTHER	OTHER	Present	No examination performed
5GNE0019H	Body Surface	RGR	Absent	
5GNE0019H	Body Surface	RLSN	Absent	
5GNE0019H	Body Surface	SPDF	Absent	
5GNE0019H	Body Surface	HMRB	Absent	
5GNE0019H	Body Surface	FDC	Present	
5GNE0019H	Body Surface	BFG	Absent	
5GNE0019H	Body Surface	PRST	Absent	
5GNE0019H	Body Surface	OTHER	Present	Gill net marks
5GNE0019H	Head	DFM	Absent	
5GNE0019H	Mouth	ULR	Absent	
5GNE0019H	Mouth	LLG	Absent	
5GNE0019H	Nare	SLN	Absent	
5GNE0019H	Eye, left	EXPTH	Absent	
5GNE0019H	Eye, left	OPQ	Absent	
5GNE0019H	Eye, left	MIS	Absent	
5GNE0019H	Eye, left	HMR	Absent	
5GNE0019H	Eye, left	EMB	Absent	
5GNE0019H	Eye, right	EXPTH	Absent	
5GNE0019H	Eye, right	OPQ	Absent	
5GNE0019H	Eye, right	MIS	Absent	
5GNE0019H	Eye, right	HMR	Absent	
5GNE0019H	Eye, right	EMB	Absent	
5GNE0019H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0020H	Body Surface	RGR	Absent	
5GNE0020H	Body Surface	RLSN	Absent	
5GNE0020H	Body Surface	SPDF	Absent	
5GNE0020H	Body Surface	HMRB	Absent	
5GNE0020H	Body Surface	FDC	Absent	
5GNE0020H	Body Surface	BFG	Absent	
5GNE0020H	Body Surface	PRST	Absent	
5GNE0020H	Head	DFM	Absent	
5GNE0020H	Mouth	ULR	Absent	
5GNE0020H	Mouth	LLG	Absent	
5GNE0020H	Nare	SLN	Absent	
5GNE0020H	Eye, left	EXPTH	Absent	
5GNE0020H	Eye, left	OPQ	Absent	
5GNE0020H	Eye, left	MIS	Absent	
5GNE0020H	Eye, left	HMR	Absent	
5GNE0020H	Eye, left	EMB	Absent	
5GNE0020H	Eye, right	EXPTH	Absent	
5GNE0020H	Eye, right	OPQ	Absent	
5GNE0020H	Eye, right	MIS	Absent	
5GNE0020H	Eye, right	HMR	Absent	
5GNE0020H	Eye, right	EMB	Absent	
5GNE0020H	Opercula	SLSH	Absent	
5GNE0021	Body Surface	RGR	Absent	
5GNE0021	Body Surface	RLSN	Absent	
5GNE0021	Body Surface	SPDF	Absent	
5GNE0021	Body Surface	HMRB	Absent	
5GNE0021	Body Surface	FDC	Absent	
5GNE0021	Body Surface	BFG	Absent	
5GNE0021	Body Surface	PRST	Absent	
5GNE0021	Head	DFM	Absent	
5GNE0021	Mouth	ULR	Absent	
5GNE0021	Mouth	LLG	Absent	
5GNE0021	Nare	SLN	Absent	
5GNE0021	Eye, left	EXPTH	Absent	
5GNE0021	Eye, left	OPQ	Absent	
5GNE0021	Eye, left	MIS	Absent	
5GNE0021	Eye, left	HMR	Absent	
5GNE0021	Eye, left	EMB	Absent	
5GNE0021	Eye, right	EXPTH	Absent	
5GNE0021	Eye, right	OPQ	Absent	
5GNE0021	Eye, right	MIS	Absent	
5GNE0021	Eye, right	HMR	Absent	
5GNE0021	Eye, right	EMB	Absent	
5GNE0021	Opercula	SLSH	Absent	
5GNE0022H	Body Surface	RGR	Absent	
5GNE0022H	Body Surface	RLSN	Absent	
5GNE0022H	Body Surface	SPDF	Absent	
5GNE0022H	Body Surface	HMRB	Absent	
5GNE0022H	Body Surface	FDC	Present	
5GNE0022H	Body Surface	BFG	Absent	
5GNE0022H	Body Surface	PRST	Absent	
5GNE0022H	Head	DFM	Absent	
5GNE0022H	Mouth	ULR	Absent	
5GNE0022H	Mouth	LLG	Absent	
5GNE0022H	Nare	SLN	Absent	
5GNE0022H	Eye, left	EXPTH	Absent	
5GNE0022H	Eye, left	OPQ	Absent	
5GNE0022H	Eye, left	MIS	Absent	
5GNE0022H	Eye, left	HMR	Absent	
5GNE0022H	Eye, left	EMB	Absent	
5GNE0022H	Eye, right	EXPTH	Absent	
5GNE0022H	Eye, right	OPQ	Absent	
5GNE0022H	Eye, right	MIS	Absent	
5GNE0022H	Eye, right	HMR	Absent	
5GNE0022H	Eye, right	EMB	Absent	
5GNE0022H	Opercula	SLSH	Absent	
5GNE0023H	Body Surface	RGR	Absent	
5GNE0023H	Body Surface	RLSN	Absent	
5GNE0023H	Body Surface	SPDF	Absent	
5GNE0023H	Body Surface	HMRB	Absent	
5GNE0023H	Body Surface	FDC	Absent	
5GNE0023H	Body Surface	BFG	Absent	
5GNE0023H	Body Surface	PRST	Absent	
5GNE0023H	Body Surface	OTHER	Present	Lacerations on left side
5GNE0023H	Head	DFM	Absent	
5GNE0023H	Mouth	ULR	Absent	
5GNE0023H	Mouth	LLG	Absent	
5GNE0023H	Nare	SLN	Absent	
5GNE0023H	Eye, left	EXPTH	Absent	
5GNE0023H	Eye, left	OPQ	Absent	
5GNE0023H	Eye, left	MIS	Absent	
5GNE0023H	Eye, left	HMR	Absent	
5GNE0023H	Eye, left	EMB	Absent	
5GNE0023H	Eye, right	EXPTH	Absent	
5GNE0023H	Eye, right	OPQ	Absent	
5GNE0023H	Eye, right	MIS	Absent	
5GNE0023H	Eye, right	HMR	Absent	
5GNE0023H	Eye, right	EMB	Absent	
5GNE0023H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0025H	Body Surface	RGR	Absent	
5GNE0025H	Body Surface	RLSN	Absent	
5GNE0025H	Body Surface	SPDF	Absent	
5GNE0025H	Body Surface	HMRB	Absent	
5GNE0025H	Body Surface	FDC	Absent	
5GNE0025H	Body Surface	BFG	Absent	
5GNE0025H	Body Surface	PRST	Absent	
5GNE0025H	Head	DFM	Absent	
5GNE0025H	Mouth	ULR	Absent	
5GNE0025H	Mouth	LLG	Absent	
5GNE0025H	Nare	SLN	Absent	
5GNE0025H	Eye, left	EXPTH	Absent	
5GNE0025H	Eye, left	OPQ	Absent	
5GNE0025H	Eye, left	MIS	Absent	
5GNE0025H	Eye, left	HMR	Absent	
5GNE0025H	Eye, left	EMB	Absent	
5GNE0025H	Eye, right	EXPTH	Absent	
5GNE0025H	Eye, right	OPQ	Absent	
5GNE0025H	Eye, right	MIS	Absent	
5GNE0025H	Eye, right	HMR	Absent	
5GNE0025H	Eye, right	EMB	Absent	
5GNE0025H	Opercula	SLSH	Absent	
5GNE0027H	Body Surface	RGR	Absent	
5GNE0027H	Body Surface	RLSN	Absent	
5GNE0027H	Body Surface	SPDF	Absent	
5GNE0027H	Body Surface	HMRB	Absent	
5GNE0027H	Body Surface	FDC	Absent	
5GNE0027H	Body Surface	BFG	Absent	
5GNE0027H	Body Surface	PRST	Absent	
5GNE0027H	Head	DFM	Absent	
5GNE0027H	Mouth	ULR	Absent	
5GNE0027H	Mouth	LLG	Absent	
5GNE0027H	Nare	SLN	Absent	
5GNE0027H	Eye, left	EXPTH	Absent	
5GNE0027H	Eye, left	OPQ	Absent	
5GNE0027H	Eye, left	MIS	Absent	
5GNE0027H	Eye, left	HMR	Absent	
5GNE0027H	Eye, left	EMB	Absent	
5GNE0027H	Eye, right	EXPTH	Absent	
5GNE0027H	Eye, right	OPQ	Absent	
5GNE0027H	Eye, right	MIS	Absent	
5GNE0027H	Eye, right	HMR	Absent	
5GNE0027H	Eye, right	EMB	Absent	
5GNE0027H	Opercula	OTHER	Present	Gill net damage
5GNE0027H	Opercula	SLSH	Absent	
5GNE0028	Body Surface	RGR	Absent	
5GNE0028	Body Surface	RLSN	Absent	
5GNE0028	Body Surface	SPDF	Absent	
5GNE0028	Body Surface	HMRB	Absent	
5GNE0028	Body Surface	FDC	Absent	
5GNE0028	Body Surface	BFG	Absent	
5GNE0028	Body Surface	PRST	Absent	
5GNE0028	Body Surface	OTHER	Present	Gill net marks
5GNE0028	Head	DFM	Absent	
5GNE0028	Mouth	ULR	Absent	
5GNE0028	Mouth	LLG	Absent	
5GNE0028	Nare	SLN	Absent	
5GNE0028	Eye, left	EXPTH	Absent	
5GNE0028	Eye, left	OPQ	Absent	
5GNE0028	Eye, left	MIS	Absent	
5GNE0028	Eye, left	HMR	Absent	
5GNE0028	Eye, left	EMB	Absent	
5GNE0028	Eye, right	EXPTH	Absent	
5GNE0028	Eye, right	OPQ	Absent	
5GNE0028	Eye, right	MIS	Absent	
5GNE0028	Eye, right	HMR	Absent	
5GNE0028	Eye, right	EMB	Absent	
5GNE0028	Opercula	SLSH	Absent	
5GNE0029	Body Surface	RGR	Absent	
5GNE0029	Body Surface	RLSN	Present	
5GNE0029	Body Surface	SPDF	Absent	
5GNE0029	Body Surface	HMRB	Absent	
5GNE0029	Body Surface	FDC	Absent	
5GNE0029	Body Surface	BFG	Absent	
5GNE0029	Body Surface	PRST	Absent	
5GNE0029	Head	DFM	Absent	
5GNE0029	Mouth	ULR	Absent	
5GNE0029	Mouth	LLG	Absent	
5GNE0029	Nare	SLN	Absent	
5GNE0029	Eye, left	EXPTH	Absent	
5GNE0029	Eye, left	OPQ	Absent	
5GNE0029	Eye, left	MIS	Absent	
5GNE0029	Eye, left	HMR	Absent	
5GNE0029	Eye, left	EMB	Absent	
5GNE0029	Eye, right	EXPTH	Absent	
5GNE0029	Eye, right	OPQ	Absent	
5GNE0029	Eye, right	MIS	Absent	
5GNE0029	Eye, right	HMR	Absent	
5GNE0029	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0029	Opercula	SLSH	Absent	
5GNE0040	Body Surface	RGR	Absent	
5GNE0040	Body Surface	RLSN	Absent	
5GNE0040	Body Surface	SPDF	Absent	
5GNE0040	Body Surface	HMRB	Absent	
5GNE0040	Body Surface	FDC	Present	
5GNE0040	Body Surface	BFG	Absent	
5GNE0040	Body Surface	PRST	Absent	
5GNE0040	Head	DFM	Absent	
5GNE0040	Mouth	ULR	Absent	
5GNE0040	Mouth	LLG	Absent	
5GNE0040	Nare	SLN	Absent	
5GNE0040	Eye, left	EXPTH	Absent	
5GNE0040	Eye, left	OPQ	Absent	
5GNE0040	Eye, left	MIS	Absent	
5GNE0040	Eye, left	HMR	Absent	
5GNE0040	Eye, left	EMB	Absent	
5GNE0040	Eye, right	EXPTH	Absent	
5GNE0040	Eye, right	OPQ	Absent	
5GNE0040	Eye, right	MIS	Absent	
5GNE0040	Eye, right	HMR	Absent	
5GNE0040	Eye, right	EMB	Absent	
5GNE0041	Opercula	SLSH	Absent	
5GNE0041	Body Surface	RGR	Absent	
5GNE0041	Body Surface	RLSN	Absent	
5GNE0041	Body Surface	SPDF	Absent	
5GNE0041	Body Surface	HMRB	Absent	
5GNE0041	Body Surface	FDC	Present	
5GNE0041	Body Surface	BFG	Absent	
5GNE0041	Body Surface	PRST	Absent	
5GNE0041	Head	DFM	Absent	
5GNE0041	Mouth	ULR	Absent	
5GNE0041	Mouth	LLG	Absent	
5GNE0041	Nare	SLN	Absent	
5GNE0041	Eye, left	EXPTH	Absent	
5GNE0041	Eye, left	OPQ	Absent	
5GNE0041	Eye, left	MIS	Absent	
5GNE0041	Eye, left	HMR	Absent	
5GNE0041	Eye, left	EMB	Absent	
5GNE0041	Eye, right	EXPTH	Absent	
5GNE0041	Eye, right	OPQ	Absent	
5GNE0041	Eye, right	MIS	Absent	
5GNE0041	Eye, right	HMR	Absent	
5GNE0041	Eye, right	EMB	Absent	
5GNE0041	Opercula	SLSH	Absent	
5GNE0043	Body Surface	RGR	Absent	
5GNE0043	Body Surface	RLSN	Absent	
5GNE0043	Body Surface	SPDF	Absent	
5GNE0043	Body Surface	HMRB	Absent	
5GNE0043	Body Surface	FDC	Absent	
5GNE0043	Body Surface	BFG	Absent	
5GNE0043	Body Surface	PRST	Absent	
5GNE0043	Head	DFM	Absent	
5GNE0043	Mouth	ULR	Absent	
5GNE0043	Mouth	LLG	Absent	
5GNE0043	Nare	SLN	Absent	
5GNE0043	Eye, left	EXPTH	Absent	
5GNE0043	Eye, left	OPQ	Absent	
5GNE0043	Eye, left	MIS	Absent	
5GNE0043	Eye, left	HMR	Absent	
5GNE0043	Eye, left	EMB	Absent	
5GNE0043	Eye, right	EXPTH	Absent	
5GNE0043	Eye, right	OPQ	Absent	
5GNE0043	Eye, right	MIS	Absent	
5GNE0043	Eye, right	HMR	Absent	
5GNE0043	Eye, right	EMB	Absent	
5GNE0043	Opercula	SLSH	Absent	
5GNE0044	Body Surface	RGR	Absent	
5GNE0044	Body Surface	RLSN	Absent	
5GNE0044	Body Surface	SPDF	Absent	
5GNE0044	Body Surface	HMRB	Present	
5GNE0044	Body Surface	FDC	Absent	
5GNE0044	Body Surface	BFG	Absent	
5GNE0044	Body Surface	PRST	Absent	
5GNE0044	Barbel	NORM	Present	
5GNE0044	Head	DFM	Absent	
5GNE0044	Mouth	ULR	Absent	
5GNE0044	Mouth	LLG	Absent	
5GNE0044	Nare	SLN	Absent	
5GNE0044	Eye, left	EXPTH	Absent	
5GNE0044	Eye, left	OPQ	Absent	
5GNE0044	Eye, left	MIS	Absent	
5GNE0044	Eye, left	HMR	Absent	
5GNE0044	Eye, left	EMB	Absent	
5GNE0044	Eye, right	EXPTH	Absent	
5GNE0044	Eye, right	OPQ	Absent	
5GNE0044	Eye, right	MIS	Absent	
5GNE0044	Eye, right	HMR	Absent	
5GNE0044	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0044	Opercula	SLSH	Absent	
5GNE0045	Body Surface	RGR	Absent	
5GNE0045	Body Surface	RLSN	Absent	
5GNE0045	Body Surface	SPDF	Absent	
5GNE0045	Body Surface	HMRB	Absent	
5GNE0045	Body Surface	FDC	Present	
5GNE0045	Body Surface	BFG	Absent	
5GNE0045	Body Surface	PRST	Absent	
5GNE0045	Body Surface	OTHER	Present	Gill net marks
5GNE0045	Barbel	NORM	Present	
5GNE0045	Head	DFM	Absent	
5GNE0045	Mouth	ULR	Absent	
5GNE0045	Mouth	LLG	Absent	
5GNE0045	Nare	SLN	Absent	
5GNE0045	Eye, left	EXPTH	Absent	
5GNE0045	Eye, left	OPQ	Absent	
5GNE0045	Eye, left	MIS	Absent	
5GNE0045	Eye, left	HMR	Absent	
5GNE0045	Eye, left	EMB	Absent	
5GNE0045	Eye, right	EXPTH	Absent	
5GNE0045	Eye, right	OPQ	Absent	
5GNE0045	Eye, right	MIS	Absent	
5GNE0045	Eye, right	HMR	Absent	
5GNE0045	Eye, right	EMB	Absent	
5GNE0045	Opercula	SLSH	Absent	
5GNE0046	Body Surface	RGR	Absent	
5GNE0046	Body Surface	RLSN	Absent	
5GNE0046	Body Surface	SPDF	Absent	
5GNE0046	Body Surface	HMRB	Absent	
5GNE0046	Body Surface	FDC	Absent	
5GNE0046	Body Surface	BFG	Absent	
5GNE0046	Body Surface	PRST	Absent	
5GNE0046	Body Surface	OTHER	Present	Gill net marks
5GNE0046	Barbel	NORM	Present	
5GNE0046	Head	DFM	Absent	
5GNE0046	Mouth	ULR	Absent	
5GNE0046	Mouth	LLG	Absent	
5GNE0046	Nare	SLN	Absent	
5GNE0046	Eye, left	EXPTH	Absent	
5GNE0046	Eye, left	OPQ	Absent	
5GNE0046	Eye, left	MIS	Absent	
5GNE0046	Eye, left	HMR	Absent	
5GNE0046	Eye, left	EMB	Absent	
5GNE0046	Eye, right	EXPTH	Absent	
5GNE0046	Eye, right	OPQ	Absent	
5GNE0046	Eye, right	MIS	Absent	
5GNE0046	Eye, right	HMR	Absent	
5GNE0046	Eye, right	EMB	Absent	
5GNE0046	Opercula	SLSH	Absent	
5GNE0047	Body Surface	RGR	Absent	
5GNE0047	Body Surface	RLSN	Absent	
5GNE0047	Body Surface	SPDF	Absent	
5GNE0047	Body Surface	HMRB	Absent	
5GNE0047	Body Surface	FDC	Absent	
5GNE0047	Body Surface	BFG	Absent	
5GNE0047	Body Surface	PRST	Absent	
5GNE0047	Head	DFM	Absent	
5GNE0047	Mouth	ULR	Absent	
5GNE0047	Mouth	LLG	Absent	
5GNE0047	Nare	SLN	Absent	
5GNE0047	Eye, left	EXPTH	Absent	
5GNE0047	Eye, left	OPQ	Absent	
5GNE0047	Eye, left	MIS	Absent	
5GNE0047	Eye, left	HMR	Absent	
5GNE0047	Eye, left	EMB	Absent	
5GNE0047	Eye, right	EXPTH	Absent	
5GNE0047	Eye, right	OPQ	Absent	
5GNE0047	Eye, right	MIS	Absent	
5GNE0047	Eye, right	HMR	Absent	
5GNE0047	Eye, right	EMB	Absent	
5GNE0047	Opercula	SLSH	Absent	
5GNE0053	Body Surface	RGR	Absent	
5GNE0053	Body Surface	RLSN	Absent	
5GNE0053	Body Surface	SPDF	Absent	
5GNE0053	Body Surface	HMRB	Absent	
5GNE0053	Body Surface	FDC	Absent	
5GNE0053	Body Surface	BFG	Absent	
5GNE0053	Body Surface	PRST	Absent	
5GNE0053	Body Surface	OTHER	Present	Gill net marks
5GNE0053	Head	DFM	Absent	
5GNE0053	Mouth	ULR	Absent	
5GNE0053	Mouth	LLG	Absent	
5GNE0053	Nare	SLN	Absent	
5GNE0053	Eye, left	EXPTH	Absent	
5GNE0053	Eye, left	OPQ	Absent	
5GNE0053	Eye, left	MIS	Absent	
5GNE0053	Eye, left	HMR	Absent	
5GNE0053	Eye, left	EMB	Absent	
5GNE0053	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0053	Eye, right	OPQ	Absent	
5GNE0053	Eye, right	MIS	Absent	
5GNE0053	Eye, right	HMR	Absent	
5GNE0053	Eye, right	EMB	Absent	
5GNE0053	Opercula	SLSH	Absent	
5GNE0054	Body Surface	RGR	Absent	
5GNE0054	Body Surface	RLSN	Absent	
5GNE0054	Body Surface	SPDF	Absent	
5GNE0054	Body Surface	HMRB	Absent	
5GNE0054	Body Surface	FDC	Absent	
5GNE0054	Body Surface	BFG	Absent	
5GNE0054	Body Surface	PRST	Absent	
5GNE0054	Body Surface	OTHER	Present	Gill net marks
5GNE0054	Head	DFM	Absent	
5GNE0054	Mouth	ULR	Absent	
5GNE0054	Mouth	LLG	Absent	
5GNE0054	Nare	SLN	Absent	
5GNE0054	Eye, left	EXPTH	Absent	
5GNE0054	Eye, left	OPQ	Absent	
5GNE0054	Eye, left	MIS	Absent	
5GNE0054	Eye, left	HMR	Absent	
5GNE0054	Eye, left	EMB	Absent	
5GNE0054	Eye, right	EXPTH	Absent	
5GNE0054	Eye, right	OPQ	Absent	
5GNE0054	Eye, right	MIS	Absent	
5GNE0054	Eye, right	HMR	Absent	
5GNE0054	Eye, right	EMB	Absent	
5GNE0054	Opercula	SLSH	Absent	
5GNE0055	Body Surface	RGR	Absent	
5GNE0055	Body Surface	RLSN	Absent	
5GNE0055	Body Surface	SPDF	Absent	
5GNE0055	Body Surface	HMRB	Absent	
5GNE0055	Body Surface	FDC	Absent	
5GNE0055	Body Surface	BFG	Absent	
5GNE0055	Body Surface	PRST	Absent	
5GNE0055	Body Surface	OTHER	Present	Gill net marks
5GNE0055	Head	DFM	Absent	
5GNE0055	Mouth	ULR	Absent	
5GNE0055	Mouth	LLG	Absent	
5GNE0055	Nare	SLN	Absent	
5GNE0055	Eye, left	EXPTH	Absent	
5GNE0055	Eye, left	OPQ	Absent	
5GNE0055	Eye, left	MIS	Absent	
5GNE0055	Eye, left	HMR	Absent	
5GNE0055	Eye, left	EMB	Absent	
5GNE0055	Eye, right	EXPTH	Absent	
5GNE0055	Eye, right	OPQ	Absent	
5GNE0055	Eye, right	MIS	Absent	
5GNE0055	Eye, right	HMR	Absent	
5GNE0055	Eye, right	EMB	Absent	
5GNE0055	Opercula	SLSH	Absent	
5GNE0056	Body Surface	RGR	Absent	
5GNE0056	Body Surface	RLSN	Absent	
5GNE0056	Body Surface	SPDF	Absent	
5GNE0056	Body Surface	HMRB	Absent	
5GNE0056	Body Surface	FDC	Absent	
5GNE0056	Body Surface	BFG	Absent	
5GNE0056	Body Surface	PRST	Absent	
5GNE0056	Body Surface	OTHER	Present	Gill net marks
5GNE0056	Head	DFM	Absent	
5GNE0056	Mouth	ULR	Absent	
5GNE0056	Mouth	LLG	Absent	
5GNE0056	Nare	SLN	Absent	
5GNE0056	Eye, left	EXPTH	Absent	
5GNE0056	Eye, left	OPQ	Absent	
5GNE0056	Eye, left	MIS	Absent	
5GNE0056	Eye, left	HMR	Absent	
5GNE0056	Eye, left	EMB	Absent	
5GNE0056	Eye, right	EXPTH	Absent	
5GNE0056	Eye, right	OPQ	Absent	
5GNE0056	Eye, right	MIS	Absent	
5GNE0056	Eye, right	HMR	Absent	
5GNE0056	Eye, right	EMB	Absent	
5GNE0056	Opercula	SLSH	Present	
5GNE0057	Body Surface	RGR	Absent	
5GNE0057	Body Surface	RLSN	Absent	
5GNE0057	Body Surface	SPDF	Absent	
5GNE0057	Body Surface	HMRB	Absent	
5GNE0057	Body Surface	FDC	Absent	
5GNE0057	Body Surface	BFG	Absent	
5GNE0057	Body Surface	PRST	Absent	
5GNE0057	Body Surface	OTHER	Present	Gill net marks
5GNE0057	Head	DFM	Absent	
5GNE0057	Mouth	ULR	Absent	
5GNE0057	Mouth	LLG	Absent	
5GNE0057	Nare	SLN	Absent	
5GNE0057	Eye, left	EXPTH	Absent	
5GNE0057	Eye, left	OPQ	Absent	
5GNE0057	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0057	Eye, left	HMR	Absent	
5GNE0057	Eye, left	EMB	Absent	
5GNE0057	Eye, right	EXPTH	Absent	
5GNE0057	Eye, right	OPQ	Absent	
5GNE0057	Eye, right	MIS	Absent	
5GNE0057	Eye, right	HMR	Absent	
5GNE0057	Eye, right	EMB	Absent	
5GNE0057	Opercula	OTHER	Present	Gill net damage
5GNE0057	Opercula	SLSH	Absent	
5GNE0058	Body Surface	RGR	Absent	
5GNE0058	Body Surface	RLSN	Absent	
5GNE0058	Body Surface	SPDF	Absent	
5GNE0058	Body Surface	HMRB	Absent	
5GNE0058	Body Surface	FDC	Absent	
5GNE0058	Body Surface	BFG	Absent	
5GNE0058	Body Surface	PRST	Absent	
5GNE0058	Body Surface	OTHER	Present	Gill net marks
5GNE0058	Head	DFM	Absent	
5GNE0058	Mouth	ULR	Absent	
5GNE0058	Mouth	LLG	Absent	
5GNE0058	Nare	SLN	Absent	
5GNE0058	Eye, left	EXPTH	Absent	
5GNE0058	Eye, left	OPQ	Absent	
5GNE0058	Eye, left	MIS	Absent	
5GNE0058	Eye, left	HMR	Absent	
5GNE0058	Eye, left	EMB	Absent	
5GNE0058	Eye, right	EXPTH	Absent	
5GNE0058	Eye, right	OPQ	Absent	
5GNE0058	Eye, right	MIS	Absent	
5GNE0058	Eye, right	HMR	Absent	
5GNE0058	Eye, right	EMB	Absent	
5GNE0058	Opercula	SLSH	Absent	
5GNE0059	Body Surface	RGR	Absent	
5GNE0059	Body Surface	RLSN	Absent	
5GNE0059	Body Surface	SPDF	Absent	
5GNE0059	Body Surface	HMRB	Absent	
5GNE0059	Body Surface	FDC	Absent	
5GNE0059	Body Surface	BFG	Absent	
5GNE0059	Body Surface	PRST	Absent	
5GNE0059	Head	OTHER	Present	Damage from gill net
5GNE0059	Head	DFM	Absent	
5GNE0059	Mouth	ULR	Absent	
5GNE0059	Mouth	LLG	Absent	
5GNE0059	Nare	SLN	Absent	
5GNE0059	Eye, left	EXPTH	Absent	
5GNE0059	Eye, left	OPQ	Absent	
5GNE0059	Eye, left	MIS	Absent	
5GNE0059	Eye, left	HMR	Absent	
5GNE0059	Eye, left	EMB	Absent	
5GNE0059	Eye, right	EXPTH	Absent	
5GNE0059	Eye, right	OPQ	Absent	
5GNE0059	Eye, right	MIS	Absent	
5GNE0059	Eye, right	HMR	Absent	
5GNE0059	Eye, right	EMB	Absent	
5GNE0059	Opercula	OTHER	Present	Missing left opercula
5GNE0059	Opercula	SLSH	Absent	
5GNE0060	Body Surface	RGR	Absent	
5GNE0060	Body Surface	RLSN	Absent	
5GNE0060	Body Surface	SPDF	Absent	
5GNE0060	Body Surface	HMRB	Absent	
5GNE0060	Body Surface	FDC	Absent	
5GNE0060	Body Surface	BFG	Absent	
5GNE0060	Body Surface	PRST	Absent	
5GNE0060	Body Surface	OTHER	Present	Gill net marks
5GNE0060	Head	DFM	Absent	
5GNE0060	Mouth	ULR	Absent	
5GNE0060	Mouth	LLG	Absent	
5GNE0060	Nare	SLN	Absent	
5GNE0060	Eye, left	EXPTH	Absent	
5GNE0060	Eye, left	OPQ	Absent	
5GNE0060	Eye, left	MIS	Absent	
5GNE0060	Eye, left	HMR	Absent	
5GNE0060	Eye, left	EMB	Absent	
5GNE0060	Eye, right	EXPTH	Absent	
5GNE0060	Eye, right	OPQ	Absent	
5GNE0060	Eye, right	MIS	Absent	
5GNE0060	Eye, right	HMR	Absent	
5GNE0060	Eye, right	EMB	Absent	
5GNE0060	Opercula	SLSH	Absent	
5GNE0061	Body Surface	RGR	Absent	
5GNE0061	Body Surface	RLSN	Absent	
5GNE0061	Body Surface	SPDF	Absent	
5GNE0061	Body Surface	HMRB	Absent	
5GNE0061	Body Surface	FDC	Absent	
5GNE0061	Body Surface	BFG	Absent	
5GNE0061	Body Surface	PRST	Absent	
5GNE0061	Body Surface	OTHER	Present	Gill net marks
5GNE0061	Head	DFM	Absent	
5GNE0061	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0061	Mouth	LLG	Absent	
5GNE0061	Nare	SLN	Absent	
5GNE0061	Eye, left	EXPTH	Absent	
5GNE0061	Eye, left	OPQ	Absent	
5GNE0061	Eye, left	MIS	Absent	
5GNE0061	Eye, left	HMR	Absent	
5GNE0061	Eye, left	EMB	Absent	
5GNE0061	Eye, right	EXPTH	Absent	
5GNE0061	Eye, right	OPQ	Absent	
5GNE0061	Eye, right	MIS	Absent	
5GNE0061	Eye, right	HMR	Absent	
5GNE0061	Eye, right	EMB	Absent	
5GNE0061	Opercula	SLSH	Absent	
5GNE0062	Body Surface	RGR	Absent	
5GNE0062	Body Surface	RLSN	Absent	
5GNE0062	Body Surface	SPDF	Absent	
5GNE0062	Body Surface	HMRB	Absent	
5GNE0062	Body Surface	FDC	Absent	
5GNE0062	Body Surface	BFG	Absent	
5GNE0062	Body Surface	PRST	Absent	
5GNE0062	Body Surface	OTHER	Present	Gill net marks
5GNE0062	Head	DFM	Absent	
5GNE0062	Mouth	ULR	Absent	
5GNE0062	Mouth	LLG	Absent	
5GNE0062	Nare	SLN	Absent	
5GNE0062	Eye, left	EXPTH	Absent	
5GNE0062	Eye, left	OPQ	Absent	
5GNE0062	Eye, left	MIS	Absent	
5GNE0062	Eye, left	HMR	Absent	
5GNE0062	Eye, left	EMB	Absent	
5GNE0062	Eye, right	EXPTH	Absent	
5GNE0062	Eye, right	OPQ	Absent	
5GNE0062	Eye, right	MIS	Absent	
5GNE0062	Eye, right	HMR	Absent	
5GNE0062	Eye, right	EMB	Absent	
5GNE0062	Opercula	SLSH	Absent	
5GNE0063	Body Surface	RGR	Absent	
5GNE0063	Body Surface	RLSN	Absent	
5GNE0063	Body Surface	SPDF	Absent	
5GNE0063	Body Surface	HMRB	Absent	
5GNE0063	Body Surface	FDC	Absent	
5GNE0063	Body Surface	BFG	Absent	
5GNE0063	Body Surface	PRST	Absent	
5GNE0063	Body Surface	OTHER	Present	Gill net marks
5GNE0063	Head	DFM	Absent	
5GNE0063	Mouth	ULR	Absent	
5GNE0063	Mouth	LLG	Absent	
5GNE0063	Nare	SLN	Absent	
5GNE0063	Eye, left	EXPTH	Absent	
5GNE0063	Eye, left	OPQ	Absent	
5GNE0063	Eye, left	MIS	Absent	
5GNE0063	Eye, left	HMR	Absent	
5GNE0063	Eye, left	EMB	Absent	
5GNE0063	Eye, right	EXPTH	Absent	
5GNE0063	Eye, right	OPQ	Absent	
5GNE0063	Eye, right	MIS	Absent	
5GNE0063	Eye, right	HMR	Absent	
5GNE0063	Eye, right	EMB	Absent	
5GNE0063	Opercula	OTHER	Present	Gill net damage
5GNE0063	Opercula	SLSH	Absent	
5GNE0064	Body Surface	RGR	Absent	
5GNE0064	Body Surface	RLSN	Absent	
5GNE0064	Body Surface	SPDF	Absent	
5GNE0064	Body Surface	HMRB	Absent	
5GNE0064	Body Surface	FDC	Absent	
5GNE0064	Body Surface	BFG	Absent	
5GNE0064	Body Surface	PRST	Absent	
5GNE0064	Body Surface	OTHER	Present	Gill net marks
5GNE0064	Head	DFM	Absent	
5GNE0064	Mouth	ULR	Absent	
5GNE0064	Mouth	LLG	Absent	
5GNE0064	Nare	SLN	Absent	
5GNE0064	Eye, left	EXPTH	Absent	
5GNE0064	Eye, left	OPQ	Absent	
5GNE0064	Eye, left	MIS	Absent	
5GNE0064	Eye, left	HMR	Absent	
5GNE0064	Eye, left	EMB	Absent	
5GNE0064	Eye, right	EXPTH	Absent	
5GNE0064	Eye, right	OPQ	Absent	
5GNE0064	Eye, right	MIS	Absent	
5GNE0064	Eye, right	HMR	Absent	
5GNE0064	Eye, right	EMB	Absent	
5GNE0064	Opercula	SLSH	Absent	
5GNE0065	Body Surface	RGR	Absent	
5GNE0065	Body Surface	RLSN	Absent	
5GNE0065	Body Surface	SPDF	Absent	
5GNE0065	Body Surface	HMRB	Absent	
5GNE0065	Body Surface	FDC	Absent	
5GNE0065	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0065	Body Surface	PRST	Absent	
5GNE0065	Body Surface	OTHER	Present	Gill net marks
5GNE0065	Head	DFM	Absent	
5GNE0065	Mouth	ULR	Absent	
5GNE0065	Mouth	LLG	Absent	
5GNE0065	Nare	SLN	Absent	
5GNE0065	Eye, left	EXPTH	Absent	
5GNE0065	Eye, left	OPQ	Absent	
5GNE0065	Eye, left	MIS	Absent	
5GNE0065	Eye, left	HMR	Absent	
5GNE0065	Eye, left	EMB	Absent	
5GNE0065	Eye, right	EXPTH	Absent	
5GNE0065	Eye, right	OPQ	Absent	
5GNE0065	Eye, right	MIS	Absent	
5GNE0065	Eye, right	HMR	Absent	
5GNE0065	Eye, right	EMB	Absent	
5GNE0065	Opercula	OTHER	Present	Gill net damage
5GNE0065	Opercula	SLSH	Absent	
5GNE0066	Body Surface	RGR	Absent	
5GNE0066	Body Surface	RLSN	Absent	
5GNE0066	Body Surface	SPDF	Absent	
5GNE0066	Body Surface	HMRB	Absent	
5GNE0066	Body Surface	FDC	Absent	
5GNE0066	Body Surface	BFG	Absent	
5GNE0066	Body Surface	PRST	Absent	
5GNE0066	Body Surface	OTHER	Present	Gill net marks
5GNE0066	Head	DFM	Absent	
5GNE0066	Mouth	ULR	Absent	
5GNE0066	Mouth	LLG	Absent	
5GNE0066	Nare	SLN	Absent	
5GNE0066	Eye, left	EXPTH	Absent	
5GNE0066	Eye, left	OPQ	Absent	
5GNE0066	Eye, left	MIS	Absent	
5GNE0066	Eye, left	HMR	Absent	
5GNE0066	Eye, left	EMB	Absent	
5GNE0066	Eye, right	EXPTH	Absent	
5GNE0066	Eye, right	OPQ	Absent	
5GNE0066	Eye, right	MIS	Absent	
5GNE0066	Eye, right	HMR	Absent	
5GNE0066	Eye, right	EMB	Absent	
5GNE0066	Opercula	SLSH	Absent	
5GNE0067	Body Surface	RGR	Absent	
5GNE0067	Body Surface	RLSN	Absent	
5GNE0067	Body Surface	SPDF	Absent	
5GNE0067	Body Surface	HMRB	Absent	
5GNE0067	Body Surface	FDC	Absent	
5GNE0067	Body Surface	BFG	Absent	
5GNE0067	Body Surface	PRST	Absent	
5GNE0067	Head	DFM	Absent	
5GNE0067	Mouth	ULR	Absent	
5GNE0067	Mouth	LLG	Absent	
5GNE0067	Nare	SLN	Absent	
5GNE0067	Eye, left	EXPTH	Absent	
5GNE0067	Eye, left	OPQ	Absent	
5GNE0067	Eye, left	MIS	Absent	
5GNE0067	Eye, left	HMR	Absent	
5GNE0067	Eye, left	EMB	Absent	
5GNE0067	Eye, right	EXPTH	Absent	
5GNE0067	Eye, right	OPQ	Absent	
5GNE0067	Eye, right	MIS	Absent	
5GNE0067	Eye, right	HMR	Absent	
5GNE0067	Eye, right	EMB	Absent	
5GNE0067	Opercula	OTHER	Present	Gill net damage
5GNE0067	Opercula	SLSH	Absent	
5GNE0068	Body Surface	RGR	Absent	
5GNE0068	Body Surface	RLSN	Absent	
5GNE0068	Body Surface	SPDF	Absent	
5GNE0068	Body Surface	HMRB	Absent	
5GNE0068	Body Surface	FDC	Absent	
5GNE0068	Body Surface	BFG	Absent	
5GNE0068	Body Surface	PRST	Absent	
5GNE0068	Body Surface	OTHER	Present	Gill net marks
5GNE0068	Head	OTHER	Present	Damage from gill net
5GNE0068	Head	DFM	Absent	
5GNE0068	Mouth	ULR	Absent	
5GNE0068	Mouth	LLG	Absent	
5GNE0068	Nare	SLN	Absent	
5GNE0068	Eye, left	EXPTH	Absent	
5GNE0068	Eye, left	OPQ	Absent	
5GNE0068	Eye, left	MIS	Absent	
5GNE0068	Eye, left	HMR	Absent	
5GNE0068	Eye, left	EMB	Absent	
5GNE0068	Eye, right	EXPTH	Absent	
5GNE0068	Eye, right	OPQ	Absent	
5GNE0068	Eye, right	MIS	Absent	
5GNE0068	Eye, right	HMR	Absent	
5GNE0068	Eye, right	EMB	Absent	
5GNE0068	Opercula	SLSH	Absent	
5GNE0069	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0069	Body Surface	RLSN	Absent	
5GNE0069	Body Surface	SPDF	Absent	
5GNE0069	Body Surface	HMRB	Absent	
5GNE0069	Body Surface	FDC	Present	
5GNE0069	Body Surface	BFG	Absent	
5GNE0069	Body Surface	PRST	Absent	
5GNE0069	Body Surface	OTHER	Present	Gill net marks
5GNE0069	Head	DFM	Absent	
5GNE0069	Mouth	ULR	Absent	
5GNE0069	Mouth	LLG	Absent	
5GNE0069	Nare	SLN	Absent	
5GNE0069	Eye, left	EXPTH	Absent	
5GNE0069	Eye, left	OPQ	Absent	
5GNE0069	Eye, left	MIS	Absent	
5GNE0069	Eye, left	HMR	Absent	
5GNE0069	Eye, left	EMB	Absent	
5GNE0069	Eye, right	EXPTH	Absent	
5GNE0069	Eye, right	OPQ	Absent	
5GNE0069	Eye, right	MIS	Absent	
5GNE0069	Eye, right	HMR	Absent	
5GNE0069	Eye, right	EMB	Absent	
5GNE0069	Opercula	SLSH	Absent	
5GNE0070	Body Surface	RGR	Absent	
5GNE0070	Body Surface	RLSN	Absent	
5GNE0070	Body Surface	SPDF	Absent	
5GNE0070	Body Surface	HMRB	Absent	
5GNE0070	Body Surface	FDC	Absent	
5GNE0070	Body Surface	BFG	Absent	
5GNE0070	Body Surface	PRST	Absent	
5GNE0070	Body Surface	OTHER	Present	Gill net marks
5GNE0070	Head	DFM	Absent	
5GNE0070	Mouth	ULR	Absent	
5GNE0070	Mouth	LLG	Absent	
5GNE0070	Nare	SLN	Absent	
5GNE0070	Eye, left	EXPTH	Absent	
5GNE0070	Eye, left	OPQ	Absent	
5GNE0070	Eye, left	MIS	Absent	
5GNE0070	Eye, left	HMR	Absent	
5GNE0070	Eye, left	EMB	Absent	
5GNE0070	Eye, right	EXPTH	Absent	
5GNE0070	Eye, right	OPQ	Absent	
5GNE0070	Eye, right	MIS	Absent	
5GNE0070	Eye, right	HMR	Absent	
5GNE0070	Eye, right	EMB	Absent	
5GNE0070	Opercula	SLSH	Absent	
5GNE0071	Body Surface	RGR	Absent	
5GNE0071	Body Surface	RLSN	Absent	
5GNE0071	Body Surface	SPDF	Absent	
5GNE0071	Body Surface	HMRB	Absent	
5GNE0071	Body Surface	FDC	Absent	
5GNE0071	Body Surface	BFG	Absent	
5GNE0071	Body Surface	PRST	Absent	
5GNE0071	Body Surface	OTHER	Present	Gill net marks
5GNE0071	Head	DFM	Absent	
5GNE0071	Mouth	ULR	Absent	
5GNE0071	Mouth	LLG	Absent	
5GNE0071	Nare	SLN	Absent	
5GNE0071	Eye, left	EXPTH	Absent	
5GNE0071	Eye, left	OPQ	Absent	
5GNE0071	Eye, left	MIS	Absent	
5GNE0071	Eye, left	HMR	Absent	
5GNE0071	Eye, left	EMB	Absent	
5GNE0071	Eye, right	EXPTH	Absent	
5GNE0071	Eye, right	OPQ	Absent	
5GNE0071	Eye, right	MIS	Absent	
5GNE0071	Eye, right	HMR	Absent	
5GNE0071	Eye, right	EMB	Absent	
5GNE0071	Opercula	SLSH	Absent	
5TC0005	Body Surface	RGR	Absent	
5TC0005	Body Surface	RLSN	Absent	
5TC0005	Body Surface	SPDF	Absent	
5TC0005	Body Surface	HMRB	Absent	
5TC0005	Body Surface	FDC	Absent	
5TC0005	Body Surface	BFG	Absent	
5TC0005	Body Surface	PRST	Absent	
5TC0005	Barbel	NORM	Present	
5TC0005	Head	DFM	Absent	
5TC0005	Mouth	ULR	Absent	
5TC0005	Mouth	LLG	Absent	
5TC0005	Nare	SLN	Absent	
5TC0005	Eye, left	EXPTH	Absent	
5TC0005	Eye, left	OPQ	Absent	
5TC0005	Eye, left	MIS	Absent	
5TC0005	Eye, left	HMR	Absent	
5TC0005	Eye, left	EMB	Absent	
5TC0005	Eye, right	EXPTH	Absent	
5TC0005	Eye, right	OPQ	Absent	
5TC0005	Eye, right	MIS	Absent	
5TC0005	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TC0005	Eye, right	EMB	Absent	
5TC0005	Opercula	SLSH	Absent	
5TC0006	Body Surface	RGR	Absent	
5TC0006	Body Surface	RLSN	Absent	
5TC0006	Body Surface	SPDF	Absent	
5TC0006	Body Surface	HMRB	Absent	
5TC0006	Body Surface	FDC	Absent	
5TC0006	Body Surface	BFG	Absent	
5TC0006	Body Surface	PRST	Absent	
5TC0006	Barbel	NORM	Present	
5TC0006	Head	DFM	Absent	
5TC0006	Mouth	ULR	Absent	
5TC0006	Mouth	LLG	Absent	
5TC0006	Nare	SLN	Absent	
5TC0006	Eye, left	EXPTH	Absent	
5TC0006	Eye, left	OPQ	Absent	
5TC0006	Eye, left	MIS	Absent	
5TC0006	Eye, left	HMR	Absent	
5TC0006	Eye, left	EMB	Absent	
5TC0006	Eye, right	EXPTH	Absent	
5TC0006	Eye, right	OPQ	Absent	
5TC0006	Eye, right	MIS	Absent	
5TC0006	Eye, right	HMR	Absent	
5TC0006	Eye, right	EMB	Absent	
5TC0006	Opercula	SLSH	Absent	
5TC0007	Body Surface	RGR	Absent	
5TC0007	Body Surface	RLSN	Absent	
5TC0007	Body Surface	SPDF	Absent	
5TC0007	Body Surface	HMRB	Present	
5TC0007	Body Surface	FDC	Absent	
5TC0007	Body Surface	BFG	Absent	
5TC0007	Body Surface	PRST	Absent	
5TC0007	Body Surface	OTHER	Present	Gill net marks
5TC0007	Barbel	NORM	Present	
5TC0007	Head	DFM	Absent	
5TC0007	Mouth	ULR	Absent	
5TC0007	Mouth	LLG	Absent	
5TC0007	Nare	SLN	Absent	
5TC0007	Eye, left	EXPTH	Absent	
5TC0007	Eye, left	OPQ	Absent	
5TC0007	Eye, left	MIS	Absent	
5TC0007	Eye, left	HMR	Absent	
5TC0007	Eye, left	EMB	Absent	
5TC0007	Eye, right	EXPTH	Absent	
5TC0007	Eye, right	OPQ	Absent	
5TC0007	Eye, right	MIS	Absent	
5TC0007	Eye, right	HMR	Absent	
5TC0007	Eye, right	EMB	Absent	
5TC0007	Opercula	SLSH	Absent	
5TC0008	Body Surface	RGR	Absent	
5TC0008	Body Surface	RLSN	Absent	
5TC0008	Body Surface	SPDF	Absent	
5TC0008	Body Surface	HMRB	Absent	
5TC0008	Body Surface	FDC	Absent	
5TC0008	Body Surface	BFG	Absent	
5TC0008	Body Surface	PRST	Absent	
5TC0008	Barbel	NORM	Present	
5TC0008	Head	DFM	Absent	
5TC0008	Mouth	ULR	Absent	
5TC0008	Mouth	LLG	Absent	
5TC0008	Nare	SLN	Absent	
5TC0008	Eye, left	EXPTH	Absent	
5TC0008	Eye, left	OPQ	Absent	
5TC0008	Eye, left	MIS	Absent	
5TC0008	Eye, left	HMR	Absent	
5TC0008	Eye, left	EMB	Absent	
5TC0008	Eye, right	EXPTH	Absent	
5TC0008	Eye, right	OPQ	Absent	
5TC0008	Eye, right	MIS	Absent	
5TC0008	Eye, right	HMR	Absent	
5TC0008	Eye, right	EMB	Absent	
5TC0008	Opercula	SLSH	Absent	
5TC0010	Body Surface	RGR	Absent	
5TC0010	Body Surface	RLSN	Absent	
5TC0010	Body Surface	SPDF	Absent	
5TC0010	Body Surface	HMRB	Absent	
5TC0010	Body Surface	FDC	Absent	
5TC0010	Body Surface	BFG	Absent	
5TC0010	Body Surface	PRST	Absent	
5TC0010	Barbel	NORM	Present	
5TC0010	Head	DFM	Absent	
5TC0010	Mouth	ULR	Absent	
5TC0010	Mouth	LLG	Absent	
5TC0010	Nare	SLN	Absent	
5TC0010	Eye, left	EXPTH	Absent	
5TC0010	Eye, left	OPQ	Absent	
5TC0010	Eye, left	MIS	Absent	
5TC0010	Eye, left	HMR	Absent	
5TC0010	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TC0010	Eye, right	EXPTH	Absent	
5TC0010	Eye, right	OPQ	Absent	
5TC0010	Eye, right	MIS	Absent	
5TC0010	Eye, right	HMR	Absent	
5TC0010	Eye, right	EMB	Absent	
5TC0010	Opercula	SLSH	Absent	
5TC0011	Body Surface	RGR	Absent	
5TC0011	Body Surface	RLSN	Present	
5TC0011	Body Surface	SPDF	Absent	
5TC0011	Body Surface	HMRB	Absent	
5TC0011	Body Surface	FDC	Absent	
5TC0011	Body Surface	BFG	Absent	
5TC0011	Body Surface	PRST	Absent	
5TC0011	Body Surface	OTHER	Present	Teeth marks on left side
5TC0011	Barbel	NORM	Present	
5TC0011	Head	DFM	Absent	
5TC0011	Mouth	ULR	Absent	
5TC0011	Mouth	LLG	Absent	
5TC0011	Nare	SLN	Absent	
5TC0011	Eye, left	EXPTH	Absent	
5TC0011	Eye, left	OPQ	Absent	
5TC0011	Eye, left	MIS	Absent	
5TC0011	Eye, left	HMR	Absent	
5TC0011	Eye, left	EMB	Absent	
5TC0011	Eye, right	EXPTH	Absent	
5TC0011	Eye, right	OPQ	Absent	
5TC0011	Eye, right	MIS	Absent	
5TC0011	Eye, right	HMR	Absent	
5TC0011	Eye, right	EMB	Absent	
5TC0011	Opercula	SLSH	Absent	
5TC0012	Body Surface	RGR	Absent	
5TC0012	Body Surface	RLSN	Absent	
5TC0012	Body Surface	SPDF	Absent	
5TC0012	Body Surface	HMRB	Absent	
5TC0012	Body Surface	FDC	Absent	
5TC0012	Body Surface	BFG	Absent	
5TC0012	Body Surface	PRST	Absent	
5TC0012	Barbel	NORM	Present	
5TC0012	Head	DFM	Absent	
5TC0012	Mouth	ULR	Absent	
5TC0012	Mouth	LLG	Absent	
5TC0012	Nare	SLN	Absent	
5TC0012	Eye, left	EXPTH	Absent	
5TC0012	Eye, left	OPQ	Absent	
5TC0012	Eye, left	MIS	Absent	
5TC0012	Eye, left	HMR	Absent	
5TC0012	Eye, left	EMB	Absent	
5TC0012	Eye, right	EXPTH	Absent	
5TC0012	Eye, right	OPQ	Absent	
5TC0012	Eye, right	MIS	Absent	
5TC0012	Eye, right	HMR	Absent	
5TC0012	Eye, right	EMB	Absent	
5TC0012	Opercula	SLSH	Absent	
5TC0013	Body Surface	RGR	Absent	
5TC0013	Body Surface	RLSN	Absent	
5TC0013	Body Surface	SPDF	Absent	
5TC0013	Body Surface	HMRB	Absent	
5TC0013	Body Surface	FDC	Absent	
5TC0013	Body Surface	BFG	Absent	
5TC0013	Body Surface	PRST	Absent	
5TC0013	Barbel	NORM	Present	
5TC0013	Head	DFM	Absent	
5TC0013	Mouth	ULR	Absent	
5TC0013	Mouth	LLG	Absent	
5TC0013	Nare	SLN	Absent	
5TC0013	Eye, left	EXPTH	Absent	
5TC0013	Eye, left	OPQ	Absent	
5TC0013	Eye, left	MIS	Absent	
5TC0013	Eye, left	HMR	Absent	
5TC0013	Eye, left	EMB	Absent	
5TC0013	Eye, right	EXPTH	Absent	
5TC0013	Eye, right	OPQ	Absent	
5TC0013	Eye, right	MIS	Absent	
5TC0013	Eye, right	HMR	Absent	
5TC0013	Eye, right	EMB	Absent	
5TC0013	Opercula	SLSH	Absent	
5TC0014	Body Surface	RGR	Absent	
5TC0014	Body Surface	RLSN	Present	
5TC0014	Body Surface	SPDF	Absent	
5TC0014	Body Surface	HMRB	Absent	
5TC0014	Body Surface	FDC	Absent	
5TC0014	Body Surface	BFG	Absent	
5TC0014	Body Surface	PRST	Absent	
5TC0014	Barbel	NORM	Present	
5TC0014	Head	DFM	Absent	
5TC0014	Mouth	ULR	Absent	
5TC0014	Mouth	LLG	Absent	
5TC0014	Nare	SLN	Absent	
5TC0014	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TC0014	Eye, left	OPQ	Absent	
5TC0014	Eye, left	MIS	Absent	
5TC0014	Eye, left	HMR	Absent	
5TC0014	Eye, left	EMB	Absent	
5TC0014	Eye, right	EXPTH	Absent	
5TC0014	Eye, right	OPQ	Absent	
5TC0014	Eye, right	MIS	Absent	
5TC0014	Eye, right	HMR	Absent	
5TC0014	Eye, right	EMB	Absent	
5TC0014	Opercula	SLSH	Absent	
5TC0015	Body Surface	RGR	Absent	
5TC0015	Body Surface	RLSN	Absent	
5TC0015	Body Surface	SPDF	Absent	
5TC0015	Body Surface	HMRB	Absent	
5TC0015	Body Surface	FDC	Absent	
5TC0015	Body Surface	BFG	Absent	
5TC0015	Body Surface	PRST	Absent	
5TC0015	Barbel	NORM	Present	
5TC0015	Head	DFM	Absent	
5TC0015	Mouth	ULR	Absent	
5TC0015	Mouth	LLG	Absent	
5TC0015	Nare	SLN	Absent	
5TC0015	Eye, left	EXPTH	Absent	
5TC0015	Eye, left	OPQ	Absent	
5TC0015	Eye, left	MIS	Absent	
5TC0015	Eye, left	HMR	Absent	
5TC0015	Eye, left	EMB	Absent	
5TC0015	Eye, right	EXPTH	Absent	
5TC0015	Eye, right	OPQ	Absent	
5TC0015	Eye, right	MIS	Absent	
5TC0015	Eye, right	HMR	Absent	
5TC0015	Eye, right	EMB	Absent	
5TC0015	Opercula	SLSH	Absent	
5TC0016	Body Surface	RGR	Absent	
5TC0016	Body Surface	RLSN	Absent	
5TC0016	Body Surface	SPDF	Absent	
5TC0016	Body Surface	HMRB	Absent	
5TC0016	Body Surface	FDC	Absent	
5TC0016	Body Surface	BFG	Absent	
5TC0016	Body Surface	PRST	Absent	
5TC0016	Barbel	NORM	Present	
5TC0016	Head	DFM	Absent	
5TC0016	Mouth	ULR	Absent	
5TC0016	Mouth	LLG	Absent	
5TC0016	Nare	SLN	Absent	
5TC0016	Eye, left	EXPTH	Absent	
5TC0016	Eye, left	OPQ	Absent	
5TC0016	Eye, left	MIS	Absent	
5TC0016	Eye, left	HMR	Absent	
5TC0016	Eye, left	EMB	Absent	
5TC0016	Eye, right	EXPTH	Absent	
5TC0016	Eye, right	OPQ	Absent	
5TC0016	Eye, right	MIS	Absent	
5TC0016	Eye, right	HMR	Absent	
5TC0016	Eye, right	EMB	Absent	
5TC0016	Opercula	SLSH	Absent	
5TF0001	Body Surface	RGR	Absent	
5TF0001	Body Surface	RLSN	Absent	
5TF0001	Body Surface	SPDF	Absent	
5TF0001	Body Surface	HMRB	Absent	
5TF0001	Body Surface	FDC	Absent	
5TF0001	Body Surface	BFG	Absent	
5TF0001	Body Surface	PRST	Absent	
5TF0001	Barbel	NORM	Present	
5TF0001	Head	DFM	Absent	
5TF0001	Mouth	ULR	Absent	
5TF0001	Mouth	LLG	Absent	
5TF0001	Nare	SLN	Absent	
5TF0001	Eye, left	EXPTH	Absent	
5TF0001	Eye, left	OPQ	Absent	
5TF0001	Eye, left	MIS	Absent	
5TF0001	Eye, left	HMR	Absent	
5TF0001	Eye, left	EMB	Absent	
5TF0001	Eye, right	EXPTH	Absent	
5TF0001	Eye, right	OPQ	Absent	
5TF0001	Eye, right	MIS	Absent	
5TF0001	Eye, right	HMR	Absent	
5TF0001	Eye, right	EMB	Absent	
5TF0001	Opercula	SLSH	Absent	
5TF0002	Body Surface	RGR	Absent	
5TF0002	Body Surface	RLSN	Present	
5TF0002	Body Surface	SPDF	Absent	
5TF0002	Body Surface	HMRB	Absent	
5TF0002	Body Surface	FDC	Absent	
5TF0002	Body Surface	BFG	Absent	
5TF0002	Body Surface	PRST	Absent	
5TF0002	Barbel	NORM	Present	
5TF0002	Head	DFM	Absent	
5TF0002	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TF0002	Mouth	LLG	Absent	
5TF0002	Nare	SLN	Absent	
5TF0002	Eye, left	EXPTH	Absent	
5TF0002	Eye, left	OPQ	Absent	
5TF0002	Eye, left	MIS	Absent	
5TF0002	Eye, left	HMR	Absent	
5TF0002	Eye, left	EMB	Absent	
5TF0002	Eye, right	EXPTH	Absent	
5TF0002	Eye, right	OPQ	Absent	
5TF0002	Eye, right	MIS	Absent	
5TF0002	Eye, right	HMR	Absent	
5TF0002	Eye, right	EMB	Absent	
5TF0002	Opercula	SLSH	Absent	
5TF0003	Body Surface	RGR	Absent	
5TF0003	Body Surface	RLSN	Absent	
5TF0003	Body Surface	SPDF	Absent	
5TF0003	Body Surface	HMRB	Absent	
5TF0003	Body Surface	FDC	Absent	
5TF0003	Body Surface	BFG	Absent	
5TF0003	Body Surface	PRST	Absent	
5TF0003	Barbel	NORM	Present	
5TF0003	Head	DFM	Absent	
5TF0003	Mouth	ULR	Absent	
5TF0003	Mouth	LLG	Absent	
5TF0003	Nare	SLN	Absent	
5TF0003	Eye, left	EXPTH	Absent	
5TF0003	Eye, left	OPQ	Absent	
5TF0003	Eye, left	MIS	Absent	
5TF0003	Eye, left	HMR	Absent	
5TF0003	Eye, left	EMB	Absent	
5TF0003	Eye, right	EXPTH	Absent	
5TF0003	Eye, right	OPQ	Absent	
5TF0003	Eye, right	MIS	Absent	
5TF0003	Eye, right	HMR	Absent	
5TF0003	Eye, right	EMB	Absent	
5TF0003	Opercula	SLSH	Absent	
5TF0004	Body Surface	RGR	Absent	
5TF0004	Body Surface	RLSN	Absent	
5TF0004	Body Surface	SPDF	Absent	
5TF0004	Body Surface	HMRB	Absent	
5TF0004	Body Surface	FDC	Absent	
5TF0004	Body Surface	BFG	Absent	
5TF0004	Body Surface	PRST	Absent	
5TF0004	Head	DFM	Absent	
5TF0004	Mouth	ULR	Absent	
5TF0004	Mouth	LLG	Absent	
5TF0004	Nare	SLN	Absent	
5TF0004	Eye, left	EXPTH	Absent	
5TF0004	Eye, left	OPQ	Absent	
5TF0004	Eye, left	MIS	Absent	
5TF0004	Eye, left	HMR	Absent	
5TF0004	Eye, left	EMB	Absent	
5TF0004	Eye, right	EXPTH	Absent	
5TF0004	Eye, right	OPQ	Absent	
5TF0004	Eye, right	MIS	Absent	
5TF0004	Eye, right	HMR	Absent	
5TF0004	Eye, right	EMB	Absent	
5TF0004	Opercula	SLSH	Absent	
5TF0005	Body Surface	RGR	Absent	
5TF0005	Body Surface	RLSN	Absent	
5TF0005	Body Surface	SPDF	Absent	
5TF0005	Body Surface	HMRB	Absent	
5TF0005	Body Surface	FDC	Absent	
5TF0005	Body Surface	BFG	Absent	
5TF0005	Body Surface	PRST	Absent	
5TF0005	Head	DFM	Absent	
5TF0005	Mouth	ULR	Absent	
5TF0005	Mouth	LLG	Absent	
5TF0005	Nare	SLN	Absent	
5TF0005	Eye, left	EXPTH	Absent	
5TF0005	Eye, left	OPQ	Absent	
5TF0005	Eye, left	MIS	Absent	
5TF0005	Eye, left	HMR	Absent	
5TF0005	Eye, left	EMB	Absent	
5TF0005	Eye, right	EXPTH	Absent	
5TF0005	Eye, right	OPQ	Absent	
5TF0005	Eye, right	MIS	Absent	
5TF0005	Eye, right	HMR	Absent	
5TF0005	Eye, right	EMB	Absent	
5TF0005	Opercula	SLSH	Absent	
5TF0006	Body Surface	RGR	Absent	
5TF0006	Body Surface	RLSN	Absent	
5TF0006	Body Surface	SPDF	Absent	
5TF0006	Body Surface	HMRB	Absent	
5TF0006	Body Surface	FDC	Absent	
5TF0006	Body Surface	BFG	Absent	
5TF0006	Body Surface	PRST	Absent	
5TF0006	Barbel	NORM	Present	
5TF0006	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TF0006	Mouth	ULR	Absent	
5TF0006	Mouth	LLG	Absent	
5TF0006	Nare	SLN	Absent	
5TF0006	Eye, left	EXPTH	Absent	
5TF0006	Eye, left	OPQ	Absent	
5TF0006	Eye, left	MIS	Absent	
5TF0006	Eye, left	HMR	Absent	
5TF0006	Eye, left	EMB	Absent	
5TF0006	Eye, right	EXPTH	Absent	
5TF0006	Eye, right	OPQ	Absent	
5TF0006	Eye, right	MIS	Absent	
5TF0006	Eye, right	HMR	Absent	
5TF0006	Eye, right	EMB	Absent	
5TF0006	Opercula	SLSH	Absent	
5TF0007	Body Surface	RGR	Absent	
5TF0007	Body Surface	RLSN	Absent	
5TF0007	Body Surface	SPDF	Absent	
5TF0007	Body Surface	HMRB	Absent	
5TF0007	Body Surface	FDC	Absent	
5TF0007	Body Surface	BFG	Absent	
5TF0007	Body Surface	PRST	Absent	
5TF0007	Barbel	NORM	Present	
5TF0007	Head	DFM	Absent	
5TF0007	Mouth	ULR	Absent	
5TF0007	Mouth	LLG	Absent	
5TF0007	Nare	SLN	Absent	
5TF0007	Eye, left	EXPTH	Absent	
5TF0007	Eye, left	OPQ	Absent	
5TF0007	Eye, left	MIS	Absent	
5TF0007	Eye, left	HMR	Absent	
5TF0007	Eye, left	EMB	Absent	
5TF0007	Eye, right	EXPTH	Absent	
5TF0007	Eye, right	OPQ	Absent	
5TF0007	Eye, right	MIS	Absent	
5TF0007	Eye, right	HMR	Absent	
5TF0007	Eye, right	EMB	Absent	
5TF0007	Opercula	SLSH	Absent	
5TF0010	Body Surface	RGR	Absent	
5TF0010	Body Surface	RLSN	Absent	
5TF0010	Body Surface	SPDF	Absent	
5TF0010	Body Surface	HMRB	Absent	
5TF0010	Body Surface	FDC	Absent	
5TF0010	Body Surface	BFG	Absent	
5TF0010	Body Surface	PRST	Absent	
5TF0010	Barbel	NORM	Present	
5TF0010	Head	DFM	Absent	
5TF0010	Mouth	ULR	Absent	
5TF0010	Mouth	LLG	Absent	
5TF0010	Nare	SLN	Absent	
5TF0010	Eye, left	EXPTH	Absent	
5TF0010	Eye, left	OPQ	Absent	
5TF0010	Eye, left	MIS	Absent	
5TF0010	Eye, left	HMR	Absent	
5TF0010	Eye, left	EMB	Absent	
5TF0010	Eye, right	EXPTH	Absent	
5TF0010	Eye, right	OPQ	Absent	
5TF0010	Eye, right	MIS	Absent	
5TF0010	Eye, right	HMR	Absent	
5TF0010	Eye, right	EMB	Absent	
5TF0010	Opercula	SLSH	Absent	
5TF0011	Body Surface	RGR	Absent	
5TF0011	Body Surface	RLSN	Absent	
5TF0011	Body Surface	SPDF	Absent	
5TF0011	Body Surface	HMRB	Absent	
5TF0011	Body Surface	FDC	Absent	
5TF0011	Body Surface	BFG	Absent	
5TF0011	Body Surface	PRST	Absent	
5TF0011	Barbel	NORM	Present	
5TF0011	Head	DFM	Absent	
5TF0011	Mouth	ULR	Absent	
5TF0011	Mouth	LLG	Absent	
5TF0011	Nare	SLN	Absent	
5TF0011	Eye, left	EXPTH	Absent	
5TF0011	Eye, left	OPQ	Absent	
5TF0011	Eye, left	MIS	Absent	
5TF0011	Eye, left	HMR	Absent	
5TF0011	Eye, left	EMB	Absent	
5TF0011	Eye, right	EXPTH	Absent	
5TF0011	Eye, right	OPQ	Absent	
5TF0011	Eye, right	MIS	Absent	
5TF0011	Eye, right	HMR	Absent	
5TF0011	Eye, right	EMB	Absent	
5TF0011	Opercula	SLSH	Absent	
5TF0012	Body Surface	RGR	Absent	
5TF0012	Body Surface	RLSN	Absent	
5TF0012	Body Surface	SPDF	Absent	
5TF0012	Body Surface	HMRB	Absent	
5TF0012	Body Surface	FDC	Present	
5TF0012	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TF0012	Body Surface	PRST	Absent	
5TF0012	Barbel	NORM	Present	
5TF0012	Head	DFM	Absent	
5TF0012	Mouth	ULR	Absent	
5TF0012	Mouth	LLG	Absent	
5TF0012	Nare	SLN	Absent	
5TF0012	Eye, left	EXPTH	Absent	
5TF0012	Eye, left	OPQ	Absent	
5TF0012	Eye, left	MIS	Absent	
5TF0012	Eye, left	HMR	Absent	
5TF0012	Eye, left	EMB	Absent	
5TF0012	Eye, right	EXPTH	Absent	
5TF0012	Eye, right	OPQ	Absent	
5TF0012	Eye, right	MIS	Absent	
5TF0012	Eye, right	HMR	Absent	
5TF0012	Eye, right	EMB	Absent	
5TF0012	Opercula	SLSH	Absent	
5TF0013	Body Surface	RGR	Absent	
5TF0013	Body Surface	RLSN	Absent	
5TF0013	Body Surface	SPDF	Absent	
5TF0013	Body Surface	HMRB	Absent	
5TF0013	Body Surface	FDC	Absent	
5TF0013	Body Surface	BFG	Absent	
5TF0013	Body Surface	PRST	Absent	
5TF0013	Barbel	NORM	Present	
5TF0013	Head	DFM	Absent	
5TF0013	Mouth	ULR	Absent	
5TF0013	Mouth	LLG	Absent	
5TF0013	Nare	SLN	Absent	
5TF0013	Eye, left	EXPTH	Absent	
5TF0013	Eye, left	OPQ	Absent	
5TF0013	Eye, left	MIS	Absent	
5TF0013	Eye, left	HMR	Absent	
5TF0013	Eye, left	EMB	Absent	
5TF0013	Eye, right	EXPTH	Absent	
5TF0013	Eye, right	OPQ	Absent	
5TF0013	Eye, right	MIS	Absent	
5TF0013	Eye, right	HMR	Absent	
5TF0013	Eye, right	EMB	Absent	
5TF0013	Opercula	SLSH	Absent	
5TF0014	Body Surface	RGR	Absent	
5TF0014	Body Surface	RLSN	Absent	
5TF0014	Body Surface	SPDF	Absent	
5TF0014	Body Surface	HMRB	Absent	
5TF0014	Body Surface	FDC	Absent	
5TF0014	Body Surface	BFG	Absent	
5TF0014	Body Surface	PRST	Absent	
5TF0014	Head	DFM	Absent	
5TF0014	Mouth	ULR	Absent	
5TF0014	Mouth	LLG	Absent	
5TF0014	Nare	SLN	Absent	
5TF0014	Eye, left	EXPTH	Absent	
5TF0014	Eye, left	OPQ	Absent	
5TF0014	Eye, left	MIS	Absent	
5TF0014	Eye, left	HMR	Absent	
5TF0014	Eye, left	EMB	Absent	
5TF0014	Eye, right	EXPTH	Absent	
5TF0014	Eye, right	OPQ	Absent	
5TF0014	Eye, right	MIS	Absent	
5TF0014	Eye, right	HMR	Absent	
5TF0014	Eye, right	EMB	Absent	
5TF0014	Opercula	SLSH	Absent	
5TF0015	Body Surface	RGR	Absent	
5TF0015	Body Surface	RLSN	Absent	
5TF0015	Body Surface	SPDF	Absent	
5TF0015	Body Surface	HMRB	Absent	
5TF0015	Body Surface	FDC	Absent	
5TF0015	Body Surface	BFG	Absent	
5TF0015	Body Surface	PRST	Absent	
5TF0015	Head	DFM	Absent	
5TF0015	Mouth	ULR	Absent	
5TF0015	Mouth	LLG	Absent	
5TF0015	Nare	SLN	Absent	
5TF0015	Eye, left	EXPTH	Absent	
5TF0015	Eye, left	OPQ	Absent	
5TF0015	Eye, left	MIS	Absent	
5TF0015	Eye, left	HMR	Absent	
5TF0015	Eye, left	EMB	Absent	
5TF0015	Eye, right	EXPTH	Absent	
5TF0015	Eye, right	OPQ	Absent	
5TF0015	Eye, right	MIS	Absent	
5TF0015	Eye, right	HMR	Absent	
5TF0015	Eye, right	EMB	Absent	
5TF0015	Opercula	SLSH	Absent	
5TF0016	Body Surface	RGR	Absent	
5TF0016	Body Surface	RLSN	Absent	
5TF0016	Body Surface	SPDF	Absent	
5TF0016	Body Surface	HMRB	Present	
5TF0016	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TF0016	Body Surface	BFG	Absent	
5TF0016	Body Surface	PRST	Absent	
5TF0016	Barbel	NORM	Present	
5TF0016	Head	DFM	Absent	
5TF0016	Mouth	ULR	Absent	
5TF0016	Mouth	LLG	Absent	
5TF0016	Nare	SLN	Absent	
5TF0016	Eye, left	EXPTH	Absent	
5TF0016	Eye, left	OPQ	Absent	
5TF0016	Eye, left	MIS	Absent	
5TF0016	Eye, left	HMR	Absent	
5TF0016	Eye, left	EMB	Absent	
5TF0016	Eye, right	EXPTH	Absent	
5TF0016	Eye, right	OPQ	Absent	
5TF0016	Eye, right	MIS	Absent	
5TF0016	Eye, right	HMR	Absent	
5TF0016	Eye, right	EMB	Absent	
5TF0016	Opercula	SLSH	Absent	
6EB0001H	Body Surface	RGR	Absent	
6EB0001H	Body Surface	RLSN	Absent	
6EB0001H	Body Surface	SPDF	Absent	
6EB0001H	Body Surface	HMRB	Absent	
6EB0001H	Body Surface	FDC	Absent	
6EB0001H	Body Surface	BFG	Absent	
6EB0001H	Body Surface	PRST	Absent	
6EB0001H	Head	DFM	Absent	
6EB0001H	Mouth	ULR	Absent	
6EB0001H	Mouth	LLG	Absent	
6EB0001H	Nare	SLN	Absent	
6EB0001H	Eye, left	EXPTH	Absent	
6EB0001H	Eye, left	OPQ	Absent	
6EB0001H	Eye, left	MIS	Absent	
6EB0001H	Eye, left	HMR	Absent	
6EB0001H	Eye, left	EMB	Absent	
6EB0001H	Eye, right	EXPTH	Absent	
6EB0001H	Eye, right	OPQ	Absent	
6EB0001H	Eye, right	MIS	Absent	
6EB0001H	Eye, right	HMR	Absent	
6EB0001H	Eye, right	EMB	Absent	
6EB0001H	Opercula	SLSH	Absent	
6EB0002H	Body Surface	RGR	Absent	
6EB0002H	Body Surface	RLSN	Absent	
6EB0002H	Body Surface	SPDF	Absent	
6EB0002H	Body Surface	HMRB	Absent	
6EB0002H	Body Surface	FDC	Absent	
6EB0002H	Body Surface	BFG	Absent	
6EB0002H	Body Surface	PRST	Absent	
6EB0002H	Head	DFM	Absent	
6EB0002H	Mouth	ULR	Absent	
6EB0002H	Mouth	LLG	Absent	
6EB0002H	Nare	SLN	Absent	
6EB0002H	Eye, left	EXPTH	Absent	
6EB0002H	Eye, left	OPQ	Absent	
6EB0002H	Eye, left	MIS	Absent	
6EB0002H	Eye, left	HMR	Absent	
6EB0002H	Eye, left	EMB	Absent	
6EB0002H	Eye, right	EXPTH	Absent	
6EB0002H	Eye, right	OPQ	Absent	
6EB0002H	Eye, right	MIS	Absent	
6EB0002H	Eye, right	HMR	Absent	
6EB0002H	Eye, right	EMB	Absent	
6EB0002H	Opercula	SLSH	Absent	
6EB0003H	Body Surface	RGR	Absent	
6EB0003H	Body Surface	RLSN	Absent	
6EB0003H	Body Surface	SPDF	Absent	
6EB0003H	Body Surface	HMRB	Absent	
6EB0003H	Body Surface	FDC	Absent	
6EB0003H	Body Surface	BFG	Absent	
6EB0003H	Body Surface	PRST	Absent	
6EB0003H	Body Surface	OTHER	Present	Laceration on left side
6EB0003H	Head	DFM	Absent	
6EB0003H	Mouth	ULR	Absent	
6EB0003H	Mouth	LLG	Absent	
6EB0003H	Nare	SLN	Absent	
6EB0003H	Eye, left	EXPTH	Absent	
6EB0003H	Eye, left	OPQ	Absent	
6EB0003H	Eye, left	MIS	Absent	
6EB0003H	Eye, left	HMR	Absent	
6EB0003H	Eye, left	EMB	Absent	
6EB0003H	Eye, right	EXPTH	Absent	
6EB0003H	Eye, right	OPQ	Absent	
6EB0003H	Eye, right	MIS	Absent	
6EB0003H	Eye, right	HMR	Absent	
6EB0003H	Eye, right	EMB	Absent	
6EB0003H	Opercula	SLSH	Absent	
6EB0004H	Body Surface	RGR	Absent	
6EB0004H	Body Surface	RLSN	Absent	
6EB0004H	Body Surface	SPDF	Absent	
6EB0004H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0004H	Body Surface	FDC	Absent	
6EB0004H	Body Surface	BFG	Absent	
6EB0004H	Body Surface	PRST	Absent	
6EB0004H	Body Surface	OTHER	Present	Lacerations on abdomen
6EB0004H	Head	DFM	Absent	
6EB0004H	Mouth	ULR	Absent	
6EB0004H	Mouth	LLG	Absent	
6EB0004H	Nare	SLN	Absent	
6EB0004H	Eye, left	EXPTH	Absent	
6EB0004H	Eye, left	OPQ	Absent	
6EB0004H	Eye, left	MIS	Absent	
6EB0004H	Eye, left	HMR	Present	
6EB0004H	Eye, left	EMB	Absent	
6EB0004H	Eye, right	EXPTH	Absent	
6EB0004H	Eye, right	OPQ	Absent	
6EB0004H	Eye, right	MIS	Absent	
6EB0004H	Eye, right	HMR	Present	
6EB0004H	Eye, right	EMB	Absent	
6EB0004H	Opercula	SLSH	Absent	
6EB0005H	Body Surface	RGR	Absent	
6EB0005H	Body Surface	RLSN	Absent	
6EB0005H	Body Surface	SPDF	Absent	
6EB0005H	Body Surface	HMRB	Absent	
6EB0005H	Body Surface	FDC	Absent	
6EB0005H	Body Surface	BFG	Absent	
6EB0005H	Body Surface	PRST	Absent	
6EB0005H	Head	DFM	Absent	
6EB0005H	Mouth	ULR	Absent	
6EB0005H	Mouth	LLG	Absent	
6EB0005H	Nare	SLN	Absent	
6EB0005H	Eye, left	EXPTH	Absent	
6EB0005H	Eye, left	OPQ	Absent	
6EB0005H	Eye, left	MIS	Absent	
6EB0005H	Eye, left	HMR	Absent	
6EB0005H	Eye, left	EMB	Absent	
6EB0005H	Eye, right	EXPTH	Absent	
6EB0005H	Eye, right	OPQ	Absent	
6EB0005H	Eye, right	MIS	Absent	
6EB0005H	Eye, right	HMR	Absent	
6EB0005H	Eye, right	EMB	Absent	
6EB0005H	Opercula	SLSH	Absent	
6EB00065	Body Surface	RGR	Absent	
6EB00065	Body Surface	RLSN	Absent	
6EB00065	Body Surface	SPDF	Absent	
6EB00065	Body Surface	HMRB	Absent	
6EB00065	Body Surface	FDC	Absent	
6EB00065	Body Surface	BFG	Absent	
6EB00065	Body Surface	PRST	Absent	
6EB00065	Head	DFM	Absent	
6EB00065	Mouth	ULR	Absent	
6EB00065	Mouth	LLG	Absent	
6EB00065	Nare	SLN	Absent	
6EB00065	Eye, left	EXPTH	Absent	
6EB00065	Eye, left	OPQ	Absent	
6EB00065	Eye, left	MIS	Absent	
6EB00065	Eye, left	HMR	Absent	
6EB00065	Eye, left	EMB	Absent	
6EB00065	Eye, right	EXPTH	Absent	
6EB00065	Eye, right	OPQ	Absent	
6EB00065	Eye, right	MIS	Absent	
6EB00065	Eye, right	HMR	Absent	
6EB00065	Eye, right	EMB	Absent	
6EB00065	Opercula	SLSH	Absent	
6EB0006H	Body Surface	RGR	Absent	
6EB0006H	Body Surface	RLSN	Absent	
6EB0006H	Body Surface	SPDF	Absent	
6EB0006H	Body Surface	HMRB	Absent	
6EB0006H	Body Surface	FDC	Absent	
6EB0006H	Body Surface	BFG	Absent	
6EB0006H	Body Surface	PRST	Absent	
6EB0006H	Body Surface	OTHER	Present	Lacerations on tail
6EB0006H	Head	DFM	Absent	
6EB0006H	Mouth	ULR	Absent	
6EB0006H	Mouth	LLG	Absent	
6EB0006H	Nare	SLN	Absent	
6EB0006H	Eye, left	EXPTH	Absent	
6EB0006H	Eye, left	OPQ	Absent	
6EB0006H	Eye, left	MIS	Absent	
6EB0006H	Eye, left	HMR	Absent	
6EB0006H	Eye, left	EMB	Absent	
6EB0006H	Eye, right	EXPTH	Absent	
6EB0006H	Eye, right	OPQ	Absent	
6EB0006H	Eye, right	MIS	Absent	
6EB0006H	Eye, right	HMR	Present	
6EB0006H	Eye, right	EMB	Absent	
6EB0006H	Opercula	SLSH	Absent	
6EB0008H	Body Surface	RGR	Absent	
6EB0008H	Body Surface	RLSN	Absent	
6EB0008H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0008H	Body Surface	HMRB	Absent	
6EB0008H	Body Surface	FDC	Absent	
6EB0008H	Body Surface	BFG	Absent	
6EB0008H	Body Surface	PRST	Absent	
6EB0008H	Head	DFM	Absent	
6EB0008H	Mouth	ULR	Absent	
6EB0008H	Mouth	LLG	Absent	
6EB0008H	Nare	SLN	Absent	
6EB0008H	Eye, left	EXPTH	Absent	
6EB0008H	Eye, left	OPQ	Absent	
6EB0008H	Eye, left	MIS	Absent	
6EB0008H	Eye, left	HMR	Absent	
6EB0008H	Eye, left	EMB	Absent	
6EB0008H	Eye, right	EXPTH	Absent	
6EB0008H	Eye, right	OPQ	Absent	
6EB0008H	Eye, right	MIS	Absent	
6EB0008H	Eye, right	HMR	Absent	
6EB0008H	Eye, right	EMB	Absent	
6EB0008H	Opercula	SLSH	Present	
6EB0009W	Body Surface	RGR	Absent	
6EB0009W	Body Surface	RLSN	Absent	
6EB0009W	Body Surface	SPDF	Absent	
6EB0009W	Body Surface	HMRB	Absent	
6EB0009W	Body Surface	FDC	Absent	
6EB0009W	Body Surface	BFG	Absent	
6EB0009W	Body Surface	PRST	Absent	
6EB0009W	Head	DFM	Absent	
6EB0009W	Mouth	ULR	Absent	
6EB0009W	Mouth	LLG	Absent	
6EB0009W	Nare	SLN	Absent	
6EB0009W	Eye, left	EXPTH	Absent	
6EB0009W	Eye, left	OPQ	Absent	
6EB0009W	Eye, left	MIS	Absent	
6EB0009W	Eye, left	HMR	Absent	
6EB0009W	Eye, left	EMB	Absent	
6EB0009W	Eye, right	EXPTH	Absent	
6EB0009W	Eye, right	OPQ	Absent	
6EB0009W	Eye, right	MIS	Absent	
6EB0009W	Eye, right	HMR	Absent	
6EB0009W	Eye, right	EMB	Absent	
6EB0009W	Opercula	SLSH	Absent	
6EB0010H	Body Surface	RGR	Absent	
6EB0010H	Body Surface	RLSN	Absent	
6EB0010H	Body Surface	SPDF	Absent	
6EB0010H	Body Surface	HMRB	Absent	
6EB0010H	Body Surface	FDC	Absent	
6EB0010H	Body Surface	BFG	Absent	
6EB0010H	Body Surface	PRST	Absent	
6EB0010H	Head	DFM	Absent	
6EB0010H	Mouth	ULR	Absent	
6EB0010H	Mouth	LLG	Absent	
6EB0010H	Nare	SLN	Absent	
6EB0010H	Eye, left	EXPTH	Absent	
6EB0010H	Eye, left	OPQ	Absent	
6EB0010H	Eye, left	MIS	Absent	
6EB0010H	Eye, left	HMR	Absent	
6EB0010H	Eye, left	EMB	Absent	
6EB0010H	Eye, right	EXPTH	Absent	
6EB0010H	Eye, right	OPQ	Absent	
6EB0010H	Eye, right	MIS	Absent	
6EB0010H	Eye, right	HMR	Absent	
6EB0010H	Eye, right	EMB	Absent	
6EB0010H	Opercula	SLSH	Present	
6EB0011W	Body Surface	RGR	Absent	
6EB0011W	Body Surface	RLSN	Absent	
6EB0011W	Body Surface	SPDF	Absent	
6EB0011W	Body Surface	HMRB	Absent	
6EB0011W	Body Surface	FDC	Absent	
6EB0011W	Body Surface	BFG	Absent	
6EB0011W	Body Surface	PRST	Absent	
6EB0011W	Head	DFM	Absent	
6EB0011W	Mouth	ULR	Absent	
6EB0011W	Mouth	LLG	Absent	
6EB0011W	Nare	SLN	Absent	
6EB0011W	Eye, left	EXPTH	Absent	
6EB0011W	Eye, left	OPQ	Absent	
6EB0011W	Eye, left	MIS	Absent	
6EB0011W	Eye, left	HMR	Absent	
6EB0011W	Eye, left	EMB	Absent	
6EB0011W	Eye, right	EXPTH	Absent	
6EB0011W	Eye, right	OPQ	Absent	
6EB0011W	Eye, right	MIS	Absent	
6EB0011W	Eye, right	HMR	Absent	
6EB0011W	Eye, right	EMB	Absent	
6EB0011W	Opercula	SLSH	Absent	
6EB0012	Body Surface	RGR	Absent	
6EB0012	Body Surface	RLSN	Absent	
6EB0012	Body Surface	SPDF	Absent	
6EB0012	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0012	Body Surface	FDC	Absent	
6EB0012	Body Surface	BFG	Absent	
6EB0012	Body Surface	PRST	Absent	
6EB0012	Head	DFM	Absent	
6EB0012	Mouth	ULR	Absent	
6EB0012	Mouth	LLG	Absent	
6EB0012	Nare	SLN	Absent	
6EB0012	Eye, left	EXPTH	Absent	
6EB0012	Eye, left	OPQ	Absent	
6EB0012	Eye, left	MIS	Absent	
6EB0012	Eye, left	HMR	Absent	
6EB0012	Eye, left	EMB	Absent	
6EB0012	Eye, right	EXPTH	Absent	
6EB0012	Eye, right	OPQ	Absent	
6EB0012	Eye, right	MIS	Absent	
6EB0012	Eye, right	HMR	Absent	
6EB0012	Eye, right	EMB	Absent	
6EB0012	Opercula	SLSH	Absent	
6EB0013H	Body Surface	RGR	Absent	
6EB0013H	Body Surface	RLSN	Absent	
6EB0013H	Body Surface	SPDF	Absent	
6EB0013H	Body Surface	HMRB	Absent	
6EB0013H	Body Surface	FDC	Absent	
6EB0013H	Body Surface	BFG	Absent	
6EB0013H	Body Surface	PRST	Absent	
6EB0013H	Head	DFM	Absent	
6EB0013H	Mouth	ULR	Absent	
6EB0013H	Mouth	LLG	Absent	
6EB0013H	Nare	SLN	Absent	
6EB0013H	Eye, left	EXPTH	Absent	
6EB0013H	Eye, left	OPQ	Absent	
6EB0013H	Eye, left	MIS	Absent	
6EB0013H	Eye, left	HMR	Absent	
6EB0013H	Eye, left	EMB	Absent	
6EB0013H	Eye, right	EXPTH	Absent	
6EB0013H	Eye, right	OPQ	Absent	
6EB0013H	Eye, right	MIS	Absent	
6EB0013H	Eye, right	HMR	Absent	
6EB0013H	Eye, right	EMB	Absent	
6EB0013H	Opercula	SLSH	Absent	
6EB0014W	Body Surface	RGR	Absent	
6EB0014W	Body Surface	RLSN	Absent	
6EB0014W	Body Surface	SPDF	Absent	
6EB0014W	Body Surface	HMRB	Absent	
6EB0014W	Body Surface	FDC	Absent	
6EB0014W	Body Surface	BFG	Absent	
6EB0014W	Body Surface	PRST	Absent	
6EB0014W	Head	DFM	Absent	
6EB0014W	Mouth	ULR	Absent	
6EB0014W	Mouth	LLG	Absent	
6EB0014W	Nare	SLN	Absent	
6EB0014W	Eye, left	EXPTH	Absent	
6EB0014W	Eye, left	OPQ	Absent	
6EB0014W	Eye, left	MIS	Absent	
6EB0014W	Eye, left	HMR	Absent	
6EB0014W	Eye, left	EMB	Absent	
6EB0014W	Eye, right	EXPTH	Absent	
6EB0014W	Eye, right	OPQ	Absent	
6EB0014W	Eye, right	MIS	Absent	
6EB0014W	Eye, right	HMR	Absent	
6EB0014W	Eye, right	EMB	Absent	
6EB0014W	Opercula	SLSH	Absent	
6EB0015H	Body Surface	RGR	Absent	
6EB0015H	Body Surface	RLSN	Absent	
6EB0015H	Body Surface	SPDF	Absent	
6EB0015H	Body Surface	HMRB	Absent	
6EB0015H	Body Surface	FDC	Absent	
6EB0015H	Body Surface	BFG	Absent	
6EB0015H	Body Surface	PRST	Absent	
6EB0015H	Head	DFM	Absent	
6EB0015H	Mouth	ULR	Absent	
6EB0015H	Mouth	LLG	Absent	
6EB0015H	Nare	SLN	Absent	
6EB0015H	Eye, left	EXPTH	Absent	
6EB0015H	Eye, left	OPQ	Absent	
6EB0015H	Eye, left	MIS	Absent	
6EB0015H	Eye, left	HMR	Absent	
6EB0015H	Eye, left	EMB	Absent	
6EB0015H	Eye, right	EXPTH	Absent	
6EB0015H	Eye, right	OPQ	Absent	
6EB0015H	Eye, right	MIS	Absent	
6EB0015H	Eye, right	HMR	Absent	
6EB0015H	Eye, right	EMB	Absent	
6EB0015H	Opercula	SLSH	Absent	
6EB0016W	Body Surface	RGR	Absent	
6EB0016W	Body Surface	RLSN	Absent	
6EB0016W	Body Surface	SPDF	Absent	
6EB0016W	Body Surface	HMRB	Absent	
6EB0016W	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0016W	Body Surface	BFG	Absent	
6EB0016W	Body Surface	PRST	Absent	
6EB0016W	Head	DFM	Absent	
6EB0016W	Mouth	ULR	Absent	
6EB0016W	Mouth	LLG	Absent	
6EB0016W	Nare	SLN	Absent	
6EB0016W	Eye, left	EXPTH	Absent	
6EB0016W	Eye, left	OPQ	Absent	
6EB0016W	Eye, left	MIS	Absent	
6EB0016W	Eye, left	HMR	Absent	
6EB0016W	Eye, left	EMB	Absent	
6EB0016W	Eye, right	EXPTH	Absent	
6EB0016W	Eye, right	OPQ	Absent	
6EB0016W	Eye, right	MIS	Absent	
6EB0016W	Eye, right	HMR	Absent	
6EB0016W	Eye, right	EMB	Absent	
6EB0016W	Opercula	SLSH	Absent	
6EB0017H	Body Surface	RGR	Absent	
6EB0017H	Body Surface	RLSN	Absent	
6EB0017H	Body Surface	SPDF	Absent	
6EB0017H	Body Surface	HMRB	Absent	
6EB0017H	Body Surface	FDC	Absent	
6EB0017H	Body Surface	BFG	Absent	
6EB0017H	Body Surface	PRST	Absent	
6EB0017H	Head	DFM	Absent	
6EB0017H	Mouth	ULR	Absent	
6EB0017H	Mouth	LLG	Absent	
6EB0017H	Nare	SLN	Absent	
6EB0017H	Eye, left	EXPTH	Absent	
6EB0017H	Eye, left	OPQ	Absent	
6EB0017H	Eye, left	MIS	Absent	
6EB0017H	Eye, left	HMR	Absent	
6EB0017H	Eye, left	EMB	Absent	
6EB0017H	Eye, right	EXPTH	Absent	
6EB0017H	Eye, right	OPQ	Absent	
6EB0017H	Eye, right	MIS	Absent	
6EB0017H	Eye, right	HMR	Absent	
6EB0017H	Eye, right	EMB	Absent	
6EB0017H	Opercula	SLSH	Absent	
6EB0017W	Body Surface	RGR	Absent	
6EB0017W	Body Surface	RLSN	Absent	
6EB0017W	Body Surface	SPDF	Absent	
6EB0017W	Body Surface	HMRB	Absent	
6EB0017W	Body Surface	FDC	Absent	
6EB0017W	Body Surface	BFG	Absent	
6EB0017W	Body Surface	PRST	Absent	
6EB0017W	Body Surface	OTHER	Present	Gill net marks
6EB0017W	Head	DFM	Absent	
6EB0017W	Mouth	ULR	Absent	
6EB0017W	Mouth	LLG	Absent	
6EB0017W	Nare	SLN	Absent	
6EB0017W	Eye, left	EXPTH	Absent	
6EB0017W	Eye, left	OPQ	Absent	
6EB0017W	Eye, left	MIS	Absent	
6EB0017W	Eye, left	HMR	Absent	
6EB0017W	Eye, left	EMB	Absent	
6EB0017W	Eye, right	EXPTH	Absent	
6EB0017W	Eye, right	OPQ	Absent	
6EB0017W	Eye, right	MIS	Absent	
6EB0017W	Eye, right	HMR	Absent	
6EB0017W	Eye, right	EMB	Absent	
6EB0017W	Opercula	SLSH	Absent	
6EB0018H	Body Surface	RGR	Absent	
6EB0018H	Body Surface	RLSN	Absent	
6EB0018H	Body Surface	SPDF	Absent	
6EB0018H	Body Surface	HMRB	Absent	
6EB0018H	Body Surface	FDC	Absent	
6EB0018H	Body Surface	BFG	Absent	
6EB0018H	Body Surface	PRST	Absent	
6EB0018H	Head	DFM	Absent	
6EB0018H	Mouth	ULR	Absent	
6EB0018H	Mouth	LLG	Absent	
6EB0018H	Nare	SLN	Absent	
6EB0018H	Eye, left	EXPTH	Absent	
6EB0018H	Eye, left	OPQ	Absent	
6EB0018H	Eye, left	MIS	Absent	
6EB0018H	Eye, left	HMR	Absent	
6EB0018H	Eye, left	EMB	Absent	
6EB0018H	Eye, right	EXPTH	Absent	
6EB0018H	Eye, right	OPQ	Absent	
6EB0018H	Eye, right	MIS	Absent	
6EB0018H	Eye, right	HMR	Absent	
6EB0018H	Eye, right	EMB	Absent	
6EB0018H	Opercula	SLSH	Absent	
6EB0019W	Body Surface	RGR	Absent	
6EB0019W	Body Surface	RLSN	Absent	
6EB0019W	Body Surface	SPDF	Absent	
6EB0019W	Body Surface	HMRB	Absent	
6EB0019W	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0019W	Body Surface	BFG	Absent	
6EB0019W	Body Surface	PRST	Absent	
6EB0019W	Head	DFM	Absent	
6EB0019W	Mouth	ULR	Absent	
6EB0019W	Mouth	LLG	Absent	
6EB0019W	Nare	SLN	Absent	
6EB0019W	Eye, left	EXPTH	Absent	
6EB0019W	Eye, left	OPQ	Absent	
6EB0019W	Eye, left	MIS	Absent	
6EB0019W	Eye, left	HMR	Absent	
6EB0019W	Eye, left	EMB	Absent	
6EB0019W	Eye, right	EXPTH	Absent	
6EB0019W	Eye, right	OPQ	Absent	
6EB0019W	Eye, right	MIS	Absent	
6EB0019W	Eye, right	HMR	Absent	
6EB0019W	Eye, right	EMB	Absent	
6EB0019W	Opercula	SLSH	Absent	
6EB0020H	Body Surface	RGR	Absent	
6EB0020H	Body Surface	RLSN	Absent	
6EB0020H	Body Surface	SPDF	Absent	
6EB0020H	Body Surface	HMRB	Absent	
6EB0020H	Body Surface	FDC	Absent	
6EB0020H	Body Surface	BFG	Absent	
6EB0020H	Body Surface	PRST	Absent	
6EB0020H	Head	DFM	Absent	
6EB0020H	Mouth	ULR	Absent	
6EB0020H	Mouth	LLG	Absent	
6EB0020H	Nare	SLN	Absent	
6EB0020H	Eye, left	EXPTH	Absent	
6EB0020H	Eye, left	OPQ	Absent	
6EB0020H	Eye, left	MIS	Absent	
6EB0020H	Eye, left	HMR	Absent	
6EB0020H	Eye, left	EMB	Absent	
6EB0020H	Eye, right	EXPTH	Absent	
6EB0020H	Eye, right	OPQ	Absent	
6EB0020H	Eye, right	MIS	Absent	
6EB0020H	Eye, right	HMR	Absent	
6EB0020H	Eye, right	EMB	Absent	
6EB0020H	Opercula	SLSH	Absent	
6EB0021W	Body Surface	RGR	Absent	
6EB0021W	Body Surface	RLSN	Absent	
6EB0021W	Body Surface	SPDF	Absent	
6EB0021W	Body Surface	HMRB	Absent	
6EB0021W	Body Surface	FDC	Absent	
6EB0021W	Body Surface	BFG	Absent	
6EB0021W	Body Surface	PRST	Absent	
6EB0021W	Head	DFM	Absent	
6EB0021W	Mouth	ULR	Absent	
6EB0021W	Mouth	LLG	Absent	
6EB0021W	Nare	SLN	Absent	
6EB0021W	Eye, left	EXPTH	Absent	
6EB0021W	Eye, left	OPQ	Absent	
6EB0021W	Eye, left	MIS	Absent	
6EB0021W	Eye, left	HMR	Absent	
6EB0021W	Eye, left	EMB	Absent	
6EB0021W	Eye, right	EXPTH	Absent	
6EB0021W	Eye, right	OPQ	Absent	
6EB0021W	Eye, right	MIS	Absent	
6EB0021W	Eye, right	HMR	Absent	
6EB0021W	Eye, right	EMB	Absent	
6EB0021W	Opercula	SLSH	Absent	
6EB0022W	Body Surface	RGR	Absent	
6EB0022W	Body Surface	RLSN	Absent	
6EB0022W	Body Surface	SPDF	Absent	
6EB0022W	Body Surface	HMRB	Absent	
6EB0022W	Body Surface	FDC	Absent	
6EB0022W	Body Surface	BFG	Absent	
6EB0022W	Body Surface	PRST	Absent	
6EB0022W	Head	DFM	Absent	
6EB0022W	Mouth	ULR	Absent	
6EB0022W	Mouth	LLG	Absent	
6EB0022W	Nare	SLN	Absent	
6EB0022W	Eye, left	EXPTH	Absent	
6EB0022W	Eye, left	OPQ	Absent	
6EB0022W	Eye, left	MIS	Absent	
6EB0022W	Eye, left	HMR	Absent	
6EB0022W	Eye, left	EMB	Absent	
6EB0022W	Eye, right	EXPTH	Absent	
6EB0022W	Eye, right	OPQ	Absent	
6EB0022W	Eye, right	MIS	Absent	
6EB0022W	Eye, right	HMR	Absent	
6EB0022W	Eye, right	EMB	Absent	
6EB0022W	Opercula	SLSH	Absent	
6EB0023W	Body Surface	RGR	Absent	
6EB0023W	Body Surface	RLSN	Absent	
6EB0023W	Body Surface	SPDF	Absent	
6EB0023W	Body Surface	HMRB	Present	
6EB0023W	Body Surface	FDC	Absent	
6EB0023W	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0023W	Body Surface	PRST	Absent	
6EB0023W	Head	DFM	Absent	
6EB0023W	Mouth	ULR	Absent	
6EB0023W	Mouth	LLG	Absent	
6EB0023W	Nare	SLN	Absent	
6EB0023W	Eye, left	EXPTH	Absent	
6EB0023W	Eye, left	OPQ	Absent	
6EB0023W	Eye, left	MIS	Absent	
6EB0023W	Eye, left	HMR	Absent	
6EB0023W	Eye, left	EMB	Absent	
6EB0023W	Eye, right	EXPTH	Absent	
6EB0023W	Eye, right	OPQ	Absent	
6EB0023W	Eye, right	MIS	Absent	
6EB0023W	Eye, right	HMR	Absent	
6EB0023W	Eye, right	EMB	Absent	
6EB0023W	Opercula	SLSH	Absent	
6EB0024W	Body Surface	RGR	Absent	
6EB0024W	Body Surface	RLSN	Absent	
6EB0024W	Body Surface	SPDF	Absent	
6EB0024W	Body Surface	HMRB	Absent	
6EB0024W	Body Surface	FDC	Absent	
6EB0024W	Body Surface	BFG	Absent	
6EB0024W	Body Surface	PRST	Absent	
6EB0024W	Head	DFM	Absent	
6EB0024W	Mouth	ULR	Absent	
6EB0024W	Mouth	LLG	Absent	
6EB0024W	Nare	SLN	Absent	
6EB0024W	Eye, left	EXPTH	Absent	
6EB0024W	Eye, left	OPQ	Absent	
6EB0024W	Eye, left	MIS	Absent	
6EB0024W	Eye, left	HMR	Absent	
6EB0024W	Eye, left	EMB	Absent	
6EB0024W	Eye, right	EXPTH	Absent	
6EB0024W	Eye, right	OPQ	Absent	
6EB0024W	Eye, right	MIS	Absent	
6EB0024W	Eye, right	HMR	Absent	
6EB0024W	Eye, right	EMB	Absent	
6EB0024W	Opercula	SLSH	Absent	
6EB0025	Body Surface	RGR	Absent	
6EB0025	Body Surface	RLSN	Absent	
6EB0025	Body Surface	SPDF	Absent	
6EB0025	Body Surface	HMRB	Present	
6EB0025	Body Surface	FDC	Absent	
6EB0025	Body Surface	BFG	Absent	
6EB0025	Body Surface	PRST	Absent	
6EB0025	Head	DFM	Absent	
6EB0025	Mouth	ULR	Absent	
6EB0025	Mouth	LLG	Absent	
6EB0025	Nare	SLN	Absent	
6EB0025	Eye, left	EXPTH	Absent	
6EB0025	Eye, left	OPQ	Absent	
6EB0025	Eye, left	MIS	Absent	
6EB0025	Eye, left	HMR	Absent	
6EB0025	Eye, left	EMB	Absent	
6EB0025	Eye, right	EXPTH	Absent	
6EB0025	Eye, right	OPQ	Absent	
6EB0025	Eye, right	MIS	Absent	
6EB0025	Eye, right	HMR	Absent	
6EB0025	Eye, right	EMB	Absent	
6EB0025	Opercula	SLSH	Absent	
6EB0026	Body Surface	RGR	Absent	
6EB0026	Body Surface	RLSN	Absent	
6EB0026	Body Surface	SPDF	Absent	
6EB0026	Body Surface	HMRB	Absent	
6EB0026	Body Surface	FDC	Absent	
6EB0026	Body Surface	BFG	Absent	
6EB0026	Body Surface	PRST	Absent	
6EB0026	Head	DFM	Absent	
6EB0026	Mouth	ULR	Absent	
6EB0026	Mouth	LLG	Absent	
6EB0026	Nare	SLN	Absent	
6EB0026	Eye, left	EXPTH	Absent	
6EB0026	Eye, left	OPQ	Absent	
6EB0026	Eye, left	MIS	Absent	
6EB0026	Eye, left	HMR	Absent	
6EB0026	Eye, left	EMB	Absent	
6EB0026	Eye, right	EXPTH	Absent	
6EB0026	Eye, right	OPQ	Absent	
6EB0026	Eye, right	MIS	Absent	
6EB0026	Eye, right	HMR	Absent	
6EB0026	Eye, right	EMB	Absent	
6EB0026	Opercula	SLSH	Absent	
6EB0028	Body Surface	RGR	Absent	
6EB0028	Body Surface	RLSN	Absent	
6EB0028	Body Surface	SPDF	Absent	
6EB0028	Body Surface	HMRB	Absent	
6EB0028	Body Surface	FDC	Absent	
6EB0028	Body Surface	BFG	Absent	
6EB0028	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0028	Head	DFM	Absent	
6EB0028	Mouth	ULR	Absent	
6EB0028	Mouth	LLG	Absent	
6EB0028	Nare	SLN	Absent	
6EB0028	Eye, left	EXPTH	Absent	
6EB0028	Eye, left	OPQ	Absent	
6EB0028	Eye, left	MIS	Absent	
6EB0028	Eye, left	HMR	Absent	
6EB0028	Eye, left	EMB	Absent	
6EB0028	Eye, right	EXPTH	Absent	
6EB0028	Eye, right	OPQ	Absent	
6EB0028	Eye, right	MIS	Absent	
6EB0028	Eye, right	HMR	Absent	
6EB0028	Eye, right	EMB	Absent	
6EB0028	Opercula	SLSH	Absent	
6EB0029	Body Surface	RGR	Absent	
6EB0029	Body Surface	RLSN	Absent	
6EB0029	Body Surface	SPDF	Absent	
6EB0029	Body Surface	HMRB	Absent	
6EB0029	Body Surface	FDC	Absent	
6EB0029	Body Surface	BFG	Absent	
6EB0029	Body Surface	PRST	Absent	
6EB0029	Head	DFM	Absent	
6EB0029	Mouth	ULR	Absent	
6EB0029	Mouth	LLG	Absent	
6EB0029	Nare	SLN	Absent	
6EB0029	Eye, left	EXPTH	Absent	
6EB0029	Eye, left	OPQ	Absent	
6EB0029	Eye, left	MIS	Absent	
6EB0029	Eye, left	HMR	Absent	
6EB0029	Eye, left	EMB	Absent	
6EB0029	Eye, right	EXPTH	Absent	
6EB0029	Eye, right	OPQ	Absent	
6EB0029	Eye, right	MIS	Absent	
6EB0029	Eye, right	HMR	Absent	
6EB0029	Eye, right	EMB	Absent	
6EB0029	Opercula	SLSH	Absent	
6EB0031	Body Surface	RGR	Absent	
6EB0031	Body Surface	RLSN	Absent	
6EB0031	Body Surface	SPDF	Absent	
6EB0031	Body Surface	HMRB	Absent	
6EB0031	Body Surface	FDC	Absent	
6EB0031	Body Surface	BFG	Absent	
6EB0031	Body Surface	PRST	Absent	
6EB0031	Head	DFM	Absent	
6EB0031	Mouth	ULR	Absent	
6EB0031	Mouth	LLG	Absent	
6EB0031	Nare	SLN	Absent	
6EB0031	Eye, left	EXPTH	Absent	
6EB0031	Eye, left	OPQ	Absent	
6EB0031	Eye, left	MIS	Absent	
6EB0031	Eye, left	HMR	Absent	
6EB0031	Eye, left	EMB	Absent	
6EB0031	Eye, right	EXPTH	Absent	
6EB0031	Eye, right	OPQ	Absent	
6EB0031	Eye, right	MIS	Absent	
6EB0031	Eye, right	HMR	Absent	
6EB0031	Eye, right	EMB	Absent	
6EB0031	Opercula	SLSH	Absent	
6EB0033	Body Surface	RGR	Absent	
6EB0033	Body Surface	RLSN	Absent	
6EB0033	Body Surface	SPDF	Absent	
6EB0033	Body Surface	HMRB	Absent	
6EB0033	Body Surface	FDC	Absent	
6EB0033	Body Surface	BFG	Absent	
6EB0033	Body Surface	PRST	Absent	
6EB0033	Head	DFM	Absent	
6EB0033	Mouth	ULR	Absent	
6EB0033	Mouth	LLG	Absent	
6EB0033	Nare	SLN	Absent	
6EB0033	Eye, left	EXPTH	Absent	
6EB0033	Eye, left	OPQ	Absent	
6EB0033	Eye, left	MIS	Absent	
6EB0033	Eye, left	HMR	Absent	
6EB0033	Eye, left	EMB	Absent	
6EB0033	Eye, right	EXPTH	Absent	
6EB0033	Eye, right	OPQ	Absent	
6EB0033	Eye, right	MIS	Absent	
6EB0033	Eye, right	HMR	Absent	
6EB0033	Eye, right	EMB	Absent	
6EB0033	Opercula	SLSH	Absent	
6EB0034	Body Surface	RGR	Absent	
6EB0034	Body Surface	RLSN	Absent	
6EB0034	Body Surface	SPDF	Absent	
6EB0034	Body Surface	HMRB	Present	
6EB0034	Body Surface	FDC	Absent	
6EB0034	Body Surface	BFG	Absent	
6EB0034	Body Surface	PRST	Absent	
6EB0034	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0034	Mouth	ULR	Absent	
6EB0034	Mouth	LLG	Absent	
6EB0034	Nare	SLN	Absent	
6EB0034	Eye, left	EXPTH	Absent	
6EB0034	Eye, left	OPQ	Absent	
6EB0034	Eye, left	MIS	Absent	
6EB0034	Eye, left	HMR	Absent	
6EB0034	Eye, left	EMB	Absent	
6EB0034	Eye, right	EXPTH	Absent	
6EB0034	Eye, right	OPQ	Absent	
6EB0034	Eye, right	MIS	Absent	
6EB0034	Eye, right	HMR	Absent	
6EB0034	Eye, right	EMB	Absent	
6EB0034	Opercula	SLSH	Absent	
6EB0035	Body Surface	RGR	Absent	
6EB0035	Body Surface	RLSN	Absent	
6EB0035	Body Surface	SPDF	Absent	
6EB0035	Body Surface	HMRB	Absent	
6EB0035	Body Surface	FDC	Absent	
6EB0035	Body Surface	BFG	Absent	
6EB0035	Body Surface	PRST	Absent	
6EB0035	Head	DFM	Absent	
6EB0035	Mouth	ULR	Absent	
6EB0035	Mouth	LLG	Absent	
6EB0035	Nare	SLN	Absent	
6EB0035	Eye, left	EXPTH	Absent	
6EB0035	Eye, left	OPQ	Absent	
6EB0035	Eye, left	MIS	Absent	
6EB0035	Eye, left	HMR	Absent	
6EB0035	Eye, left	EMB	Absent	
6EB0035	Eye, right	EXPTH	Absent	
6EB0035	Eye, right	OPQ	Absent	
6EB0035	Eye, right	MIS	Absent	
6EB0035	Eye, right	HMR	Absent	
6EB0035	Eye, right	EMB	Absent	
6EB0035	Opercula	SLSH	Absent	
6EB0036	Body Surface	RGR	Absent	
6EB0036	Body Surface	RLSN	Absent	
6EB0036	Body Surface	SPDF	Absent	
6EB0036	Body Surface	HMRB	Absent	
6EB0036	Body Surface	FDC	Absent	
6EB0036	Body Surface	BFG	Absent	
6EB0036	Body Surface	PRST	Absent	
6EB0036	Head	DFM	Absent	
6EB0036	Mouth	ULR	Absent	
6EB0036	Mouth	LLG	Absent	
6EB0036	Nare	SLN	Absent	
6EB0036	Eye, left	EXPTH	Absent	
6EB0036	Eye, left	OPQ	Absent	
6EB0036	Eye, left	MIS	Absent	
6EB0036	Eye, left	HMR	Absent	
6EB0036	Eye, left	EMB	Absent	
6EB0036	Eye, right	EXPTH	Absent	
6EB0036	Eye, right	OPQ	Absent	
6EB0036	Eye, right	MIS	Absent	
6EB0036	Eye, right	HMR	Absent	
6EB0036	Eye, right	EMB	Absent	
6EB0036	Opercula	SLSH	Absent	
6EB0037	Body Surface	RGR	Absent	
6EB0037	Body Surface	RLSN	Absent	
6EB0037	Body Surface	SPDF	Absent	
6EB0037	Body Surface	HMRB	Absent	
6EB0037	Body Surface	FDC	Absent	
6EB0037	Body Surface	BFG	Absent	
6EB0037	Body Surface	PRST	Absent	
6EB0037	Head	DFM	Absent	
6EB0037	Mouth	ULR	Absent	
6EB0037	Mouth	LLG	Absent	
6EB0037	Nare	SLN	Absent	
6EB0037	Eye, left	EXPTH	Absent	
6EB0037	Eye, left	OPQ	Absent	
6EB0037	Eye, left	MIS	Absent	
6EB0037	Eye, left	HMR	Absent	
6EB0037	Eye, left	EMB	Absent	
6EB0037	Eye, right	EXPTH	Absent	
6EB0037	Eye, right	OPQ	Absent	
6EB0037	Eye, right	MIS	Absent	
6EB0037	Eye, right	HMR	Absent	
6EB0037	Eye, right	EMB	Absent	
6EB0037	Opercula	SLSH	Absent	
6EB0038	Body Surface	RGR	Absent	
6EB0038	Body Surface	RLSN	Absent	
6EB0038	Body Surface	SPDF	Absent	
6EB0038	Body Surface	HMRB	Absent	
6EB0038	Body Surface	FDC	Absent	
6EB0038	Body Surface	BFG	Absent	
6EB0038	Body Surface	PRST	Absent	
6EB0038	Head	DFM	Absent	
6EB0038	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0038	Mouth	LLG	Absent	
6EB0038	Nare	SLN	Absent	
6EB0038	Eye, left	EXPTH	Absent	
6EB0038	Eye, left	OPQ	Absent	
6EB0038	Eye, left	MIS	Absent	
6EB0038	Eye, left	HMR	Absent	
6EB0038	Eye, left	EMB	Absent	
6EB0038	Eye, right	EXPTH	Absent	
6EB0038	Eye, right	OPQ	Absent	
6EB0038	Eye, right	MIS	Absent	
6EB0038	Eye, right	HMR	Absent	
6EB0038	Eye, right	EMB	Absent	
6EB0038	Opercula	SLSH	Absent	
6EB0040	Body Surface	RGR	Absent	
6EB0040	Body Surface	RLSN	Absent	
6EB0040	Body Surface	SPDF	Absent	
6EB0040	Body Surface	HMRB	Absent	
6EB0040	Body Surface	FDC	Absent	
6EB0040	Body Surface	BFG	Absent	
6EB0040	Body Surface	PRST	Absent	
6EB0040	Head	DFM	Absent	
6EB0040	Mouth	ULR	Absent	
6EB0040	Mouth	LLG	Absent	
6EB0040	Nare	SLN	Absent	
6EB0040	Eye, left	EXPTH	Absent	
6EB0040	Eye, left	OPQ	Absent	
6EB0040	Eye, left	MIS	Absent	
6EB0040	Eye, left	HMR	Absent	
6EB0040	Eye, left	EMB	Absent	
6EB0040	Eye, right	EXPTH	Absent	
6EB0040	Eye, right	OPQ	Absent	
6EB0040	Eye, right	MIS	Absent	
6EB0040	Eye, right	HMR	Absent	
6EB0040	Eye, right	EMB	Absent	
6EB0040	Opercula	SLSH	Absent	
6EB0042	Body Surface	RGR	Absent	
6EB0042	Body Surface	RLSN	Absent	
6EB0042	Body Surface	SPDF	Absent	
6EB0042	Body Surface	HMRB	Absent	
6EB0042	Body Surface	FDC	Absent	
6EB0042	Body Surface	BFG	Absent	
6EB0042	Body Surface	PRST	Absent	
6EB0042	Head	DFM	Absent	
6EB0042	Mouth	ULR	Absent	
6EB0042	Mouth	LLG	Absent	
6EB0042	Nare	SLN	Absent	
6EB0042	Eye, left	EXPTH	Absent	
6EB0042	Eye, left	OPQ	Absent	
6EB0042	Eye, left	MIS	Absent	
6EB0042	Eye, left	HMR	Absent	
6EB0042	Eye, left	EMB	Absent	
6EB0042	Eye, right	EXPTH	Absent	
6EB0042	Eye, right	OPQ	Absent	
6EB0042	Eye, right	MIS	Absent	
6EB0042	Eye, right	HMR	Absent	
6EB0042	Eye, right	EMB	Absent	
6EB0042	Opercula	SLSH	Absent	
6EB0043	Body Surface	RGR	Absent	
6EB0043	Body Surface	RLSN	Absent	
6EB0043	Body Surface	SPDF	Absent	
6EB0043	Body Surface	HMRB	Absent	
6EB0043	Body Surface	FDC	Absent	
6EB0043	Body Surface	BFG	Absent	
6EB0043	Body Surface	PRST	Absent	
6EB0043	Head	DFM	Absent	
6EB0043	Mouth	ULR	Absent	
6EB0043	Mouth	LLG	Absent	
6EB0043	Nare	SLN	Absent	
6EB0043	Eye, left	EXPTH	Absent	
6EB0043	Eye, left	OPQ	Absent	
6EB0043	Eye, left	MIS	Absent	
6EB0043	Eye, left	HMR	Absent	
6EB0043	Eye, left	EMB	Absent	
6EB0043	Eye, right	EXPTH	Absent	
6EB0043	Eye, right	OPQ	Absent	
6EB0043	Eye, right	MIS	Absent	
6EB0043	Eye, right	HMR	Absent	
6EB0043	Eye, right	EMB	Absent	
6EB0043	Opercula	SLSH	Absent	
6EB0044	Body Surface	RGR	Absent	
6EB0044	Body Surface	RLSN	Absent	
6EB0044	Body Surface	SPDF	Absent	
6EB0044	Body Surface	HMRB	Absent	
6EB0044	Body Surface	FDC	Absent	
6EB0044	Body Surface	BFG	Absent	
6EB0044	Body Surface	PRST	Absent	
6EB0044	Head	DFM	Absent	
6EB0044	Mouth	ULR	Absent	
6EB0044	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0044	Nare	SLN	Absent	
6EB0044	Eye, left	EXPTH	Absent	
6EB0044	Eye, left	OPQ	Absent	
6EB0044	Eye, left	MIS	Absent	
6EB0044	Eye, left	HMR	Absent	
6EB0044	Eye, left	EMB	Absent	
6EB0044	Eye, right	EXPTH	Absent	
6EB0044	Eye, right	OPQ	Absent	
6EB0044	Eye, right	MIS	Absent	
6EB0044	Eye, right	HMR	Absent	
6EB0044	Eye, right	EMB	Absent	
6EB0044	Opercula	SLSH	Absent	
6EB0045	Body Surface	RGR	Absent	
6EB0045	Body Surface	RLSN	Absent	
6EB0045	Body Surface	SPDF	Absent	
6EB0045	Body Surface	HMRB	Absent	
6EB0045	Body Surface	FDC	Absent	
6EB0045	Body Surface	BFG	Absent	
6EB0045	Body Surface	PRST	Absent	
6EB0045	Head	DFM	Absent	
6EB0045	Mouth	ULR	Absent	
6EB0045	Mouth	LLG	Absent	
6EB0045	Nare	SLN	Absent	
6EB0045	Eye, left	EXPTH	Absent	
6EB0045	Eye, left	OPQ	Absent	
6EB0045	Eye, left	MIS	Absent	
6EB0045	Eye, left	HMR	Absent	
6EB0045	Eye, left	EMB	Absent	
6EB0045	Eye, right	EXPTH	Absent	
6EB0045	Eye, right	OPQ	Absent	
6EB0045	Eye, right	MIS	Absent	
6EB0045	Eye, right	HMR	Absent	
6EB0045	Eye, right	EMB	Absent	
6EB0045	Opercula	SLSH	Absent	
6EB0046	Body Surface	RGR	Absent	
6EB0046	Body Surface	RLSN	Absent	
6EB0046	Body Surface	SPDF	Absent	
6EB0046	Body Surface	HMRB	Absent	
6EB0046	Body Surface	FDC	Absent	
6EB0046	Body Surface	BFG	Absent	
6EB0046	Body Surface	PRST	Absent	
6EB0046	Head	DFM	Absent	
6EB0046	Mouth	ULR	Absent	
6EB0046	Mouth	LLG	Absent	
6EB0046	Nare	SLN	Absent	
6EB0046	Eye, left	EXPTH	Absent	
6EB0046	Eye, left	OPQ	Absent	
6EB0046	Eye, left	MIS	Absent	
6EB0046	Eye, left	HMR	Absent	
6EB0046	Eye, left	EMB	Absent	
6EB0046	Eye, right	EXPTH	Absent	
6EB0046	Eye, right	OPQ	Absent	
6EB0046	Eye, right	MIS	Absent	
6EB0046	Eye, right	HMR	Absent	
6EB0046	Eye, right	EMB	Absent	
6EB0046	Opercula	SLSH	Absent	
6EB0047	Body Surface	RGR	Absent	
6EB0047	Body Surface	RLSN	Absent	
6EB0047	Body Surface	SPDF	Absent	
6EB0047	Body Surface	HMRB	Absent	
6EB0047	Body Surface	FDC	Absent	
6EB0047	Body Surface	BFG	Absent	
6EB0047	Body Surface	PRST	Absent	
6EB0047	Head	DFM	Absent	
6EB0047	Mouth	ULR	Absent	
6EB0047	Mouth	LLG	Absent	
6EB0047	Nare	SLN	Absent	
6EB0047	Eye, left	EXPTH	Absent	
6EB0047	Eye, left	OPQ	Absent	
6EB0047	Eye, left	MIS	Absent	
6EB0047	Eye, left	HMR	Absent	
6EB0047	Eye, left	EMB	Absent	
6EB0047	Eye, right	EXPTH	Absent	
6EB0047	Eye, right	OPQ	Absent	
6EB0047	Eye, right	MIS	Absent	
6EB0047	Eye, right	HMR	Absent	
6EB0047	Eye, right	EMB	Absent	
6EB0047	Opercula	SLSH	Absent	
6EB0049	Body Surface	RGR	Absent	
6EB0049	Body Surface	RLSN	Absent	
6EB0049	Body Surface	SPDF	Absent	
6EB0049	Body Surface	HMRB	Absent	
6EB0049	Body Surface	FDC	Absent	
6EB0049	Body Surface	BFG	Absent	
6EB0049	Body Surface	PRST	Absent	
6EB0049	Head	DFM	Absent	
6EB0049	Mouth	ULR	Absent	
6EB0049	Mouth	LLG	Absent	
6EB0049	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0049	Eye, left	EXPTH	Absent	
6EB0049	Eye, left	OPQ	Absent	
6EB0049	Eye, left	MIS	Absent	
6EB0049	Eye, left	HMR	Absent	
6EB0049	Eye, left	EMB	Absent	
6EB0049	Eye, right	EXPTH	Absent	
6EB0049	Eye, right	OPQ	Absent	
6EB0049	Eye, right	MIS	Absent	
6EB0049	Eye, right	HMR	Absent	
6EB0049	Eye, right	EMB	Absent	
6EB0049	Opercula	SLSH	Absent	
6EB0050	Body Surface	RGR	Absent	
6EB0050	Body Surface	RLSN	Absent	
6EB0050	Body Surface	SPDF	Absent	
6EB0050	Body Surface	HMRB	Absent	
6EB0050	Body Surface	FDC	Absent	
6EB0050	Body Surface	BFG	Absent	
6EB0050	Body Surface	PRST	Absent	
6EB0050	Head	DFM	Absent	
6EB0050	Mouth	ULR	Absent	
6EB0050	Mouth	LLG	Absent	
6EB0050	Nare	SLN	Absent	
6EB0050	Eye, left	EXPTH	Absent	
6EB0050	Eye, left	OPQ	Absent	
6EB0050	Eye, left	MIS	Absent	
6EB0050	Eye, left	HMR	Absent	
6EB0050	Eye, left	EMB	Absent	
6EB0050	Eye, right	EXPTH	Absent	
6EB0050	Eye, right	OPQ	Absent	
6EB0050	Eye, right	MIS	Absent	
6EB0050	Eye, right	HMR	Absent	
6EB0050	Eye, right	EMB	Absent	
6EB0050	Opercula	SLSH	Absent	
6EB0051	Body Surface	RGR	Absent	
6EB0051	Body Surface	RLSN	Absent	
6EB0051	Body Surface	SPDF	Absent	
6EB0051	Body Surface	HMRB	Absent	
6EB0051	Body Surface	FDC	Absent	
6EB0051	Body Surface	BFG	Absent	
6EB0051	Body Surface	PRST	Absent	
6EB0051	Head	DFM	Absent	
6EB0051	Mouth	ULR	Absent	
6EB0051	Mouth	LLG	Absent	
6EB0051	Nare	SLN	Absent	
6EB0051	Eye, left	EXPTH	Absent	
6EB0051	Eye, left	OPQ	Absent	
6EB0051	Eye, left	MIS	Absent	
6EB0051	Eye, left	HMR	Absent	
6EB0051	Eye, left	EMB	Absent	
6EB0051	Eye, right	EXPTH	Absent	
6EB0051	Eye, right	OPQ	Absent	
6EB0051	Eye, right	MIS	Absent	
6EB0051	Eye, right	HMR	Absent	
6EB0051	Eye, right	EMB	Absent	
6EB0051	Opercula	SLSH	Absent	
6EB0052	Body Surface	RGR	Absent	
6EB0052	Body Surface	RLSN	Absent	
6EB0052	Body Surface	SPDF	Absent	
6EB0052	Body Surface	HMRB	Absent	
6EB0052	Body Surface	FDC	Absent	
6EB0052	Body Surface	BFG	Absent	
6EB0052	Body Surface	PRST	Absent	
6EB0052	Head	DFM	Absent	
6EB0052	Mouth	ULR	Absent	
6EB0052	Mouth	LLG	Absent	
6EB0052	Nare	SLN	Absent	
6EB0052	Eye, left	EXPTH	Absent	
6EB0052	Eye, left	OPQ	Absent	
6EB0052	Eye, left	MIS	Absent	
6EB0052	Eye, left	HMR	Absent	
6EB0052	Eye, left	EMB	Absent	
6EB0052	Eye, right	EXPTH	Absent	
6EB0052	Eye, right	OPQ	Absent	
6EB0052	Eye, right	MIS	Absent	
6EB0052	Eye, right	HMR	Absent	
6EB0052	Eye, right	EMB	Absent	
6EB0052	Opercula	SLSH	Absent	
6EB0053	Body Surface	RGR	Absent	
6EB0053	Body Surface	RLSN	Absent	
6EB0053	Body Surface	SPDF	Absent	
6EB0053	Body Surface	HMRB	Absent	
6EB0053	Body Surface	FDC	Absent	
6EB0053	Body Surface	BFG	Absent	
6EB0053	Body Surface	PRST	Absent	
6EB0053	Head	DFM	Absent	
6EB0053	Mouth	ULR	Absent	
6EB0053	Mouth	LLG	Absent	
6EB0053	Nare	SLN	Absent	
6EB0053	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0053	Eye, left	OPQ	Absent	
6EB0053	Eye, left	MIS	Absent	
6EB0053	Eye, left	HMR	Absent	
6EB0053	Eye, left	EMB	Absent	
6EB0053	Eye, right	EXPTH	Absent	
6EB0053	Eye, right	OPQ	Absent	
6EB0053	Eye, right	MIS	Absent	
6EB0053	Eye, right	HMR	Absent	
6EB0053	Eye, right	EMB	Absent	
6EB0053	Opercula	SLSH	Absent	
6EB0055	Body Surface	RGR	Absent	
6EB0055	Body Surface	RLSN	Absent	
6EB0055	Body Surface	SPDF	Absent	
6EB0055	Body Surface	HMRB	Absent	
6EB0055	Body Surface	FDC	Absent	
6EB0055	Body Surface	BFG	Absent	
6EB0055	Body Surface	PRST	Absent	
6EB0055	Head	DFM	Absent	
6EB0055	Mouth	ULR	Absent	
6EB0055	Mouth	LLG	Absent	
6EB0055	Nare	SLN	Absent	
6EB0055	Eye, left	EXPTH	Absent	
6EB0055	Eye, left	OPQ	Absent	
6EB0055	Eye, left	MIS	Absent	
6EB0055	Eye, left	HMR	Absent	
6EB0055	Eye, left	EMB	Absent	
6EB0055	Eye, right	EXPTH	Absent	
6EB0055	Eye, right	OPQ	Absent	
6EB0055	Eye, right	MIS	Absent	
6EB0055	Eye, right	HMR	Absent	
6EB0055	Eye, right	EMB	Absent	
6EB0055	Opercula	SLSH	Absent	
6EB0057	Body Surface	RGR	Absent	
6EB0057	Body Surface	RLSN	Absent	
6EB0057	Body Surface	SPDF	Absent	
6EB0057	Body Surface	HMRB	Absent	
6EB0057	Body Surface	FDC	Absent	
6EB0057	Body Surface	BFG	Absent	
6EB0057	Body Surface	PRST	Absent	
6EB0057	Head	DFM	Absent	
6EB0057	Mouth	ULR	Absent	
6EB0057	Mouth	LLG	Absent	
6EB0057	Nare	SLN	Absent	
6EB0057	Eye, left	EXPTH	Absent	
6EB0057	Eye, left	OPQ	Absent	
6EB0057	Eye, left	MIS	Absent	
6EB0057	Eye, left	HMR	Absent	
6EB0057	Eye, left	EMB	Absent	
6EB0057	Eye, right	EXPTH	Absent	
6EB0057	Eye, right	OPQ	Absent	
6EB0057	Eye, right	MIS	Absent	
6EB0057	Eye, right	HMR	Absent	
6EB0057	Eye, right	EMB	Absent	
6EB0057	Opercula	SLSH	Absent	
6EB0058	Body Surface	RGR	Absent	
6EB0058	Body Surface	RLSN	Absent	
6EB0058	Body Surface	SPDF	Absent	
6EB0058	Body Surface	HMRB	Absent	
6EB0058	Body Surface	FDC	Absent	
6EB0058	Body Surface	BFG	Absent	
6EB0058	Body Surface	PRST	Absent	
6EB0058	Head	DFM	Absent	
6EB0058	Mouth	ULR	Absent	
6EB0058	Mouth	LLG	Absent	
6EB0058	Nare	SLN	Absent	
6EB0058	Eye, left	EXPTH	Absent	
6EB0058	Eye, left	OPQ	Absent	
6EB0058	Eye, left	MIS	Absent	
6EB0058	Eye, left	HMR	Absent	
6EB0058	Eye, left	EMB	Absent	
6EB0058	Eye, right	EXPTH	Absent	
6EB0058	Eye, right	OPQ	Absent	
6EB0058	Eye, right	MIS	Absent	
6EB0058	Eye, right	HMR	Absent	
6EB0058	Eye, right	EMB	Absent	
6EB0058	Opercula	SLSH	Absent	
6EB0059	Body Surface	RGR	Absent	
6EB0059	Body Surface	RLSN	Absent	
6EB0059	Body Surface	SPDF	Absent	
6EB0059	Body Surface	HMRB	Absent	
6EB0059	Body Surface	FDC	Absent	
6EB0059	Body Surface	BFG	Absent	
6EB0059	Body Surface	PRST	Absent	
6EB0059	Head	DFM	Absent	
6EB0059	Mouth	ULR	Absent	
6EB0059	Mouth	LLG	Absent	
6EB0059	Nare	SLN	Absent	
6EB0059	Eye, left	EXPTH	Absent	
6EB0059	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0059	Eye, left	MIS	Absent	
6EB0059	Eye, left	HMR	Absent	
6EB0059	Eye, left	EMB	Absent	
6EB0059	Eye, right	EXPTH	Absent	
6EB0059	Eye, right	OPQ	Absent	
6EB0059	Eye, right	MIS	Absent	
6EB0059	Eye, right	HMR	Absent	
6EB0059	Eye, right	EMB	Absent	
6EB0059	Opercula	SLSH	Absent	
6EB0060A	Body Surface	RGR	Absent	
6EB0060A	Body Surface	RLSN	Absent	
6EB0060A	Body Surface	SPDF	Absent	
6EB0060A	Body Surface	HMRB	Absent	
6EB0060A	Body Surface	FDC	Absent	
6EB0060A	Body Surface	BFG	Absent	
6EB0060A	Body Surface	PRST	Absent	
6EB0060A	Head	DFM	Absent	
6EB0060A	Mouth	ULR	Absent	
6EB0060A	Mouth	LLG	Absent	
6EB0060A	Nare	SLN	Absent	
6EB0060A	Eye, left	EXPTH	Absent	
6EB0060A	Eye, left	OPQ	Absent	
6EB0060A	Eye, left	MIS	Absent	
6EB0060A	Eye, left	HMR	Absent	
6EB0060A	Eye, left	EMB	Absent	
6EB0060A	Eye, right	EXPTH	Absent	
6EB0060A	Eye, right	OPQ	Absent	
6EB0060A	Eye, right	MIS	Absent	
6EB0060A	Eye, right	HMR	Absent	
6EB0060A	Eye, right	EMB	Absent	
6EB0060A	Opercula	SLSH	Absent	
6EB0060B	Body Surface	RGR	Absent	
6EB0060B	Body Surface	RLSN	Absent	
6EB0060B	Body Surface	SPDF	Absent	
6EB0060B	Body Surface	HMRB	Absent	
6EB0060B	Body Surface	FDC	Absent	
6EB0060B	Body Surface	BFG	Absent	
6EB0060B	Body Surface	PRST	Absent	
6EB0060B	Head	DFM	Absent	
6EB0060B	Mouth	ULR	Absent	
6EB0060B	Mouth	LLG	Absent	
6EB0060B	Nare	SLN	Absent	
6EB0060B	Eye, left	EXPTH	Absent	
6EB0060B	Eye, left	OPQ	Absent	
6EB0060B	Eye, left	MIS	Absent	
6EB0060B	Eye, left	HMR	Absent	
6EB0060B	Eye, left	EMB	Absent	
6EB0060B	Eye, right	EXPTH	Absent	
6EB0060B	Eye, right	OPQ	Absent	
6EB0060B	Eye, right	MIS	Absent	
6EB0060B	Eye, right	HMR	Absent	
6EB0060B	Eye, right	EMB	Absent	
6EB0060B	Opercula	SLSH	Absent	
6EB0061	Body Surface	RGR	Absent	
6EB0061	Body Surface	RLSN	Absent	
6EB0061	Body Surface	SPDF	Absent	
6EB0061	Body Surface	HMRB	Absent	
6EB0061	Body Surface	FDC	Absent	
6EB0061	Body Surface	BFG	Absent	
6EB0061	Body Surface	PRST	Absent	
6EB0061	Head	DFM	Absent	
6EB0061	Mouth	ULR	Absent	
6EB0061	Mouth	LLG	Absent	
6EB0061	Nare	SLN	Absent	
6EB0061	Eye, left	EXPTH	Absent	
6EB0061	Eye, left	OPQ	Absent	
6EB0061	Eye, left	MIS	Absent	
6EB0061	Eye, left	HMR	Absent	
6EB0061	Eye, left	EMB	Absent	
6EB0061	Eye, right	EXPTH	Absent	
6EB0061	Eye, right	OPQ	Absent	
6EB0061	Eye, right	MIS	Absent	
6EB0061	Eye, right	HMR	Absent	
6EB0061	Eye, right	EMB	Absent	
6EB0061	Opercula	SLSH	Absent	
6EB0062	Body Surface	RGR	Absent	
6EB0062	Body Surface	RLSN	Absent	
6EB0062	Body Surface	SPDF	Absent	
6EB0062	Body Surface	HMRB	Absent	
6EB0062	Body Surface	FDC	Absent	
6EB0062	Body Surface	BFG	Absent	
6EB0062	Body Surface	PRST	Absent	
6EB0062	Head	DFM	Absent	
6EB0062	Mouth	ULR	Absent	
6EB0062	Mouth	LLG	Absent	
6EB0062	Nare	SLN	Absent	
6EB0062	Eye, left	EXPTH	Absent	
6EB0062	Eye, left	OPQ	Absent	
6EB0062	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0062	Eye, left	HMR	Absent	
6EB0062	Eye, left	EMB	Absent	
6EB0062	Eye, right	EXPTH	Absent	
6EB0062	Eye, right	OPQ	Absent	
6EB0062	Eye, right	MIS	Absent	
6EB0062	Eye, right	HMR	Absent	
6EB0062	Eye, right	EMB	Absent	
6EB0062	Opercula	SLSH	Absent	
6EB0066	Body Surface	RGR	Absent	
6EB0066	Body Surface	RLSN	Absent	
6EB0066	Body Surface	SPDF	Absent	
6EB0066	Body Surface	HMRB	Absent	
6EB0066	Body Surface	FDC	Absent	
6EB0066	Body Surface	BFG	Absent	
6EB0066	Body Surface	PRST	Absent	
6EB0066	Head	DFM	Absent	
6EB0066	Mouth	ULR	Absent	
6EB0066	Mouth	LLG	Absent	
6EB0066	Nare	SLN	Absent	
6EB0066	Eye, left	EXPTH	Absent	
6EB0066	Eye, left	OPQ	Absent	
6EB0066	Eye, left	MIS	Absent	
6EB0066	Eye, left	HMR	Absent	
6EB0066	Eye, left	EMB	Absent	
6EB0066	Eye, right	EXPTH	Absent	
6EB0066	Eye, right	OPQ	Absent	
6EB0066	Eye, right	MIS	Absent	
6EB0066	Eye, right	HMR	Absent	
6EB0066	Eye, right	EMB	Absent	
6EB0066	Opercula	SLSH	Absent	
6EB0067	Body Surface	RGR	Absent	
6EB0067	Body Surface	RLSN	Absent	
6EB0067	Body Surface	SPDF	Absent	
6EB0067	Body Surface	HMRB	Absent	
6EB0067	Body Surface	FDC	Absent	
6EB0067	Body Surface	BFG	Absent	
6EB0067	Body Surface	PRST	Absent	
6EB0067	Head	DFM	Absent	
6EB0067	Mouth	ULR	Absent	
6EB0067	Mouth	LLG	Absent	
6EB0067	Nare	SLN	Absent	
6EB0067	Eye, left	EXPTH	Absent	
6EB0067	Eye, left	OPQ	Absent	
6EB0067	Eye, left	MIS	Absent	
6EB0067	Eye, left	HMR	Absent	
6EB0067	Eye, left	EMB	Absent	
6EB0067	Eye, right	EXPTH	Absent	
6EB0067	Eye, right	OPQ	Absent	
6EB0067	Eye, right	MIS	Absent	
6EB0067	Eye, right	HMR	Absent	
6EB0067	Eye, right	EMB	Absent	
6EB0067	Opercula	SLSH	Absent	
6EB0068	Body Surface	RGR	Absent	
6EB0068	Body Surface	RLSN	Absent	
6EB0068	Body Surface	SPDF	Absent	
6EB0068	Body Surface	HMRB	Absent	
6EB0068	Body Surface	FDC	Absent	
6EB0068	Body Surface	BFG	Absent	
6EB0068	Body Surface	PRST	Absent	
6EB0068	Head	DFM	Absent	
6EB0068	Mouth	ULR	Absent	
6EB0068	Mouth	LLG	Absent	
6EB0068	Nare	SLN	Absent	
6EB0068	Eye, left	EXPTH	Absent	
6EB0068	Eye, left	OPQ	Absent	
6EB0068	Eye, left	MIS	Absent	
6EB0068	Eye, left	HMR	Absent	
6EB0068	Eye, left	EMB	Absent	
6EB0068	Eye, right	EXPTH	Absent	
6EB0068	Eye, right	OPQ	Absent	
6EB0068	Eye, right	MIS	Absent	
6EB0068	Eye, right	HMR	Absent	
6EB0068	Eye, right	EMB	Absent	
6EB0068	Opercula	SLSH	Absent	
6EB0069	Body Surface	RGR	Absent	
6EB0069	Body Surface	RLSN	Absent	
6EB0069	Body Surface	SPDF	Absent	
6EB0069	Body Surface	HMRB	Absent	
6EB0069	Body Surface	FDC	Absent	
6EB0069	Body Surface	BFG	Absent	
6EB0069	Body Surface	PRST	Absent	
6EB0069	Head	DFM	Absent	
6EB0069	Mouth	ULR	Absent	
6EB0069	Mouth	LLG	Absent	
6EB0069	Nare	SLN	Absent	
6EB0069	Eye, left	EXPTH	Absent	
6EB0069	Eye, left	OPQ	Absent	
6EB0069	Eye, left	MIS	Absent	
6EB0069	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0069	Eye, left	EMB	Absent	
6EB0069	Eye, right	EXPTH	Absent	
6EB0069	Eye, right	OPQ	Absent	
6EB0069	Eye, right	MIS	Absent	
6EB0069	Eye, right	HMR	Absent	
6EB0069	Eye, right	EMB	Absent	
6EB0069	Opercula	SLSH	Absent	
6EB0070	Body Surface	RGR	Absent	
6EB0070	Body Surface	RLSN	Absent	
6EB0070	Body Surface	SPDF	Absent	
6EB0070	Body Surface	HMRB	Absent	
6EB0070	Body Surface	FDC	Absent	
6EB0070	Body Surface	BFG	Absent	
6EB0070	Body Surface	PRST	Absent	
6EB0070	Head	DFM	Absent	
6EB0070	Mouth	ULR	Absent	
6EB0070	Mouth	LLG	Absent	
6EB0070	Nare	SLN	Absent	
6EB0070	Eye, left	EXPTH	Absent	
6EB0070	Eye, left	OPQ	Absent	
6EB0070	Eye, left	MIS	Absent	
6EB0070	Eye, left	HMR	Absent	
6EB0070	Eye, left	EMB	Absent	
6EB0070	Eye, right	EXPTH	Absent	
6EB0070	Eye, right	OPQ	Absent	
6EB0070	Eye, right	MIS	Absent	
6EB0070	Eye, right	HMR	Absent	
6EB0070	Eye, right	EMB	Absent	
6EB0070	Opercula	SLSH	Absent	
6EB0071	Body Surface	RGR	Absent	
6EB0071	Body Surface	RLSN	Absent	
6EB0071	Body Surface	SPDF	Absent	
6EB0071	Body Surface	HMRB	Absent	
6EB0071	Body Surface	FDC	Absent	
6EB0071	Body Surface	BFG	Absent	
6EB0071	Body Surface	PRST	Absent	
6EB0071	Head	DFM	Absent	
6EB0071	Mouth	ULR	Absent	
6EB0071	Mouth	LLG	Absent	
6EB0071	Nare	SLN	Absent	
6EB0071	Eye, left	EXPTH	Absent	
6EB0071	Eye, left	OPQ	Absent	
6EB0071	Eye, left	MIS	Absent	
6EB0071	Eye, left	HMR	Absent	
6EB0071	Eye, left	EMB	Absent	
6EB0071	Eye, right	EXPTH	Absent	
6EB0071	Eye, right	OPQ	Absent	
6EB0071	Eye, right	MIS	Absent	
6EB0071	Eye, right	HMR	Absent	
6EB0071	Eye, right	EMB	Absent	
6EB0071	Opercula	SLSH	Absent	
6EB0072A	Body Surface	RGR	Absent	
6EB0072A	Body Surface	RLSN	Absent	
6EB0072A	Body Surface	SPDF	Absent	
6EB0072A	Body Surface	HMRB	Absent	
6EB0072A	Body Surface	FDC	Absent	
6EB0072A	Body Surface	BFG	Absent	
6EB0072A	Body Surface	PRST	Absent	
6EB0072A	Head	DFM	Absent	
6EB0072A	Mouth	ULR	Absent	
6EB0072A	Mouth	LLG	Absent	
6EB0072A	Nare	SLN	Absent	
6EB0072A	Eye, left	EXPTH	Absent	
6EB0072A	Eye, left	OPQ	Absent	
6EB0072A	Eye, left	MIS	Absent	
6EB0072A	Eye, left	HMR	Absent	
6EB0072A	Eye, left	EMB	Absent	
6EB0072A	Eye, right	EXPTH	Absent	
6EB0072A	Eye, right	OPQ	Absent	
6EB0072A	Eye, right	MIS	Absent	
6EB0072A	Eye, right	HMR	Absent	
6EB0072A	Eye, right	EMB	Absent	
6EB0072A	Opercula	SLSH	Absent	
6EB0072B	Body Surface	RGR	Absent	
6EB0072B	Body Surface	RLSN	Absent	
6EB0072B	Body Surface	SPDF	Absent	
6EB0072B	Body Surface	HMRB	Absent	
6EB0072B	Body Surface	FDC	Absent	
6EB0072B	Body Surface	BFG	Absent	
6EB0072B	Body Surface	PRST	Absent	
6EB0072B	Head	DFM	Absent	
6EB0072B	Mouth	ULR	Absent	
6EB0072B	Mouth	LLG	Absent	
6EB0072B	Nare	SLN	Absent	
6EB0072B	Eye, left	EXPTH	Absent	
6EB0072B	Eye, left	OPQ	Absent	
6EB0072B	Eye, left	MIS	Absent	
6EB0072B	Eye, left	HMR	Absent	
6EB0072B	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0072B	Eye, right	EXPTH	Absent	
6EB0072B	Eye, right	OPQ	Absent	
6EB0072B	Eye, right	MIS	Absent	
6EB0072B	Eye, right	HMR	Absent	
6EB0072B	Eye, right	EMB	Absent	
6EB0072B	Opercula	SLSH	Absent	
6EB0073	Body Surface	RGR	Absent	
6EB0073	Body Surface	RLSN	Absent	
6EB0073	Body Surface	SPDF	Absent	
6EB0073	Body Surface	HMRB	Absent	
6EB0073	Body Surface	FDC	Absent	
6EB0073	Body Surface	BFG	Absent	
6EB0073	Body Surface	PRST	Absent	
6EB0073	Head	DFM	Absent	
6EB0073	Mouth	ULR	Absent	
6EB0073	Mouth	LLG	Absent	
6EB0073	Nare	SLN	Absent	
6EB0073	Eye, left	EXPTH	Absent	
6EB0073	Eye, left	OPQ	Absent	
6EB0073	Eye, left	MIS	Absent	
6EB0073	Eye, left	HMR	Absent	
6EB0073	Eye, left	EMB	Absent	
6EB0073	Eye, right	EXPTH	Absent	
6EB0073	Eye, right	OPQ	Absent	
6EB0073	Eye, right	MIS	Absent	
6EB0073	Eye, right	HMR	Absent	
6EB0073	Eye, right	EMB	Absent	
6EB0073	Opercula	SLSH	Absent	
6EB0074	Body Surface	RGR	Absent	
6EB0074	Body Surface	RLSN	Absent	
6EB0074	Body Surface	SPDF	Absent	
6EB0074	Body Surface	HMRB	Absent	
6EB0074	Body Surface	FDC	Absent	
6EB0074	Body Surface	BFG	Absent	
6EB0074	Body Surface	PRST	Absent	
6EB0074	Head	DFM	Absent	
6EB0074	Mouth	ULR	Absent	
6EB0074	Mouth	LLG	Absent	
6EB0074	Nare	SLN	Absent	
6EB0074	Eye, left	EXPTH	Absent	
6EB0074	Eye, left	OPQ	Absent	
6EB0074	Eye, left	MIS	Absent	
6EB0074	Eye, left	HMR	Absent	
6EB0074	Eye, left	EMB	Absent	
6EB0074	Eye, right	EXPTH	Absent	
6EB0074	Eye, right	OPQ	Absent	
6EB0074	Eye, right	MIS	Absent	
6EB0074	Eye, right	HMR	Absent	
6EB0074	Eye, right	EMB	Absent	
6EB0074	Opercula	SLSH	Absent	
6EB0075	Body Surface	RGR	Absent	
6EB0075	Body Surface	RLSN	Absent	
6EB0075	Body Surface	SPDF	Absent	
6EB0075	Body Surface	HMRB	Absent	
6EB0075	Body Surface	FDC	Absent	
6EB0075	Body Surface	BFG	Absent	
6EB0075	Body Surface	PRST	Absent	
6EB0075	Head	DFM	Absent	
6EB0075	Mouth	ULR	Absent	
6EB0075	Mouth	LLG	Absent	
6EB0075	Nare	SLN	Absent	
6EB0075	Eye, left	EXPTH	Absent	
6EB0075	Eye, left	OPQ	Absent	
6EB0075	Eye, left	MIS	Absent	
6EB0075	Eye, left	HMR	Absent	
6EB0075	Eye, left	EMB	Absent	
6EB0075	Eye, right	EXPTH	Absent	
6EB0075	Eye, right	OPQ	Absent	
6EB0075	Eye, right	MIS	Absent	
6EB0075	Eye, right	HMR	Absent	
6EB0075	Eye, right	EMB	Absent	
6EB0075	Opercula	SLSH	Absent	
6EB0076	Body Surface	RGR	Absent	
6EB0076	Body Surface	RLSN	Absent	
6EB0076	Body Surface	SPDF	Absent	
6EB0076	Body Surface	HMRB	Absent	
6EB0076	Body Surface	FDC	Absent	
6EB0076	Body Surface	BFG	Absent	
6EB0076	Body Surface	PRST	Absent	
6EB0076	Head	DFM	Absent	
6EB0076	Mouth	ULR	Absent	
6EB0076	Mouth	LLG	Absent	
6EB0076	Nare	SLN	Absent	
6EB0076	Eye, left	EXPTH	Absent	
6EB0076	Eye, left	OPQ	Absent	
6EB0076	Eye, left	MIS	Absent	
6EB0076	Eye, left	HMR	Absent	
6EB0076	Eye, left	EMB	Absent	
6EB0076	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0076	Eye, right	OPQ	Absent	
6EB0076	Eye, right	MIS	Absent	
6EB0076	Eye, right	HMR	Absent	
6EB0076	Eye, right	EMB	Absent	
6EB0076	Opercula	SLSH	Absent	
6EB0077	Body Surface	RGR	Absent	
6EB0077	Body Surface	RLSN	Absent	
6EB0077	Body Surface	SPDF	Absent	
6EB0077	Body Surface	HMRB	Absent	
6EB0077	Body Surface	FDC	Absent	
6EB0077	Body Surface	BFG	Absent	
6EB0077	Body Surface	PRST	Absent	
6EB0077	Head	DFM	Absent	
6EB0077	Mouth	ULR	Absent	
6EB0077	Mouth	LLG	Absent	
6EB0077	Nare	SLN	Absent	
6EB0077	Eye, left	EXPTH	Absent	
6EB0077	Eye, left	OPQ	Absent	
6EB0077	Eye, left	MIS	Absent	
6EB0077	Eye, left	HMR	Absent	
6EB0077	Eye, left	EMB	Absent	
6EB0077	Eye, right	EXPTH	Absent	
6EB0077	Eye, right	OPQ	Absent	
6EB0077	Eye, right	MIS	Absent	
6EB0077	Eye, right	HMR	Absent	
6EB0077	Eye, right	EMB	Absent	
6EB0077	Opercula	SLSH	Absent	
6EB0078	Body Surface	RGR	Absent	
6EB0078	Body Surface	RLSN	Absent	
6EB0078	Body Surface	SPDF	Absent	
6EB0078	Body Surface	HMRB	Absent	
6EB0078	Body Surface	FDC	Absent	
6EB0078	Body Surface	BFG	Absent	
6EB0078	Body Surface	PRST	Absent	
6EB0078	Head	DFM	Absent	
6EB0078	Mouth	ULR	Absent	
6EB0078	Mouth	LLG	Absent	
6EB0078	Nare	SLN	Absent	
6EB0078	Eye, left	EXPTH	Absent	
6EB0078	Eye, left	OPQ	Absent	
6EB0078	Eye, left	MIS	Absent	
6EB0078	Eye, left	HMR	Absent	
6EB0078	Eye, left	EMB	Absent	
6EB0078	Eye, right	EXPTH	Absent	
6EB0078	Eye, right	OPQ	Absent	
6EB0078	Eye, right	MIS	Absent	
6EB0078	Eye, right	HMR	Absent	
6EB0078	Eye, right	EMB	Absent	
6EB0078	Opercula	SLSH	Absent	
6EB0079	Body Surface	RGR	Absent	
6EB0079	Body Surface	RLSN	Absent	
6EB0079	Body Surface	SPDF	Absent	
6EB0079	Body Surface	HMRB	Absent	
6EB0079	Body Surface	FDC	Absent	
6EB0079	Body Surface	BFG	Absent	
6EB0079	Body Surface	PRST	Absent	
6EB0079	Head	DFM	Absent	
6EB0079	Mouth	ULR	Absent	
6EB0079	Mouth	LLG	Absent	
6EB0079	Nare	SLN	Absent	
6EB0079	Eye, left	EXPTH	Absent	
6EB0079	Eye, left	OPQ	Absent	
6EB0079	Eye, left	MIS	Absent	
6EB0079	Eye, left	HMR	Absent	
6EB0079	Eye, left	EMB	Absent	
6EB0079	Eye, right	EXPTH	Absent	
6EB0079	Eye, right	OPQ	Absent	
6EB0079	Eye, right	MIS	Absent	
6EB0079	Eye, right	HMR	Absent	
6EB0079	Eye, right	EMB	Absent	
6EB0079	Opercula	SLSH	Absent	
6EB0080	Body Surface	RGR	Absent	
6EB0080	Body Surface	RLSN	Absent	
6EB0080	Body Surface	SPDF	Absent	
6EB0080	Body Surface	HMRB	Absent	
6EB0080	Body Surface	FDC	Absent	
6EB0080	Body Surface	BFG	Absent	
6EB0080	Body Surface	PRST	Absent	
6EB0080	Head	DFM	Absent	
6EB0080	Mouth	ULR	Absent	
6EB0080	Mouth	LLG	Absent	
6EB0080	Nare	SLN	Absent	
6EB0080	Eye, left	EXPTH	Absent	
6EB0080	Eye, left	OPQ	Absent	
6EB0080	Eye, left	MIS	Absent	
6EB0080	Eye, left	HMR	Absent	
6EB0080	Eye, left	EMB	Absent	
6EB0080	Eye, right	EXPTH	Absent	
6EB0080	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0080	Eye, right	MIS	Absent	
6EB0080	Eye, right	HMR	Absent	
6EB0080	Eye, right	EMB	Absent	
6EB0080	Opercula	SLSH	Absent	
6EB0082	Body Surface	RGR	Absent	
6EB0082	Body Surface	RLSN	Absent	
6EB0082	Body Surface	SPDF	Absent	
6EB0082	Body Surface	HMRB	Absent	
6EB0082	Body Surface	FDC	Absent	
6EB0082	Body Surface	BFG	Absent	
6EB0082	Body Surface	PRST	Absent	
6EB0082	Head	DFM	Absent	
6EB0082	Mouth	ULR	Absent	
6EB0082	Mouth	LLG	Absent	
6EB0082	Nare	SLN	Absent	
6EB0082	Eye, left	EXPTH	Absent	
6EB0082	Eye, left	OPQ	Absent	
6EB0082	Eye, left	MIS	Absent	
6EB0082	Eye, left	HMR	Absent	
6EB0082	Eye, left	EMB	Absent	
6EB0082	Eye, right	EXPTH	Absent	
6EB0082	Eye, right	OPQ	Absent	
6EB0082	Eye, right	MIS	Absent	
6EB0082	Eye, right	HMR	Absent	
6EB0082	Eye, right	EMB	Absent	
6EB0082	Opercula	SLSH	Absent	
6EB0083	Body Surface	RGR	Absent	
6EB0083	Body Surface	RLSN	Absent	
6EB0083	Body Surface	SPDF	Absent	
6EB0083	Body Surface	HMRB	Absent	
6EB0083	Body Surface	FDC	Absent	
6EB0083	Body Surface	BFG	Absent	
6EB0083	Body Surface	PRST	Absent	
6EB0083	Head	DFM	Absent	
6EB0083	Mouth	ULR	Absent	
6EB0083	Mouth	LLG	Absent	
6EB0083	Nare	SLN	Absent	
6EB0083	Eye, left	EXPTH	Absent	
6EB0083	Eye, left	OPQ	Absent	
6EB0083	Eye, left	MIS	Absent	
6EB0083	Eye, left	HMR	Absent	
6EB0083	Eye, left	EMB	Absent	
6EB0083	Eye, right	EXPTH	Absent	
6EB0083	Eye, right	OPQ	Absent	
6EB0083	Eye, right	MIS	Absent	
6EB0083	Eye, right	HMR	Absent	
6EB0083	Eye, right	EMB	Absent	
6EB0083	Opercula	SLSH	Absent	
6EB0085	Body Surface	RGR	Absent	
6EB0085	Body Surface	RLSN	Absent	
6EB0085	Body Surface	SPDF	Absent	
6EB0085	Body Surface	HMRB	Present	
6EB0085	Body Surface	FDC	Absent	
6EB0085	Body Surface	BFG	Absent	
6EB0085	Body Surface	PRST	Absent	
6EB0085	Head	DFM	Absent	
6EB0085	Mouth	ULR	Absent	
6EB0085	Mouth	LLG	Absent	
6EB0085	Nare	SLN	Absent	
6EB0085	Eye, left	EXPTH	Absent	
6EB0085	Eye, left	OPQ	Absent	
6EB0085	Eye, left	MIS	Absent	
6EB0085	Eye, left	HMR	Absent	
6EB0085	Eye, left	EMB	Absent	
6EB0085	Eye, right	EXPTH	Absent	
6EB0085	Eye, right	OPQ	Absent	
6EB0085	Eye, right	MIS	Absent	
6EB0085	Eye, right	HMR	Absent	
6EB0085	Eye, right	EMB	Absent	
6EB0085	Opercula	SLSH	Absent	
6EB0086	Body Surface	RGR	Absent	
6EB0086	Body Surface	RLSN	Absent	
6EB0086	Body Surface	SPDF	Absent	
6EB0086	Body Surface	HMRB	Present	
6EB0086	Body Surface	FDC	Absent	
6EB0086	Body Surface	BFG	Absent	
6EB0086	Body Surface	PRST	Absent	
6EB0086	Head	DFM	Absent	
6EB0086	Mouth	ULR	Absent	
6EB0086	Mouth	LLG	Absent	
6EB0086	Nare	SLN	Absent	
6EB0086	Eye, left	EXPTH	Absent	
6EB0086	Eye, left	OPQ	Absent	
6EB0086	Eye, left	MIS	Absent	
6EB0086	Eye, left	HMR	Absent	
6EB0086	Eye, left	EMB	Absent	
6EB0086	Eye, right	EXPTH	Absent	
6EB0086	Eye, right	OPQ	Absent	
6EB0086	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0086	Eye, right	HMR	Absent	
6EB0086	Eye, right	EMB	Absent	
6EB0086	Opercula	SLSH	Absent	
6EB0087	Body Surface	RGR	Absent	
6EB0087	Body Surface	RLSN	Absent	
6EB0087	Body Surface	SPDF	Absent	
6EB0087	Body Surface	HMRB	Absent	
6EB0087	Body Surface	FDC	Absent	
6EB0087	Body Surface	BFG	Absent	
6EB0087	Body Surface	PRST	Absent	
6EB0087	Head	DFM	Absent	
6EB0087	Mouth	ULR	Absent	
6EB0087	Mouth	LLG	Absent	
6EB0087	Nare	SLN	Absent	
6EB0087	Eye, left	EXPTH	Absent	
6EB0087	Eye, left	OPQ	Absent	
6EB0087	Eye, left	MIS	Absent	
6EB0087	Eye, left	HMR	Absent	
6EB0087	Eye, left	EMB	Absent	
6EB0087	Eye, right	EXPTH	Absent	
6EB0087	Eye, right	OPQ	Absent	
6EB0087	Eye, right	MIS	Absent	
6EB0087	Eye, right	HMR	Absent	
6EB0087	Eye, right	EMB	Absent	
6EB0087	Opercula	SLSH	Absent	
6EB0088	Body Surface	RGR	Absent	
6EB0088	Body Surface	RLSN	Absent	
6EB0088	Body Surface	SPDF	Absent	
6EB0088	Body Surface	HMRB	Absent	
6EB0088	Body Surface	FDC	Absent	
6EB0088	Body Surface	BFG	Absent	
6EB0088	Body Surface	PRST	Absent	
6EB0088	Head	DFM	Absent	
6EB0088	Mouth	ULR	Absent	
6EB0088	Mouth	LLG	Absent	
6EB0088	Nare	SLN	Absent	
6EB0088	Eye, left	EXPTH	Absent	
6EB0088	Eye, left	OPQ	Absent	
6EB0088	Eye, left	MIS	Absent	
6EB0088	Eye, left	HMR	Absent	
6EB0088	Eye, left	EMB	Absent	
6EB0088	Eye, right	EXPTH	Absent	
6EB0088	Eye, right	OPQ	Absent	
6EB0088	Eye, right	MIS	Absent	
6EB0088	Eye, right	HMR	Absent	
6EB0088	Eye, right	EMB	Absent	
6EB0088	Opercula	SLSH	Absent	
6EB0089	Body Surface	RGR	Absent	
6EB0089	Body Surface	RLSN	Absent	
6EB0089	Body Surface	SPDF	Absent	
6EB0089	Body Surface	HMRB	Absent	
6EB0089	Body Surface	FDC	Absent	
6EB0089	Body Surface	BFG	Absent	
6EB0089	Body Surface	PRST	Absent	
6EB0089	Head	DFM	Absent	
6EB0089	Mouth	ULR	Absent	
6EB0089	Mouth	LLG	Absent	
6EB0089	Nare	SLN	Absent	
6EB0089	Eye, left	EXPTH	Absent	
6EB0089	Eye, left	OPQ	Absent	
6EB0089	Eye, left	MIS	Absent	
6EB0089	Eye, left	HMR	Absent	
6EB0089	Eye, left	EMB	Absent	
6EB0089	Eye, right	EXPTH	Absent	
6EB0089	Eye, right	OPQ	Absent	
6EB0089	Eye, right	MIS	Absent	
6EB0089	Eye, right	HMR	Absent	
6EB0089	Eye, right	EMB	Absent	
6EB0089	Opercula	SLSH	Absent	
6EB0090	Body Surface	RGR	Absent	
6EB0090	Body Surface	RLSN	Absent	
6EB0090	Body Surface	SPDF	Absent	
6EB0090	Body Surface	HMRB	Absent	
6EB0090	Body Surface	FDC	Absent	
6EB0090	Body Surface	BFG	Absent	
6EB0090	Body Surface	PRST	Absent	
6EB0090	Head	DFM	Absent	
6EB0090	Mouth	ULR	Absent	
6EB0090	Mouth	LLG	Absent	
6EB0090	Nare	SLN	Absent	
6EB0090	Eye, left	EXPTH	Absent	
6EB0090	Eye, left	OPQ	Absent	
6EB0090	Eye, left	MIS	Absent	
6EB0090	Eye, left	HMR	Absent	
6EB0090	Eye, left	EMB	Absent	
6EB0090	Eye, right	EXPTH	Absent	
6EB0090	Eye, right	OPQ	Absent	
6EB0090	Eye, right	MIS	Absent	
6EB0090	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0090	Eye, right	EMB	Absent	
6EB0090	Opercula	SLSH	Absent	
6EB0091	Body Surface	RGR	Absent	
6EB0091	Body Surface	RLSN	Absent	
6EB0091	Body Surface	SPDF	Absent	
6EB0091	Body Surface	HMRB	Absent	
6EB0091	Body Surface	FDC	Absent	
6EB0091	Body Surface	BFG	Absent	
6EB0091	Body Surface	PRST	Absent	
6EB0091	Head	DFM	Absent	
6EB0091	Mouth	ULR	Absent	
6EB0091	Mouth	LLG	Absent	
6EB0091	Nare	SLN	Absent	
6EB0091	Eye, left	EXPTH	Absent	
6EB0091	Eye, left	OPQ	Absent	
6EB0091	Eye, left	MIS	Absent	
6EB0091	Eye, left	HMR	Absent	
6EB0091	Eye, left	EMB	Absent	
6EB0091	Eye, right	EXPTH	Absent	
6EB0091	Eye, right	OPQ	Absent	
6EB0091	Eye, right	MIS	Absent	
6EB0091	Eye, right	HMR	Absent	
6EB0091	Eye, right	EMB	Absent	
6EB0091	Opercula	SLSH	Absent	
6EB0092	Body Surface	RGR	Absent	
6EB0092	Body Surface	RLSN	Absent	
6EB0092	Body Surface	SPDF	Absent	
6EB0092	Body Surface	HMRB	Present	
6EB0092	Body Surface	FDC	Absent	
6EB0092	Body Surface	BFG	Absent	
6EB0092	Body Surface	PRST	Absent	
6EB0092	Head	DFM	Absent	
6EB0092	Mouth	ULR	Absent	
6EB0092	Mouth	LLG	Absent	
6EB0092	Nare	SLN	Absent	
6EB0092	Eye, left	EXPTH	Absent	
6EB0092	Eye, left	OPQ	Absent	
6EB0092	Eye, left	MIS	Absent	
6EB0092	Eye, left	HMR	Absent	
6EB0092	Eye, left	EMB	Absent	
6EB0092	Eye, right	EXPTH	Absent	
6EB0092	Eye, right	OPQ	Absent	
6EB0092	Eye, right	MIS	Absent	
6EB0092	Eye, right	HMR	Absent	
6EB0092	Eye, right	EMB	Absent	
6EB0092	Opercula	SLSH	Absent	
6EB0093	Body Surface	RGR	Absent	
6EB0093	Body Surface	RLSN	Absent	
6EB0093	Body Surface	SPDF	Absent	
6EB0093	Body Surface	HMRB	Absent	
6EB0093	Body Surface	FDC	Absent	
6EB0093	Body Surface	BFG	Absent	
6EB0093	Body Surface	PRST	Absent	
6EB0093	Head	DFM	Absent	
6EB0093	Mouth	ULR	Absent	
6EB0093	Mouth	LLG	Absent	
6EB0093	Nare	SLN	Absent	
6EB0093	Eye, left	EXPTH	Absent	
6EB0093	Eye, left	OPQ	Absent	
6EB0093	Eye, left	MIS	Absent	
6EB0093	Eye, left	HMR	Absent	
6EB0093	Eye, left	EMB	Absent	
6EB0093	Eye, right	EXPTH	Absent	
6EB0093	Eye, right	OPQ	Absent	
6EB0093	Eye, right	MIS	Absent	
6EB0093	Eye, right	HMR	Absent	
6EB0093	Eye, right	EMB	Absent	
6EB0093	Opercula	SLSH	Absent	
6EB0094	Body Surface	RGR	Absent	
6EB0094	Body Surface	RLSN	Absent	
6EB0094	Body Surface	SPDF	Absent	
6EB0094	Body Surface	HMRB	Absent	
6EB0094	Body Surface	FDC	Absent	
6EB0094	Body Surface	BFG	Absent	
6EB0094	Body Surface	PRST	Absent	
6EB0094	Head	DFM	Absent	
6EB0094	Mouth	ULR	Absent	
6EB0094	Mouth	LLG	Absent	
6EB0094	Nare	SLN	Absent	
6EB0094	Eye, left	EXPTH	Absent	
6EB0094	Eye, left	OPQ	Absent	
6EB0094	Eye, left	MIS	Absent	
6EB0094	Eye, left	HMR	Absent	
6EB0094	Eye, left	EMB	Absent	
6EB0094	Eye, right	EXPTH	Absent	
6EB0094	Eye, right	OPQ	Absent	
6EB0094	Eye, right	MIS	Absent	
6EB0094	Eye, right	HMR	Absent	
6EB0094	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0094	Opercula	SLSH	Absent	
6EB0095	Body Surface	RGR	Absent	
6EB0095	Body Surface	RLSN	Absent	
6EB0095	Body Surface	SPDF	Absent	
6EB0095	Body Surface	HMRB	Absent	
6EB0095	Body Surface	FDC	Absent	
6EB0095	Body Surface	BFG	Absent	
6EB0095	Body Surface	PRST	Absent	
6EB0095	Head	DFM	Absent	
6EB0095	Mouth	ULR	Absent	
6EB0095	Mouth	LLG	Absent	
6EB0095	Nare	SLN	Absent	
6EB0095	Eye, left	EXPTH	Absent	
6EB0095	Eye, left	OPQ	Absent	
6EB0095	Eye, left	MIS	Absent	
6EB0095	Eye, left	HMR	Absent	
6EB0095	Eye, left	EMB	Absent	
6EB0095	Eye, right	EXPTH	Absent	
6EB0095	Eye, right	OPQ	Absent	
6EB0095	Eye, right	MIS	Absent	
6EB0095	Eye, right	HMR	Absent	
6EB0095	Eye, right	EMB	Absent	
6EB0095	Opercula	SLSH	Absent	
6EB0096	Body Surface	RGR	Absent	
6EB0096	Body Surface	RLSN	Absent	
6EB0096	Body Surface	SPDF	Absent	
6EB0096	Body Surface	HMRB	Absent	
6EB0096	Body Surface	FDC	Absent	
6EB0096	Body Surface	BFG	Absent	
6EB0096	Body Surface	PRST	Absent	
6EB0096	Head	DFM	Absent	
6EB0096	Mouth	ULR	Absent	
6EB0096	Mouth	LLG	Absent	
6EB0096	Nare	SLN	Absent	
6EB0096	Eye, left	EXPTH	Absent	
6EB0096	Eye, left	OPQ	Absent	
6EB0096	Eye, left	MIS	Absent	
6EB0096	Eye, left	HMR	Absent	
6EB0096	Eye, left	EMB	Absent	
6EB0096	Eye, right	EXPTH	Absent	
6EB0096	Eye, right	OPQ	Absent	
6EB0096	Eye, right	MIS	Absent	
6EB0096	Eye, right	HMR	Absent	
6EB0096	Eye, right	EMB	Absent	
6EB0096	Opercula	SLSH	Absent	
6EB0097	Body Surface	RGR	Absent	
6EB0097	Body Surface	RLSN	Absent	
6EB0097	Body Surface	SPDF	Absent	
6EB0097	Body Surface	HMRB	Absent	
6EB0097	Body Surface	FDC	Absent	
6EB0097	Body Surface	BFG	Absent	
6EB0097	Body Surface	PRST	Absent	
6EB0097	Head	DFM	Absent	
6EB0097	Mouth	ULR	Absent	
6EB0097	Mouth	LLG	Absent	
6EB0097	Nare	SLN	Absent	
6EB0097	Eye, left	EXPTH	Absent	
6EB0097	Eye, left	OPQ	Absent	
6EB0097	Eye, left	MIS	Absent	
6EB0097	Eye, left	HMR	Absent	
6EB0097	Eye, left	EMB	Absent	
6EB0097	Eye, right	EXPTH	Absent	
6EB0097	Eye, right	OPQ	Absent	
6EB0097	Eye, right	MIS	Absent	
6EB0097	Eye, right	HMR	Absent	
6EB0097	Eye, right	EMB	Absent	
6EB0097	Opercula	SLSH	Absent	
6EB0098	Body Surface	RGR	Absent	
6EB0098	Body Surface	RLSN	Absent	
6EB0098	Body Surface	SPDF	Absent	
6EB0098	Body Surface	HMRB	Absent	
6EB0098	Body Surface	FDC	Absent	
6EB0098	Body Surface	BFG	Absent	
6EB0098	Body Surface	PRST	Absent	
6EB0098	Head	DFM	Absent	
6EB0098	Mouth	ULR	Absent	
6EB0098	Mouth	LLG	Absent	
6EB0098	Nare	SLN	Absent	
6EB0098	Eye, left	EXPTH	Absent	
6EB0098	Eye, left	OPQ	Absent	
6EB0098	Eye, left	MIS	Absent	
6EB0098	Eye, left	HMR	Absent	
6EB0098	Eye, left	EMB	Absent	
6EB0098	Eye, right	EXPTH	Absent	
6EB0098	Eye, right	OPQ	Absent	
6EB0098	Eye, right	MIS	Absent	
6EB0098	Eye, right	HMR	Absent	
6EB0098	Eye, right	EMB	Absent	
6EB0098	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0099	Body Surface	RGR	Absent	
6EB0099	Body Surface	RLSN	Absent	
6EB0099	Body Surface	SPDF	Absent	
6EB0099	Body Surface	HMRB	Absent	
6EB0099	Body Surface	FDC	Absent	
6EB0099	Body Surface	BFG	Absent	
6EB0099	Body Surface	PRST	Absent	
6EB0099	Head	DFM	Absent	
6EB0099	Mouth	ULR	Absent	
6EB0099	Mouth	LLG	Absent	
6EB0099	Nare	SLN	Absent	
6EB0099	Eye, left	EXPTH	Absent	
6EB0099	Eye, left	OPQ	Absent	
6EB0099	Eye, left	MIS	Absent	
6EB0099	Eye, left	HMR	Absent	
6EB0099	Eye, left	EMB	Absent	
6EB0099	Eye, right	EXPTH	Absent	
6EB0099	Eye, right	OPQ	Absent	
6EB0099	Eye, right	MIS	Absent	
6EB0099	Eye, right	HMR	Absent	
6EB0099	Eye, right	EMB	Absent	
6EB0099	Opercula	SLSH	Absent	
6EB0100	Body Surface	RGR	Absent	
6EB0100	Body Surface	RLSN	Absent	
6EB0100	Body Surface	SPDF	Absent	
6EB0100	Body Surface	HMRB	Absent	
6EB0100	Body Surface	FDC	Absent	
6EB0100	Body Surface	BFG	Absent	
6EB0100	Body Surface	PRST	Absent	
6EB0100	Head	DFM	Absent	
6EB0100	Mouth	ULR	Absent	
6EB0100	Mouth	LLG	Absent	
6EB0100	Nare	SLN	Absent	
6EB0100	Eye, left	EXPTH	Absent	
6EB0100	Eye, left	OPQ	Absent	
6EB0100	Eye, left	MIS	Absent	
6EB0100	Eye, left	HMR	Absent	
6EB0100	Eye, left	EMB	Absent	
6EB0100	Eye, right	EXPTH	Absent	
6EB0100	Eye, right	OPQ	Absent	
6EB0100	Eye, right	MIS	Absent	
6EB0100	Eye, right	HMR	Absent	
6EB0100	Eye, right	EMB	Absent	
6EB0100	Opercula	SLSH	Absent	
6EB0101	Body Surface	RGR	Absent	
6EB0101	Body Surface	RLSN	Absent	
6EB0101	Body Surface	SPDF	Absent	
6EB0101	Body Surface	HMRB	Absent	
6EB0101	Body Surface	FDC	Absent	
6EB0101	Body Surface	BFG	Absent	
6EB0101	Body Surface	PRST	Absent	
6EB0101	Head	DFM	Absent	
6EB0101	Mouth	ULR	Absent	
6EB0101	Mouth	LLG	Absent	
6EB0101	Nare	SLN	Absent	
6EB0101	Eye, left	EXPTH	Absent	
6EB0101	Eye, left	OPQ	Absent	
6EB0101	Eye, left	MIS	Absent	
6EB0101	Eye, left	HMR	Absent	
6EB0101	Eye, left	EMB	Absent	
6EB0101	Eye, right	EXPTH	Absent	
6EB0101	Eye, right	OPQ	Absent	
6EB0101	Eye, right	MIS	Absent	
6EB0101	Eye, right	HMR	Absent	
6EB0101	Eye, right	EMB	Absent	
6EB0101	Opercula	SLSH	Absent	
6EB0102	Body Surface	RGR	Absent	
6EB0102	Body Surface	RLSN	Absent	
6EB0102	Body Surface	SPDF	Absent	
6EB0102	Body Surface	HMRB	Absent	
6EB0102	Body Surface	FDC	Absent	
6EB0102	Body Surface	BFG	Absent	
6EB0102	Body Surface	PRST	Absent	
6EB0102	Head	DFM	Absent	
6EB0102	Mouth	ULR	Absent	
6EB0102	Mouth	LLG	Absent	
6EB0102	Nare	SLN	Absent	
6EB0102	Eye, left	EXPTH	Absent	
6EB0102	Eye, left	OPQ	Absent	
6EB0102	Eye, left	MIS	Absent	
6EB0102	Eye, left	HMR	Absent	
6EB0102	Eye, left	EMB	Absent	
6EB0102	Eye, right	EXPTH	Absent	
6EB0102	Eye, right	OPQ	Absent	
6EB0102	Eye, right	MIS	Absent	
6EB0102	Eye, right	HMR	Absent	
6EB0102	Eye, right	EMB	Absent	
6EB0102	Opercula	SLSH	Absent	
6EB0103	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0103	Body Surface	RLSN	Absent	
6EB0103	Body Surface	SPDF	Absent	
6EB0103	Body Surface	HMRB	Absent	
6EB0103	Body Surface	FDC	Absent	
6EB0103	Body Surface	BFG	Absent	
6EB0103	Body Surface	PRST	Absent	
6EB0103	Head	DFM	Absent	
6EB0103	Mouth	ULR	Absent	
6EB0103	Mouth	LLG	Absent	
6EB0103	Nare	SLN	Absent	
6EB0103	Eye, left	EXPTH	Absent	
6EB0103	Eye, left	OPQ	Absent	
6EB0103	Eye, left	MIS	Absent	
6EB0103	Eye, left	HMR	Absent	
6EB0103	Eye, left	EMB	Absent	
6EB0103	Eye, right	EXPTH	Absent	
6EB0103	Eye, right	OPQ	Absent	
6EB0103	Eye, right	MIS	Absent	
6EB0103	Eye, right	HMR	Absent	
6EB0103	Eye, right	EMB	Absent	
6EB0103	Opercula	SLSH	Absent	
6EB0104	Body Surface	RGR	Absent	
6EB0104	Body Surface	RLSN	Absent	
6EB0104	Body Surface	SPDF	Absent	
6EB0104	Body Surface	HMRB	Absent	
6EB0104	Body Surface	FDC	Absent	
6EB0104	Body Surface	BFG	Absent	
6EB0104	Body Surface	PRST	Absent	
6EB0104	Head	DFM	Absent	
6EB0104	Mouth	ULR	Absent	
6EB0104	Mouth	LLG	Absent	
6EB0104	Nare	SLN	Absent	
6EB0104	Eye, left	EXPTH	Absent	
6EB0104	Eye, left	OPQ	Absent	
6EB0104	Eye, left	MIS	Absent	
6EB0104	Eye, left	HMR	Absent	
6EB0104	Eye, left	EMB	Absent	
6EB0104	Eye, right	EXPTH	Absent	
6EB0104	Eye, right	OPQ	Absent	
6EB0104	Eye, right	MIS	Absent	
6EB0104	Eye, right	HMR	Absent	
6EB0104	Eye, right	EMB	Absent	
6EB0104	Opercula	SLSH	Absent	
6EB0105	Body Surface	RGR	Absent	
6EB0105	Body Surface	RLSN	Absent	
6EB0105	Body Surface	SPDF	Absent	
6EB0105	Body Surface	HMRB	Absent	
6EB0105	Body Surface	FDC	Absent	
6EB0105	Body Surface	BFG	Absent	
6EB0105	Body Surface	PRST	Absent	
6EB0105	Head	DFM	Absent	
6EB0105	Mouth	ULR	Absent	
6EB0105	Mouth	LLG	Absent	
6EB0105	Nare	SLN	Absent	
6EB0105	Eye, left	EXPTH	Absent	
6EB0105	Eye, left	OPQ	Absent	
6EB0105	Eye, left	MIS	Absent	
6EB0105	Eye, left	HMR	Absent	
6EB0105	Eye, left	EMB	Absent	
6EB0105	Eye, right	EXPTH	Absent	
6EB0105	Eye, right	OPQ	Absent	
6EB0105	Eye, right	MIS	Absent	
6EB0105	Eye, right	HMR	Absent	
6EB0105	Eye, right	EMB	Absent	
6EB0105	Opercula	SLSH	Absent	
6EB0106	Body Surface	RGR	Absent	
6EB0106	Body Surface	RLSN	Absent	
6EB0106	Body Surface	SPDF	Absent	
6EB0106	Body Surface	HMRB	Absent	
6EB0106	Body Surface	FDC	Absent	
6EB0106	Body Surface	BFG	Absent	
6EB0106	Body Surface	PRST	Absent	
6EB0106	Head	DFM	Absent	
6EB0106	Mouth	ULR	Absent	
6EB0106	Mouth	LLG	Absent	
6EB0106	Nare	SLN	Absent	
6EB0106	Eye, left	EXPTH	Absent	
6EB0106	Eye, left	OPQ	Absent	
6EB0106	Eye, left	MIS	Absent	
6EB0106	Eye, left	HMR	Absent	
6EB0106	Eye, left	EMB	Absent	
6EB0106	Eye, right	EXPTH	Absent	
6EB0106	Eye, right	OPQ	Absent	
6EB0106	Eye, right	MIS	Absent	
6EB0106	Eye, right	HMR	Absent	
6EB0106	Eye, right	EMB	Absent	
6EB0106	Opercula	SLSH	Absent	
6EB0107	Body Surface	RGR	Absent	
6EB0107	Body Surface	RLSN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0107	Body Surface	SPDF	Absent	
6EB0107	Body Surface	HMRB	Absent	
6EB0107	Body Surface	FDC	Absent	
6EB0107	Body Surface	BFG	Absent	
6EB0107	Body Surface	PRST	Absent	
6EB0107	Head	DFM	Absent	
6EB0107	Mouth	ULR	Absent	
6EB0107	Mouth	LLG	Absent	
6EB0107	Nare	SLN	Absent	
6EB0107	Eye, left	EXPTH	Absent	
6EB0107	Eye, left	OPQ	Absent	
6EB0107	Eye, left	MIS	Absent	
6EB0107	Eye, left	HMR	Absent	
6EB0107	Eye, left	EMB	Absent	
6EB0107	Eye, right	EXPTH	Absent	
6EB0107	Eye, right	OPQ	Absent	
6EB0107	Eye, right	MIS	Absent	
6EB0107	Eye, right	HMR	Absent	
6EB0107	Eye, right	EMB	Absent	
6EB0107	Opercula	SLSH	Absent	
6EB0108	Body Surface	RGR	Absent	
6EB0108	Body Surface	RLSN	Absent	
6EB0108	Body Surface	SPDF	Absent	
6EB0108	Body Surface	HMRB	Absent	
6EB0108	Body Surface	FDC	Absent	
6EB0108	Body Surface	BFG	Absent	
6EB0108	Body Surface	PRST	Absent	
6EB0108	Head	DFM	Absent	
6EB0108	Mouth	ULR	Absent	
6EB0108	Mouth	LLG	Absent	
6EB0108	Nare	SLN	Absent	
6EB0108	Eye, left	EXPTH	Absent	
6EB0108	Eye, left	OPQ	Absent	
6EB0108	Eye, left	MIS	Absent	
6EB0108	Eye, left	HMR	Absent	
6EB0108	Eye, left	EMB	Absent	
6EB0108	Eye, right	EXPTH	Absent	
6EB0108	Eye, right	OPQ	Absent	
6EB0108	Eye, right	MIS	Absent	
6EB0108	Eye, right	HMR	Absent	
6EB0108	Eye, right	EMB	Absent	
6EB0108	Opercula	SLSH	Absent	
6EB0109	Body Surface	RGR	Absent	
6EB0109	Body Surface	RLSN	Absent	
6EB0109	Body Surface	SPDF	Absent	
6EB0109	Body Surface	HMRB	Absent	
6EB0109	Body Surface	FDC	Absent	
6EB0109	Body Surface	BFG	Absent	
6EB0109	Body Surface	PRST	Absent	
6EB0109	Head	DFM	Absent	
6EB0109	Mouth	ULR	Absent	
6EB0109	Mouth	LLG	Absent	
6EB0109	Nare	SLN	Absent	
6EB0109	Eye, left	EXPTH	Absent	
6EB0109	Eye, left	OPQ	Absent	
6EB0109	Eye, left	MIS	Absent	
6EB0109	Eye, left	HMR	Absent	
6EB0109	Eye, left	EMB	Absent	
6EB0109	Eye, right	EXPTH	Absent	
6EB0109	Eye, right	OPQ	Absent	
6EB0109	Eye, right	MIS	Absent	
6EB0109	Eye, right	HMR	Absent	
6EB0109	Eye, right	EMB	Absent	
6EB0109	Opercula	SLSH	Absent	
6EB0110	Body Surface	RGR	Absent	
6EB0110	Body Surface	RLSN	Absent	
6EB0110	Body Surface	SPDF	Absent	
6EB0110	Body Surface	HMRB	Absent	
6EB0110	Body Surface	FDC	Absent	
6EB0110	Body Surface	BFG	Absent	
6EB0110	Body Surface	PRST	Absent	
6EB0110	Head	DFM	Absent	
6EB0110	Mouth	ULR	Absent	
6EB0110	Mouth	LLG	Absent	
6EB0110	Nare	SLN	Absent	
6EB0110	Eye, left	EXPTH	Absent	
6EB0110	Eye, left	OPQ	Absent	
6EB0110	Eye, left	MIS	Absent	
6EB0110	Eye, left	HMR	Absent	
6EB0110	Eye, left	EMB	Absent	
6EB0110	Eye, right	EXPTH	Absent	
6EB0110	Eye, right	OPQ	Absent	
6EB0110	Eye, right	MIS	Absent	
6EB0110	Eye, right	HMR	Absent	
6EB0110	Eye, right	EMB	Absent	
6EB0110	Opercula	SLSH	Absent	
6EB0113	Body Surface	RGR	Absent	
6EB0113	Body Surface	RLSN	Absent	
6EB0113	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0113	Body Surface	HMRB	Absent	
6EB0113	Body Surface	FDC	Absent	
6EB0113	Body Surface	BFG	Absent	
6EB0113	Body Surface	PRST	Absent	
6EB0113	Head	DFM	Absent	
6EB0113	Mouth	ULR	Absent	
6EB0113	Mouth	LLG	Absent	
6EB0113	Nare	SLN	Absent	
6EB0113	Eye, left	EXPTH	Absent	
6EB0113	Eye, left	OPQ	Absent	
6EB0113	Eye, left	MIS	Absent	
6EB0113	Eye, left	HMR	Absent	
6EB0113	Eye, left	EMB	Absent	
6EB0113	Eye, right	EXPTH	Absent	
6EB0113	Eye, right	OPQ	Absent	
6EB0113	Eye, right	MIS	Absent	
6EB0113	Eye, right	HMR	Absent	
6EB0113	Eye, right	EMB	Absent	
6EB0113	Opercula	SLSH	Absent	
6EB0115	Body Surface	RGR	Absent	
6EB0115	Body Surface	RLSN	Absent	
6EB0115	Body Surface	SPDF	Absent	
6EB0115	Body Surface	HMRB	Absent	
6EB0115	Body Surface	FDC	Absent	
6EB0115	Body Surface	BFG	Absent	
6EB0115	Body Surface	PRST	Absent	
6EB0115	Head	DFM	Absent	
6EB0115	Mouth	ULR	Absent	
6EB0115	Mouth	LLG	Absent	
6EB0115	Nare	SLN	Absent	
6EB0115	Eye, left	EXPTH	Absent	
6EB0115	Eye, left	OPQ	Absent	
6EB0115	Eye, left	MIS	Absent	
6EB0115	Eye, left	HMR	Absent	
6EB0115	Eye, left	EMB	Absent	
6EB0115	Eye, right	EXPTH	Absent	
6EB0115	Eye, right	OPQ	Absent	
6EB0115	Eye, right	MIS	Absent	
6EB0115	Eye, right	HMR	Absent	
6EB0115	Eye, right	EMB	Absent	
6EB0115	Opercula	SLSH	Absent	
6EB0116	Body Surface	RGR	Absent	
6EB0116	Body Surface	RLSN	Absent	
6EB0116	Body Surface	SPDF	Absent	
6EB0116	Body Surface	HMRB	Absent	
6EB0116	Body Surface	FDC	Absent	
6EB0116	Body Surface	BFG	Absent	
6EB0116	Body Surface	PRST	Absent	
6EB0116	Head	DFM	Absent	
6EB0116	Mouth	ULR	Absent	
6EB0116	Mouth	LLG	Absent	
6EB0116	Nare	SLN	Absent	
6EB0116	Eye, left	EXPTH	Absent	
6EB0116	Eye, left	OPQ	Absent	
6EB0116	Eye, left	MIS	Absent	
6EB0116	Eye, left	HMR	Absent	
6EB0116	Eye, left	EMB	Absent	
6EB0116	Eye, right	EXPTH	Absent	
6EB0116	Eye, right	OPQ	Absent	
6EB0116	Eye, right	MIS	Absent	
6EB0116	Eye, right	HMR	Absent	
6EB0116	Eye, right	EMB	Absent	
6EB0116	Opercula	SLSH	Absent	
6EB0117	Body Surface	RGR	Absent	
6EB0117	Body Surface	RLSN	Absent	
6EB0117	Body Surface	SPDF	Absent	
6EB0117	Body Surface	HMRB	Absent	
6EB0117	Body Surface	FDC	Absent	
6EB0117	Body Surface	BFG	Absent	
6EB0117	Body Surface	PRST	Absent	
6EB0117	Head	DFM	Absent	
6EB0117	Mouth	ULR	Absent	
6EB0117	Mouth	LLG	Absent	
6EB0117	Nare	SLN	Absent	
6EB0117	Eye, left	EXPTH	Absent	
6EB0117	Eye, left	OPQ	Absent	
6EB0117	Eye, left	MIS	Absent	
6EB0117	Eye, left	HMR	Absent	
6EB0117	Eye, left	EMB	Absent	
6EB0117	Eye, right	EXPTH	Absent	
6EB0117	Eye, right	OPQ	Absent	
6EB0117	Eye, right	MIS	Absent	
6EB0117	Eye, right	HMR	Absent	
6EB0117	Eye, right	EMB	Absent	
6EB0117	Opercula	SLSH	Absent	
6EB0118	Body Surface	RGR	Absent	
6EB0118	Body Surface	RLSN	Absent	
6EB0118	Body Surface	SPDF	Absent	
6EB0118	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0118	Body Surface	FDC	Absent	
6EB0118	Body Surface	BFG	Absent	
6EB0118	Body Surface	PRST	Absent	
6EB0118	Head	DFM	Absent	
6EB0118	Mouth	ULR	Absent	
6EB0118	Mouth	LLG	Absent	
6EB0118	Nare	SLN	Absent	
6EB0118	Eye, left	EXPTH	Absent	
6EB0118	Eye, left	OPQ	Absent	
6EB0118	Eye, left	MIS	Absent	
6EB0118	Eye, left	HMR	Absent	
6EB0118	Eye, left	EMB	Absent	
6EB0118	Eye, right	EXPTH	Absent	
6EB0118	Eye, right	OPQ	Absent	
6EB0118	Eye, right	MIS	Absent	
6EB0118	Eye, right	HMR	Absent	
6EB0118	Eye, right	EMB	Absent	
6EB0118	Opercula	SLSH	Absent	
6EB0119	Body Surface	RGR	Absent	
6EB0119	Body Surface	RLSN	Absent	
6EB0119	Body Surface	SPDF	Absent	
6EB0119	Body Surface	HMRB	Absent	
6EB0119	Body Surface	FDC	Absent	
6EB0119	Body Surface	BFG	Absent	
6EB0119	Body Surface	PRST	Absent	
6EB0119	Head	DFM	Absent	
6EB0119	Mouth	ULR	Absent	
6EB0119	Mouth	LLG	Absent	
6EB0119	Nare	SLN	Absent	
6EB0119	Eye, left	EXPTH	Absent	
6EB0119	Eye, left	OPQ	Absent	
6EB0119	Eye, left	MIS	Absent	
6EB0119	Eye, left	HMR	Absent	
6EB0119	Eye, left	EMB	Absent	
6EB0119	Eye, right	EXPTH	Absent	
6EB0119	Eye, right	OPQ	Absent	
6EB0119	Eye, right	MIS	Absent	
6EB0119	Eye, right	HMR	Absent	
6EB0119	Eye, right	EMB	Absent	
6EB0119	Opercula	SLSH	Absent	
6EB0120	Body Surface	RGR	Absent	
6EB0120	Body Surface	RLSN	Absent	
6EB0120	Body Surface	SPDF	Absent	
6EB0120	Body Surface	HMRB	Absent	
6EB0120	Body Surface	FDC	Absent	
6EB0120	Body Surface	BFG	Absent	
6EB0120	Body Surface	PRST	Absent	
6EB0120	Head	DFM	Absent	
6EB0120	Mouth	ULR	Absent	
6EB0120	Mouth	LLG	Absent	
6EB0120	Nare	SLN	Absent	
6EB0120	Eye, left	EXPTH	Absent	
6EB0120	Eye, left	OPQ	Absent	
6EB0120	Eye, left	MIS	Absent	
6EB0120	Eye, left	HMR	Absent	
6EB0120	Eye, left	EMB	Absent	
6EB0120	Eye, right	EXPTH	Absent	
6EB0120	Eye, right	OPQ	Absent	
6EB0120	Eye, right	MIS	Absent	
6EB0120	Eye, right	HMR	Absent	
6EB0120	Eye, right	EMB	Absent	
6EB0120	Opercula	SLSH	Absent	
6EB0121	Body Surface	RGR	Absent	
6EB0121	Body Surface	RLSN	Absent	
6EB0121	Body Surface	SPDF	Absent	
6EB0121	Body Surface	HMRB	Absent	
6EB0121	Body Surface	FDC	Absent	
6EB0121	Body Surface	BFG	Absent	
6EB0121	Body Surface	PRST	Absent	
6EB0121	Head	DFM	Absent	
6EB0121	Mouth	ULR	Absent	
6EB0121	Mouth	LLG	Absent	
6EB0121	Nare	SLN	Absent	
6EB0121	Eye, left	EXPTH	Absent	
6EB0121	Eye, left	OPQ	Absent	
6EB0121	Eye, left	MIS	Absent	
6EB0121	Eye, left	HMR	Absent	
6EB0121	Eye, left	EMB	Absent	
6EB0121	Eye, right	EXPTH	Absent	
6EB0121	Eye, right	OPQ	Absent	
6EB0121	Eye, right	MIS	Absent	
6EB0121	Eye, right	HMR	Absent	
6EB0121	Eye, right	EMB	Absent	
6EB0121	Opercula	SLSH	Absent	
6EB0122	Body Surface	RGR	Absent	
6EB0122	Body Surface	RLSN	Absent	
6EB0122	Body Surface	SPDF	Absent	
6EB0122	Body Surface	HMRB	Absent	
6EB0122	Body Surface	FDC	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0122	Body Surface	BFG	Absent	
6EB0122	Body Surface	PRST	Absent	
6EB0122	Head	DFM	Absent	
6EB0122	Mouth	ULR	Absent	
6EB0122	Mouth	LLG	Absent	
6EB0122	Nare	SLN	Absent	
6EB0122	Eye, left	EXPTH	Absent	
6EB0122	Eye, left	OPQ	Absent	
6EB0122	Eye, left	MIS	Absent	
6EB0122	Eye, left	HMR	Absent	
6EB0122	Eye, left	EMB	Absent	
6EB0122	Eye, right	EXPTH	Absent	
6EB0122	Eye, right	OPQ	Absent	
6EB0122	Eye, right	MIS	Absent	
6EB0122	Eye, right	HMR	Absent	
6EB0122	Eye, right	EMB	Absent	
6EB0122	Opercula	SLSH	Absent	
6EB0123	Body Surface	RGR	Absent	
6EB0123	Body Surface	RLSN	Absent	
6EB0123	Body Surface	SPDF	Absent	
6EB0123	Body Surface	HMRB	Absent	
6EB0123	Body Surface	FDC	Absent	
6EB0123	Body Surface	BFG	Absent	
6EB0123	Body Surface	PRST	Absent	
6EB0123	Head	DFM	Absent	
6EB0123	Mouth	ULR	Absent	
6EB0123	Mouth	LLG	Absent	
6EB0123	Nare	SLN	Absent	
6EB0123	Eye, left	EXPTH	Absent	
6EB0123	Eye, left	OPQ	Absent	
6EB0123	Eye, left	MIS	Absent	
6EB0123	Eye, left	HMR	Absent	
6EB0123	Eye, left	EMB	Absent	
6EB0123	Eye, right	EXPTH	Absent	
6EB0123	Eye, right	OPQ	Absent	
6EB0123	Eye, right	MIS	Absent	
6EB0123	Eye, right	HMR	Absent	
6EB0123	Eye, right	EMB	Absent	
6EB0123	Opercula	SLSH	Absent	
6EB0124	Body Surface	RGR	Absent	
6EB0124	Body Surface	RLSN	Absent	
6EB0124	Body Surface	SPDF	Absent	
6EB0124	Body Surface	HMRB	Absent	
6EB0124	Body Surface	FDC	Absent	
6EB0124	Body Surface	BFG	Absent	
6EB0124	Body Surface	PRST	Absent	
6EB0124	Head	DFM	Absent	
6EB0124	Mouth	ULR	Absent	
6EB0124	Mouth	LLG	Absent	
6EB0124	Nare	SLN	Absent	
6EB0124	Eye, left	EXPTH	Absent	
6EB0124	Eye, left	OPQ	Absent	
6EB0124	Eye, left	MIS	Absent	
6EB0124	Eye, left	HMR	Absent	
6EB0124	Eye, left	EMB	Absent	
6EB0124	Eye, right	EXPTH	Absent	
6EB0124	Eye, right	OPQ	Absent	
6EB0124	Eye, right	MIS	Absent	
6EB0124	Eye, right	HMR	Absent	
6EB0124	Eye, right	EMB	Absent	
6EB0124	Opercula	SLSH	Absent	
6EB0125	Body Surface	RGR	Absent	
6EB0125	Body Surface	RLSN	Absent	
6EB0125	Body Surface	SPDF	Absent	
6EB0125	Body Surface	HMRB	Absent	
6EB0125	Body Surface	FDC	Absent	
6EB0125	Body Surface	BFG	Absent	
6EB0125	Body Surface	PRST	Absent	
6EB0125	Head	DFM	Absent	
6EB0125	Mouth	ULR	Absent	
6EB0125	Mouth	LLG	Absent	
6EB0125	Nare	SLN	Absent	
6EB0125	Eye, left	EXPTH	Absent	
6EB0125	Eye, left	OPQ	Absent	
6EB0125	Eye, left	MIS	Absent	
6EB0125	Eye, left	HMR	Absent	
6EB0125	Eye, left	EMB	Absent	
6EB0125	Eye, right	EXPTH	Absent	
6EB0125	Eye, right	OPQ	Absent	
6EB0125	Eye, right	MIS	Absent	
6EB0125	Eye, right	HMR	Absent	
6EB0125	Eye, right	EMB	Absent	
6EB0125	Opercula	SLSH	Absent	
6EB0160	Body Surface	RGR	Absent	
6EB0160	Body Surface	RLSN	Absent	
6EB0160	Body Surface	SPDF	Absent	
6EB0160	Body Surface	HMRB	Absent	
6EB0160	Body Surface	FDC	Absent	
6EB0160	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0160	Body Surface	PRST	Absent	
6EB0160	Head	DFM	Absent	
6EB0160	Mouth	ULR	Absent	
6EB0160	Mouth	LLG	Absent	
6EB0160	Nare	SLN	Absent	
6EB0160	Eye, left	EXPTH	Absent	
6EB0160	Eye, left	OPQ	Absent	
6EB0160	Eye, left	MIS	Absent	
6EB0160	Eye, left	HMR	Absent	
6EB0160	Eye, left	EMB	Absent	
6EB0160	Eye, right	EXPTH	Absent	
6EB0160	Eye, right	OPQ	Absent	
6EB0160	Eye, right	MIS	Absent	
6EB0160	Eye, right	HMR	Absent	
6EB0160	Eye, right	EMB	Absent	
6EB0160	Opercula	SLSH	Absent	
6EB0161	Body Surface	RGR	Absent	
6EB0161	Body Surface	RLSN	Absent	
6EB0161	Body Surface	SPDF	Absent	
6EB0161	Body Surface	HMRB	Absent	
6EB0161	Body Surface	FDC	Absent	
6EB0161	Body Surface	BFG	Absent	
6EB0161	Body Surface	PRST	Absent	
6EB0161	Head	DFM	Absent	
6EB0161	Mouth	ULR	Absent	
6EB0161	Mouth	LLG	Absent	
6EB0161	Nare	SLN	Absent	
6EB0161	Eye, left	EXPTH	Absent	
6EB0161	Eye, left	OPQ	Absent	
6EB0161	Eye, left	MIS	Absent	
6EB0161	Eye, left	HMR	Absent	
6EB0161	Eye, left	EMB	Absent	
6EB0161	Eye, right	EXPTH	Absent	
6EB0161	Eye, right	OPQ	Absent	
6EB0161	Eye, right	MIS	Absent	
6EB0161	Eye, right	HMR	Absent	
6EB0161	Eye, right	EMB	Absent	
6EB0161	Opercula	SLSH	Absent	
6EB0162	Body Surface	RGR	Absent	
6EB0162	Body Surface	RLSN	Absent	
6EB0162	Body Surface	SPDF	Absent	
6EB0162	Body Surface	HMRB	Present	
6EB0162	Body Surface	FDC	Absent	
6EB0162	Body Surface	BFG	Absent	
6EB0162	Body Surface	PRST	Absent	
6EB0162	Head	DFM	Absent	
6EB0162	Mouth	ULR	Absent	
6EB0162	Mouth	LLG	Absent	
6EB0162	Nare	SLN	Absent	
6EB0162	Eye, left	EXPTH	Absent	
6EB0162	Eye, left	OPQ	Absent	
6EB0162	Eye, left	MIS	Absent	
6EB0162	Eye, left	HMR	Absent	
6EB0162	Eye, left	EMB	Absent	
6EB0162	Eye, right	EXPTH	Absent	
6EB0162	Eye, right	OPQ	Absent	
6EB0162	Eye, right	MIS	Absent	
6EB0162	Eye, right	HMR	Absent	
6EB0162	Eye, right	EMB	Absent	
6EB0162	Opercula	SLSH	Absent	
6EB0163a	Body Surface	RGR	Absent	
6EB0163a	Body Surface	RLSN	Absent	
6EB0163a	Body Surface	SPDF	Absent	
6EB0163a	Body Surface	HMRB	Absent	
6EB0163a	Body Surface	FDC	Absent	
6EB0163a	Body Surface	BFG	Absent	
6EB0163a	Body Surface	PRST	Absent	
6EB0163a	Head	DFM	Absent	
6EB0163a	Mouth	ULR	Absent	
6EB0163a	Mouth	LLG	Absent	
6EB0163a	Nare	SLN	Absent	
6EB0163a	Eye, left	EXPTH	Absent	
6EB0163a	Eye, left	OPQ	Absent	
6EB0163a	Eye, left	MIS	Absent	
6EB0163a	Eye, left	HMR	Absent	
6EB0163a	Eye, left	EMB	Absent	
6EB0163a	Eye, right	EXPTH	Absent	
6EB0163a	Eye, right	OPQ	Absent	
6EB0163a	Eye, right	MIS	Absent	
6EB0163a	Eye, right	HMR	Absent	
6EB0163a	Eye, right	EMB	Absent	
6EB0163a	Opercula	SLSH	Absent	
6EB0163b	Body Surface	RGR	Absent	
6EB0163b	Body Surface	RLSN	Absent	
6EB0163b	Body Surface	SPDF	Absent	
6EB0163b	Body Surface	HMRB	Absent	
6EB0163b	Body Surface	FDC	Absent	
6EB0163b	Body Surface	BFG	Absent	
6EB0163b	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0163b	Head	DFM	Absent	
6EB0163b	Mouth	ULR	Absent	
6EB0163b	Mouth	LLG	Absent	
6EB0163b	Nare	SLN	Absent	
6EB0163b	Eye, left	EXPTH	Absent	
6EB0163b	Eye, left	OPQ	Absent	
6EB0163b	Eye, left	MIS	Absent	
6EB0163b	Eye, left	HMR	Absent	
6EB0163b	Eye, left	EMB	Absent	
6EB0163b	Eye, right	EXPTH	Absent	
6EB0163b	Eye, right	OPQ	Absent	
6EB0163b	Eye, right	MIS	Absent	
6EB0163b	Eye, right	HMR	Absent	
6EB0163b	Eye, right	EMB	Absent	
6EB0163b	Opercula	SLSH	Absent	
6EB0164	Body Surface	RGR	Absent	
6EB0164	Body Surface	RLSN	Absent	
6EB0164	Body Surface	SPDF	Absent	
6EB0164	Body Surface	HMRB	Absent	
6EB0164	Body Surface	FDC	Absent	
6EB0164	Body Surface	BFG	Absent	
6EB0164	Body Surface	PRST	Absent	
6EB0164	Head	DFM	Absent	
6EB0164	Mouth	ULR	Absent	
6EB0164	Mouth	LLG	Absent	
6EB0164	Nare	SLN	Absent	
6EB0164	Eye, left	EXPTH	Absent	
6EB0164	Eye, left	OPQ	Absent	
6EB0164	Eye, left	MIS	Absent	
6EB0164	Eye, left	HMR	Absent	
6EB0164	Eye, left	EMB	Absent	
6EB0164	Eye, right	EXPTH	Absent	
6EB0164	Eye, right	OPQ	Absent	
6EB0164	Eye, right	MIS	Absent	
6EB0164	Eye, right	HMR	Absent	
6EB0164	Eye, right	EMB	Absent	
6EB0164	Opercula	OTHER	Present	Hemorrhagic
6EB0164	Opercula	SLSH	Absent	
6EB0165	Body Surface	RGR	Absent	
6EB0165	Body Surface	RLSN	Absent	
6EB0165	Body Surface	SPDF	Absent	
6EB0165	Body Surface	HMRB	Present	
6EB0165	Body Surface	FDC	Absent	
6EB0165	Body Surface	BFG	Absent	
6EB0165	Body Surface	PRST	Absent	
6EB0165	Head	DFM	Absent	
6EB0165	Mouth	ULR	Absent	
6EB0165	Mouth	LLG	Absent	
6EB0165	Nare	SLN	Absent	
6EB0165	Eye, left	EXPTH	Absent	
6EB0165	Eye, left	OPQ	Absent	
6EB0165	Eye, left	MIS	Absent	
6EB0165	Eye, left	HMR	Absent	
6EB0165	Eye, left	EMB	Absent	
6EB0165	Eye, right	EXPTH	Absent	
6EB0165	Eye, right	OPQ	Absent	
6EB0165	Eye, right	MIS	Absent	
6EB0165	Eye, right	HMR	Absent	
6EB0165	Eye, right	EMB	Absent	
6EB0165	Opercula	SLSH	Absent	
6EB0166	Body Surface	RGR	Absent	
6EB0166	Body Surface	RLSN	Absent	
6EB0166	Body Surface	SPDF	Absent	
6EB0166	Body Surface	HMRB	Absent	
6EB0166	Body Surface	FDC	Absent	
6EB0166	Body Surface	BFG	Absent	
6EB0166	Body Surface	PRST	Absent	
6EB0166	Head	DFM	Absent	
6EB0166	Mouth	ULR	Absent	
6EB0166	Mouth	LLG	Absent	
6EB0166	Nare	SLN	Absent	
6EB0166	Eye, left	EXPTH	Absent	
6EB0166	Eye, left	OPQ	Absent	
6EB0166	Eye, left	MIS	Absent	
6EB0166	Eye, left	HMR	Absent	
6EB0166	Eye, left	EMB	Absent	
6EB0166	Eye, right	EXPTH	Absent	
6EB0166	Eye, right	OPQ	Absent	
6EB0166	Eye, right	MIS	Absent	
6EB0166	Eye, right	HMR	Absent	
6EB0166	Eye, right	EMB	Absent	
6EB0166	Opercula	SLSH	Absent	
6EB0167	Body Surface	RGR	Absent	
6EB0167	Body Surface	RLSN	Absent	
6EB0167	Body Surface	SPDF	Absent	
6EB0167	Body Surface	HMRB	Present	
6EB0167	Body Surface	FDC	Absent	
6EB0167	Body Surface	BFG	Absent	
6EB0167	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0167	Head	DFM	Absent	
6EB0167	Mouth	ULR	Absent	
6EB0167	Mouth	LLG	Absent	
6EB0167	Nare	SLN	Absent	
6EB0167	Eye, left	EXPTH	Absent	
6EB0167	Eye, left	OPQ	Absent	
6EB0167	Eye, left	MIS	Absent	
6EB0167	Eye, left	HMR	Absent	
6EB0167	Eye, left	EMB	Absent	
6EB0167	Eye, right	EXPTH	Absent	
6EB0167	Eye, right	OPQ	Absent	
6EB0167	Eye, right	MIS	Absent	
6EB0167	Eye, right	HMR	Absent	
6EB0167	Eye, right	EMB	Absent	
6EB0167	Opercula	SLSH	Absent	
6EB0168	Body Surface	RGR	Absent	
6EB0168	Body Surface	RLSN	Absent	
6EB0168	Body Surface	SPDF	Absent	
6EB0168	Body Surface	HMRB	Present	
6EB0168	Body Surface	FDC	Absent	
6EB0168	Body Surface	BFG	Absent	
6EB0168	Body Surface	PRST	Absent	
6EB0168	Head	DFM	Absent	
6EB0168	Mouth	ULR	Absent	
6EB0168	Mouth	LLG	Absent	
6EB0168	Nare	SLN	Absent	
6EB0168	Eye, left	EXPTH	Absent	
6EB0168	Eye, left	OPQ	Absent	
6EB0168	Eye, left	MIS	Absent	
6EB0168	Eye, left	HMR	Absent	
6EB0168	Eye, left	EMB	Absent	
6EB0168	Eye, right	EXPTH	Absent	
6EB0168	Eye, right	OPQ	Absent	
6EB0168	Eye, right	MIS	Absent	
6EB0168	Eye, right	HMR	Absent	
6EB0168	Eye, right	EMB	Absent	
6EB0168	Opercula	SLSH	Absent	
6EB0169	Body Surface	RGR	Absent	
6EB0169	Body Surface	RLSN	Absent	
6EB0169	Body Surface	SPDF	Absent	
6EB0169	Body Surface	HMRB	Absent	
6EB0169	Body Surface	FDC	Absent	
6EB0169	Body Surface	BFG	Absent	
6EB0169	Body Surface	PRST	Absent	
6EB0169	Head	DFM	Absent	
6EB0169	Mouth	ULR	Absent	
6EB0169	Mouth	LLG	Absent	
6EB0169	Nare	SLN	Absent	
6EB0169	Eye, left	EXPTH	Absent	
6EB0169	Eye, left	OPQ	Absent	
6EB0169	Eye, left	MIS	Absent	
6EB0169	Eye, left	HMR	Absent	
6EB0169	Eye, left	EMB	Absent	
6EB0169	Eye, right	EXPTH	Absent	
6EB0169	Eye, right	OPQ	Absent	
6EB0169	Eye, right	MIS	Absent	
6EB0169	Eye, right	HMR	Absent	
6EB0169	Eye, right	EMB	Absent	
6EB0169	Opercula	SLSH	Absent	
6EB0170	Body Surface	RGR	Absent	
6EB0170	Body Surface	RLSN	Absent	
6EB0170	Body Surface	SPDF	Absent	
6EB0170	Body Surface	HMRB	Present	
6EB0170	Body Surface	FDC	Absent	
6EB0170	Body Surface	BFG	Absent	
6EB0170	Body Surface	PRST	Absent	
6EB0170	Head	DFM	Absent	
6EB0170	Mouth	ULR	Absent	
6EB0170	Mouth	LLG	Absent	
6EB0170	Nare	SLN	Absent	
6EB0170	Eye, left	EXPTH	Absent	
6EB0170	Eye, left	OPQ	Absent	
6EB0170	Eye, left	MIS	Absent	
6EB0170	Eye, left	HMR	Absent	
6EB0170	Eye, left	EMB	Absent	
6EB0170	Eye, right	EXPTH	Absent	
6EB0170	Eye, right	OPQ	Absent	
6EB0170	Eye, right	MIS	Absent	
6EB0170	Eye, right	HMR	Absent	
6EB0170	Eye, right	EMB	Absent	
6EB0170	Opercula	SLSH	Absent	
6EB0171	Body Surface	RGR	Absent	
6EB0171	Body Surface	RLSN	Absent	
6EB0171	Body Surface	SPDF	Absent	
6EB0171	Body Surface	HMRB	Present	
6EB0171	Body Surface	FDC	Absent	
6EB0171	Body Surface	BFG	Absent	
6EB0171	Body Surface	PRST	Absent	
6EB0171	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0171	Mouth	ULR	Absent	
6EB0171	Mouth	LLG	Absent	
6EB0171	Nare	SLN	Absent	
6EB0171	Eye, left	EXPTH	Absent	
6EB0171	Eye, left	OPQ	Absent	
6EB0171	Eye, left	MIS	Absent	
6EB0171	Eye, left	HMR	Absent	
6EB0171	Eye, left	EMB	Absent	
6EB0171	Eye, right	EXPTH	Absent	
6EB0171	Eye, right	OPQ	Absent	
6EB0171	Eye, right	MIS	Absent	
6EB0171	Eye, right	HMR	Absent	
6EB0171	Eye, right	EMB	Absent	
6EB0171	Opercula	SLSH	Absent	
6EB0172	Body Surface	RGR	Absent	
6EB0172	Body Surface	RLSN	Absent	
6EB0172	Body Surface	SPDF	Absent	
6EB0172	Body Surface	HMRB	Absent	
6EB0172	Body Surface	FDC	Absent	
6EB0172	Body Surface	BFG	Absent	
6EB0172	Body Surface	PRST	Absent	
6EB0172	Head	DFM	Absent	
6EB0172	Mouth	ULR	Absent	
6EB0172	Mouth	LLG	Absent	
6EB0172	Nare	SLN	Absent	
6EB0172	Eye, left	EXPTH	Absent	
6EB0172	Eye, left	OPQ	Absent	
6EB0172	Eye, left	MIS	Absent	
6EB0172	Eye, left	HMR	Absent	
6EB0172	Eye, left	EMB	Absent	
6EB0172	Eye, right	EXPTH	Absent	
6EB0172	Eye, right	OPQ	Absent	
6EB0172	Eye, right	MIS	Absent	
6EB0172	Eye, right	HMR	Absent	
6EB0172	Eye, right	EMB	Absent	
6EB0172	Opercula	SLSH	Absent	
6EB0173	Body Surface	RGR	Absent	
6EB0173	Body Surface	RLSN	Absent	
6EB0173	Body Surface	SPDF	Absent	
6EB0173	Body Surface	HMRB	Absent	
6EB0173	Body Surface	FDC	Absent	
6EB0173	Body Surface	BFG	Absent	
6EB0173	Body Surface	PRST	Absent	
6EB0173	Head	DFM	Absent	
6EB0173	Mouth	ULR	Absent	
6EB0173	Mouth	LLG	Absent	
6EB0173	Nare	SLN	Absent	
6EB0173	Eye, left	EXPTH	Absent	
6EB0173	Eye, left	OPQ	Absent	
6EB0173	Eye, left	MIS	Absent	
6EB0173	Eye, left	HMR	Absent	
6EB0173	Eye, left	EMB	Absent	
6EB0173	Eye, right	EXPTH	Absent	
6EB0173	Eye, right	OPQ	Absent	
6EB0173	Eye, right	MIS	Absent	
6EB0173	Eye, right	HMR	Absent	
6EB0173	Eye, right	EMB	Absent	
6EB0173	Opercula	SLSH	Absent	
6EB0174	Body Surface	RGR	Absent	
6EB0174	Body Surface	RLSN	Absent	
6EB0174	Body Surface	SPDF	Absent	
6EB0174	Body Surface	HMRB	Present	
6EB0174	Body Surface	FDC	Absent	
6EB0174	Body Surface	BFG	Absent	
6EB0174	Body Surface	PRST	Absent	
6EB0174	Head	DFM	Absent	
6EB0174	Mouth	ULR	Absent	
6EB0174	Mouth	LLG	Absent	
6EB0174	Nare	SLN	Absent	
6EB0174	Eye, left	EXPTH	Absent	
6EB0174	Eye, left	OPQ	Absent	
6EB0174	Eye, left	MIS	Absent	
6EB0174	Eye, left	HMR	Absent	
6EB0174	Eye, left	EMB	Absent	
6EB0174	Eye, right	EXPTH	Absent	
6EB0174	Eye, right	OPQ	Absent	
6EB0174	Eye, right	MIS	Absent	
6EB0174	Eye, right	HMR	Absent	
6EB0174	Eye, right	EMB	Absent	
6EB0174	Opercula	SLSH	Absent	
6EB0175	Body Surface	RGR	Absent	
6EB0175	Body Surface	RLSN	Absent	
6EB0175	Body Surface	SPDF	Absent	
6EB0175	Body Surface	HMRB	Present	
6EB0175	Body Surface	FDC	Absent	
6EB0175	Body Surface	BFG	Absent	
6EB0175	Body Surface	PRST	Absent	
6EB0175	Head	DFM	Absent	
6EB0175	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0175	Mouth	LLG	Absent	
6EB0175	Nare	SLN	Absent	
6EB0175	Eye, left	EXPTH	Absent	
6EB0175	Eye, left	OPQ	Absent	
6EB0175	Eye, left	MIS	Absent	
6EB0175	Eye, left	HMR	Absent	
6EB0175	Eye, left	EMB	Absent	
6EB0175	Eye, right	EXPTH	Absent	
6EB0175	Eye, right	OPQ	Absent	
6EB0175	Eye, right	MIS	Absent	
6EB0175	Eye, right	HMR	Absent	
6EB0175	Eye, right	EMB	Absent	
6EB0175	Opercula	SLSH	Absent	
6EB0176	Body Surface	RGR	Absent	
6EB0176	Body Surface	RLSN	Absent	
6EB0176	Body Surface	SPDF	Absent	
6EB0176	Body Surface	HMRB	Absent	
6EB0176	Body Surface	FDC	Absent	
6EB0176	Body Surface	BFG	Absent	
6EB0176	Body Surface	PRST	Absent	
6EB0176	Head	DFM	Absent	
6EB0176	Mouth	ULR	Absent	
6EB0176	Mouth	LLG	Absent	
6EB0176	Nare	SLN	Absent	
6EB0176	Eye, left	EXPTH	Absent	
6EB0176	Eye, left	OPQ	Absent	
6EB0176	Eye, left	MIS	Present	
6EB0176	Eye, left	HMR	Absent	
6EB0176	Eye, left	EMB	Absent	
6EB0176	Eye, right	EXPTH	Absent	
6EB0176	Eye, right	OPQ	Absent	
6EB0176	Eye, right	MIS	Absent	
6EB0176	Eye, right	HMR	Absent	
6EB0176	Eye, right	EMB	Absent	
6EB0176	Opercula	SLSH	Absent	
6EB0177	Body Surface	RGR	Absent	
6EB0177	Body Surface	RLSN	Absent	
6EB0177	Body Surface	SPDF	Absent	
6EB0177	Body Surface	HMRB	Absent	
6EB0177	Body Surface	FDC	Absent	
6EB0177	Body Surface	BFG	Absent	
6EB0177	Body Surface	PRST	Absent	
6EB0177	Head	DFM	Absent	
6EB0177	Mouth	ULR	Absent	
6EB0177	Mouth	LLG	Absent	
6EB0177	Nare	SLN	Absent	
6EB0177	Eye, left	EXPTH	Absent	
6EB0177	Eye, left	OPQ	Absent	
6EB0177	Eye, left	MIS	Absent	
6EB0177	Eye, left	HMR	Absent	
6EB0177	Eye, left	EMB	Absent	
6EB0177	Eye, right	EXPTH	Absent	
6EB0177	Eye, right	OPQ	Absent	
6EB0177	Eye, right	MIS	Absent	
6EB0177	Eye, right	HMR	Absent	
6EB0177	Eye, right	EMB	Absent	
6EB0177	Opercula	SLSH	Absent	
6EB0178	Body Surface	RGR	Absent	
6EB0178	Body Surface	RLSN	Absent	
6EB0178	Body Surface	SPDF	Absent	
6EB0178	Body Surface	HMRB	Absent	
6EB0178	Body Surface	FDC	Absent	
6EB0178	Body Surface	BFG	Absent	
6EB0178	Body Surface	PRST	Absent	
6EB0178	Barbel	NORM	Present	
6EB0178	Head	DFM	Absent	
6EB0178	Mouth	ULR	Absent	
6EB0178	Mouth	LLG	Absent	
6EB0178	Nare	SLN	Absent	
6EB0178	Eye, left	EXPTH	Absent	
6EB0178	Eye, left	OPQ	Absent	
6EB0178	Eye, left	MIS	Absent	
6EB0178	Eye, left	HMR	Absent	
6EB0178	Eye, left	EMB	Absent	
6EB0178	Eye, right	EXPTH	Absent	
6EB0178	Eye, right	OPQ	Absent	
6EB0178	Eye, right	MIS	Absent	
6EB0178	Eye, right	HMR	Absent	
6EB0178	Eye, right	EMB	Absent	
6EB0178	Opercula	SLSH	Absent	
6EB0179	Body Surface	RGR	Absent	
6EB0179	Body Surface	RLSN	Absent	
6EB0179	Body Surface	SPDF	Absent	
6EB0179	Body Surface	HMRB	Absent	
6EB0179	Body Surface	FDC	Absent	
6EB0179	Body Surface	BFG	Absent	
6EB0179	Body Surface	PRST	Absent	
6EB0179	Barbel	NORM	Present	
6EB0179	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0179	Mouth	ULR	Absent	
6EB0179	Mouth	LLG	Absent	
6EB0179	Nare	SLN	Absent	
6EB0179	Eye, left	EXPTH	Absent	
6EB0179	Eye, left	OPQ	Absent	
6EB0179	Eye, left	MIS	Absent	
6EB0179	Eye, left	HMR	Absent	
6EB0179	Eye, left	EMB	Absent	
6EB0179	Eye, right	EXPTH	Absent	
6EB0179	Eye, right	OPQ	Absent	
6EB0179	Eye, right	MIS	Absent	
6EB0179	Eye, right	HMR	Absent	
6EB0179	Eye, right	EMB	Absent	
6EB0179	Opercula	SLSH	Absent	
6EB0180	Body Surface	RGR	Absent	
6EB0180	Body Surface	RLSN	Absent	
6EB0180	Body Surface	SPDF	Absent	
6EB0180	Body Surface	HMRB	Absent	
6EB0180	Body Surface	FDC	Absent	
6EB0180	Body Surface	BFG	Absent	
6EB0180	Body Surface	PRST	Absent	
6EB0180	Barbel	NORM	Present	
6EB0180	Head	DFM	Absent	
6EB0180	Mouth	ULR	Absent	
6EB0180	Mouth	LLG	Absent	
6EB0180	Nare	SLN	Absent	
6EB0180	Eye, left	EXPTH	Absent	
6EB0180	Eye, left	OPQ	Absent	
6EB0180	Eye, left	MIS	Absent	
6EB0180	Eye, left	HMR	Absent	
6EB0180	Eye, left	EMB	Absent	
6EB0180	Eye, right	EXPTH	Absent	
6EB0180	Eye, right	OPQ	Absent	
6EB0180	Eye, right	MIS	Absent	
6EB0180	Eye, right	HMR	Absent	
6EB0180	Eye, right	EMB	Absent	
6EB0180	Opercula	SLSH	Absent	
6EB0181H	Body Surface	RGR	Absent	
6EB0181H	Body Surface	RLSN	Absent	
6EB0181H	Body Surface	SPDF	Absent	
6EB0181H	Body Surface	HMRB	Absent	
6EB0181H	Body Surface	FDC	Absent	
6EB0181H	Body Surface	BFG	Absent	
6EB0181H	Body Surface	PRST	Absent	
6EB0181H	Head	DFM	Absent	
6EB0181H	Mouth	ULR	Absent	
6EB0181H	Mouth	LLG	Absent	
6EB0181H	Nare	SLN	Absent	
6EB0181H	Eye, left	EXPTH	Absent	
6EB0181H	Eye, left	OPQ	Absent	
6EB0181H	Eye, left	MIS	Absent	
6EB0181H	Eye, left	HMR	Absent	
6EB0181H	Eye, left	EMB	Absent	
6EB0181H	Eye, right	EXPTH	Absent	
6EB0181H	Eye, right	OPQ	Absent	
6EB0181H	Eye, right	MIS	Absent	
6EB0181H	Eye, right	HMR	Absent	
6EB0181H	Eye, right	EMB	Absent	
6EB0181H	Opercula	SLSH	Absent	
6EB0182H	Body Surface	RGR	Absent	
6EB0182H	Body Surface	RLSN	Absent	
6EB0182H	Body Surface	SPDF	Absent	
6EB0182H	Body Surface	HMRB	Absent	
6EB0182H	Body Surface	FDC	Absent	
6EB0182H	Body Surface	BFG	Absent	
6EB0182H	Body Surface	PRST	Absent	
6EB0182H	Head	DFM	Absent	
6EB0182H	Mouth	ULR	Absent	
6EB0182H	Mouth	LLG	Absent	
6EB0182H	Nare	SLN	Absent	
6EB0182H	Eye, left	EXPTH	Absent	
6EB0182H	Eye, left	OPQ	Absent	
6EB0182H	Eye, left	MIS	Absent	
6EB0182H	Eye, left	HMR	Absent	
6EB0182H	Eye, left	EMB	Absent	
6EB0182H	Eye, right	EXPTH	Absent	
6EB0182H	Eye, right	OPQ	Absent	
6EB0182H	Eye, right	MIS	Absent	
6EB0182H	Eye, right	HMR	Absent	
6EB0182H	Eye, right	EMB	Absent	
6EB0182H	Opercula	OTHER	Present	Gill net damage
6EB0182H	Opercula	SLSH	Absent	
6EB0183H	Body Surface	RGR	Absent	
6EB0183H	Body Surface	RLSN	Absent	
6EB0183H	Body Surface	SPDF	Absent	
6EB0183H	Body Surface	HMRB	Absent	
6EB0183H	Body Surface	FDC	Absent	
6EB0183H	Body Surface	BFG	Absent	
6EB0183H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0183H	Head	DFM	Absent	
6EB0183H	Mouth	ULR	Absent	
6EB0183H	Mouth	LLG	Absent	
6EB0183H	Nare	SLN	Absent	
6EB0183H	Eye, left	EXPTH	Absent	
6EB0183H	Eye, left	OPQ	Absent	
6EB0183H	Eye, left	MIS	Absent	
6EB0183H	Eye, left	HMR	Absent	
6EB0183H	Eye, left	EMB	Absent	
6EB0183H	Eye, right	EXPTH	Absent	
6EB0183H	Eye, right	OPQ	Absent	
6EB0183H	Eye, right	MIS	Absent	
6EB0183H	Eye, right	HMR	Absent	
6EB0183H	Eye, right	EMB	Absent	
6EB0183H	Opercula	SLSH	Absent	
6EB0184H	Body Surface	RGR	Absent	
6EB0184H	Body Surface	RLSN	Absent	
6EB0184H	Body Surface	SPDF	Absent	
6EB0184H	Body Surface	HMRB	Absent	
6EB0184H	Body Surface	FDC	Absent	
6EB0184H	Body Surface	BFG	Absent	
6EB0184H	Body Surface	PRST	Absent	
6EB0184H	Body Surface	OTHER	Present	Damage from handling
6EB0184H	Head	DFM	Absent	
6EB0184H	Mouth	ULR	Absent	
6EB0184H	Mouth	LLG	Absent	
6EB0184H	Nare	SLN	Absent	
6EB0184H	Eye, left	EXPTH	Absent	
6EB0184H	Eye, left	OPQ	Absent	
6EB0184H	Eye, left	MIS	Absent	
6EB0184H	Eye, left	HMR	Absent	
6EB0184H	Eye, left	EMB	Absent	
6EB0184H	Eye, right	EXPTH	Absent	
6EB0184H	Eye, right	OPQ	Absent	
6EB0184H	Eye, right	MIS	Absent	
6EB0184H	Eye, right	HMR	Absent	
6EB0184H	Eye, right	EMB	Absent	
6EB0184H	Opercula	SLSH	Absent	
6EB0185H	Body Surface	RGR	Absent	
6EB0185H	Body Surface	RLSN	Absent	
6EB0185H	Body Surface	SPDF	Absent	
6EB0185H	Body Surface	HMRB	Absent	
6EB0185H	Body Surface	FDC	Absent	
6EB0185H	Body Surface	BFG	Absent	
6EB0185H	Body Surface	PRST	Absent	
6EB0185H	Head	DFM	Absent	
6EB0185H	Mouth	ULR	Absent	
6EB0185H	Mouth	LLG	Absent	
6EB0185H	Nare	SLN	Absent	
6EB0185H	Eye, left	EXPTH	Absent	
6EB0185H	Eye, left	OPQ	Absent	
6EB0185H	Eye, left	MIS	Absent	
6EB0185H	Eye, left	HMR	Absent	
6EB0185H	Eye, left	EMB	Absent	
6EB0185H	Eye, right	EXPTH	Absent	
6EB0185H	Eye, right	OPQ	Absent	
6EB0185H	Eye, right	MIS	Absent	
6EB0185H	Eye, right	HMR	Absent	
6EB0185H	Eye, right	EMB	Absent	
6EB0185H	Opercula	SLSH	Absent	
6EB0186H	Body Surface	RGR	Absent	
6EB0186H	Body Surface	RLSN	Absent	
6EB0186H	Body Surface	SPDF	Absent	
6EB0186H	Body Surface	HMRB	Absent	
6EB0186H	Body Surface	FDC	Absent	
6EB0186H	Body Surface	BFG	Absent	
6EB0186H	Body Surface	PRST	Absent	
6EB0186H	Head	DFM	Absent	
6EB0186H	Mouth	ULR	Absent	
6EB0186H	Mouth	LLG	Absent	
6EB0186H	Nare	SLN	Absent	
6EB0186H	Eye, left	EXPTH	Absent	
6EB0186H	Eye, left	OPQ	Absent	
6EB0186H	Eye, left	MIS	Absent	
6EB0186H	Eye, left	HMR	Absent	
6EB0186H	Eye, left	EMB	Absent	
6EB0186H	Eye, right	EXPTH	Absent	
6EB0186H	Eye, right	OPQ	Absent	
6EB0186H	Eye, right	MIS	Absent	
6EB0186H	Eye, right	HMR	Absent	
6EB0186H	Eye, right	EMB	Absent	
6EB0186H	Opercula	SLSH	Absent	
6EB0187W	Body Surface	RGR	Absent	
6EB0187W	Body Surface	RLSN	Absent	
6EB0187W	Body Surface	SPDF	Absent	
6EB0187W	Body Surface	HMRB	Absent	
6EB0187W	Body Surface	FDC	Absent	
6EB0187W	Body Surface	BFG	Absent	
6EB0187W	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0187W	Head	DFM	Absent	
6EB0187W	Mouth	ULR	Absent	
6EB0187W	Mouth	LLG	Absent	
6EB0187W	Nare	SLN	Absent	
6EB0187W	Eye, left	EXPTH	Absent	
6EB0187W	Eye, left	OPQ	Absent	
6EB0187W	Eye, left	MIS	Absent	
6EB0187W	Eye, left	HMR	Absent	
6EB0187W	Eye, left	EMB	Absent	
6EB0187W	Eye, right	EXPTH	Absent	
6EB0187W	Eye, right	OPQ	Absent	
6EB0187W	Eye, right	MIS	Absent	
6EB0187W	Eye, right	HMR	Absent	
6EB0187W	Eye, right	EMB	Absent	
6EB0187W	Opercula	SLSH	Absent	
6EB0188	Body Surface	RGR	Absent	
6EB0188	Body Surface	RLSN	Absent	
6EB0188	Body Surface	SPDF	Absent	
6EB0188	Body Surface	HMRB	Absent	
6EB0188	Body Surface	FDC	Absent	
6EB0188	Body Surface	BFG	Absent	
6EB0188	Body Surface	PRST	Absent	
6EB0188	Head	DFM	Absent	
6EB0188	Mouth	ULR	Absent	
6EB0188	Mouth	LLG	Absent	
6EB0188	Nare	SLN	Absent	
6EB0188	Eye, left	EXPTH	Absent	
6EB0188	Eye, left	OPQ	Absent	
6EB0188	Eye, left	MIS	Absent	
6EB0188	Eye, left	HMR	Absent	
6EB0188	Eye, left	EMB	Absent	
6EB0188	Eye, right	EXPTH	Absent	
6EB0188	Eye, right	OPQ	Absent	
6EB0188	Eye, right	MIS	Absent	
6EB0188	Eye, right	HMR	Absent	
6EB0188	Eye, right	EMB	Absent	
6EB0188	Opercula	SLSH	Absent	
6EB0189	Body Surface	RGR	Absent	
6EB0189	Body Surface	RLSN	Absent	
6EB0189	Body Surface	SPDF	Absent	
6EB0189	Body Surface	HMRB	Absent	
6EB0189	Body Surface	FDC	Absent	
6EB0189	Body Surface	BFG	Absent	
6EB0189	Body Surface	PRST	Absent	
6EB0189	Head	DFM	Absent	
6EB0189	Mouth	ULR	Absent	
6EB0189	Mouth	LLG	Absent	
6EB0189	Nare	SLN	Absent	
6EB0189	Eye, left	EXPTH	Absent	
6EB0189	Eye, left	OPQ	Absent	
6EB0189	Eye, left	MIS	Absent	
6EB0189	Eye, left	HMR	Absent	
6EB0189	Eye, left	EMB	Absent	
6EB0189	Eye, right	EXPTH	Absent	
6EB0189	Eye, right	OPQ	Absent	
6EB0189	Eye, right	MIS	Absent	
6EB0189	Eye, right	HMR	Absent	
6EB0189	Eye, right	EMB	Absent	
6EB0189	Opercula	SLSH	Absent	
6EB0190	Body Surface	RGR	Absent	
6EB0190	Body Surface	RLSN	Absent	
6EB0190	Body Surface	SPDF	Absent	
6EB0190	Body Surface	HMRB	Absent	
6EB0190	Body Surface	FDC	Absent	
6EB0190	Body Surface	BFG	Absent	
6EB0190	Body Surface	PRST	Absent	
6EB0190	Head	DFM	Absent	
6EB0190	Mouth	ULR	Absent	
6EB0190	Mouth	LLG	Absent	
6EB0190	Nare	SLN	Absent	
6EB0190	Eye, left	EXPTH	Absent	
6EB0190	Eye, left	OPQ	Absent	
6EB0190	Eye, left	MIS	Absent	
6EB0190	Eye, left	HMR	Absent	
6EB0190	Eye, left	EMB	Absent	
6EB0190	Eye, right	EXPTH	Absent	
6EB0190	Eye, right	OPQ	Absent	
6EB0190	Eye, right	MIS	Absent	
6EB0190	Eye, right	HMR	Absent	
6EB0190	Eye, right	EMB	Absent	
6EB0190	Opercula	SLSH	Absent	
6EB0191	Body Surface	RGR	Absent	
6EB0191	Body Surface	RLSN	Absent	
6EB0191	Body Surface	SPDF	Absent	
6EB0191	Body Surface	HMRB	Absent	
6EB0191	Body Surface	FDC	Absent	
6EB0191	Body Surface	BFG	Absent	
6EB0191	Body Surface	PRST	Absent	
6EB0191	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0191	Mouth	ULR	Absent	
6EB0191	Mouth	LLG	Absent	
6EB0191	Nare	SLN	Absent	
6EB0191	Eye, left	EXPTH	Absent	
6EB0191	Eye, left	OPQ	Absent	
6EB0191	Eye, left	MIS	Absent	
6EB0191	Eye, left	HMR	Absent	
6EB0191	Eye, left	EMB	Absent	
6EB0191	Eye, right	EXPTH	Absent	
6EB0191	Eye, right	OPQ	Absent	
6EB0191	Eye, right	MIS	Absent	
6EB0191	Eye, right	HMR	Absent	
6EB0191	Eye, right	EMB	Absent	
6EB0191	Opercula	SLSH	Absent	
6EB0192	Body Surface	RGR	Absent	
6EB0192	Body Surface	RLSN	Absent	
6EB0192	Body Surface	SPDF	Absent	
6EB0192	Body Surface	HMRB	Absent	
6EB0192	Body Surface	FDC	Absent	
6EB0192	Body Surface	BFG	Absent	
6EB0192	Body Surface	PRST	Absent	
6EB0192	Head	DFM	Absent	
6EB0192	Mouth	ULR	Absent	
6EB0192	Mouth	LLG	Absent	
6EB0192	Nare	SLN	Absent	
6EB0192	Eye, left	EXPTH	Absent	
6EB0192	Eye, left	OPQ	Absent	
6EB0192	Eye, left	MIS	Absent	
6EB0192	Eye, left	HMR	Absent	
6EB0192	Eye, left	EMB	Absent	
6EB0192	Eye, right	EXPTH	Absent	
6EB0192	Eye, right	OPQ	Absent	
6EB0192	Eye, right	MIS	Absent	
6EB0192	Eye, right	HMR	Absent	
6EB0192	Eye, right	EMB	Absent	
6EB0192	Opercula	SLSH	Absent	
6EB0193	Body Surface	RGR	Absent	
6EB0193	Body Surface	RLSN	Absent	
6EB0193	Body Surface	SPDF	Absent	
6EB0193	Body Surface	HMRB	Absent	
6EB0193	Body Surface	FDC	Absent	
6EB0193	Body Surface	BFG	Absent	
6EB0193	Body Surface	PRST	Absent	
6EB0193	Head	DFM	Absent	
6EB0193	Mouth	ULR	Absent	
6EB0193	Mouth	LLG	Absent	
6EB0193	Nare	SLN	Absent	
6EB0193	Eye, left	EXPTH	Absent	
6EB0193	Eye, left	OPQ	Absent	
6EB0193	Eye, left	MIS	Absent	
6EB0193	Eye, left	HMR	Absent	
6EB0193	Eye, left	EMB	Absent	
6EB0193	Eye, right	EXPTH	Absent	
6EB0193	Eye, right	OPQ	Absent	
6EB0193	Eye, right	MIS	Absent	
6EB0193	Eye, right	HMR	Absent	
6EB0193	Eye, right	EMB	Absent	
6EB0193	Opercula	SLSH	Absent	
6EB0194	Body Surface	RGR	Absent	
6EB0194	Body Surface	RLSN	Absent	
6EB0194	Body Surface	SPDF	Absent	
6EB0194	Body Surface	HMRB	Absent	
6EB0194	Body Surface	FDC	Absent	
6EB0194	Body Surface	BFG	Absent	
6EB0194	Body Surface	PRST	Absent	
6EB0194	Head	DFM	Absent	
6EB0194	Mouth	ULR	Absent	
6EB0194	Mouth	LLG	Absent	
6EB0194	Nare	SLN	Absent	
6EB0194	Eye, left	EXPTH	Absent	
6EB0194	Eye, left	OPQ	Absent	
6EB0194	Eye, left	MIS	Absent	
6EB0194	Eye, left	HMR	Absent	
6EB0194	Eye, left	EMB	Absent	
6EB0194	Eye, right	EXPTH	Absent	
6EB0194	Eye, right	OPQ	Absent	
6EB0194	Eye, right	MIS	Absent	
6EB0194	Eye, right	HMR	Absent	
6EB0194	Eye, right	EMB	Absent	
6EB0194	Opercula	SLSH	Absent	
6EB0195	Body Surface	RGR	Absent	
6EB0195	Body Surface	RLSN	Absent	
6EB0195	Body Surface	SPDF	Absent	
6EB0195	Body Surface	HMRB	Absent	
6EB0195	Body Surface	FDC	Absent	
6EB0195	Body Surface	BFG	Absent	
6EB0195	Body Surface	PRST	Absent	
6EB0195	Head	DFM	Absent	
6EB0195	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0195	Mouth	LLG	Absent	
6EB0195	Nare	SLN	Absent	
6EB0195	Eye, left	EXPTH	Absent	
6EB0195	Eye, left	OPQ	Absent	
6EB0195	Eye, left	MIS	Absent	
6EB0195	Eye, left	HMR	Absent	
6EB0195	Eye, left	EMB	Absent	
6EB0195	Eye, right	EXPTH	Absent	
6EB0195	Eye, right	OPQ	Absent	
6EB0195	Eye, right	MIS	Absent	
6EB0195	Eye, right	HMR	Absent	
6EB0195	Eye, right	EMB	Absent	
6EB0195	Opercula	SLSH	Absent	
6EB0196	Body Surface	RGR	Absent	
6EB0196	Body Surface	RLSN	Absent	
6EB0196	Body Surface	SPDF	Absent	
6EB0196	Body Surface	HMRB	Absent	
6EB0196	Body Surface	FDC	Absent	
6EB0196	Body Surface	BFG	Absent	
6EB0196	Body Surface	PRST	Absent	
6EB0196	Head	DFM	Absent	
6EB0196	Mouth	ULR	Absent	
6EB0196	Mouth	LLG	Absent	
6EB0196	Nare	SLN	Absent	
6EB0196	Eye, left	EXPTH	Absent	
6EB0196	Eye, left	OPQ	Absent	
6EB0196	Eye, left	MIS	Absent	
6EB0196	Eye, left	HMR	Absent	
6EB0196	Eye, left	EMB	Absent	
6EB0196	Eye, right	EXPTH	Absent	
6EB0196	Eye, right	OPQ	Absent	
6EB0196	Eye, right	MIS	Absent	
6EB0196	Eye, right	HMR	Absent	
6EB0196	Eye, right	EMB	Absent	
6EB0196	Opercula	SLSH	Absent	
6EB0197	Body Surface	RGR	Absent	
6EB0197	Body Surface	RLSN	Absent	
6EB0197	Body Surface	SPDF	Absent	
6EB0197	Body Surface	HMRB	Absent	
6EB0197	Body Surface	FDC	Absent	
6EB0197	Body Surface	BFG	Absent	
6EB0197	Body Surface	PRST	Absent	
6EB0197	Head	DFM	Absent	
6EB0197	Mouth	ULR	Absent	
6EB0197	Mouth	LLG	Absent	
6EB0197	Nare	SLN	Absent	
6EB0197	Eye, left	EXPTH	Absent	
6EB0197	Eye, left	OPQ	Absent	
6EB0197	Eye, left	MIS	Absent	
6EB0197	Eye, left	HMR	Absent	
6EB0197	Eye, left	EMB	Absent	
6EB0197	Eye, right	EXPTH	Absent	
6EB0197	Eye, right	OPQ	Absent	
6EB0197	Eye, right	MIS	Absent	
6EB0197	Eye, right	HMR	Absent	
6EB0197	Eye, right	EMB	Absent	
6EB0197	Opercula	SLSH	Absent	
6EB0198	Body Surface	RGR	Absent	
6EB0198	Body Surface	RLSN	Absent	
6EB0198	Body Surface	SPDF	Absent	
6EB0198	Body Surface	HMRB	Absent	
6EB0198	Body Surface	FDC	Absent	
6EB0198	Body Surface	BFG	Absent	
6EB0198	Body Surface	PRST	Absent	
6EB0198	Head	DFM	Absent	
6EB0198	Mouth	ULR	Absent	
6EB0198	Mouth	LLG	Absent	
6EB0198	Nare	SLN	Absent	
6EB0198	Eye, left	EXPTH	Absent	
6EB0198	Eye, left	OPQ	Absent	
6EB0198	Eye, left	MIS	Absent	
6EB0198	Eye, left	HMR	Absent	
6EB0198	Eye, left	EMB	Absent	
6EB0198	Eye, right	EXPTH	Absent	
6EB0198	Eye, right	OPQ	Absent	
6EB0198	Eye, right	MIS	Absent	
6EB0198	Eye, right	HMR	Absent	
6EB0198	Eye, right	EMB	Absent	
6EB0198	Opercula	SLSH	Absent	
6EB0199	Body Surface	RGR	Absent	
6EB0199	Body Surface	RLSN	Absent	
6EB0199	Body Surface	SPDF	Absent	
6EB0199	Body Surface	HMRB	Absent	
6EB0199	Body Surface	FDC	Absent	
6EB0199	Body Surface	BFG	Absent	
6EB0199	Body Surface	PRST	Absent	
6EB0199	Head	DFM	Absent	
6EB0199	Mouth	ULR	Absent	
6EB0199	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0199	Nare	SLN	Absent	
6EB0199	Eye, left	EXPTH	Absent	
6EB0199	Eye, left	OPQ	Absent	
6EB0199	Eye, left	MIS	Absent	
6EB0199	Eye, left	HMR	Absent	
6EB0199	Eye, left	EMB	Absent	
6EB0199	Eye, right	EXPTH	Absent	
6EB0199	Eye, right	OPQ	Absent	
6EB0199	Eye, right	MIS	Absent	
6EB0199	Eye, right	HMR	Absent	
6EB0199	Eye, right	EMB	Absent	
6EB0199	Opercula	SLSH	Absent	
6EB0200	Body Surface	RGR	Absent	
6EB0200	Body Surface	RLSN	Absent	
6EB0200	Body Surface	SPDF	Absent	
6EB0200	Body Surface	HMRB	Absent	
6EB0200	Body Surface	FDC	Absent	
6EB0200	Body Surface	BFG	Absent	
6EB0200	Body Surface	PRST	Absent	
6EB0200	Head	DFM	Absent	
6EB0200	Mouth	ULR	Absent	
6EB0200	Mouth	LLG	Absent	
6EB0200	Nare	SLN	Absent	
6EB0200	Eye, left	EXPTH	Absent	
6EB0200	Eye, left	OPQ	Absent	
6EB0200	Eye, left	MIS	Absent	
6EB0200	Eye, left	HMR	Absent	
6EB0200	Eye, left	EMB	Absent	
6EB0200	Eye, right	EXPTH	Absent	
6EB0200	Eye, right	OPQ	Absent	
6EB0200	Eye, right	MIS	Absent	
6EB0200	Eye, right	HMR	Absent	
6EB0200	Eye, right	EMB	Absent	
6EB0200	Opercula	SLSH	Absent	
6EB0201	Body Surface	RGR	Absent	
6EB0201	Body Surface	RLSN	Absent	
6EB0201	Body Surface	SPDF	Absent	
6EB0201	Body Surface	HMRB	Absent	
6EB0201	Body Surface	FDC	Absent	
6EB0201	Body Surface	BFG	Absent	
6EB0201	Body Surface	PRST	Absent	
6EB0201	Head	DFM	Absent	
6EB0201	Mouth	ULR	Absent	
6EB0201	Mouth	LLG	Absent	
6EB0201	Nare	SLN	Absent	
6EB0201	Eye, left	EXPTH	Absent	
6EB0201	Eye, left	OPQ	Absent	
6EB0201	Eye, left	MIS	Absent	
6EB0201	Eye, left	HMR	Absent	
6EB0201	Eye, left	EMB	Absent	
6EB0201	Eye, right	EXPTH	Absent	
6EB0201	Eye, right	OPQ	Absent	
6EB0201	Eye, right	MIS	Absent	
6EB0201	Eye, right	HMR	Absent	
6EB0201	Eye, right	EMB	Absent	
6EB0201	Opercula	SLSH	Absent	
6EB0202	Body Surface	RGR	Absent	
6EB0202	Body Surface	RLSN	Absent	
6EB0202	Body Surface	SPDF	Absent	
6EB0202	Body Surface	HMRB	Absent	
6EB0202	Body Surface	FDC	Absent	
6EB0202	Body Surface	BFG	Absent	
6EB0202	Body Surface	PRST	Absent	
6EB0202	Head	DFM	Absent	
6EB0202	Mouth	ULR	Absent	
6EB0202	Mouth	LLG	Absent	
6EB0202	Nare	SLN	Absent	
6EB0202	Eye, left	EXPTH	Absent	
6EB0202	Eye, left	OPQ	Absent	
6EB0202	Eye, left	MIS	Absent	
6EB0202	Eye, left	HMR	Absent	
6EB0202	Eye, left	EMB	Absent	
6EB0202	Eye, right	EXPTH	Absent	
6EB0202	Eye, right	OPQ	Absent	
6EB0202	Eye, right	MIS	Absent	
6EB0202	Eye, right	HMR	Absent	
6EB0202	Eye, right	EMB	Absent	
6EB0202	Opercula	SLSH	Absent	
6EB0203	Body Surface	RGR	Absent	
6EB0203	Body Surface	RLSN	Absent	
6EB0203	Body Surface	SPDF	Absent	
6EB0203	Body Surface	HMRB	Absent	
6EB0203	Body Surface	FDC	Absent	
6EB0203	Body Surface	BFG	Absent	
6EB0203	Body Surface	PRST	Absent	
6EB0203	Head	DFM	Absent	
6EB0203	Mouth	ULR	Absent	
6EB0203	Mouth	LLG	Absent	
6EB0203	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0203	Eye, left	EXPTH	Absent	
6EB0203	Eye, left	OPQ	Absent	
6EB0203	Eye, left	MIS	Absent	
6EB0203	Eye, left	HMR	Absent	
6EB0203	Eye, left	EMB	Absent	
6EB0203	Eye, right	EXPTH	Absent	
6EB0203	Eye, right	OPQ	Absent	
6EB0203	Eye, right	MIS	Absent	
6EB0203	Eye, right	HMR	Absent	
6EB0203	Eye, right	EMB	Absent	
6EB0203	Opercula	SLSH	Absent	
6EB0204	Body Surface	RGR	Absent	
6EB0204	Body Surface	RLSN	Absent	
6EB0204	Body Surface	SPDF	Absent	
6EB0204	Body Surface	HMRB	Absent	
6EB0204	Body Surface	FDC	Absent	
6EB0204	Body Surface	BFG	Absent	
6EB0204	Body Surface	PRST	Absent	
6EB0204	Head	DFM	Absent	
6EB0204	Mouth	ULR	Absent	
6EB0204	Mouth	LLG	Absent	
6EB0204	Nare	SLN	Absent	
6EB0204	Eye, left	EXPTH	Absent	
6EB0204	Eye, left	OPQ	Absent	
6EB0204	Eye, left	MIS	Absent	
6EB0204	Eye, left	HMR	Absent	
6EB0204	Eye, left	EMB	Absent	
6EB0204	Eye, right	EXPTH	Absent	
6EB0204	Eye, right	OPQ	Absent	
6EB0204	Eye, right	MIS	Absent	
6EB0204	Eye, right	HMR	Absent	
6EB0204	Eye, right	EMB	Absent	
6EB0204	Opercula	SLSH	Absent	
6EB0205	Body Surface	RGR	Absent	
6EB0205	Body Surface	RLSN	Absent	
6EB0205	Body Surface	SPDF	Absent	
6EB0205	Body Surface	HMRB	Absent	
6EB0205	Body Surface	FDC	Absent	
6EB0205	Body Surface	BFG	Absent	
6EB0205	Body Surface	PRST	Absent	
6EB0205	Head	DFM	Absent	
6EB0205	Mouth	ULR	Absent	
6EB0205	Mouth	LLG	Absent	
6EB0205	Nare	SLN	Absent	
6EB0205	Eye, left	EXPTH	Absent	
6EB0205	Eye, left	OPQ	Absent	
6EB0205	Eye, left	MIS	Absent	
6EB0205	Eye, left	HMR	Absent	
6EB0205	Eye, left	EMB	Absent	
6EB0205	Eye, right	EXPTH	Absent	
6EB0205	Eye, right	OPQ	Absent	
6EB0205	Eye, right	MIS	Absent	
6EB0205	Eye, right	HMR	Absent	
6EB0205	Eye, right	EMB	Absent	
6EB0205	Opercula	SLSH	Absent	
6EB0206	Body Surface	RGR	Absent	
6EB0206	Body Surface	RLSN	Absent	
6EB0206	Body Surface	SPDF	Absent	
6EB0206	Body Surface	HMRB	Absent	
6EB0206	Body Surface	FDC	Absent	
6EB0206	Body Surface	BFG	Absent	
6EB0206	Body Surface	PRST	Absent	
6EB0206	Head	DFM	Absent	
6EB0206	Mouth	ULR	Absent	
6EB0206	Mouth	LLG	Absent	
6EB0206	Nare	SLN	Absent	
6EB0206	Eye, left	EXPTH	Absent	
6EB0206	Eye, left	OPQ	Absent	
6EB0206	Eye, left	MIS	Absent	
6EB0206	Eye, left	HMR	Absent	
6EB0206	Eye, left	EMB	Absent	
6EB0206	Eye, right	EXPTH	Absent	
6EB0206	Eye, right	OPQ	Absent	
6EB0206	Eye, right	MIS	Absent	
6EB0206	Eye, right	HMR	Absent	
6EB0206	Eye, right	EMB	Absent	
6EB0206	Opercula	SLSH	Absent	
6EB0207	Body Surface	RGR	Absent	
6EB0207	Body Surface	RLSN	Absent	
6EB0207	Body Surface	SPDF	Absent	
6EB0207	Body Surface	HMRB	Absent	
6EB0207	Body Surface	FDC	Absent	
6EB0207	Body Surface	BFG	Absent	
6EB0207	Body Surface	PRST	Absent	
6EB0207	Head	DFM	Absent	
6EB0207	Mouth	ULR	Absent	
6EB0207	Mouth	LLG	Absent	
6EB0207	Nare	SLN	Absent	
6EB0207	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0207	Eye, left	OPQ	Absent	
6EB0207	Eye, left	MIS	Absent	
6EB0207	Eye, left	HMR	Absent	
6EB0207	Eye, left	EMB	Absent	
6EB0207	Eye, right	EXPTH	Absent	
6EB0207	Eye, right	OPQ	Absent	
6EB0207	Eye, right	MIS	Absent	
6EB0207	Eye, right	HMR	Absent	
6EB0207	Eye, right	EMB	Absent	
6EB0207	Opercula	SLSH	Absent	
6EB0208	Body Surface	RGR	Absent	
6EB0208	Body Surface	RLSN	Absent	
6EB0208	Body Surface	SPDF	Absent	
6EB0208	Body Surface	HMRB	Absent	
6EB0208	Body Surface	FDC	Absent	
6EB0208	Body Surface	BFG	Absent	
6EB0208	Body Surface	PRST	Absent	
6EB0208	Head	DFM	Absent	
6EB0208	Mouth	ULR	Absent	
6EB0208	Mouth	LLG	Absent	
6EB0208	Nare	SLN	Absent	
6EB0208	Eye, left	EXPTH	Absent	
6EB0208	Eye, left	OPQ	Absent	
6EB0208	Eye, left	MIS	Absent	
6EB0208	Eye, left	HMR	Absent	
6EB0208	Eye, left	EMB	Absent	
6EB0208	Eye, right	EXPTH	Absent	
6EB0208	Eye, right	OPQ	Absent	
6EB0208	Eye, right	MIS	Absent	
6EB0208	Eye, right	HMR	Absent	
6EB0208	Eye, right	EMB	Absent	
6EB0208	Opercula	SLSH	Absent	
6EB0210	Body Surface	RGR	Absent	
6EB0210	Body Surface	RLSN	Absent	
6EB0210	Body Surface	SPDF	Absent	
6EB0210	Body Surface	HMRB	Absent	
6EB0210	Body Surface	FDC	Absent	
6EB0210	Body Surface	BFG	Absent	
6EB0210	Body Surface	PRST	Absent	
6EB0210	Head	DFM	Absent	
6EB0210	Mouth	ULR	Absent	
6EB0210	Mouth	LLG	Absent	
6EB0210	Nare	SLN	Absent	
6EB0210	Eye, left	EXPTH	Absent	
6EB0210	Eye, left	OPQ	Absent	
6EB0210	Eye, left	MIS	Absent	
6EB0210	Eye, left	HMR	Absent	
6EB0210	Eye, left	EMB	Absent	
6EB0210	Eye, right	EXPTH	Absent	
6EB0210	Eye, right	OPQ	Absent	
6EB0210	Eye, right	MIS	Absent	
6EB0210	Eye, right	HMR	Absent	
6EB0210	Eye, right	EMB	Absent	
6EB0210	Opercula	SLSH	Absent	
6EB0211	Body Surface	RGR	Absent	
6EB0211	Body Surface	RLSN	Absent	
6EB0211	Body Surface	SPDF	Absent	
6EB0211	Body Surface	HMRB	Absent	
6EB0211	Body Surface	FDC	Absent	
6EB0211	Body Surface	BFG	Absent	
6EB0211	Body Surface	PRST	Absent	
6EB0211	Head	DFM	Absent	
6EB0211	Mouth	ULR	Absent	
6EB0211	Mouth	LLG	Absent	
6EB0211	Nare	SLN	Absent	
6EB0211	Eye, left	EXPTH	Absent	
6EB0211	Eye, left	OPQ	Absent	
6EB0211	Eye, left	MIS	Absent	
6EB0211	Eye, left	HMR	Absent	
6EB0211	Eye, left	EMB	Absent	
6EB0211	Eye, right	EXPTH	Absent	
6EB0211	Eye, right	OPQ	Absent	
6EB0211	Eye, right	MIS	Absent	
6EB0211	Eye, right	HMR	Absent	
6EB0211	Eye, right	EMB	Absent	
6EB0211	Opercula	SLSH	Absent	
6EB0212	Body Surface	RGR	Absent	
6EB0212	Body Surface	RLSN	Absent	
6EB0212	Body Surface	SPDF	Absent	
6EB0212	Body Surface	HMRB	Absent	
6EB0212	Body Surface	FDC	Absent	
6EB0212	Body Surface	BFG	Absent	
6EB0212	Body Surface	PRST	Absent	
6EB0212	Head	DFM	Absent	
6EB0212	Mouth	ULR	Absent	
6EB0212	Mouth	LLG	Absent	
6EB0212	Nare	SLN	Absent	
6EB0212	Eye, left	EXPTH	Absent	
6EB0212	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0212	Eye, left	MIS	Absent	
6EB0212	Eye, left	HMR	Absent	
6EB0212	Eye, left	EMB	Absent	
6EB0212	Eye, right	EXPTH	Absent	
6EB0212	Eye, right	OPQ	Absent	
6EB0212	Eye, right	MIS	Absent	
6EB0212	Eye, right	HMR	Absent	
6EB0212	Eye, right	EMB	Absent	
6EB0212	Opercula	SLSH	Absent	
6EB0213	Body Surface	RGR	Absent	
6EB0213	Body Surface	RLSN	Absent	
6EB0213	Body Surface	SPDF	Absent	
6EB0213	Body Surface	HMRB	Absent	
6EB0213	Body Surface	FDC	Absent	
6EB0213	Body Surface	BFG	Absent	
6EB0213	Body Surface	PRST	Absent	
6EB0213	Head	DFM	Absent	
6EB0213	Mouth	ULR	Absent	
6EB0213	Mouth	LLG	Absent	
6EB0213	Nare	SLN	Absent	
6EB0213	Eye, left	EXPTH	Absent	
6EB0213	Eye, left	OPQ	Absent	
6EB0213	Eye, left	MIS	Absent	
6EB0213	Eye, left	HMR	Absent	
6EB0213	Eye, left	EMB	Absent	
6EB0213	Eye, right	EXPTH	Absent	
6EB0213	Eye, right	OPQ	Absent	
6EB0213	Eye, right	MIS	Absent	
6EB0213	Eye, right	HMR	Absent	
6EB0213	Eye, right	EMB	Absent	
6EB0213	Opercula	SLSH	Absent	
6EB0214	Body Surface	RGR	Absent	
6EB0214	Body Surface	RLSN	Absent	
6EB0214	Body Surface	SPDF	Absent	
6EB0214	Body Surface	HMRB	Absent	
6EB0214	Body Surface	FDC	Absent	
6EB0214	Body Surface	BFG	Absent	
6EB0214	Body Surface	PRST	Absent	
6EB0214	Head	DFM	Absent	
6EB0214	Mouth	ULR	Absent	
6EB0214	Mouth	LLG	Absent	
6EB0214	Nare	SLN	Absent	
6EB0214	Eye, left	EXPTH	Absent	
6EB0214	Eye, left	OPQ	Absent	
6EB0214	Eye, left	MIS	Absent	
6EB0214	Eye, left	HMR	Absent	
6EB0214	Eye, left	EMB	Absent	
6EB0214	Eye, right	EXPTH	Absent	
6EB0214	Eye, right	OPQ	Absent	
6EB0214	Eye, right	MIS	Absent	
6EB0214	Eye, right	HMR	Absent	
6EB0214	Eye, right	EMB	Absent	
6EB0214	Opercula	SLSH	Absent	
6EB0220	Body Surface	RGR	Absent	
6EB0220	Body Surface	RLSN	Absent	
6EB0220	Body Surface	SPDF	Absent	
6EB0220	Body Surface	HMRB	Absent	
6EB0220	Body Surface	FDC	Absent	
6EB0220	Body Surface	BFG	Absent	
6EB0220	Body Surface	PRST	Absent	
6EB0220	Head	DFM	Absent	
6EB0220	Mouth	ULR	Absent	
6EB0220	Mouth	LLG	Absent	
6EB0220	Nare	SLN	Absent	
6EB0220	Eye, left	EXPTH	Absent	
6EB0220	Eye, left	OPQ	Absent	
6EB0220	Eye, left	MIS	Absent	
6EB0220	Eye, left	HMR	Absent	
6EB0220	Eye, left	EMB	Absent	
6EB0220	Eye, right	EXPTH	Absent	
6EB0220	Eye, right	OPQ	Absent	
6EB0220	Eye, right	MIS	Absent	
6EB0220	Eye, right	HMR	Absent	
6EB0220	Eye, right	EMB	Absent	
6EB0220	Opercula	SLSH	Absent	
6EB0221	Body Surface	RGR	Absent	
6EB0221	Body Surface	RLSN	Absent	
6EB0221	Body Surface	SPDF	Absent	
6EB0221	Body Surface	HMRB	Absent	
6EB0221	Body Surface	FDC	Absent	
6EB0221	Body Surface	BFG	Absent	
6EB0221	Body Surface	PRST	Absent	
6EB0221	Head	DFM	Absent	
6EB0221	Mouth	ULR	Absent	
6EB0221	Mouth	LLG	Absent	
6EB0221	Nare	SLN	Absent	
6EB0221	Eye, left	EXPTH	Absent	
6EB0221	Eye, left	OPQ	Absent	
6EB0221	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0221	Eye, left	HMR	Absent	
6EB0221	Eye, left	EMB	Absent	
6EB0221	Eye, right	EXPTH	Absent	
6EB0221	Eye, right	OPQ	Absent	
6EB0221	Eye, right	MIS	Absent	
6EB0221	Eye, right	HMR	Absent	
6EB0221	Eye, right	EMB	Absent	
6EB0221	Opercula	SLSH	Absent	
6EB0222	Body Surface	RGR	Absent	
6EB0222	Body Surface	RLSN	Absent	
6EB0222	Body Surface	SPDF	Absent	
6EB0222	Body Surface	HMRB	Absent	
6EB0222	Body Surface	FDC	Absent	
6EB0222	Body Surface	BFG	Absent	
6EB0222	Body Surface	PRST	Absent	
6EB0222	Head	DFM	Absent	
6EB0222	Mouth	ULR	Absent	
6EB0222	Mouth	LLG	Absent	
6EB0222	Nare	SLN	Absent	
6EB0222	Eye, left	EXPTH	Absent	
6EB0222	Eye, left	OPQ	Absent	
6EB0222	Eye, left	MIS	Absent	
6EB0222	Eye, left	HMR	Absent	
6EB0222	Eye, left	EMB	Absent	
6EB0222	Eye, right	EXPTH	Absent	
6EB0222	Eye, right	OPQ	Absent	
6EB0222	Eye, right	MIS	Absent	
6EB0222	Eye, right	HMR	Absent	
6EB0222	Eye, right	EMB	Absent	
6EB0222	Opercula	SLSH	Absent	
6EB0223	Body Surface	RGR	Absent	
6EB0223	Body Surface	RLSN	Absent	
6EB0223	Body Surface	SPDF	Absent	
6EB0223	Body Surface	HMRB	Absent	
6EB0223	Body Surface	FDC	Absent	
6EB0223	Body Surface	BFG	Absent	
6EB0223	Body Surface	PRST	Absent	
6EB0223	Barbel	NORM	Present	
6EB0223	Head	DFM	Absent	
6EB0223	Mouth	ULR	Absent	
6EB0223	Mouth	LLG	Absent	
6EB0223	Nare	SLN	Absent	
6EB0223	Eye, left	EXPTH	Absent	
6EB0223	Eye, left	OPQ	Absent	
6EB0223	Eye, left	MIS	Absent	
6EB0223	Eye, left	HMR	Absent	
6EB0223	Eye, left	EMB	Absent	
6EB0223	Eye, right	EXPTH	Absent	
6EB0223	Eye, right	OPQ	Absent	
6EB0223	Eye, right	MIS	Absent	
6EB0223	Eye, right	HMR	Absent	
6EB0223	Eye, right	EMB	Absent	
6EB0223	Opercula	SLSH	Absent	
6EB0224H	Body Surface	RGR	Absent	
6EB0224H	Body Surface	RLSN	Absent	
6EB0224H	Body Surface	SPDF	Absent	
6EB0224H	Body Surface	HMRB	Absent	
6EB0224H	Body Surface	FDC	Absent	
6EB0224H	Body Surface	BFG	Absent	
6EB0224H	Body Surface	PRST	Absent	
6EB0224H	Head	DFM	Absent	
6EB0224H	Mouth	ULR	Absent	
6EB0224H	Mouth	LLG	Absent	
6EB0224H	Nare	SLN	Absent	
6EB0224H	Eye, left	EXPTH	Absent	
6EB0224H	Eye, left	OPQ	Absent	
6EB0224H	Eye, left	MIS	Absent	
6EB0224H	Eye, left	HMR	Absent	
6EB0224H	Eye, left	EMB	Absent	
6EB0224H	Eye, right	EXPTH	Absent	
6EB0224H	Eye, right	OPQ	Absent	
6EB0224H	Eye, right	MIS	Absent	
6EB0224H	Eye, right	HMR	Absent	
6EB0224H	Eye, right	EMB	Absent	
6EB0224H	Opercula	SLSH	Absent	
6EB0225H	Body Surface	RGR	Absent	
6EB0225H	Body Surface	RLSN	Absent	
6EB0225H	Body Surface	SPDF	Absent	
6EB0225H	Body Surface	HMRB	Absent	
6EB0225H	Body Surface	FDC	Absent	
6EB0225H	Body Surface	BFG	Absent	
6EB0225H	Body Surface	PRST	Absent	
6EB0225H	Head	DFM	Absent	
6EB0225H	Mouth	ULR	Absent	
6EB0225H	Mouth	LLG	Absent	
6EB0225H	Nare	SLN	Absent	
6EB0225H	Eye, left	EXPTH	Absent	
6EB0225H	Eye, left	OPQ	Absent	
6EB0225H	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0225H	Eye, left	HMR	Absent	
6EB0225H	Eye, left	EMB	Absent	
6EB0225H	Eye, right	EXPTH	Absent	
6EB0225H	Eye, right	OPQ	Absent	
6EB0225H	Eye, right	MIS	Absent	
6EB0225H	Eye, right	HMR	Absent	
6EB0225H	Eye, right	EMB	Absent	
6EB0225H	Opercula	SLSH	Absent	
6EB0226H	Body Surface	RGR	Absent	
6EB0226H	Body Surface	RLSN	Absent	
6EB0226H	Body Surface	SPDF	Absent	
6EB0226H	Body Surface	HMRB	Absent	
6EB0226H	Body Surface	FDC	Absent	
6EB0226H	Body Surface	BFG	Absent	
6EB0226H	Body Surface	PRST	Absent	
6EB0226H	Body Surface	OTHER	Present	Gill net marks
6EB0226H	Head	DFM	Absent	
6EB0226H	Mouth	ULR	Absent	
6EB0226H	Mouth	LLG	Absent	
6EB0226H	Nare	SLN	Absent	
6EB0226H	Eye, left	EXPTH	Absent	
6EB0226H	Eye, left	OPQ	Absent	
6EB0226H	Eye, left	MIS	Absent	
6EB0226H	Eye, left	HMR	Absent	
6EB0226H	Eye, left	EMB	Absent	
6EB0226H	Eye, right	EXPTH	Absent	
6EB0226H	Eye, right	OPQ	Absent	
6EB0226H	Eye, right	MIS	Absent	
6EB0226H	Eye, right	HMR	Absent	
6EB0226H	Eye, right	EMB	Absent	
6EB0226H	Opercula	SLSH	Absent	
6EB0227	Body Surface	RGR	Absent	
6EB0227	Body Surface	RLSN	Absent	
6EB0227	Body Surface	SPDF	Absent	
6EB0227	Body Surface	HMRB	Absent	
6EB0227	Body Surface	FDC	Absent	
6EB0227	Body Surface	BFG	Absent	
6EB0227	Body Surface	PRST	Absent	
6EB0227	Head	DFM	Absent	
6EB0227	Mouth	ULR	Absent	
6EB0227	Mouth	LLG	Absent	
6EB0227	Nare	SLN	Absent	
6EB0227	Eye, left	EXPTH	Absent	
6EB0227	Eye, left	OPQ	Absent	
6EB0227	Eye, left	MIS	Absent	
6EB0227	Eye, left	HMR	Absent	
6EB0227	Eye, left	EMB	Absent	
6EB0227	Eye, right	EXPTH	Absent	
6EB0227	Eye, right	OPQ	Absent	
6EB0227	Eye, right	MIS	Absent	
6EB0227	Eye, right	HMR	Absent	
6EB0227	Eye, right	EMB	Absent	
6EB0227	Opercula	SLSH	Absent	
6ED0001	Body Surface	RGR	Absent	
6ED0001	Body Surface	RLSN	Absent	
6ED0001	Body Surface	SPDF	Absent	
6ED0001	Body Surface	HMRB	Present	
6ED0001	Body Surface	FDC	Absent	
6ED0001	Body Surface	BFG	Absent	
6ED0001	Body Surface	PRST	Absent	
6ED0001	Head	DFM	Absent	
6ED0001	Mouth	ULR	Absent	
6ED0001	Mouth	LLG	Absent	
6ED0001	Nare	SLN	Absent	
6ED0001	Eye, left	EXPTH	Absent	
6ED0001	Eye, left	OPQ	Absent	
6ED0001	Eye, left	MIS	Absent	
6ED0001	Eye, left	HMR	Absent	
6ED0001	Eye, left	EMB	Absent	
6ED0001	Eye, right	EXPTH	Absent	
6ED0001	Eye, right	OPQ	Absent	
6ED0001	Eye, right	MIS	Absent	
6ED0001	Eye, right	HMR	Absent	
6ED0001	Eye, right	EMB	Absent	
6ED0001	Opercula	SLSH	Absent	
6ED0002	Body Surface	RGR	Absent	
6ED0002	Body Surface	RLSN	Absent	
6ED0002	Body Surface	SPDF	Absent	
6ED0002	Body Surface	HMRB	Absent	
6ED0002	Body Surface	FDC	Absent	
6ED0002	Body Surface	BFG	Absent	
6ED0002	Body Surface	PRST	Absent	
6ED0002	Head	DFM	Absent	
6ED0002	Mouth	ULR	Absent	
6ED0002	Mouth	LLG	Absent	
6ED0002	Nare	SLN	Absent	
6ED0002	Eye, left	EXPTH	Absent	
6ED0002	Eye, left	OPQ	Absent	
6ED0002	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0002	Eye, left	HMR	Absent	
6ED0002	Eye, left	EMB	Absent	
6ED0002	Eye, right	EXPTH	Absent	
6ED0002	Eye, right	OPQ	Absent	
6ED0002	Eye, right	MIS	Absent	
6ED0002	Eye, right	HMR	Absent	
6ED0002	Eye, right	EMB	Absent	
6ED0002	Opercula	SLSH	Absent	
6ED0003	Body Surface	RGR	Absent	
6ED0003	Body Surface	RLSN	Absent	
6ED0003	Body Surface	SPDF	Absent	
6ED0003	Body Surface	HMRB	Absent	
6ED0003	Body Surface	FDC	Absent	
6ED0003	Body Surface	BFG	Absent	
6ED0003	Body Surface	PRST	Absent	
6ED0003	Head	DFM	Absent	
6ED0003	Mouth	ULR	Absent	
6ED0003	Mouth	LLG	Absent	
6ED0003	Nare	SLN	Absent	
6ED0003	Eye, left	EXPTH	Absent	
6ED0003	Eye, left	OPQ	Absent	
6ED0003	Eye, left	MIS	Absent	
6ED0003	Eye, left	HMR	Absent	
6ED0003	Eye, left	EMB	Absent	
6ED0003	Eye, right	EXPTH	Absent	
6ED0003	Eye, right	OPQ	Absent	
6ED0003	Eye, right	MIS	Absent	
6ED0003	Eye, right	HMR	Absent	
6ED0003	Eye, right	EMB	Absent	
6ED0003	Opercula	SLSH	Absent	
6ED0004	Body Surface	RGR	Absent	
6ED0004	Body Surface	RLSN	Absent	
6ED0004	Body Surface	SPDF	Absent	
6ED0004	Body Surface	HMRB	Absent	
6ED0004	Body Surface	FDC	Absent	
6ED0004	Body Surface	BFG	Absent	
6ED0004	Body Surface	PRST	Absent	
6ED0004	Head	DFM	Absent	
6ED0004	Mouth	ULR	Absent	
6ED0004	Mouth	LLG	Absent	
6ED0004	Nare	SLN	Absent	
6ED0004	Eye, left	EXPTH	Absent	
6ED0004	Eye, left	OPQ	Absent	
6ED0004	Eye, left	MIS	Absent	
6ED0004	Eye, left	HMR	Absent	
6ED0004	Eye, left	EMB	Absent	
6ED0004	Eye, right	EXPTH	Absent	
6ED0004	Eye, right	OPQ	Absent	
6ED0004	Eye, right	MIS	Absent	
6ED0004	Eye, right	HMR	Absent	
6ED0004	Eye, right	EMB	Absent	
6ED0004	Opercula	SLSH	Absent	
6ED0005	Body Surface	RGR	Absent	
6ED0005	Body Surface	RLSN	Absent	
6ED0005	Body Surface	SPDF	Absent	
6ED0005	Body Surface	HMRB	Absent	
6ED0005	Body Surface	FDC	Absent	
6ED0005	Body Surface	BFG	Absent	
6ED0005	Body Surface	PRST	Absent	
6ED0005	Head	DFM	Absent	
6ED0005	Mouth	ULR	Absent	
6ED0005	Mouth	LLG	Absent	
6ED0005	Nare	SLN	Absent	
6ED0005	Eye, left	EXPTH	Absent	
6ED0005	Eye, left	OPQ	Absent	
6ED0005	Eye, left	MIS	Absent	
6ED0005	Eye, left	HMR	Absent	
6ED0005	Eye, left	EMB	Absent	
6ED0005	Eye, right	EXPTH	Absent	
6ED0005	Eye, right	OPQ	Absent	
6ED0005	Eye, right	MIS	Absent	
6ED0005	Eye, right	HMR	Absent	
6ED0005	Eye, right	EMB	Absent	
6ED0005	Opercula	SLSH	Absent	
6ED0006	Body Surface	RGR	Absent	
6ED0006	Body Surface	RLSN	Absent	
6ED0006	Body Surface	SPDF	Absent	
6ED0006	Body Surface	HMRB	Absent	
6ED0006	Body Surface	FDC	Absent	
6ED0006	Body Surface	BFG	Absent	
6ED0006	Body Surface	PRST	Absent	
6ED0006	Head	DFM	Absent	
6ED0006	Mouth	ULR	Absent	
6ED0006	Mouth	LLG	Absent	
6ED0006	Nare	SLN	Absent	
6ED0006	Eye, left	EXPTH	Absent	
6ED0006	Eye, left	OPQ	Absent	
6ED0006	Eye, left	MIS	Absent	
6ED0006	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0006	Eye, left	EMB	Absent	
6ED0006	Eye, right	EXPTH	Absent	
6ED0006	Eye, right	OPQ	Absent	
6ED0006	Eye, right	MIS	Absent	
6ED0006	Eye, right	HMR	Absent	
6ED0006	Eye, right	EMB	Absent	
6ED0006	Opercula	SLSH	Absent	
6ED0007	Body Surface	RGR	Absent	
6ED0007	Body Surface	RLSN	Absent	
6ED0007	Body Surface	SPDF	Absent	
6ED0007	Body Surface	HMRB	Absent	
6ED0007	Body Surface	FDC	Absent	
6ED0007	Body Surface	BFG	Absent	
6ED0007	Body Surface	PRST	Absent	
6ED0007	Head	DFM	Absent	
6ED0007	Mouth	ULR	Absent	
6ED0007	Mouth	LLG	Absent	
6ED0007	Nare	SLN	Absent	
6ED0007	Eye, left	EXPTH	Absent	
6ED0007	Eye, left	OPQ	Absent	
6ED0007	Eye, left	MIS	Absent	
6ED0007	Eye, left	HMR	Absent	
6ED0007	Eye, left	EMB	Absent	
6ED0007	Eye, right	EXPTH	Absent	
6ED0007	Eye, right	OPQ	Absent	
6ED0007	Eye, right	MIS	Absent	
6ED0007	Eye, right	HMR	Absent	
6ED0007	Eye, right	EMB	Absent	
6ED0007	Opercula	SLSH	Absent	
6ED0008	Body Surface	RGR	Absent	
6ED0008	Body Surface	RLSN	Absent	
6ED0008	Body Surface	SPDF	Absent	
6ED0008	Body Surface	HMRB	Present	
6ED0008	Body Surface	FDC	Absent	
6ED0008	Body Surface	BFG	Absent	
6ED0008	Body Surface	PRST	Absent	
6ED0008	Head	DFM	Absent	
6ED0008	Mouth	ULR	Absent	
6ED0008	Mouth	LLG	Absent	
6ED0008	Nare	SLN	Absent	
6ED0008	Eye, left	EXPTH	Absent	
6ED0008	Eye, left	OPQ	Absent	
6ED0008	Eye, left	MIS	Absent	
6ED0008	Eye, left	HMR	Absent	
6ED0008	Eye, left	EMB	Absent	
6ED0008	Eye, right	EXPTH	Absent	
6ED0008	Eye, right	OPQ	Absent	
6ED0008	Eye, right	MIS	Absent	
6ED0008	Eye, right	HMR	Absent	
6ED0008	Eye, right	EMB	Absent	
6ED0008	Opercula	SLSH	Absent	
6ED0009	Body Surface	RGR	Absent	
6ED0009	Body Surface	RLSN	Absent	
6ED0009	Body Surface	SPDF	Absent	
6ED0009	Body Surface	HMRB	Present	
6ED0009	Body Surface	FDC	Absent	
6ED0009	Body Surface	BFG	Absent	
6ED0009	Body Surface	PRST	Absent	
6ED0009	Head	DFM	Absent	
6ED0009	Mouth	ULR	Absent	
6ED0009	Mouth	LLG	Absent	
6ED0009	Nare	SLN	Absent	
6ED0009	Eye, left	EXPTH	Absent	
6ED0009	Eye, left	OPQ	Absent	
6ED0009	Eye, left	MIS	Absent	
6ED0009	Eye, left	HMR	Absent	
6ED0009	Eye, left	EMB	Absent	
6ED0009	Eye, right	EXPTH	Absent	
6ED0009	Eye, right	OPQ	Absent	
6ED0009	Eye, right	MIS	Absent	
6ED0009	Eye, right	HMR	Absent	
6ED0009	Eye, right	EMB	Absent	
6ED0009	Opercula	SLSH	Absent	
6ED0010	Body Surface	RGR	Absent	
6ED0010	Body Surface	RLSN	Absent	
6ED0010	Body Surface	SPDF	Absent	
6ED0010	Body Surface	HMRB	Present	
6ED0010	Body Surface	FDC	Absent	
6ED0010	Body Surface	BFG	Absent	
6ED0010	Body Surface	PRST	Absent	
6ED0010	Head	DFM	Absent	
6ED0010	Mouth	ULR	Absent	
6ED0010	Mouth	LLG	Absent	
6ED0010	Nare	SLN	Absent	
6ED0010	Eye, left	EXPTH	Absent	
6ED0010	Eye, left	OPQ	Absent	
6ED0010	Eye, left	MIS	Absent	
6ED0010	Eye, left	HMR	Absent	
6ED0010	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0010	Eye, right	EXPTH	Absent	
6ED0010	Eye, right	OPQ	Absent	
6ED0010	Eye, right	MIS	Absent	
6ED0010	Eye, right	HMR	Absent	
6ED0010	Eye, right	EMB	Absent	
6ED0010	Opercula	SLSH	Absent	
6ED0011	Body Surface	RGR	Absent	
6ED0011	Body Surface	RLSN	Absent	
6ED0011	Body Surface	SPDF	Absent	
6ED0011	Body Surface	HMRB	Absent	
6ED0011	Body Surface	FDC	Absent	
6ED0011	Body Surface	BFG	Absent	
6ED0011	Body Surface	PRST	Absent	
6ED0011	Body Surface	OTHER	Present	Gill net marks
6ED0011	Head	DFM	Absent	
6ED0011	Mouth	ULR	Absent	
6ED0011	Mouth	LLG	Absent	
6ED0011	Nare	SLN	Absent	
6ED0011	Eye, left	EXPTH	Absent	
6ED0011	Eye, left	OPQ	Absent	
6ED0011	Eye, left	MIS	Absent	
6ED0011	Eye, left	HMR	Absent	
6ED0011	Eye, left	EMB	Absent	
6ED0011	Eye, right	EXPTH	Absent	
6ED0011	Eye, right	OPQ	Absent	
6ED0011	Eye, right	MIS	Absent	
6ED0011	Eye, right	HMR	Absent	
6ED0011	Eye, right	EMB	Absent	
6ED0011	Opercula	SLSH	Absent	
6ED0012	Body Surface	RGR	Absent	
6ED0012	Body Surface	RLSN	Absent	
6ED0012	Body Surface	SPDF	Absent	
6ED0012	Body Surface	HMRB	Absent	
6ED0012	Body Surface	FDC	Absent	
6ED0012	Body Surface	BFG	Absent	
6ED0012	Body Surface	PRST	Absent	
6ED0012	Head	DFM	Absent	
6ED0012	Mouth	ULR	Absent	
6ED0012	Mouth	LLG	Absent	
6ED0012	Nare	SLN	Absent	
6ED0012	Eye, left	EXPTH	Absent	
6ED0012	Eye, left	OPQ	Absent	
6ED0012	Eye, left	MIS	Absent	
6ED0012	Eye, left	HMR	Absent	
6ED0012	Eye, left	EMB	Absent	
6ED0012	Eye, right	EXPTH	Absent	
6ED0012	Eye, right	OPQ	Absent	
6ED0012	Eye, right	MIS	Absent	
6ED0012	Eye, right	HMR	Absent	
6ED0012	Eye, right	EMB	Absent	
6ED0012	Opercula	SLSH	Absent	
6ED0013H	Body Surface	RGR	Absent	
6ED0013H	Body Surface	RLSN	Absent	
6ED0013H	Body Surface	SPDF	Absent	
6ED0013H	Body Surface	HMRB	Absent	
6ED0013H	Body Surface	FDC	Absent	
6ED0013H	Body Surface	BFG	Absent	
6ED0013H	Body Surface	PRST	Absent	
6ED0013H	Head	DFM	Absent	
6ED0013H	Mouth	ULR	Absent	
6ED0013H	Mouth	LLG	Absent	
6ED0013H	Nare	SLN	Absent	
6ED0013H	Eye, left	EXPTH	Absent	
6ED0013H	Eye, left	OPQ	Absent	
6ED0013H	Eye, left	MIS	Absent	
6ED0013H	Eye, left	HMR	Absent	
6ED0013H	Eye, left	EMB	Absent	
6ED0013H	Eye, right	EXPTH	Absent	
6ED0013H	Eye, right	OPQ	Absent	
6ED0013H	Eye, right	MIS	Absent	
6ED0013H	Eye, right	HMR	Absent	
6ED0013H	Eye, right	EMB	Absent	
6ED0013H	Opercula	SLSH	Absent	
6ED0014H	Body Surface	RGR	Absent	
6ED0014H	Body Surface	RLSN	Absent	
6ED0014H	Body Surface	SPDF	Absent	
6ED0014H	Body Surface	HMRB	Present	
6ED0014H	Body Surface	FDC	Absent	
6ED0014H	Body Surface	BFG	Absent	
6ED0014H	Body Surface	PRST	Absent	
6ED0014H	Head	DFM	Absent	
6ED0014H	Mouth	ULR	Absent	
6ED0014H	Mouth	LLG	Absent	
6ED0014H	Nare	SLN	Absent	
6ED0014H	Eye, left	EXPTH	Absent	
6ED0014H	Eye, left	OPQ	Absent	
6ED0014H	Eye, left	MIS	Absent	
6ED0014H	Eye, left	HMR	Absent	
6ED0014H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0014H	Eye, right	EXPTH	Absent	
6ED0014H	Eye, right	OPQ	Absent	
6ED0014H	Eye, right	MIS	Absent	
6ED0014H	Eye, right	HMR	Absent	
6ED0014H	Eye, right	EMB	Absent	
6ED0014H	Opercula	SLSH	Absent	
6ED0015H	Body Surface	RGR	Absent	
6ED0015H	Body Surface	RLSN	Absent	
6ED0015H	Body Surface	SPDF	Absent	
6ED0015H	Body Surface	HMRB	Absent	
6ED0015H	Body Surface	FDC	Absent	
6ED0015H	Body Surface	BFG	Absent	
6ED0015H	Body Surface	PRST	Absent	
6ED0015H	Body Surface	OTHER	Present	Abrasion on right side
6ED0015H	Head	DFM	Absent	
6ED0015H	Mouth	ULR	Absent	
6ED0015H	Mouth	LLG	Absent	
6ED0015H	Nare	SLN	Absent	
6ED0015H	Eye, left	EXPTH	Absent	
6ED0015H	Eye, left	OPQ	Absent	
6ED0015H	Eye, left	MIS	Absent	
6ED0015H	Eye, left	HMR	Absent	
6ED0015H	Eye, left	EMB	Absent	
6ED0015H	Eye, right	EXPTH	Absent	
6ED0015H	Eye, right	OPQ	Absent	
6ED0015H	Eye, right	MIS	Absent	
6ED0015H	Eye, right	HMR	Absent	
6ED0015H	Eye, right	EMB	Absent	
6ED0015H	Opercula	SLSH	Absent	
6ED0016	Body Surface	RGR	Absent	
6ED0016	Body Surface	RLSN	Absent	
6ED0016	Body Surface	SPDF	Absent	
6ED0016	Body Surface	HMRB	Absent	
6ED0016	Body Surface	FDC	Absent	
6ED0016	Body Surface	BFG	Absent	
6ED0016	Body Surface	PRST	Absent	
6ED0016	Barbel	NORM	Present	
6ED0016	Head	DFM	Absent	
6ED0016	Mouth	ULR	Absent	
6ED0016	Mouth	LLG	Absent	
6ED0016	Nare	SLN	Absent	
6ED0016	Eye, left	EXPTH	Absent	
6ED0016	Eye, left	OPQ	Absent	
6ED0016	Eye, left	MIS	Absent	
6ED0016	Eye, left	HMR	Absent	
6ED0016	Eye, left	EMB	Absent	
6ED0016	Eye, right	EXPTH	Absent	
6ED0016	Eye, right	OPQ	Absent	
6ED0016	Eye, right	MIS	Absent	
6ED0016	Eye, right	HMR	Absent	
6ED0016	Eye, right	EMB	Absent	
6ED0016	Opercula	SLSH	Absent	
6ED0017	Body Surface	RGR	Absent	
6ED0017	Body Surface	RLSN	Absent	
6ED0017	Body Surface	SPDF	Absent	
6ED0017	Body Surface	HMRB	Absent	
6ED0017	Body Surface	FDC	Absent	
6ED0017	Body Surface	BFG	Absent	
6ED0017	Body Surface	PRST	Absent	
6ED0017	Barbel	NORM	Present	
6ED0017	Head	DFM	Absent	
6ED0017	Mouth	ULR	Absent	
6ED0017	Mouth	LLG	Absent	
6ED0017	Nare	SLN	Absent	
6ED0017	Eye, left	EXPTH	Absent	
6ED0017	Eye, left	OPQ	Absent	
6ED0017	Eye, left	MIS	Absent	
6ED0017	Eye, left	HMR	Absent	
6ED0017	Eye, left	EMB	Absent	
6ED0017	Eye, right	EXPTH	Absent	
6ED0017	Eye, right	OPQ	Absent	
6ED0017	Eye, right	MIS	Absent	
6ED0017	Eye, right	HMR	Absent	
6ED0017	Eye, right	EMB	Absent	
6ED0017	Opercula	SLSH	Absent	
6ED0018	Body Surface	RGR	Absent	
6ED0018	Body Surface	RLSN	Absent	
6ED0018	Body Surface	SPDF	Absent	
6ED0018	Body Surface	HMRB	Absent	
6ED0018	Body Surface	FDC	Absent	
6ED0018	Body Surface	BFG	Absent	
6ED0018	Body Surface	PRST	Absent	
6ED0018	Barbel	NORM	Present	
6ED0018	Head	DFM	Absent	
6ED0018	Mouth	ULR	Absent	
6ED0018	Mouth	LLG	Absent	
6ED0018	Nare	SLN	Absent	
6ED0018	Eye, left	EXPTH	Absent	
6ED0018	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0018	Eye, left	MIS	Absent	
6ED0018	Eye, left	HMR	Absent	
6ED0018	Eye, left	EMB	Absent	
6ED0018	Eye, right	EXPTH	Absent	
6ED0018	Eye, right	OPQ	Absent	
6ED0018	Eye, right	MIS	Absent	
6ED0018	Eye, right	HMR	Absent	
6ED0018	Eye, right	EMB	Absent	
6ED0018	Opercula	SLSH	Absent	
6ED0022	Body Surface	RGR	Absent	
6ED0022	Body Surface	RLSN	Absent	
6ED0022	Body Surface	SPDF	Absent	
6ED0022	Body Surface	HMRB	Absent	
6ED0022	Body Surface	FDC	Absent	
6ED0022	Body Surface	BFG	Absent	
6ED0022	Body Surface	PRST	Absent	
6ED0022	Head	DFM	Absent	
6ED0022	Mouth	ULR	Absent	
6ED0022	Mouth	LLG	Absent	
6ED0022	Nare	SLN	Absent	
6ED0022	Eye, left	EXPTH	Absent	
6ED0022	Eye, left	OPQ	Absent	
6ED0022	Eye, left	MIS	Absent	
6ED0022	Eye, left	HMR	Absent	
6ED0022	Eye, left	EMB	Absent	
6ED0022	Eye, right	EXPTH	Absent	
6ED0022	Eye, right	OPQ	Absent	
6ED0022	Eye, right	MIS	Absent	
6ED0022	Eye, right	HMR	Absent	
6ED0022	Eye, right	EMB	Absent	
6ED0022	Opercula	SLSH	Absent	
6ED0023	Body Surface	RGR	Absent	
6ED0023	Body Surface	RLSN	Absent	
6ED0023	Body Surface	SPDF	Absent	
6ED0023	Body Surface	HMRB	Absent	
6ED0023	Body Surface	FDC	Absent	
6ED0023	Body Surface	BFG	Absent	
6ED0023	Body Surface	PRST	Absent	
6ED0023	Head	DFM	Absent	
6ED0023	Mouth	ULR	Absent	
6ED0023	Mouth	LLG	Absent	
6ED0023	Nare	SLN	Absent	
6ED0023	Eye, left	EXPTH	Absent	
6ED0023	Eye, left	OPQ	Absent	
6ED0023	Eye, left	MIS	Absent	
6ED0023	Eye, left	HMR	Absent	
6ED0023	Eye, left	EMB	Absent	
6ED0023	Eye, right	EXPTH	Absent	
6ED0023	Eye, right	OPQ	Absent	
6ED0023	Eye, right	MIS	Absent	
6ED0023	Eye, right	HMR	Absent	
6ED0023	Eye, right	EMB	Absent	
6ED0023	Opercula	SLSH	Absent	
6ED0024	Body Surface	RGR	Absent	
6ED0024	Body Surface	RLSN	Absent	
6ED0024	Body Surface	SPDF	Absent	
6ED0024	Body Surface	HMRB	Absent	
6ED0024	Body Surface	FDC	Absent	
6ED0024	Body Surface	BFG	Absent	
6ED0024	Body Surface	PRST	Absent	
6ED0024	Head	DFM	Absent	
6ED0024	Mouth	ULR	Absent	
6ED0024	Mouth	LLG	Absent	
6ED0024	Nare	SLN	Absent	
6ED0024	Eye, left	EXPTH	Absent	
6ED0024	Eye, left	OPQ	Absent	
6ED0024	Eye, left	MIS	Absent	
6ED0024	Eye, left	HMR	Absent	
6ED0024	Eye, left	EMB	Absent	
6ED0024	Eye, right	EXPTH	Absent	
6ED0024	Eye, right	OPQ	Absent	
6ED0024	Eye, right	MIS	Absent	
6ED0024	Eye, right	HMR	Absent	
6ED0024	Eye, right	EMB	Absent	
6ED0024	Opercula	SLSH	Absent	
6ED0025	Body Surface	RGR	Absent	
6ED0025	Body Surface	RLSN	Absent	
6ED0025	Body Surface	SPDF	Absent	
6ED0025	Body Surface	HMRB	Absent	
6ED0025	Body Surface	FDC	Absent	
6ED0025	Body Surface	BFG	Absent	
6ED0025	Body Surface	PRST	Absent	
6ED0025	Head	DFM	Absent	
6ED0025	Mouth	ULR	Absent	
6ED0025	Mouth	LLG	Absent	
6ED0025	Nare	SLN	Absent	
6ED0025	Eye, left	EXPTH	Absent	
6ED0025	Eye, left	OPQ	Absent	
6ED0025	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0025	Eye, left	HMR	Absent	
6ED0025	Eye, left	EMB	Absent	
6ED0025	Eye, right	EXPTH	Absent	
6ED0025	Eye, right	OPQ	Absent	
6ED0025	Eye, right	MIS	Absent	
6ED0025	Eye, right	HMR	Absent	
6ED0025	Eye, right	EMB	Absent	
6ED0025	Opercula	SLSH	Absent	
6ED0026	Body Surface	RGR	Absent	
6ED0026	Body Surface	RLSN	Absent	
6ED0026	Body Surface	SPDF	Absent	
6ED0026	Body Surface	HMRB	Absent	
6ED0026	Body Surface	FDC	Absent	
6ED0026	Body Surface	BFG	Absent	
6ED0026	Body Surface	PRST	Absent	
6ED0026	Head	DFM	Absent	
6ED0026	Mouth	ULR	Absent	
6ED0026	Mouth	LLG	Absent	
6ED0026	Nare	SLN	Absent	
6ED0026	Eye, left	EXPTH	Absent	
6ED0026	Eye, left	OPQ	Absent	
6ED0026	Eye, left	MIS	Absent	
6ED0026	Eye, left	HMR	Absent	
6ED0026	Eye, left	EMB	Absent	
6ED0026	Eye, right	EXPTH	Absent	
6ED0026	Eye, right	OPQ	Absent	
6ED0026	Eye, right	MIS	Absent	
6ED0026	Eye, right	HMR	Absent	
6ED0026	Eye, right	EMB	Absent	
6ED0026	Opercula	SLSH	Absent	
6ED0027	Body Surface	RGR	Absent	
6ED0027	Body Surface	RLSN	Absent	
6ED0027	Body Surface	SPDF	Absent	
6ED0027	Body Surface	HMRB	Absent	
6ED0027	Body Surface	FDC	Absent	
6ED0027	Body Surface	BFG	Absent	
6ED0027	Body Surface	PRST	Absent	
6ED0027	Head	DFM	Absent	
6ED0027	Mouth	ULR	Absent	
6ED0027	Mouth	LLG	Absent	
6ED0027	Nare	SLN	Absent	
6ED0027	Eye, left	EXPTH	Absent	
6ED0027	Eye, left	OPQ	Absent	
6ED0027	Eye, left	MIS	Absent	
6ED0027	Eye, left	HMR	Absent	
6ED0027	Eye, left	EMB	Absent	
6ED0027	Eye, right	EXPTH	Absent	
6ED0027	Eye, right	OPQ	Absent	
6ED0027	Eye, right	MIS	Absent	
6ED0027	Eye, right	HMR	Absent	
6ED0027	Eye, right	EMB	Absent	
6ED0027	Opercula	SLSH	Absent	
6ED0028	Body Surface	RGR	Absent	
6ED0028	Body Surface	RLSN	Absent	
6ED0028	Body Surface	SPDF	Absent	
6ED0028	Body Surface	HMRB	Absent	
6ED0028	Body Surface	FDC	Absent	
6ED0028	Body Surface	BFG	Absent	
6ED0028	Body Surface	PRST	Absent	
6ED0028	Head	DFM	Absent	
6ED0028	Mouth	ULR	Absent	
6ED0028	Mouth	LLG	Absent	
6ED0028	Nare	SLN	Absent	
6ED0028	Eye, left	EXPTH	Absent	
6ED0028	Eye, left	OPQ	Absent	
6ED0028	Eye, left	MIS	Absent	
6ED0028	Eye, left	HMR	Absent	
6ED0028	Eye, left	EMB	Absent	
6ED0028	Eye, right	EXPTH	Absent	
6ED0028	Eye, right	OPQ	Absent	
6ED0028	Eye, right	MIS	Absent	
6ED0028	Eye, right	HMR	Absent	
6ED0028	Eye, right	EMB	Absent	
6ED0028	Opercula	SLSH	Absent	
6ED0029	Body Surface	RGR	Absent	
6ED0029	Body Surface	RLSN	Absent	
6ED0029	Body Surface	SPDF	Absent	
6ED0029	Body Surface	HMRB	Absent	
6ED0029	Body Surface	FDC	Absent	
6ED0029	Body Surface	BFG	Absent	
6ED0029	Body Surface	PRST	Absent	
6ED0029	Head	DFM	Absent	
6ED0029	Mouth	ULR	Absent	
6ED0029	Mouth	LLG	Absent	
6ED0029	Nare	SLN	Absent	
6ED0029	Eye, left	EXPTH	Absent	
6ED0029	Eye, left	OPQ	Absent	
6ED0029	Eye, left	MIS	Absent	
6ED0029	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0029	Eye, left	EMB	Absent	
6ED0029	Eye, right	EXPTH	Absent	
6ED0029	Eye, right	OPQ	Absent	
6ED0029	Eye, right	MIS	Absent	
6ED0029	Eye, right	HMR	Absent	
6ED0029	Eye, right	EMB	Absent	
6ED0029	Opercula	SLSH	Absent	
6ED0030	Body Surface	RGR	Absent	
6ED0030	Body Surface	RLSN	Absent	
6ED0030	Body Surface	SPDF	Absent	
6ED0030	Body Surface	HMRB	Absent	
6ED0030	Body Surface	FDC	Absent	
6ED0030	Body Surface	BFG	Absent	
6ED0030	Body Surface	PRST	Absent	
6ED0030	Head	DFM	Absent	
6ED0030	Mouth	ULR	Absent	
6ED0030	Mouth	LLG	Absent	
6ED0030	Nare	SLN	Absent	
6ED0030	Eye, left	EXPTH	Absent	
6ED0030	Eye, left	OPQ	Absent	
6ED0030	Eye, left	MIS	Absent	
6ED0030	Eye, left	HMR	Absent	
6ED0030	Eye, left	EMB	Absent	
6ED0030	Eye, right	EXPTH	Absent	
6ED0030	Eye, right	OPQ	Absent	
6ED0030	Eye, right	MIS	Absent	
6ED0030	Eye, right	HMR	Absent	
6ED0030	Eye, right	EMB	Absent	
6ED0030	Opercula	SLSH	Absent	
6ED0031	Body Surface	RGR	Absent	
6ED0031	Body Surface	RLSN	Absent	
6ED0031	Body Surface	SPDF	Absent	
6ED0031	Body Surface	HMRB	Absent	
6ED0031	Body Surface	FDC	Absent	
6ED0031	Body Surface	BFG	Absent	
6ED0031	Body Surface	PRST	Absent	
6ED0031	Head	DFM	Absent	
6ED0031	Mouth	ULR	Absent	
6ED0031	Mouth	LLG	Absent	
6ED0031	Nare	SLN	Absent	
6ED0031	Eye, left	EXPTH	Absent	
6ED0031	Eye, left	OPQ	Absent	
6ED0031	Eye, left	MIS	Absent	
6ED0031	Eye, left	HMR	Absent	
6ED0031	Eye, left	EMB	Absent	
6ED0031	Eye, right	EXPTH	Absent	
6ED0031	Eye, right	OPQ	Absent	
6ED0031	Eye, right	MIS	Absent	
6ED0031	Eye, right	HMR	Absent	
6ED0031	Eye, right	EMB	Absent	
6ED0031	Opercula	SLSH	Absent	
6ED0032	Body Surface	RGR	Absent	
6ED0032	Body Surface	RLSN	Absent	
6ED0032	Body Surface	SPDF	Absent	
6ED0032	Body Surface	HMRB	Absent	
6ED0032	Body Surface	FDC	Absent	
6ED0032	Body Surface	BFG	Absent	
6ED0032	Body Surface	PRST	Absent	
6ED0032	Head	DFM	Absent	
6ED0032	Mouth	ULR	Absent	
6ED0032	Mouth	LLG	Absent	
6ED0032	Nare	SLN	Absent	
6ED0032	Eye, left	EXPTH	Absent	
6ED0032	Eye, left	OPQ	Absent	
6ED0032	Eye, left	MIS	Absent	
6ED0032	Eye, left	HMR	Absent	
6ED0032	Eye, left	EMB	Absent	
6ED0032	Eye, right	EXPTH	Absent	
6ED0032	Eye, right	OPQ	Absent	
6ED0032	Eye, right	MIS	Absent	
6ED0032	Eye, right	HMR	Absent	
6ED0032	Eye, right	EMB	Absent	
6ED0032	Opercula	SLSH	Absent	
6ED0033	Body Surface	RGR	Absent	
6ED0033	Body Surface	RLSN	Absent	
6ED0033	Body Surface	SPDF	Absent	
6ED0033	Body Surface	HMRB	Absent	
6ED0033	Body Surface	FDC	Absent	
6ED0033	Body Surface	BFG	Absent	
6ED0033	Body Surface	PRST	Absent	
6ED0033	Head	DFM	Absent	
6ED0033	Mouth	ULR	Absent	
6ED0033	Mouth	LLG	Absent	
6ED0033	Nare	SLN	Absent	
6ED0033	Eye, left	EXPTH	Absent	
6ED0033	Eye, left	OPQ	Absent	
6ED0033	Eye, left	MIS	Absent	
6ED0033	Eye, left	HMR	Absent	
6ED0033	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0033	Eye, right	EXPTH	Absent	
6ED0033	Eye, right	OPQ	Absent	
6ED0033	Eye, right	MIS	Absent	
6ED0033	Eye, right	HMR	Absent	
6ED0033	Eye, right	EMB	Absent	
6ED0033	Opercula	SLSH	Absent	
6ED0034	Body Surface	RGR	Absent	
6ED0034	Body Surface	RLSN	Absent	
6ED0034	Body Surface	SPDF	Absent	
6ED0034	Body Surface	HMRB	Absent	
6ED0034	Body Surface	FDC	Absent	
6ED0034	Body Surface	BFG	Absent	
6ED0034	Body Surface	PRST	Absent	
6ED0034	Head	DFM	Absent	
6ED0034	Mouth	ULR	Absent	
6ED0034	Mouth	LLG	Absent	
6ED0034	Nare	SLN	Absent	
6ED0034	Eye, left	EXPTH	Absent	
6ED0034	Eye, left	OPQ	Absent	
6ED0034	Eye, left	MIS	Absent	
6ED0034	Eye, left	HMR	Absent	
6ED0034	Eye, left	EMB	Absent	
6ED0034	Eye, right	EXPTH	Absent	
6ED0034	Eye, right	OPQ	Absent	
6ED0034	Eye, right	MIS	Absent	
6ED0034	Eye, right	HMR	Absent	
6ED0034	Eye, right	EMB	Absent	
6ED0034	Opercula	SLSH	Absent	
6ED0035	Body Surface	RGR	Absent	
6ED0035	Body Surface	RLSN	Absent	
6ED0035	Body Surface	SPDF	Absent	
6ED0035	Body Surface	HMRB	Absent	
6ED0035	Body Surface	FDC	Absent	
6ED0035	Body Surface	BFG	Absent	
6ED0035	Body Surface	PRST	Absent	
6ED0035	Head	DFM	Absent	
6ED0035	Mouth	ULR	Absent	
6ED0035	Mouth	LLG	Absent	
6ED0035	Nare	SLN	Absent	
6ED0035	Eye, left	EXPTH	Absent	
6ED0035	Eye, left	OPQ	Absent	
6ED0035	Eye, left	MIS	Absent	
6ED0035	Eye, left	HMR	Absent	
6ED0035	Eye, left	EMB	Absent	
6ED0035	Eye, right	EXPTH	Absent	
6ED0035	Eye, right	OPQ	Absent	
6ED0035	Eye, right	MIS	Absent	
6ED0035	Eye, right	HMR	Absent	
6ED0035	Eye, right	EMB	Absent	
6ED0035	Opercula	SLSH	Absent	
6ED0036	Body Surface	RGR	Absent	
6ED0036	Body Surface	RLSN	Absent	
6ED0036	Body Surface	SPDF	Absent	
6ED0036	Body Surface	HMRB	Absent	
6ED0036	Body Surface	FDC	Absent	
6ED0036	Body Surface	BFG	Absent	
6ED0036	Body Surface	PRST	Absent	
6ED0036	Head	DFM	Absent	
6ED0036	Mouth	ULR	Absent	
6ED0036	Mouth	LLG	Absent	
6ED0036	Nare	SLN	Absent	
6ED0036	Eye, left	EXPTH	Absent	
6ED0036	Eye, left	OPQ	Absent	
6ED0036	Eye, left	MIS	Absent	
6ED0036	Eye, left	HMR	Absent	
6ED0036	Eye, left	EMB	Absent	
6ED0036	Eye, right	EXPTH	Absent	
6ED0036	Eye, right	OPQ	Absent	
6ED0036	Eye, right	MIS	Absent	
6ED0036	Eye, right	HMR	Absent	
6ED0036	Eye, right	EMB	Absent	
6ED0036	Opercula	SLSH	Absent	
6ED0037	Body Surface	RGR	Absent	
6ED0037	Body Surface	RLSN	Absent	
6ED0037	Body Surface	SPDF	Absent	
6ED0037	Body Surface	HMRB	Absent	
6ED0037	Body Surface	FDC	Absent	
6ED0037	Body Surface	BFG	Absent	
6ED0037	Body Surface	PRST	Absent	
6ED0037	Head	DFM	Absent	
6ED0037	Mouth	ULR	Absent	
6ED0037	Mouth	LLG	Absent	
6ED0037	Nare	SLN	Absent	
6ED0037	Eye, left	EXPTH	Absent	
6ED0037	Eye, left	OPQ	Absent	
6ED0037	Eye, left	MIS	Absent	
6ED0037	Eye, left	HMR	Absent	
6ED0037	Eye, left	EMB	Absent	
6ED0037	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0037	Eye, right	OPQ	Absent	
6ED0037	Eye, right	MIS	Absent	
6ED0037	Eye, right	HMR	Absent	
6ED0037	Eye, right	EMB	Absent	
6ED0037	Opercula	SLSH	Absent	
6ED0038	Body Surface	RGR	Absent	
6ED0038	Body Surface	RGR	Absent	
6ED0038	Body Surface	RLSN	Absent	
6ED0038	Body Surface	RLSN	Absent	
6ED0038	Body Surface	SPDF	Absent	
6ED0038	Body Surface	SPDF	Absent	
6ED0038	Body Surface	HMRB	Absent	
6ED0038	Body Surface	HMRB	Absent	
6ED0038	Body Surface	FDC	Absent	
6ED0038	Body Surface	FDC	Present	
6ED0038	Body Surface	BFG	Absent	
6ED0038	Body Surface	BFG	Absent	
6ED0038	Body Surface	PRST	Absent	
6ED0038	Body Surface	PRST	Absent	
6ED0038	Body Surface	OTHER	Present	Lacerations on body
6ED0038	Barbel	NORM	Present	
6ED0038	Head	DFM	Absent	
6ED0038	Head	DFM	Absent	
6ED0038	Mouth	ULR	Absent	
6ED0038	Mouth	ULR	Absent	
6ED0038	Mouth	LLG	Absent	
6ED0038	Mouth	LLG	Absent	
6ED0038	Nare	SLN	Absent	
6ED0038	Nare	SLN	Absent	
6ED0038	Eye, left	EXPTH	Absent	
6ED0038	Eye, left	EXPTH	Absent	
6ED0038	Eye, left	OPQ	Absent	
6ED0038	Eye, left	OPQ	Absent	
6ED0038	Eye, left	MIS	Absent	
6ED0038	Eye, left	MIS	Absent	
6ED0038	Eye, left	HMR	Absent	
6ED0038	Eye, left	HMR	Absent	
6ED0038	Eye, left	EMB	Absent	
6ED0038	Eye, left	EMB	Absent	
6ED0038	Eye, right	EXPTH	Absent	
6ED0038	Eye, right	EXPTH	Absent	
6ED0038	Eye, right	OPQ	Absent	
6ED0038	Eye, right	OPQ	Absent	
6ED0038	Eye, right	MIS	Absent	
6ED0038	Eye, right	MIS	Absent	
6ED0038	Eye, right	HMR	Absent	
6ED0038	Eye, right	HMR	Absent	
6ED0038	Eye, right	EMB	Absent	
6ED0038	Eye, right	EMB	Absent	
6ED0038	Opercula	SLSH	Absent	
6ED0038	Opercula	SLSH	Absent	
6ED0039	Body Surface	RGR	Absent	
6ED0039	Body Surface	RLSN	Absent	
6ED0039	Body Surface	SPDF	Absent	
6ED0039	Body Surface	HMRB	Absent	
6ED0039	Body Surface	FDC	Absent	
6ED0039	Body Surface	BFG	Absent	
6ED0039	Body Surface	PRST	Absent	
6ED0039	Barbel	NORM	Present	
6ED0039	Head	DFM	Absent	
6ED0039	Mouth	ULR	Absent	
6ED0039	Mouth	LLG	Absent	
6ED0039	Nare	SLN	Absent	
6ED0039	Eye, left	EXPTH	Absent	
6ED0039	Eye, left	OPQ	Absent	
6ED0039	Eye, left	MIS	Absent	
6ED0039	Eye, left	HMR	Absent	
6ED0039	Eye, left	EMB	Absent	
6ED0039	Eye, right	EXPTH	Absent	
6ED0039	Eye, right	OPQ	Absent	
6ED0039	Eye, right	MIS	Absent	
6ED0039	Eye, right	HMR	Absent	
6ED0039	Eye, right	EMB	Absent	
6ED0039	Opercula	SLSH	Absent	
6ED0040	Body Surface	RGR	Absent	
6ED0040	Body Surface	RLSN	Absent	
6ED0040	Body Surface	SPDF	Absent	
6ED0040	Body Surface	HMRB	Absent	
6ED0040	Body Surface	FDC	Present	
6ED0040	Body Surface	BFG	Absent	
6ED0040	Body Surface	PRST	Absent	
6ED0040	Barbel	NORM	Present	
6ED0040	Head	DFM	Absent	
6ED0040	Mouth	ULR	Absent	
6ED0040	Mouth	LLG	Absent	
6ED0040	Nare	SLN	Absent	
6ED0040	Eye, left	EXPTH	Absent	
6ED0040	Eye, left	OPQ	Absent	
6ED0040	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0040	Eye, left	HMR	Absent	
6ED0040	Eye, left	EMB	Absent	
6ED0040	Eye, right	EXPTH	Absent	
6ED0040	Eye, right	OPQ	Absent	
6ED0040	Eye, right	MIS	Absent	
6ED0040	Eye, right	HMR	Absent	
6ED0040	Eye, right	EMB	Absent	
6ED0040	Opercula	SLSH	Absent	
6ED0041	Body Surface	RGR	Absent	
6ED0041	Body Surface	RLSN	Absent	
6ED0041	Body Surface	SPDF	Absent	
6ED0041	Body Surface	HMRB	Absent	
6ED0041	Body Surface	FDC	Absent	
6ED0041	Body Surface	BFG	Absent	
6ED0041	Body Surface	PRST	Absent	
6ED0041	Barbel	NORM	Present	
6ED0041	Head	DFM	Absent	
6ED0041	Mouth	ULR	Absent	
6ED0041	Mouth	LLG	Absent	
6ED0041	Nare	SLN	Absent	
6ED0041	Eye, left	EXPTH	Absent	
6ED0041	Eye, left	OPQ	Absent	
6ED0041	Eye, left	MIS	Absent	
6ED0041	Eye, left	HMR	Absent	
6ED0041	Eye, left	EMB	Absent	
6ED0041	Eye, right	EXPTH	Absent	
6ED0041	Eye, right	OPQ	Absent	
6ED0041	Eye, right	MIS	Absent	
6ED0041	Eye, right	HMR	Absent	
6ED0041	Eye, right	EMB	Absent	
6ED0041	Opercula	SLSH	Absent	
6ED0042	Body Surface	RGR	Absent	
6ED0042	Body Surface	RLSN	Absent	
6ED0042	Body Surface	SPDF	Absent	
6ED0042	Body Surface	HMRB	Absent	
6ED0042	Body Surface	FDC	Present	
6ED0042	Body Surface	BFG	Absent	
6ED0042	Body Surface	PRST	Absent	
6ED0042	Barbel	NORM	Present	
6ED0042	Head	DFM	Absent	
6ED0042	Mouth	ULR	Absent	
6ED0042	Mouth	LLG	Absent	
6ED0042	Nare	SLN	Absent	
6ED0042	Eye, left	EXPTH	Absent	
6ED0042	Eye, left	OPQ	Absent	
6ED0042	Eye, left	MIS	Absent	
6ED0042	Eye, left	HMR	Absent	
6ED0042	Eye, left	EMB	Absent	
6ED0042	Eye, right	EXPTH	Absent	
6ED0042	Eye, right	OPQ	Absent	
6ED0042	Eye, right	MIS	Absent	
6ED0042	Eye, right	HMR	Absent	
6ED0042	Eye, right	EMB	Absent	
6ED0042	Opercula	SLSH	Absent	
6ED0043H	Body Surface	RGR	Absent	
6ED0043H	Body Surface	RLSN	Absent	
6ED0043H	Body Surface	SPDF	Absent	
6ED0043H	Body Surface	HMRB	Absent	
6ED0043H	Body Surface	FDC	Absent	
6ED0043H	Body Surface	BFG	Absent	
6ED0043H	Body Surface	PRST	Absent	
6ED0043H	Head	DFM	Absent	
6ED0043H	Mouth	ULR	Absent	
6ED0043H	Mouth	LLG	Absent	
6ED0043H	Nare	SLN	Absent	
6ED0043H	Eye, left	EXPTH	Absent	
6ED0043H	Eye, left	OPQ	Absent	
6ED0043H	Eye, left	MIS	Absent	
6ED0043H	Eye, left	HMR	Absent	
6ED0043H	Eye, left	EMB	Absent	
6ED0043H	Eye, right	EXPTH	Absent	
6ED0043H	Eye, right	OPQ	Absent	
6ED0043H	Eye, right	MIS	Absent	
6ED0043H	Eye, right	HMR	Absent	
6ED0043H	Eye, right	EMB	Absent	
6ED0043H	Opercula	SLSH	Absent	
6ED0044	Body Surface	RGR	Absent	
6ED0044	Body Surface	RLSN	Absent	
6ED0044	Body Surface	SPDF	Absent	
6ED0044	Body Surface	HMRB	Absent	
6ED0044	Body Surface	FDC	Absent	
6ED0044	Body Surface	BFG	Absent	
6ED0044	Body Surface	PRST	Absent	
6ED0044	Barbel	NORM	Present	
6ED0044	Head	DFM	Absent	
6ED0044	Mouth	ULR	Absent	
6ED0044	Mouth	LLG	Absent	
6ED0044	Nare	SLN	Absent	
6ED0044	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0044	Eye, left	OPQ	Absent	
6ED0044	Eye, left	MIS	Absent	
6ED0044	Eye, left	HMR	Absent	
6ED0044	Eye, left	EMB	Absent	
6ED0044	Eye, right	EXPTH	Absent	
6ED0044	Eye, right	OPQ	Absent	
6ED0044	Eye, right	MIS	Absent	
6ED0044	Eye, right	HMR	Absent	
6ED0044	Eye, right	EMB	Absent	
6ED0044	Opercula	SLSH	Absent	
6ED0045	Body Surface	RGR	Absent	
6ED0045	Body Surface	RLSN	Absent	
6ED0045	Body Surface	SPDF	Absent	
6ED0045	Body Surface	HMRB	Absent	
6ED0045	Body Surface	FDC	Absent	
6ED0045	Body Surface	BFG	Absent	
6ED0045	Body Surface	PRST	Absent	
6ED0045	Barbel	NORM	Present	
6ED0045	Head	DFM	Absent	
6ED0045	Mouth	ULR	Absent	
6ED0045	Mouth	LLG	Absent	
6ED0045	Nare	SLN	Absent	
6ED0045	Eye, left	EXPTH	Absent	
6ED0045	Eye, left	OPQ	Absent	
6ED0045	Eye, left	MIS	Absent	
6ED0045	Eye, left	HMR	Absent	
6ED0045	Eye, left	EMB	Absent	
6ED0045	Eye, right	EXPTH	Absent	
6ED0045	Eye, right	OPQ	Absent	
6ED0045	Eye, right	MIS	Absent	
6ED0045	Eye, right	HMR	Absent	
6ED0045	Eye, right	EMB	Absent	
6ED0045	Opercula	SLSH	Absent	
6ED0046	Body Surface	RGR	Absent	
6ED0046	Body Surface	RLSN	Absent	
6ED0046	Body Surface	SPDF	Absent	
6ED0046	Body Surface	HMRB	Absent	
6ED0046	Body Surface	FDC	Absent	
6ED0046	Body Surface	BFG	Absent	
6ED0046	Body Surface	PRST	Absent	
6ED0046	Head	DFM	Absent	
6ED0046	Mouth	ULR	Absent	
6ED0046	Mouth	LLG	Absent	
6ED0046	Nare	SLN	Absent	
6ED0046	Eye, left	EXPTH	Absent	
6ED0046	Eye, left	OPQ	Absent	
6ED0046	Eye, left	MIS	Absent	
6ED0046	Eye, left	HMR	Absent	
6ED0046	Eye, left	EMB	Absent	
6ED0046	Eye, right	EXPTH	Absent	
6ED0046	Eye, right	OPQ	Absent	
6ED0046	Eye, right	MIS	Absent	
6ED0046	Eye, right	HMR	Absent	
6ED0046	Eye, right	EMB	Absent	
6ED0046	Opercula	SLSH	Absent	
6ED0047	Body Surface	RGR	Absent	
6ED0047	Body Surface	RLSN	Absent	
6ED0047	Body Surface	SPDF	Absent	
6ED0047	Body Surface	HMRB	Absent	
6ED0047	Body Surface	FDC	Absent	
6ED0047	Body Surface	BFG	Absent	
6ED0047	Body Surface	PRST	Absent	
6ED0047	Head	DFM	Absent	
6ED0047	Mouth	ULR	Absent	
6ED0047	Mouth	LLG	Absent	
6ED0047	Nare	SLN	Absent	
6ED0047	Eye, left	EXPTH	Absent	
6ED0047	Eye, left	OPQ	Absent	
6ED0047	Eye, left	MIS	Absent	
6ED0047	Eye, left	HMR	Absent	
6ED0047	Eye, left	EMB	Absent	
6ED0047	Eye, right	EXPTH	Absent	
6ED0047	Eye, right	OPQ	Absent	
6ED0047	Eye, right	MIS	Absent	
6ED0047	Eye, right	HMR	Absent	
6ED0047	Eye, right	EMB	Absent	
6ED0047	Opercula	SLSH	Absent	
6ED0048	Body Surface	RGR	Absent	
6ED0048	Body Surface	RLSN	Absent	
6ED0048	Body Surface	SPDF	Absent	
6ED0048	Body Surface	HMRB	Absent	
6ED0048	Body Surface	FDC	Absent	
6ED0048	Body Surface	BFG	Absent	
6ED0048	Body Surface	PRST	Absent	
6ED0048	Head	DFM	Absent	
6ED0048	Mouth	ULR	Absent	
6ED0048	Mouth	LLG	Absent	
6ED0048	Nare	SLN	Absent	
6ED0048	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0048	Eye, left	OPQ	Absent	
6ED0048	Eye, left	MIS	Absent	
6ED0048	Eye, left	HMR	Absent	
6ED0048	Eye, left	EMB	Absent	
6ED0048	Eye, right	EXPTH	Absent	
6ED0048	Eye, right	OPQ	Absent	
6ED0048	Eye, right	MIS	Absent	
6ED0048	Eye, right	HMR	Absent	
6ED0048	Eye, right	EMB	Absent	
6ED0048	Opercula	SLSH	Absent	
6ED0049	Body Surface	RGR	Absent	
6ED0049	Body Surface	RLSN	Absent	
6ED0049	Body Surface	SPDF	Absent	
6ED0049	Body Surface	HMRB	Absent	
6ED0049	Body Surface	FDC	Absent	
6ED0049	Body Surface	BFG	Absent	
6ED0049	Body Surface	PRST	Absent	
6ED0049	Head	DFM	Absent	
6ED0049	Mouth	ULR	Absent	
6ED0049	Mouth	LLG	Absent	
6ED0049	Nare	SLN	Absent	
6ED0049	Eye, left	EXPTH	Absent	
6ED0049	Eye, left	OPQ	Absent	
6ED0049	Eye, left	MIS	Absent	
6ED0049	Eye, left	HMR	Absent	
6ED0049	Eye, left	EMB	Absent	
6ED0049	Eye, right	EXPTH	Absent	
6ED0049	Eye, right	OPQ	Absent	
6ED0049	Eye, right	MIS	Absent	
6ED0049	Eye, right	HMR	Absent	
6ED0049	Eye, right	EMB	Absent	
6ED0049	Opercula	SLSH	Absent	
6ED0050	Body Surface	RGR	Absent	
6ED0050	Body Surface	RLSN	Absent	
6ED0050	Body Surface	SPDF	Absent	
6ED0050	Body Surface	HMRB	Absent	
6ED0050	Body Surface	FDC	Absent	
6ED0050	Body Surface	BFG	Absent	
6ED0050	Body Surface	PRST	Absent	
6ED0050	Head	DFM	Absent	
6ED0050	Mouth	ULR	Absent	
6ED0050	Mouth	LLG	Absent	
6ED0050	Nare	SLN	Absent	
6ED0050	Eye, left	EXPTH	Absent	
6ED0050	Eye, left	OPQ	Absent	
6ED0050	Eye, left	MIS	Absent	
6ED0050	Eye, left	HMR	Absent	
6ED0050	Eye, left	EMB	Absent	
6ED0050	Eye, right	EXPTH	Absent	
6ED0050	Eye, right	OPQ	Absent	
6ED0050	Eye, right	MIS	Absent	
6ED0050	Eye, right	HMR	Absent	
6ED0050	Eye, right	EMB	Absent	
6ED0050	Opercula	SLSH	Absent	
6ED0051	OTHER	OTHER	Present	No examination performed
6ED0052	Body Surface	RGR	Absent	
6ED0052	Body Surface	RLSN	Absent	
6ED0052	Body Surface	SPDF	Absent	
6ED0052	Body Surface	HMRB	Absent	
6ED0052	Body Surface	FDC	Absent	
6ED0052	Body Surface	BFG	Absent	
6ED0052	Body Surface	PRST	Absent	
6ED0052	Head	DFM	Absent	
6ED0052	Mouth	ULR	Absent	
6ED0052	Mouth	LLG	Absent	
6ED0052	Nare	SLN	Absent	
6ED0052	Eye, left	EXPTH	Absent	
6ED0052	Eye, left	OPQ	Absent	
6ED0052	Eye, left	MIS	Absent	
6ED0052	Eye, left	HMR	Absent	
6ED0052	Eye, left	EMB	Absent	
6ED0052	Eye, right	EXPTH	Absent	
6ED0052	Eye, right	OPQ	Absent	
6ED0052	Eye, right	MIS	Absent	
6ED0052	Eye, right	HMR	Absent	
6ED0052	Eye, right	EMB	Absent	
6ED0052	Opercula	SLSH	Absent	
6ED0053	Body Surface	RGR	Absent	
6ED0053	Body Surface	RLSN	Absent	
6ED0053	Body Surface	SPDF	Absent	
6ED0053	Body Surface	HMRB	Absent	
6ED0053	Body Surface	FDC	Absent	
6ED0053	Body Surface	BFG	Absent	
6ED0053	Body Surface	PRST	Absent	
6ED0053	Head	DFM	Absent	
6ED0053	Mouth	ULR	Absent	
6ED0053	Mouth	LLG	Absent	
6ED0053	Nare	SLN	Absent	
6ED0053	Eye, left	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0053	Eye, left	OPQ	Absent	
6ED0053	Eye, left	MIS	Absent	
6ED0053	Eye, left	HMR	Absent	
6ED0053	Eye, left	EMB	Absent	
6ED0053	Eye, right	EXPTH	Absent	
6ED0053	Eye, right	OPQ	Absent	
6ED0053	Eye, right	MIS	Absent	
6ED0053	Eye, right	HMR	Absent	
6ED0053	Eye, right	EMB	Absent	
6ED0053	Opercula	SLSH	Absent	
6ED0054	Body Surface	RGR	Absent	
6ED0054	Body Surface	RLSN	Absent	
6ED0054	Body Surface	SPDF	Absent	
6ED0054	Body Surface	HMRB	Absent	
6ED0054	Body Surface	FDC	Absent	
6ED0054	Body Surface	BFG	Absent	
6ED0054	Body Surface	PRST	Absent	
6ED0054	Head	DFM	Absent	
6ED0054	Mouth	ULR	Absent	
6ED0054	Mouth	LLG	Absent	
6ED0054	Nare	SLN	Absent	
6ED0054	Eye, left	EXPTH	Absent	
6ED0054	Eye, left	OPQ	Absent	
6ED0054	Eye, left	MIS	Absent	
6ED0054	Eye, left	HMR	Absent	
6ED0054	Eye, left	EMB	Absent	
6ED0054	Eye, right	EXPTH	Absent	
6ED0054	Eye, right	OPQ	Absent	
6ED0054	Eye, right	MIS	Absent	
6ED0054	Eye, right	HMR	Absent	
6ED0054	Eye, right	EMB	Absent	
6ED0054	Opercula	SLSH	Absent	
6ED0055	Body Surface	RGR	Absent	
6ED0055	Body Surface	RLSN	Absent	
6ED0055	Body Surface	SPDF	Absent	
6ED0055	Body Surface	HMRB	Absent	
6ED0055	Body Surface	FDC	Absent	
6ED0055	Body Surface	BFG	Absent	
6ED0055	Body Surface	PRST	Absent	
6ED0055	Head	DFM	Absent	
6ED0055	Mouth	ULR	Absent	
6ED0055	Mouth	LLG	Absent	
6ED0055	Nare	SLN	Absent	
6ED0055	Eye, left	EXPTH	Absent	
6ED0055	Eye, left	OPQ	Absent	
6ED0055	Eye, left	MIS	Absent	
6ED0055	Eye, left	HMR	Absent	
6ED0055	Eye, left	EMB	Absent	
6ED0055	Eye, right	EXPTH	Absent	
6ED0055	Eye, right	OPQ	Absent	
6ED0055	Eye, right	MIS	Absent	
6ED0055	Eye, right	HMR	Absent	
6ED0055	Eye, right	EMB	Absent	
6ED0055	Opercula	SLSH	Absent	
6ED0056	Body Surface	RGR	Absent	
6ED0056	Body Surface	RLSN	Absent	
6ED0056	Body Surface	SPDF	Absent	
6ED0056	Body Surface	HMRB	Absent	
6ED0056	Body Surface	FDC	Absent	
6ED0056	Body Surface	BFG	Absent	
6ED0056	Body Surface	PRST	Absent	
6ED0056	Head	DFM	Absent	
6ED0056	Mouth	ULR	Absent	
6ED0056	Mouth	LLG	Absent	
6ED0056	Nare	SLN	Absent	
6ED0056	Eye, left	EXPTH	Absent	
6ED0056	Eye, left	OPQ	Absent	
6ED0056	Eye, left	MIS	Absent	
6ED0056	Eye, left	HMR	Absent	
6ED0056	Eye, left	EMB	Absent	
6ED0056	Eye, right	EXPTH	Absent	
6ED0056	Eye, right	OPQ	Absent	
6ED0056	Eye, right	MIS	Absent	
6ED0056	Eye, right	HMR	Absent	
6ED0056	Eye, right	EMB	Absent	
6ED0056	Opercula	SLSH	Absent	
6ED0057	Body Surface	RGR	Absent	
6ED0057	Body Surface	RLSN	Absent	
6ED0057	Body Surface	SPDF	Absent	
6ED0057	Body Surface	HMRB	Absent	
6ED0057	Body Surface	FDC	Absent	
6ED0057	Body Surface	BFG	Absent	
6ED0057	Body Surface	PRST	Absent	
6ED0057	Head	DFM	Absent	
6ED0057	Mouth	ULR	Absent	
6ED0057	Mouth	LLG	Absent	
6ED0057	Nare	SLN	Absent	
6ED0057	Eye, left	EXPTH	Absent	
6ED0057	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0057	Eye, left	MIS	Absent	
6ED0057	Eye, left	HMR	Absent	
6ED0057	Eye, left	EMB	Absent	
6ED0057	Eye, right	EXPTH	Absent	
6ED0057	Eye, right	OPQ	Absent	
6ED0057	Eye, right	MIS	Absent	
6ED0057	Eye, right	HMR	Absent	
6ED0057	Eye, right	EMB	Absent	
6ED0057	Opercula	SLSH	Absent	
6ED0059	Body Surface	RGR	Absent	
6ED0059	Body Surface	RLSN	Absent	
6ED0059	Body Surface	SPDF	Absent	
6ED0059	Body Surface	HMRB	Absent	
6ED0059	Body Surface	FDC	Absent	
6ED0059	Body Surface	BFG	Absent	
6ED0059	Body Surface	PRST	Absent	
6ED0059	Head	DFM	Absent	
6ED0059	Mouth	ULR	Absent	
6ED0059	Mouth	LLG	Absent	
6ED0059	Nare	SLN	Absent	
6ED0059	Eye, left	EXPTH	Absent	
6ED0059	Eye, left	OPQ	Absent	
6ED0059	Eye, left	MIS	Absent	
6ED0059	Eye, left	HMR	Absent	
6ED0059	Eye, left	EMB	Absent	
6ED0059	Eye, right	EXPTH	Absent	
6ED0059	Eye, right	OPQ	Absent	
6ED0059	Eye, right	MIS	Absent	
6ED0059	Eye, right	HMR	Absent	
6ED0059	Eye, right	EMB	Absent	
6ED0059	Opercula	SLSH	Absent	
6ED0061	Body Surface	RGR	Absent	
6ED0061	Body Surface	RLSN	Absent	
6ED0061	Body Surface	SPDF	Absent	
6ED0061	Body Surface	HMRB	Absent	
6ED0061	Body Surface	FDC	Absent	
6ED0061	Body Surface	BFG	Absent	
6ED0061	Body Surface	PRST	Absent	
6ED0061	Head	DFM	Absent	
6ED0061	Mouth	ULR	Absent	
6ED0061	Mouth	LLG	Absent	
6ED0061	Nare	SLN	Absent	
6ED0061	Eye, left	EXPTH	Absent	
6ED0061	Eye, left	OPQ	Absent	
6ED0061	Eye, left	MIS	Absent	
6ED0061	Eye, left	HMR	Absent	
6ED0061	Eye, left	EMB	Absent	
6ED0061	Eye, right	EXPTH	Absent	
6ED0061	Eye, right	OPQ	Absent	
6ED0061	Eye, right	MIS	Absent	
6ED0061	Eye, right	HMR	Absent	
6ED0061	Eye, right	EMB	Absent	
6ED0061	Opercula	SLSH	Absent	
6ED0065	Body Surface	RGR	Absent	
6ED0065	Body Surface	RLSN	Absent	
6ED0065	Body Surface	SPDF	Absent	
6ED0065	Body Surface	HMRB	Absent	
6ED0065	Body Surface	FDC	Absent	
6ED0065	Body Surface	BFG	Absent	
6ED0065	Body Surface	PRST	Absent	
6ED0065	Head	DFM	Absent	
6ED0065	Mouth	ULR	Absent	
6ED0065	Mouth	LLG	Absent	
6ED0065	Nare	SLN	Absent	
6ED0065	Eye, left	EXPTH	Absent	
6ED0065	Eye, left	OPQ	Absent	
6ED0065	Eye, left	MIS	Absent	
6ED0065	Eye, left	HMR	Absent	
6ED0065	Eye, left	EMB	Absent	
6ED0065	Eye, right	EXPTH	Absent	
6ED0065	Eye, right	OPQ	Absent	
6ED0065	Eye, right	MIS	Absent	
6ED0065	Eye, right	HMR	Absent	
6ED0065	Eye, right	EMB	Absent	
6ED0065	Opercula	SLSH	Absent	
6ED0066	Body Surface	RGR	Absent	
6ED0066	Body Surface	RLSN	Absent	
6ED0066	Body Surface	SPDF	Absent	
6ED0066	Body Surface	HMRB	Absent	
6ED0066	Body Surface	FDC	Absent	
6ED0066	Body Surface	BFG	Absent	
6ED0066	Body Surface	PRST	Absent	
6ED0066	Head	DFM	Absent	
6ED0066	Mouth	ULR	Absent	
6ED0066	Mouth	LLG	Absent	
6ED0066	Nare	SLN	Absent	
6ED0066	Eye, left	EXPTH	Absent	
6ED0066	Eye, left	OPQ	Absent	
6ED0066	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0066	Eye, left	HMR	Absent	
6ED0066	Eye, left	EMB	Absent	
6ED0066	Eye, right	EXPTH	Absent	
6ED0066	Eye, right	OPQ	Absent	
6ED0066	Eye, right	MIS	Absent	
6ED0066	Eye, right	HMR	Absent	
6ED0066	Eye, right	EMB	Absent	
6ED0066	Opercula	SLSH	Absent	
6ED0067	Body Surface	RGR	Absent	
6ED0067	Body Surface	RLSN	Absent	
6ED0067	Body Surface	SPDF	Absent	
6ED0067	Body Surface	HMRB	Absent	
6ED0067	Body Surface	FDC	Absent	
6ED0067	Body Surface	BFG	Absent	
6ED0067	Body Surface	PRST	Absent	
6ED0067	Head	DFM	Absent	
6ED0067	Mouth	ULR	Absent	
6ED0067	Mouth	LLG	Absent	
6ED0067	Nare	SLN	Absent	
6ED0067	Eye, left	EXPTH	Absent	
6ED0067	Eye, left	OPQ	Absent	
6ED0067	Eye, left	MIS	Absent	
6ED0067	Eye, left	HMR	Absent	
6ED0067	Eye, left	EMB	Absent	
6ED0067	Eye, right	EXPTH	Absent	
6ED0067	Eye, right	OPQ	Absent	
6ED0067	Eye, right	MIS	Absent	
6ED0067	Eye, right	HMR	Absent	
6ED0067	Eye, right	EMB	Absent	
6ED0067	Opercula	SLSH	Absent	
6ED0068A	Body Surface	RGR	Absent	
6ED0068A	Body Surface	RLSN	Absent	
6ED0068A	Body Surface	SPDF	Absent	
6ED0068A	Body Surface	HMRB	Absent	
6ED0068A	Body Surface	FDC	Absent	
6ED0068A	Body Surface	BFG	Absent	
6ED0068A	Body Surface	PRST	Absent	
6ED0068A	Head	DFM	Absent	
6ED0068A	Mouth	ULR	Absent	
6ED0068A	Mouth	LLG	Absent	
6ED0068A	Nare	SLN	Absent	
6ED0068A	Eye, left	EXPTH	Absent	
6ED0068A	Eye, left	OPQ	Absent	
6ED0068A	Eye, left	MIS	Absent	
6ED0068A	Eye, left	HMR	Absent	
6ED0068A	Eye, left	EMB	Absent	
6ED0068A	Eye, right	EXPTH	Absent	
6ED0068A	Eye, right	OPQ	Absent	
6ED0068A	Eye, right	MIS	Absent	
6ED0068A	Eye, right	HMR	Absent	
6ED0068A	Eye, right	EMB	Absent	
6ED0068A	Opercula	SLSH	Absent	
6ED0068B	Body Surface	RGR	Absent	
6ED0068B	Body Surface	RLSN	Absent	
6ED0068B	Body Surface	SPDF	Absent	
6ED0068B	Body Surface	HMRB	Absent	
6ED0068B	Body Surface	FDC	Absent	
6ED0068B	Body Surface	BFG	Absent	
6ED0068B	Body Surface	PRST	Absent	
6ED0068B	Head	DFM	Absent	
6ED0068B	Mouth	ULR	Absent	
6ED0068B	Mouth	LLG	Absent	
6ED0068B	Nare	SLN	Absent	
6ED0068B	Eye, left	EXPTH	Absent	
6ED0068B	Eye, left	OPQ	Absent	
6ED0068B	Eye, left	MIS	Absent	
6ED0068B	Eye, left	HMR	Absent	
6ED0068B	Eye, left	EMB	Absent	
6ED0068B	Eye, right	EXPTH	Absent	
6ED0068B	Eye, right	OPQ	Absent	
6ED0068B	Eye, right	MIS	Absent	
6ED0068B	Eye, right	HMR	Absent	
6ED0068B	Eye, right	EMB	Absent	
6ED0068B	Opercula	SLSH	Absent	
6ED0073	Body Surface	RGR	Absent	
6ED0073	Body Surface	RLSN	Absent	
6ED0073	Body Surface	SPDF	Absent	
6ED0073	Body Surface	HMRB	Absent	
6ED0073	Body Surface	FDC	Absent	
6ED0073	Body Surface	BFG	Absent	
6ED0073	Body Surface	PRST	Absent	
6ED0073	Head	DFM	Absent	
6ED0073	Mouth	ULR	Absent	
6ED0073	Mouth	LLG	Absent	
6ED0073	Nare	SLN	Absent	
6ED0073	Eye, left	EXPTH	Absent	
6ED0073	Eye, left	OPQ	Absent	
6ED0073	Eye, left	MIS	Absent	
6ED0073	Eye, left	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0073	Eye, left	EMB	Absent	
6ED0073	Eye, right	EXPTH	Absent	
6ED0073	Eye, right	OPQ	Absent	
6ED0073	Eye, right	MIS	Absent	
6ED0073	Eye, right	HMR	Absent	
6ED0073	Eye, right	EMB	Absent	
6ED0073	Opercula	SLSH	Absent	
6ED0074	Body Surface	RGR	Absent	
6ED0074	Body Surface	RLSN	Absent	
6ED0074	Body Surface	SPDF	Absent	
6ED0074	Body Surface	HMRB	Absent	
6ED0074	Body Surface	FDC	Absent	
6ED0074	Body Surface	BFG	Absent	
6ED0074	Body Surface	PRST	Absent	
6ED0074	Head	DFM	Absent	
6ED0074	Mouth	ULR	Absent	
6ED0074	Mouth	LLG	Absent	
6ED0074	Nare	SLN	Absent	
6ED0074	Eye, left	EXPTH	Absent	
6ED0074	Eye, left	OPQ	Absent	
6ED0074	Eye, left	MIS	Absent	
6ED0074	Eye, left	HMR	Absent	
6ED0074	Eye, left	EMB	Absent	
6ED0074	Eye, right	EXPTH	Absent	
6ED0074	Eye, right	OPQ	Absent	
6ED0074	Eye, right	MIS	Absent	
6ED0074	Eye, right	HMR	Absent	
6ED0074	Eye, right	EMB	Absent	
6ED0074	Opercula	SLSH	Absent	
6ED0075	Body Surface	RGR	Absent	
6ED0075	Body Surface	RLSN	Absent	
6ED0075	Body Surface	SPDF	Absent	
6ED0075	Body Surface	HMRB	Absent	
6ED0075	Body Surface	FDC	Absent	
6ED0075	Body Surface	BFG	Absent	
6ED0075	Body Surface	PRST	Absent	
6ED0075	Head	DFM	Absent	
6ED0075	Mouth	ULR	Absent	
6ED0075	Mouth	LLG	Absent	
6ED0075	Nare	SLN	Absent	
6ED0075	Eye, left	EXPTH	Absent	
6ED0075	Eye, left	OPQ	Absent	
6ED0075	Eye, left	MIS	Absent	
6ED0075	Eye, left	HMR	Absent	
6ED0075	Eye, left	EMB	Absent	
6ED0075	Eye, right	EXPTH	Absent	
6ED0075	Eye, right	OPQ	Absent	
6ED0075	Eye, right	MIS	Absent	
6ED0075	Eye, right	HMR	Absent	
6ED0075	Eye, right	EMB	Absent	
6ED0075	Opercula	SLSH	Absent	
6ED0080	Body Surface	RGR	Absent	
6ED0080	Body Surface	RLSN	Absent	
6ED0080	Body Surface	SPDF	Absent	
6ED0080	Body Surface	HMRB	Absent	
6ED0080	Body Surface	FDC	Absent	
6ED0080	Body Surface	BFG	Absent	
6ED0080	Body Surface	PRST	Absent	
6ED0080	Head	DFM	Absent	
6ED0080	Mouth	ULR	Absent	
6ED0080	Mouth	LLG	Absent	
6ED0080	Nare	SLN	Absent	
6ED0080	Eye, left	EXPTH	Absent	
6ED0080	Eye, left	OPQ	Absent	
6ED0080	Eye, left	MIS	Absent	
6ED0080	Eye, left	HMR	Absent	
6ED0080	Eye, left	EMB	Absent	
6ED0080	Eye, right	EXPTH	Absent	
6ED0080	Eye, right	OPQ	Absent	
6ED0080	Eye, right	MIS	Absent	
6ED0080	Eye, right	HMR	Absent	
6ED0080	Eye, right	EMB	Absent	
6ED0080	Opercula	SLSH	Absent	
6ED0081	Body Surface	RGR	Absent	
6ED0081	Body Surface	RLSN	Absent	
6ED0081	Body Surface	SPDF	Absent	
6ED0081	Body Surface	HMRB	Absent	
6ED0081	Body Surface	FDC	Absent	
6ED0081	Body Surface	BFG	Absent	
6ED0081	Body Surface	PRST	Absent	
6ED0081	Head	DFM	Absent	
6ED0081	Mouth	ULR	Absent	
6ED0081	Mouth	LLG	Absent	
6ED0081	Nare	SLN	Absent	
6ED0081	Eye, left	EXPTH	Absent	
6ED0081	Eye, left	OPQ	Absent	
6ED0081	Eye, left	MIS	Absent	
6ED0081	Eye, left	HMR	Absent	
6ED0081	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0081	Eye, right	EXPTH	Absent	
6ED0081	Eye, right	OPQ	Absent	
6ED0081	Eye, right	MIS	Absent	
6ED0081	Eye, right	HMR	Absent	
6ED0081	Eye, right	EMB	Absent	
6ED0081	Opercula	SLSH	Absent	
6ED0082	Body Surface	RGR	Absent	
6ED0082	Body Surface	RLSN	Absent	
6ED0082	Body Surface	SPDF	Absent	
6ED0082	Body Surface	HMRB	Absent	
6ED0082	Body Surface	FDC	Absent	
6ED0082	Body Surface	BFG	Absent	
6ED0082	Body Surface	PRST	Absent	
6ED0082	Head	DFM	Absent	
6ED0082	Mouth	ULR	Absent	
6ED0082	Mouth	LLG	Absent	
6ED0082	Nare	SLN	Absent	
6ED0082	Eye, left	EXPTH	Absent	
6ED0082	Eye, left	OPQ	Absent	
6ED0082	Eye, left	MIS	Absent	
6ED0082	Eye, left	HMR	Absent	
6ED0082	Eye, left	EMB	Absent	
6ED0082	Eye, right	EXPTH	Absent	
6ED0082	Eye, right	OPQ	Absent	
6ED0082	Eye, right	MIS	Absent	
6ED0082	Eye, right	HMR	Absent	
6ED0082	Eye, right	EMB	Absent	
6ED0082	Opercula	SLSH	Absent	
6ED0083	Body Surface	RGR	Absent	
6ED0083	Body Surface	RLSN	Absent	
6ED0083	Body Surface	SPDF	Absent	
6ED0083	Body Surface	HMRB	Absent	
6ED0083	Body Surface	FDC	Absent	
6ED0083	Body Surface	BFG	Absent	
6ED0083	Body Surface	PRST	Absent	
6ED0083	Head	DFM	Absent	
6ED0083	Mouth	ULR	Absent	
6ED0083	Mouth	LLG	Absent	
6ED0083	Nare	SLN	Absent	
6ED0083	Eye, left	EXPTH	Absent	
6ED0083	Eye, left	OPQ	Absent	
6ED0083	Eye, left	MIS	Absent	
6ED0083	Eye, left	HMR	Absent	
6ED0083	Eye, left	EMB	Absent	
6ED0083	Eye, right	EXPTH	Absent	
6ED0083	Eye, right	OPQ	Absent	
6ED0083	Eye, right	MIS	Absent	
6ED0083	Eye, right	HMR	Absent	
6ED0083	Eye, right	EMB	Absent	
6ED0083	Opercula	SLSH	Absent	
6ED0084	Body Surface	RGR	Absent	
6ED0084	Body Surface	RLSN	Absent	
6ED0084	Body Surface	SPDF	Absent	
6ED0084	Body Surface	HMRB	Absent	
6ED0084	Body Surface	FDC	Absent	
6ED0084	Body Surface	BFG	Absent	
6ED0084	Body Surface	PRST	Absent	
6ED0084	Head	DFM	Absent	
6ED0084	Mouth	ULR	Absent	
6ED0084	Mouth	LLG	Absent	
6ED0084	Nare	SLN	Absent	
6ED0084	Eye, left	EXPTH	Absent	
6ED0084	Eye, left	OPQ	Absent	
6ED0084	Eye, left	MIS	Absent	
6ED0084	Eye, left	HMR	Absent	
6ED0084	Eye, left	EMB	Absent	
6ED0084	Eye, right	EXPTH	Absent	
6ED0084	Eye, right	OPQ	Absent	
6ED0084	Eye, right	MIS	Absent	
6ED0084	Eye, right	HMR	Absent	
6ED0084	Eye, right	EMB	Absent	
6ED0084	Opercula	SLSH	Absent	
6ED0086	Body Surface	RGR	Absent	
6ED0086	Body Surface	RLSN	Absent	
6ED0086	Body Surface	SPDF	Absent	
6ED0086	Body Surface	HMRB	Absent	
6ED0086	Body Surface	FDC	Absent	
6ED0086	Body Surface	BFG	Absent	
6ED0086	Body Surface	PRST	Absent	
6ED0086	Head	DFM	Absent	
6ED0086	Mouth	ULR	Absent	
6ED0086	Mouth	LLG	Absent	
6ED0086	Nare	SLN	Absent	
6ED0086	Eye, left	EXPTH	Absent	
6ED0086	Eye, left	OPQ	Absent	
6ED0086	Eye, left	MIS	Absent	
6ED0086	Eye, left	HMR	Absent	
6ED0086	Eye, left	EMB	Absent	
6ED0086	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0086	Eye, right	OPQ	Absent	
6ED0086	Eye, right	MIS	Absent	
6ED0086	Eye, right	HMR	Absent	
6ED0086	Eye, right	EMB	Absent	
6ED0086	Opercula	SLSH	Absent	
6ED0088	Body Surface	RGR	Absent	
6ED0088	Body Surface	RLSN	Absent	
6ED0088	Body Surface	SPDF	Absent	
6ED0088	Body Surface	HMRB	Absent	
6ED0088	Body Surface	FDC	Absent	
6ED0088	Body Surface	BFG	Absent	
6ED0088	Body Surface	PRST	Absent	
6ED0088	Head	DFM	Absent	
6ED0088	Mouth	ULR	Absent	
6ED0088	Mouth	LLG	Absent	
6ED0088	Nare	SLN	Absent	
6ED0088	Eye, left	EXPTH	Absent	
6ED0088	Eye, left	OPQ	Absent	
6ED0088	Eye, left	MIS	Absent	
6ED0088	Eye, left	HMR	Absent	
6ED0088	Eye, left	EMB	Absent	
6ED0088	Eye, right	EXPTH	Absent	
6ED0088	Eye, right	OPQ	Absent	
6ED0088	Eye, right	MIS	Absent	
6ED0088	Eye, right	HMR	Absent	
6ED0088	Eye, right	EMB	Absent	
6ED0088	Opercula	SLSH	Absent	
6ED0092	Body Surface	RGR	Absent	
6ED0092	Body Surface	RLSN	Absent	
6ED0092	Body Surface	SPDF	Absent	
6ED0092	Body Surface	HMRB	Absent	
6ED0092	Body Surface	FDC	Absent	
6ED0092	Body Surface	BFG	Absent	
6ED0092	Body Surface	PRST	Absent	
6ED0092	Head	DFM	Absent	
6ED0092	Mouth	ULR	Absent	
6ED0092	Mouth	LLG	Absent	
6ED0092	Nare	SLN	Absent	
6ED0092	Eye, left	EXPTH	Absent	
6ED0092	Eye, left	OPQ	Absent	
6ED0092	Eye, left	MIS	Absent	
6ED0092	Eye, left	HMR	Absent	
6ED0092	Eye, left	EMB	Absent	
6ED0092	Eye, right	EXPTH	Absent	
6ED0092	Eye, right	OPQ	Absent	
6ED0092	Eye, right	MIS	Absent	
6ED0092	Eye, right	HMR	Absent	
6ED0092	Eye, right	EMB	Absent	
6ED0092	Opercula	SLSH	Absent	
6ED0093	Body Surface	RGR	Absent	
6ED0093	Body Surface	RLSN	Absent	
6ED0093	Body Surface	SPDF	Absent	
6ED0093	Body Surface	HMRB	Absent	
6ED0093	Body Surface	FDC	Absent	
6ED0093	Body Surface	BFG	Absent	
6ED0093	Body Surface	PRST	Absent	
6ED0093	Head	DFM	Absent	
6ED0093	Mouth	ULR	Absent	
6ED0093	Mouth	LLG	Absent	
6ED0093	Nare	SLN	Absent	
6ED0093	Eye, left	EXPTH	Absent	
6ED0093	Eye, left	OPQ	Absent	
6ED0093	Eye, left	MIS	Absent	
6ED0093	Eye, left	HMR	Absent	
6ED0093	Eye, left	EMB	Absent	
6ED0093	Eye, right	EXPTH	Absent	
6ED0093	Eye, right	OPQ	Absent	
6ED0093	Eye, right	MIS	Absent	
6ED0093	Eye, right	HMR	Absent	
6ED0093	Eye, right	EMB	Absent	
6ED0093	Opercula	SLSH	Absent	
6ED0099	Body Surface	RGR	Absent	
6ED0099	Body Surface	RLSN	Absent	
6ED0099	Body Surface	SPDF	Absent	
6ED0099	Body Surface	HMRB	Absent	
6ED0099	Body Surface	FDC	Absent	
6ED0099	Body Surface	BFG	Absent	
6ED0099	Body Surface	PRST	Absent	
6ED0099	Head	DFM	Absent	
6ED0099	Mouth	ULR	Absent	
6ED0099	Mouth	LLG	Absent	
6ED0099	Nare	SLN	Absent	
6ED0099	Eye, left	EXPTH	Absent	
6ED0099	Eye, left	OPQ	Absent	
6ED0099	Eye, left	MIS	Absent	
6ED0099	Eye, left	HMR	Absent	
6ED0099	Eye, left	EMB	Absent	
6ED0099	Eye, right	EXPTH	Absent	
6ED0099	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0099	Eye, right	MIS	Absent	
6ED0099	Eye, right	HMR	Absent	
6ED0099	Eye, right	EMB	Absent	
6ED0099	Opercula	SLSH	Absent	
6ED0109	Body Surface	RGR	Absent	
6ED0109	Body Surface	RLSN	Absent	
6ED0109	Body Surface	SPDF	Absent	
6ED0109	Body Surface	HMRB	Absent	
6ED0109	Body Surface	FDC	Absent	
6ED0109	Body Surface	BFG	Absent	
6ED0109	Body Surface	PRST	Absent	
6ED0109	Head	DFM	Absent	
6ED0109	Mouth	ULR	Absent	
6ED0109	Mouth	LLG	Absent	
6ED0109	Nare	SLN	Absent	
6ED0109	Eye, left	EXPTH	Absent	
6ED0109	Eye, left	OPQ	Absent	
6ED0109	Eye, left	MIS	Absent	
6ED0109	Eye, left	HMR	Absent	
6ED0109	Eye, left	EMB	Absent	
6ED0109	Eye, right	EXPTH	Absent	
6ED0109	Eye, right	OPQ	Absent	
6ED0109	Eye, right	MIS	Absent	
6ED0109	Eye, right	HMR	Absent	
6ED0109	Eye, right	EMB	Absent	
6ED0109	Opercula	SLSH	Absent	
6ED0117	Body Surface	RGR	Absent	
6ED0117	Body Surface	RLSN	Absent	
6ED0117	Body Surface	SPDF	Absent	
6ED0117	Body Surface	HMRB	Absent	
6ED0117	Body Surface	FDC	Absent	
6ED0117	Body Surface	BFG	Absent	
6ED0117	Body Surface	PRST	Absent	
6ED0117	Head	DFM	Absent	
6ED0117	Mouth	ULR	Absent	
6ED0117	Mouth	LLG	Absent	
6ED0117	Nare	SLN	Absent	
6ED0117	Eye, left	EXPTH	Absent	
6ED0117	Eye, left	OPQ	Absent	
6ED0117	Eye, left	MIS	Absent	
6ED0117	Eye, left	HMR	Absent	
6ED0117	Eye, left	EMB	Absent	
6ED0117	Eye, right	EXPTH	Absent	
6ED0117	Eye, right	OPQ	Absent	
6ED0117	Eye, right	MIS	Absent	
6ED0117	Eye, right	HMR	Absent	
6ED0117	Eye, right	EMB	Absent	
6ED0117	Opercula	SLSH	Absent	
6GNA0001	Body Surface	RGR	Absent	
6GNA0001	Body Surface	RLSN	Absent	
6GNA0001	Body Surface	SPDF	Absent	
6GNA0001	Body Surface	HMRB	Absent	
6GNA0001	Body Surface	FDC	Absent	
6GNA0001	Body Surface	BFG	Absent	
6GNA0001	Body Surface	PRST	Absent	
6GNA0001	Head	DFM	Absent	
6GNA0001	Mouth	ULR	Absent	
6GNA0001	Mouth	LLG	Absent	
6GNA0001	Nare	SLN	Absent	
6GNA0001	Eye, left	EXPTH	Absent	
6GNA0001	Eye, left	OPQ	Absent	
6GNA0001	Eye, left	MIS	Present	
6GNA0001	Eye, left	HMR	Absent	
6GNA0001	Eye, left	EMB	Absent	
6GNA0001	Eye, right	EXPTH	Absent	
6GNA0001	Eye, right	OPQ	Absent	
6GNA0001	Eye, right	MIS	Absent	
6GNA0001	Eye, right	HMR	Absent	
6GNA0001	Eye, right	EMB	Absent	
6GNA0001	Opercula	OTHER	Present	Gill net damage
6GNA0001	Opercula	SLSH	Absent	
6GNA0002	Body Surface	RGR	Absent	
6GNA0002	Body Surface	RLSN	Absent	
6GNA0002	Body Surface	SPDF	Absent	
6GNA0002	Body Surface	HMRB	Absent	
6GNA0002	Body Surface	FDC	Absent	
6GNA0002	Body Surface	BFG	Absent	
6GNA0002	Body Surface	PRST	Absent	
6GNA0002	Head	DFM	Absent	
6GNA0002	Mouth	ULR	Absent	
6GNA0002	Mouth	LLG	Absent	
6GNA0002	Nare	SLN	Absent	
6GNA0002	Eye, left	EXPTH	Absent	
6GNA0002	Eye, left	OPQ	Absent	
6GNA0002	Eye, left	MIS	Absent	
6GNA0002	Eye, left	HMR	Absent	
6GNA0002	Eye, left	EMB	Absent	
6GNA0002	Eye, right	EXPTH	Absent	
6GNA0002	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0002	Eye, right	MIS	Present	
6GNA0002	Eye, right	HMR	Absent	
6GNA0002	Eye, right	EMB	Absent	
6GNA0002	Opercula	SLSH	Absent	
6GNA0003	Body Surface	RGR	Absent	
6GNA0003	Body Surface	RLSN	Absent	
6GNA0003	Body Surface	SPDF	Absent	
6GNA0003	Body Surface	HMRB	Absent	
6GNA0003	Body Surface	FDC	Absent	
6GNA0003	Body Surface	BFG	Absent	
6GNA0003	Body Surface	PRST	Absent	
6GNA0003	Head	DFM	Absent	
6GNA0003	Mouth	ULR	Absent	
6GNA0003	Mouth	LLG	Absent	
6GNA0003	Nare	SLN	Absent	
6GNA0003	Eye, left	EXPTH	Absent	
6GNA0003	Eye, left	OPQ	Absent	
6GNA0003	Eye, left	MIS	Present	
6GNA0003	Eye, left	HMR	Absent	
6GNA0003	Eye, left	EMB	Absent	
6GNA0003	Eye, right	EXPTH	Absent	
6GNA0003	Eye, right	OPQ	Absent	
6GNA0003	Eye, right	MIS	Absent	
6GNA0003	Eye, right	HMR	Absent	
6GNA0003	Eye, right	EMB	Absent	
6GNA0003	Opercula	SLSH	Absent	
6GNA0004	Body Surface	RGR	Absent	
6GNA0004	Body Surface	RLSN	Absent	
6GNA0004	Body Surface	SPDF	Absent	
6GNA0004	Body Surface	HMRB	Absent	
6GNA0004	Body Surface	FDC	Absent	
6GNA0004	Body Surface	BFG	Absent	
6GNA0004	Body Surface	PRST	Absent	
6GNA0004	Head	DFM	Absent	
6GNA0004	Mouth	ULR	Absent	
6GNA0004	Mouth	LLG	Absent	
6GNA0004	Nare	SLN	Absent	
6GNA0004	Eye, left	EXPTH	Absent	
6GNA0004	Eye, left	OPQ	Absent	
6GNA0004	Eye, left	MIS	Absent	
6GNA0004	Eye, left	HMR	Absent	
6GNA0004	Eye, left	EMB	Absent	
6GNA0004	Eye, right	EXPTH	Absent	
6GNA0004	Eye, right	OPQ	Absent	
6GNA0004	Eye, right	MIS	Absent	
6GNA0004	Eye, right	HMR	Absent	
6GNA0004	Eye, right	EMB	Absent	
6GNA0004	Opercula	SLSH	Absent	
6GNA0005	Body Surface	RGR	Absent	
6GNA0005	Body Surface	RLSN	Absent	
6GNA0005	Body Surface	SPDF	Absent	
6GNA0005	Body Surface	HMRB	Absent	
6GNA0005	Body Surface	FDC	Absent	
6GNA0005	Body Surface	BFG	Absent	
6GNA0005	Body Surface	PRST	Absent	
6GNA0005	Head	DFM	Absent	
6GNA0005	Mouth	ULR	Absent	
6GNA0005	Mouth	LLG	Absent	
6GNA0005	Nare	SLN	Absent	
6GNA0005	Eye, left	EXPTH	Absent	
6GNA0005	Eye, left	OPQ	Absent	
6GNA0005	Eye, left	MIS	Present	
6GNA0005	Eye, left	HMR	Absent	
6GNA0005	Eye, left	EMB	Absent	
6GNA0005	Eye, right	EXPTH	Absent	
6GNA0005	Eye, right	OPQ	Absent	
6GNA0005	Eye, right	MIS	Absent	
6GNA0005	Eye, right	HMR	Absent	
6GNA0005	Eye, right	EMB	Absent	
6GNA0005	Opercula	SLSH	Absent	
6GNA0006	Body Surface	RGR	Absent	
6GNA0006	Body Surface	RLSN	Absent	
6GNA0006	Body Surface	SPDF	Absent	
6GNA0006	Body Surface	HMRB	Absent	
6GNA0006	Body Surface	FDC	Absent	
6GNA0006	Body Surface	BFG	Absent	
6GNA0006	Body Surface	PRST	Absent	
6GNA0006	Head	DFM	Absent	
6GNA0006	Mouth	ULR	Absent	
6GNA0006	Mouth	LLG	Absent	
6GNA0006	Nare	SLN	Absent	
6GNA0006	Eye, left	EXPTH	Absent	
6GNA0006	Eye, left	OPQ	Absent	
6GNA0006	Eye, left	MIS	Absent	
6GNA0006	Eye, left	HMR	Absent	
6GNA0006	Eye, left	EMB	Absent	
6GNA0006	Eye, right	EXPTH	Absent	
6GNA0006	Eye, right	OPQ	Absent	
6GNA0006	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0006	Eye, right	HMR	Absent	
6GNA0006	Eye, right	EMB	Absent	
6GNA0006	Opercula	SLSH	Absent	
6GNA0007	Body Surface	RGR	Absent	
6GNA0007	Body Surface	RLSN	Absent	
6GNA0007	Body Surface	SPDF	Absent	
6GNA0007	Body Surface	HMRB	Absent	
6GNA0007	Body Surface	FDC	Absent	
6GNA0007	Body Surface	BFG	Absent	
6GNA0007	Body Surface	PRST	Absent	
6GNA0007	Body Surface	OTHER	Present	Gill net marks
6GNA0007	Head	DFM	Absent	
6GNA0007	Mouth	ULR	Absent	
6GNA0007	Mouth	LLG	Absent	
6GNA0007	Nare	SLN	Absent	
6GNA0007	Eye, left	EXPTH	Absent	
6GNA0007	Eye, left	OPQ	Absent	
6GNA0007	Eye, left	MIS	Absent	
6GNA0007	Eye, left	HMR	Absent	
6GNA0007	Eye, left	EMB	Absent	
6GNA0007	Eye, right	EXPTH	Absent	
6GNA0007	Eye, right	OPQ	Absent	
6GNA0007	Eye, right	MIS	Absent	
6GNA0007	Eye, right	HMR	Absent	
6GNA0007	Eye, right	EMB	Absent	
6GNA0007	Opercula	SLSH	Absent	
6GNA0007H	Body Surface	RGR	Absent	
6GNA0007H	Body Surface	RLSN	Absent	
6GNA0007H	Body Surface	SPDF	Absent	
6GNA0007H	Body Surface	HMRB	Absent	
6GNA0007H	Body Surface	FDC	Absent	
6GNA0007H	Body Surface	BFG	Absent	
6GNA0007H	Body Surface	PRST	Absent	
6GNA0007H	Body Surface	OTHER	Present	Gill net marks
6GNA0007H	Head	DFM	Absent	
6GNA0007H	Mouth	ULR	Absent	
6GNA0007H	Mouth	LLG	Absent	
6GNA0007H	Nare	SLN	Absent	
6GNA0007H	Eye, left	EXPTH	Absent	
6GNA0007H	Eye, left	OPQ	Absent	
6GNA0007H	Eye, left	MIS	Absent	
6GNA0007H	Eye, left	HMR	Absent	
6GNA0007H	Eye, left	EMB	Absent	
6GNA0007H	Eye, right	EXPTH	Absent	
6GNA0007H	Eye, right	OPQ	Absent	
6GNA0007H	Eye, right	MIS	Absent	
6GNA0007H	Eye, right	HMR	Absent	
6GNA0007H	Eye, right	EMB	Absent	
6GNA0007H	Opercula	SLSH	Absent	
6GNA0008	Body Surface	RGR	Absent	
6GNA0008	Body Surface	RLSN	Absent	
6GNA0008	Body Surface	SPDF	Absent	
6GNA0008	Body Surface	HMRB	Absent	
6GNA0008	Body Surface	FDC	Absent	
6GNA0008	Body Surface	BFG	Absent	
6GNA0008	Body Surface	PRST	Absent	
6GNA0008	Head	DFM	Absent	
6GNA0008	Mouth	ULR	Absent	
6GNA0008	Mouth	LLG	Absent	
6GNA0008	Nare	SLN	Absent	
6GNA0008	Eye, left	EXPTH	Absent	
6GNA0008	Eye, left	OPQ	Absent	
6GNA0008	Eye, left	MIS	Absent	
6GNA0008	Eye, left	HMR	Absent	
6GNA0008	Eye, left	EMB	Absent	
6GNA0008	Eye, right	EXPTH	Absent	
6GNA0008	Eye, right	OPQ	Absent	
6GNA0008	Eye, right	MIS	Absent	
6GNA0008	Eye, right	HMR	Absent	
6GNA0008	Eye, right	EMB	Absent	
6GNA0008	Opercula	SLSH	Absent	
6GNA0009	Body Surface	RGR	Absent	
6GNA0009	Body Surface	RLSN	Absent	
6GNA0009	Body Surface	SPDF	Absent	
6GNA0009	Body Surface	HMRB	Absent	
6GNA0009	Body Surface	FDC	Absent	
6GNA0009	Body Surface	BFG	Absent	
6GNA0009	Body Surface	PRST	Absent	
6GNA0009	Head	DFM	Absent	
6GNA0009	Mouth	ULR	Absent	
6GNA0009	Mouth	LLG	Absent	
6GNA0009	Nare	SLN	Absent	
6GNA0009	Eye, left	EXPTH	Absent	
6GNA0009	Eye, left	OPQ	Absent	
6GNA0009	Eye, left	MIS	Absent	
6GNA0009	Eye, left	HMR	Absent	
6GNA0009	Eye, left	EMB	Absent	
6GNA0009	Eye, right	EXPTH	Absent	
6GNA0009	Eye, right	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0009	Eye, right	MIS	Absent	
6GNA0009	Eye, right	HMR	Absent	
6GNA0009	Eye, right	EMB	Absent	
6GNA0009	Opercula	SLSH	Absent	
6GNA0010	Body Surface	RGR	Absent	
6GNA0010	Body Surface	RLSN	Absent	
6GNA0010	Body Surface	SPDF	Absent	
6GNA0010	Body Surface	HMRB	Absent	
6GNA0010	Body Surface	FDC	Absent	
6GNA0010	Body Surface	BFG	Absent	
6GNA0010	Body Surface	PRST	Absent	
6GNA0010	Head	DFM	Absent	
6GNA0010	Mouth	ULR	Absent	
6GNA0010	Mouth	LLG	Absent	
6GNA0010	Nare	SLN	Absent	
6GNA0010	Eye, left	EXPTH	Absent	
6GNA0010	Eye, left	OPQ	Absent	
6GNA0010	Eye, left	MIS	Absent	
6GNA0010	Eye, left	HMR	Absent	
6GNA0010	Eye, left	EMB	Absent	
6GNA0010	Eye, right	EXPTH	Absent	
6GNA0010	Eye, right	OPQ	Absent	
6GNA0010	Eye, right	MIS	Absent	
6GNA0010	Eye, right	HMR	Absent	
6GNA0010	Eye, right	EMB	Absent	
6GNA0010	Opercula	SLSH	Absent	
6GNA0011	Body Surface	RGR	Absent	
6GNA0011	Body Surface	RLSN	Absent	
6GNA0011	Body Surface	SPDF	Absent	
6GNA0011	Body Surface	HMRB	Absent	
6GNA0011	Body Surface	FDC	Absent	
6GNA0011	Body Surface	BFG	Absent	
6GNA0011	Body Surface	PRST	Absent	
6GNA0011	Body Surface	OTHER	Present	Gill net marks
6GNA0011	Head	DFM	Absent	
6GNA0011	Mouth	ULR	Absent	
6GNA0011	Mouth	LLG	Absent	
6GNA0011	Nare	SLN	Absent	
6GNA0011	Eye, left	EXPTH	Absent	
6GNA0011	Eye, left	OPQ	Absent	
6GNA0011	Eye, left	MIS	Absent	
6GNA0011	Eye, left	HMR	Absent	
6GNA0011	Eye, left	EMB	Absent	
6GNA0011	Eye, right	EXPTH	Absent	
6GNA0011	Eye, right	OPQ	Absent	
6GNA0011	Eye, right	MIS	Absent	
6GNA0011	Eye, right	HMR	Absent	
6GNA0011	Eye, right	EMB	Absent	
6GNA0011	Opercula	SLSH	Absent	
6GNA0012	Body Surface	RGR	Absent	
6GNA0012	Body Surface	RLSN	Absent	
6GNA0012	Body Surface	SPDF	Absent	
6GNA0012	Body Surface	HMRB	Absent	
6GNA0012	Body Surface	FDC	Absent	
6GNA0012	Body Surface	BFG	Absent	
6GNA0012	Body Surface	PRST	Absent	
6GNA0012	Head	DFM	Absent	
6GNA0012	Mouth	ULR	Absent	
6GNA0012	Mouth	LLG	Absent	
6GNA0012	Nare	SLN	Absent	
6GNA0012	Eye, left	EXPTH	Absent	
6GNA0012	Eye, left	OPQ	Absent	
6GNA0012	Eye, left	MIS	Absent	
6GNA0012	Eye, left	HMR	Absent	
6GNA0012	Eye, left	EMB	Absent	
6GNA0012	Eye, right	EXPTH	Absent	
6GNA0012	Eye, right	OPQ	Absent	
6GNA0012	Eye, right	MIS	Absent	
6GNA0012	Eye, right	HMR	Absent	
6GNA0012	Eye, right	EMB	Absent	
6GNA0012	Opercula	SLSH	Absent	
6GNA0013	Body Surface	RGR	Absent	
6GNA0013	Body Surface	RLSN	Absent	
6GNA0013	Body Surface	SPDF	Absent	
6GNA0013	Body Surface	HMRB	Absent	
6GNA0013	Body Surface	FDC	Absent	
6GNA0013	Body Surface	BFG	Absent	
6GNA0013	Body Surface	PRST	Absent	
6GNA0013	Body Surface	OTHER	Present	Gill net marks
6GNA0013	Head	DFM	Absent	
6GNA0013	Mouth	ULR	Absent	
6GNA0013	Mouth	LLG	Absent	
6GNA0013	Nare	SLN	Absent	
6GNA0013	Eye, left	EXPTH	Absent	
6GNA0013	Eye, left	OPQ	Absent	
6GNA0013	Eye, left	MIS	Absent	
6GNA0013	Eye, left	HMR	Absent	
6GNA0013	Eye, left	EMB	Absent	
6GNA0013	Eye, right	EXPTH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0013	Eye, right	OPQ	Absent	
6GNA0013	Eye, right	MIS	Absent	
6GNA0013	Eye, right	HMR	Absent	
6GNA0013	Eye, right	EMB	Absent	
6GNA0013	Opercula	SLSH	Absent	
6GNA0014	Body Surface	RGR	Absent	
6GNA0014	Body Surface	RLSN	Absent	
6GNA0014	Body Surface	SPDF	Absent	
6GNA0014	Body Surface	HMRB	Absent	
6GNA0014	Body Surface	FDC	Absent	
6GNA0014	Body Surface	BFG	Absent	
6GNA0014	Body Surface	PRST	Absent	
6GNA0014	Head	DFM	Absent	
6GNA0014	Mouth	ULR	Absent	
6GNA0014	Mouth	LLG	Absent	
6GNA0014	Nare	SLN	Absent	
6GNA0014	Eye, left	EXPTH	Absent	
6GNA0014	Eye, left	OPQ	Absent	
6GNA0014	Eye, left	MIS	Present	
6GNA0014	Eye, left	HMR	Absent	
6GNA0014	Eye, left	EMB	Absent	
6GNA0014	Eye, right	EXPTH	Absent	
6GNA0014	Eye, right	OPQ	Absent	
6GNA0014	Eye, right	MIS	Absent	
6GNA0014	Eye, right	HMR	Absent	
6GNA0014	Eye, right	EMB	Absent	
6GNA0014	Opercula	SLSH	Absent	
6GNA0015	Body Surface	RGR	Absent	
6GNA0015	Body Surface	RLSN	Absent	
6GNA0015	Body Surface	SPDF	Absent	
6GNA0015	Body Surface	HMRB	Absent	
6GNA0015	Body Surface	FDC	Absent	
6GNA0015	Body Surface	BFG	Absent	
6GNA0015	Body Surface	PRST	Absent	
6GNA0015	Head	DFM	Absent	
6GNA0015	Mouth	ULR	Absent	
6GNA0015	Mouth	LLG	Absent	
6GNA0015	Nare	SLN	Absent	
6GNA0015	Eye, left	EXPTH	Absent	
6GNA0015	Eye, left	OPQ	Absent	
6GNA0015	Eye, left	MIS	Absent	
6GNA0015	Eye, left	HMR	Absent	
6GNA0015	Eye, left	EMB	Absent	
6GNA0015	Eye, right	EXPTH	Absent	
6GNA0015	Eye, right	OPQ	Absent	
6GNA0015	Eye, right	MIS	Absent	
6GNA0015	Eye, right	HMR	Absent	
6GNA0015	Eye, right	EMB	Absent	
6GNA0015	Opercula	SLSH	Absent	
6GNA0016	Body Surface	RGR	Absent	
6GNA0016	Body Surface	RLSN	Absent	
6GNA0016	Body Surface	SPDF	Absent	
6GNA0016	Body Surface	HMRB	Absent	
6GNA0016	Body Surface	FDC	Absent	
6GNA0016	Body Surface	BFG	Absent	
6GNA0016	Body Surface	PRST	Present	
6GNA0016	Body Surface	OTHER	Present	Gill net marks
6GNA0016	Head	DFM	Absent	
6GNA0016	Mouth	ULR	Absent	
6GNA0016	Mouth	LLG	Absent	
6GNA0016	Nare	SLN	Absent	
6GNA0016	Eye, left	EXPTH	Absent	
6GNA0016	Eye, left	OPQ	Absent	
6GNA0016	Eye, left	MIS	Absent	
6GNA0016	Eye, left	HMR	Absent	
6GNA0016	Eye, left	EMB	Absent	
6GNA0016	Eye, right	EXPTH	Absent	
6GNA0016	Eye, right	OPQ	Absent	
6GNA0016	Eye, right	MIS	Absent	
6GNA0016	Eye, right	HMR	Absent	
6GNA0016	Eye, right	EMB	Absent	
6GNA0016	Opercula	SLSH	Absent	
6GNA0017	Body Surface	RGR	Absent	
6GNA0017	Body Surface	RLSN	Absent	
6GNA0017	Body Surface	SPDF	Absent	
6GNA0017	Body Surface	HMRB	Absent	
6GNA0017	Body Surface	FDC	Absent	
6GNA0017	Body Surface	BFG	Absent	
6GNA0017	Body Surface	PRST	Absent	
6GNA0017	Body Surface	OTHER	Present	Gill net marks
6GNA0017	Head	DFM	Absent	
6GNA0017	Mouth	ULR	Absent	
6GNA0017	Mouth	LLG	Absent	
6GNA0017	Nare	SLN	Absent	
6GNA0017	Eye, left	EXPTH	Absent	
6GNA0017	Eye, left	OPQ	Absent	
6GNA0017	Eye, left	MIS	Absent	
6GNA0017	Eye, left	HMR	Absent	
6GNA0017	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0017	Eye, right	EXPTH	Absent	
6GNA0017	Eye, right	OPQ	Absent	
6GNA0017	Eye, right	MIS	Absent	
6GNA0017	Eye, right	HMR	Absent	
6GNA0017	Eye, right	EMB	Absent	
6GNA0017	Opercula	SLSH	Absent	
6GNA0018	Body Surface	RGR	Absent	
6GNA0018	Body Surface	RLSN	Absent	
6GNA0018	Body Surface	SPDF	Absent	
6GNA0018	Body Surface	HMRB	Absent	
6GNA0018	Body Surface	FDC	Absent	
6GNA0018	Body Surface	BFG	Absent	
6GNA0018	Body Surface	PRST	Absent	
6GNA0018	Head	DFM	Absent	
6GNA0018	Mouth	ULR	Absent	
6GNA0018	Mouth	LLG	Absent	
6GNA0018	Nare	SLN	Absent	
6GNA0018	Eye, left	EXPTH	Absent	
6GNA0018	Eye, left	OPQ	Absent	
6GNA0018	Eye, left	MIS	Absent	
6GNA0018	Eye, left	HMR	Absent	
6GNA0018	Eye, left	EMB	Absent	
6GNA0018	Eye, right	EXPTH	Absent	
6GNA0018	Eye, right	OPQ	Absent	
6GNA0018	Eye, right	MIS	Absent	
6GNA0018	Eye, right	HMR	Absent	
6GNA0018	Eye, right	EMB	Absent	
6GNA0018	Opercula	SLSH	Absent	
6GNA0019	Body Surface	RGR	Absent	
6GNA0019	Body Surface	RLSN	Absent	
6GNA0019	Body Surface	SPDF	Absent	
6GNA0019	Body Surface	HMRB	Absent	
6GNA0019	Body Surface	FDC	Absent	
6GNA0019	Body Surface	BFG	Absent	
6GNA0019	Body Surface	PRST	Absent	
6GNA0019	Head	DFM	Absent	
6GNA0019	Mouth	ULR	Absent	
6GNA0019	Mouth	LLG	Absent	
6GNA0019	Nare	SLN	Absent	
6GNA0019	Eye, left	EXPTH	Absent	
6GNA0019	Eye, left	OPQ	Absent	
6GNA0019	Eye, left	MIS	Absent	
6GNA0019	Eye, left	HMR	Absent	
6GNA0019	Eye, left	EMB	Absent	
6GNA0019	Eye, right	EXPTH	Absent	
6GNA0019	Eye, right	OPQ	Absent	
6GNA0019	Eye, right	MIS	Absent	
6GNA0019	Eye, right	HMR	Absent	
6GNA0019	Eye, right	EMB	Absent	
6GNA0019	Opercula	SLSH	Absent	
6GNA0020	Body Surface	RGR	Absent	
6GNA0020	Body Surface	RLSN	Absent	
6GNA0020	Body Surface	SPDF	Absent	
6GNA0020	Body Surface	HMRB	Absent	
6GNA0020	Body Surface	FDC	Absent	
6GNA0020	Body Surface	BFG	Absent	
6GNA0020	Body Surface	PRST	Absent	
6GNA0020	Body Surface	OTHER	Present	Gill net marks
6GNA0020	Barbel	NORM	Present	
6GNA0020	Head	DFM	Absent	
6GNA0020	Mouth	ULR	Absent	
6GNA0020	Mouth	LLG	Absent	
6GNA0020	Nare	SLN	Absent	
6GNA0020	Eye, left	EXPTH	Absent	
6GNA0020	Eye, left	OPQ	Absent	
6GNA0020	Eye, left	MIS	Absent	
6GNA0020	Eye, left	HMR	Absent	
6GNA0020	Eye, left	EMB	Absent	
6GNA0020	Eye, right	EXPTH	Absent	
6GNA0020	Eye, right	OPQ	Absent	
6GNA0020	Eye, right	MIS	Absent	
6GNA0020	Eye, right	HMR	Absent	
6GNA0020	Eye, right	EMB	Absent	
6GNA0020	Opercula	SLSH	Absent	
6GNA0021	Body Surface	RGR	Absent	
6GNA0021	Body Surface	RLSN	Absent	
6GNA0021	Body Surface	SPDF	Absent	
6GNA0021	Body Surface	HMRB	Absent	
6GNA0021	Body Surface	FDC	Absent	
6GNA0021	Body Surface	BFG	Absent	
6GNA0021	Body Surface	PRST	Absent	
6GNA0021	Body Surface	OTHER	Present	Gill net marks
6GNA0021	Barbel	NORM	Present	
6GNA0021	Head	DFM	Absent	
6GNA0021	Mouth	ULR	Absent	
6GNA0021	Mouth	LLG	Absent	
6GNA0021	Nare	SLN	Absent	
6GNA0021	Eye, left	EXPTH	Absent	
6GNA0021	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0021	Eye, left	MIS	Absent	
6GNA0021	Eye, left	HMR	Absent	
6GNA0021	Eye, left	EMB	Absent	
6GNA0021	Eye, right	EXPTH	Absent	
6GNA0021	Eye, right	OPQ	Absent	
6GNA0021	Eye, right	MIS	Absent	
6GNA0021	Eye, right	HMR	Absent	
6GNA0021	Eye, right	EMB	Absent	
6GNA0021	Opercula	SLSH	Absent	
6GNA0022A	Body Surface	RGR	Absent	
6GNA0022A	Body Surface	RLSN	Absent	
6GNA0022A	Body Surface	SPDF	Absent	
6GNA0022A	Body Surface	HMRB	Absent	
6GNA0022A	Body Surface	FDC	Absent	
6GNA0022A	Body Surface	BFG	Absent	
6GNA0022A	Body Surface	PRST	Absent	
6GNA0022A	Head	DFM	Absent	
6GNA0022A	Mouth	ULR	Absent	
6GNA0022A	Mouth	LLG	Absent	
6GNA0022A	Nare	SLN	Absent	
6GNA0022A	Eye, left	EXPTH	Absent	
6GNA0022A	Eye, left	OPQ	Absent	
6GNA0022A	Eye, left	MIS	Absent	
6GNA0022A	Eye, left	HMR	Absent	
6GNA0022A	Eye, left	EMB	Absent	
6GNA0022A	Eye, right	EXPTH	Absent	
6GNA0022A	Eye, right	OPQ	Absent	
6GNA0022A	Eye, right	MIS	Absent	
6GNA0022A	Eye, right	HMR	Absent	
6GNA0022A	Eye, right	EMB	Absent	
6GNA0022A	Opercula	SLSH	Absent	
6GNA0023	Body Surface	RGR	Absent	
6GNA0023	Body Surface	RLSN	Absent	
6GNA0023	Body Surface	SPDF	Absent	
6GNA0023	Body Surface	HMRB	Absent	
6GNA0023	Body Surface	FDC	Absent	
6GNA0023	Body Surface	BFG	Absent	
6GNA0023	Body Surface	PRST	Absent	
6GNA0023	Head	DFM	Absent	
6GNA0023	Mouth	ULR	Absent	
6GNA0023	Mouth	LLG	Absent	
6GNA0023	Nare	SLN	Absent	
6GNA0023	Eye, left	EXPTH	Absent	
6GNA0023	Eye, left	OPQ	Absent	
6GNA0023	Eye, left	MIS	Absent	
6GNA0023	Eye, left	HMR	Absent	
6GNA0023	Eye, left	EMB	Absent	
6GNA0023	Eye, right	EXPTH	Absent	
6GNA0023	Eye, right	OPQ	Absent	
6GNA0023	Eye, right	MIS	Absent	
6GNA0023	Eye, right	HMR	Absent	
6GNA0023	Eye, right	EMB	Absent	
6GNA0023	Opercula	SLSH	Absent	
6GNA0024	Body Surface	RGR	Absent	
6GNA0024	Body Surface	RLSN	Absent	
6GNA0024	Body Surface	SPDF	Absent	
6GNA0024	Body Surface	HMRB	Absent	
6GNA0024	Body Surface	FDC	Absent	
6GNA0024	Body Surface	BFG	Absent	
6GNA0024	Body Surface	PRST	Absent	
6GNA0024	Head	DFM	Absent	
6GNA0024	Mouth	ULR	Absent	
6GNA0024	Mouth	LLG	Absent	
6GNA0024	Nare	SLN	Absent	
6GNA0024	Eye, left	EXPTH	Absent	
6GNA0024	Eye, left	OPQ	Absent	
6GNA0024	Eye, left	MIS	Absent	
6GNA0024	Eye, left	HMR	Absent	
6GNA0024	Eye, left	EMB	Absent	
6GNA0024	Eye, right	EXPTH	Absent	
6GNA0024	Eye, right	OPQ	Absent	
6GNA0024	Eye, right	MIS	Absent	
6GNA0024	Eye, right	HMR	Absent	
6GNA0024	Eye, right	EMB	Absent	
6GNA0024	Opercula	SLSH	Absent	
6GNA0025	Body Surface	RGR	Absent	
6GNA0025	Body Surface	RLSN	Absent	
6GNA0025	Body Surface	SPDF	Absent	
6GNA0025	Body Surface	HMRB	Absent	
6GNA0025	Body Surface	FDC	Absent	
6GNA0025	Body Surface	BFG	Absent	
6GNA0025	Body Surface	PRST	Absent	
6GNA0025	Head	DFM	Absent	
6GNA0025	Mouth	ULR	Absent	
6GNA0025	Mouth	LLG	Absent	
6GNA0025	Nare	SLN	Absent	
6GNA0025	Eye, left	EXPTH	Absent	
6GNA0025	Eye, left	OPQ	Absent	
6GNA0025	Eye, left	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0025	Eye, left	HMR	Absent	
6GNA0025	Eye, left	EMB	Absent	
6GNA0025	Eye, right	EXPTH	Absent	
6GNA0025	Eye, right	OPQ	Absent	
6GNA0025	Eye, right	MIS	Absent	
6GNA0025	Eye, right	HMR	Absent	
6GNA0025	Eye, right	EMB	Absent	
6GNA0025	Opercula	SLSH	Absent	
6GNA0026	Body Surface	RGR	Absent	
6GNA0026	Body Surface	RLSN	Absent	
6GNA0026	Body Surface	SPDF	Absent	
6GNA0026	Body Surface	HMRB	Absent	
6GNA0026	Body Surface	FDC	Absent	
6GNA0026	Body Surface	BFG	Absent	
6GNA0026	Body Surface	PRST	Absent	
6GNA0026	Head	DFM	Absent	
6GNA0026	Mouth	ULR	Absent	
6GNA0026	Mouth	LLG	Absent	
6GNA0026	Nare	SLN	Absent	
6GNA0026	Eye, left	EXPTH	Absent	
6GNA0026	Eye, left	OPQ	Absent	
6GNA0026	Eye, left	MIS	Absent	
6GNA0026	Eye, left	HMR	Absent	
6GNA0026	Eye, left	EMB	Absent	
6GNA0026	Eye, right	EXPTH	Absent	
6GNA0026	Eye, right	OPQ	Absent	
6GNA0026	Eye, right	MIS	Absent	
6GNA0026	Eye, right	HMR	Absent	
6GNA0026	Eye, right	EMB	Absent	
6GNA0026	Opercula	SLSH	Absent	
6GNA0027	Body Surface	RGR	Absent	
6GNA0027	Body Surface	RLSN	Absent	
6GNA0027	Body Surface	SPDF	Absent	
6GNA0027	Body Surface	HMRB	Absent	
6GNA0027	Body Surface	FDC	Absent	
6GNA0027	Body Surface	BFG	Absent	
6GNA0027	Body Surface	PRST	Absent	
6GNA0027	Body Surface	OTHER	Present	Gill net marks
6GNA0027	Head	DFM	Absent	
6GNA0027	Mouth	ULR	Absent	
6GNA0027	Mouth	LLG	Absent	
6GNA0027	Nare	SLN	Absent	
6GNA0027	Eye, left	EXPTH	Absent	
6GNA0027	Eye, left	OPQ	Absent	
6GNA0027	Eye, left	MIS	Absent	
6GNA0027	Eye, left	HMR	Absent	
6GNA0027	Eye, left	EMB	Absent	
6GNA0027	Eye, right	EXPTH	Absent	
6GNA0027	Eye, right	OPQ	Absent	
6GNA0027	Eye, right	MIS	Absent	
6GNA0027	Eye, right	HMR	Absent	
6GNA0027	Eye, right	EMB	Absent	
6GNA0027	Opercula	SLSH	Absent	
6GNA0027a	Body Surface	RGR	Absent	
6GNA0027a	Body Surface	RLSN	Absent	
6GNA0027a	Body Surface	SPDF	Absent	
6GNA0027a	Body Surface	HMRB	Absent	
6GNA0027a	Body Surface	FDC	Absent	
6GNA0027a	Body Surface	BFG	Absent	
6GNA0027a	Body Surface	PRST	Absent	
6GNA0027a	Head	DFM	Absent	
6GNA0027a	Mouth	ULR	Absent	
6GNA0027a	Mouth	LLG	Absent	
6GNA0027a	Nare	SLN	Absent	
6GNA0027a	Eye, left	EXPTH	Absent	
6GNA0027a	Eye, left	OPQ	Absent	
6GNA0027a	Eye, left	MIS	Absent	
6GNA0027a	Eye, left	HMR	Absent	
6GNA0027a	Eye, left	EMB	Absent	
6GNA0027a	Eye, right	EXPTH	Absent	
6GNA0027a	Eye, right	OPQ	Absent	
6GNA0027a	Eye, right	MIS	Absent	
6GNA0027a	Eye, right	HMR	Absent	
6GNA0027a	Eye, right	EMB	Absent	
6GNA0027a	Opercula	SLSH	Absent	
6GNA0028	Body Surface	RGR	Absent	
6GNA0028	Body Surface	RGR	Absent	
6GNA0028	Body Surface	RLSN	Absent	
6GNA0028	Body Surface	RLSN	Absent	
6GNA0028	Body Surface	SPDF	Absent	
6GNA0028	Body Surface	SPDF	Absent	
6GNA0028	Body Surface	HMRB	Absent	
6GNA0028	Body Surface	HMRB	Absent	
6GNA0028	Body Surface	FDC	Absent	
6GNA0028	Body Surface	FDC	Absent	
6GNA0028	Body Surface	BFG	Absent	
6GNA0028	Body Surface	BFG	Absent	
6GNA0028	Body Surface	PRST	Absent	
6GNA0028	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0028	Body Surface	OTHER	Present	Gill net marks
6GNA0028	Head	DFM	Absent	
6GNA0028	Head	DFM	Absent	
6GNA0028	Mouth	ULR	Absent	
6GNA0028	Mouth	ULR	Absent	
6GNA0028	Mouth	LLG	Absent	
6GNA0028	Mouth	LLG	Absent	
6GNA0028	Nare	SLN	Absent	
6GNA0028	Nare	SLN	Absent	
6GNA0028	Eye, left	EXPTH	Absent	
6GNA0028	Eye, left	EXPTH	Absent	
6GNA0028	Eye, left	OPQ	Absent	
6GNA0028	Eye, left	OPQ	Absent	
6GNA0028	Eye, left	MIS	Absent	
6GNA0028	Eye, left	MIS	Absent	
6GNA0028	Eye, left	HMR	Absent	
6GNA0028	Eye, left	HMR	Absent	
6GNA0028	Eye, left	EMB	Absent	
6GNA0028	Eye, left	EMB	Absent	
6GNA0028	Eye, right	EXPTH	Absent	
6GNA0028	Eye, right	EXPTH	Absent	
6GNA0028	Eye, right	OPQ	Absent	
6GNA0028	Eye, right	OPQ	Absent	
6GNA0028	Eye, right	MIS	Absent	
6GNA0028	Eye, right	MIS	Absent	
6GNA0028	Eye, right	HMR	Absent	
6GNA0028	Eye, right	HMR	Absent	
6GNA0028	Eye, right	EMB	Absent	
6GNA0028	Eye, right	EMB	Absent	
6GNA0028	Opercula	SLSH	Absent	
6GNA0028	Opercula	SLSH	Absent	
6GNA0029	Body Surface	RGR	Absent	
6GNA0029	Body Surface	RGR	Absent	
6GNA0029	Body Surface	RLSN	Absent	
6GNA0029	Body Surface	RLSN	Absent	
6GNA0029	Body Surface	SPDF	Absent	
6GNA0029	Body Surface	SPDF	Absent	
6GNA0029	Body Surface	HMRB	Absent	
6GNA0029	Body Surface	HMRB	Absent	
6GNA0029	Body Surface	FDC	Absent	
6GNA0029	Body Surface	FDC	Absent	
6GNA0029	Body Surface	BFG	Absent	
6GNA0029	Body Surface	BFG	Absent	
6GNA0029	Body Surface	PRST	Absent	
6GNA0029	Body Surface	PRST	Absent	
6GNA0029	Body Surface	OTHER	Present	Gill net marks
6GNA0029	Head	DFM	Absent	
6GNA0029	Head	DFM	Absent	
6GNA0029	Mouth	ULR	Absent	
6GNA0029	Mouth	ULR	Absent	
6GNA0029	Mouth	LLG	Absent	
6GNA0029	Mouth	LLG	Absent	
6GNA0029	Nare	SLN	Absent	
6GNA0029	Nare	SLN	Absent	
6GNA0029	Eye, left	EXPTH	Absent	
6GNA0029	Eye, left	EXPTH	Absent	
6GNA0029	Eye, left	OPQ	Absent	
6GNA0029	Eye, left	OPQ	Absent	
6GNA0029	Eye, left	MIS	Absent	
6GNA0029	Eye, left	MIS	Absent	
6GNA0029	Eye, left	HMR	Absent	
6GNA0029	Eye, left	HMR	Absent	
6GNA0029	Eye, left	EMB	Absent	
6GNA0029	Eye, left	EMB	Absent	
6GNA0029	Eye, right	EXPTH	Absent	
6GNA0029	Eye, right	EXPTH	Absent	
6GNA0029	Eye, right	OPQ	Absent	
6GNA0029	Eye, right	OPQ	Absent	
6GNA0029	Eye, right	MIS	Absent	
6GNA0029	Eye, right	MIS	Absent	
6GNA0029	Eye, right	HMR	Absent	
6GNA0029	Eye, right	HMR	Absent	
6GNA0029	Eye, right	EMB	Absent	
6GNA0029	Eye, right	EMB	Absent	
6GNA0029	Opercula	SLSH	Absent	
6GNA0029	Opercula	SLSH	Absent	
6GNA0030	Body Surface	RGR	Absent	
6GNA0030	Body Surface	RGR	Absent	
6GNA0030	Body Surface	RLSN	Absent	
6GNA0030	Body Surface	RLSN	Absent	
6GNA0030	Body Surface	SPDF	Absent	
6GNA0030	Body Surface	SPDF	Absent	
6GNA0030	Body Surface	HMRB	Absent	
6GNA0030	Body Surface	HMRB	Absent	
6GNA0030	Body Surface	FDC	Absent	
6GNA0030	Body Surface	FDC	Absent	
6GNA0030	Body Surface	BFG	Absent	
6GNA0030	Body Surface	BFG	Absent	
6GNA0030	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0030	Body Surface	PRST	Absent	
6GNA0030	Head	DFM	Absent	
6GNA0030	Head	DFM	Absent	
6GNA0030	Mouth	ULR	Absent	
6GNA0030	Mouth	ULR	Absent	
6GNA0030	Mouth	LLG	Absent	
6GNA0030	Mouth	LLG	Absent	
6GNA0030	Nare	SLN	Absent	
6GNA0030	Nare	SLN	Absent	
6GNA0030	Eye, left	EXPTH	Absent	
6GNA0030	Eye, left	EXPTH	Absent	
6GNA0030	Eye, left	OPQ	Absent	
6GNA0030	Eye, left	OPQ	Absent	
6GNA0030	Eye, left	MIS	Absent	
6GNA0030	Eye, left	MIS	Absent	
6GNA0030	Eye, left	HMR	Absent	
6GNA0030	Eye, left	HMR	Absent	
6GNA0030	Eye, left	EMB	Absent	
6GNA0030	Eye, left	EMB	Absent	
6GNA0030	Eye, right	EXPTH	Absent	
6GNA0030	Eye, right	EXPTH	Absent	
6GNA0030	Eye, right	OPQ	Absent	
6GNA0030	Eye, right	OPQ	Absent	
6GNA0030	Eye, right	MIS	Absent	
6GNA0030	Eye, right	MIS	Absent	
6GNA0030	Eye, right	HMR	Absent	
6GNA0030	Eye, right	HMR	Absent	
6GNA0030	Eye, right	EMB	Absent	
6GNA0030	Eye, right	EMB	Absent	
6GNA0030	Opercula	SLSH	Absent	
6GNA0030	Opercula	SLSH	Absent	
6GNA0031	Body Surface	RGR	Absent	
6GNA0031	Body Surface	RGR	Absent	
6GNA0031	Body Surface	RLSN	Absent	
6GNA0031	Body Surface	RLSN	Absent	
6GNA0031	Body Surface	SPDF	Absent	
6GNA0031	Body Surface	SPDF	Absent	
6GNA0031	Body Surface	HMRB	Absent	
6GNA0031	Body Surface	HMRB	Absent	
6GNA0031	Body Surface	FDC	Absent	
6GNA0031	Body Surface	FDC	Absent	
6GNA0031	Body Surface	BFG	Absent	
6GNA0031	Body Surface	BFG	Absent	
6GNA0031	Body Surface	PRST	Present	
6GNA0031	Body Surface	PRST	Absent	
6GNA0031	Body Surface	OTHER	Present	Gill net marks
6GNA0031	Body Surface	OTHER	Present	Gill net marks
6GNA0031	Head	DFM	Absent	
6GNA0031	Head	DFM	Absent	
6GNA0031	Mouth	ULR	Absent	
6GNA0031	Mouth	ULR	Absent	
6GNA0031	Mouth	LLG	Absent	
6GNA0031	Mouth	LLG	Absent	
6GNA0031	Nare	SLN	Absent	
6GNA0031	Nare	SLN	Absent	
6GNA0031	Eye, left	EXPTH	Absent	
6GNA0031	Eye, left	EXPTH	Absent	
6GNA0031	Eye, left	OPQ	Absent	
6GNA0031	Eye, left	OPQ	Absent	
6GNA0031	Eye, left	MIS	Absent	
6GNA0031	Eye, left	MIS	Absent	
6GNA0031	Eye, left	HMR	Absent	
6GNA0031	Eye, left	HMR	Absent	
6GNA0031	Eye, left	EMB	Absent	
6GNA0031	Eye, left	EMB	Absent	
6GNA0031	Eye, right	EXPTH	Absent	
6GNA0031	Eye, right	EXPTH	Absent	
6GNA0031	Eye, right	OPQ	Absent	
6GNA0031	Eye, right	OPQ	Absent	
6GNA0031	Eye, right	MIS	Absent	
6GNA0031	Eye, right	MIS	Absent	
6GNA0031	Eye, right	HMR	Absent	
6GNA0031	Eye, right	HMR	Absent	
6GNA0031	Eye, right	EMB	Absent	
6GNA0031	Eye, right	EMB	Absent	
6GNA0031	Opercula	SLSH	Absent	
6GNA0031	Opercula	SLSH	Absent	
6GNA0032	Body Surface	RGR	Absent	
6GNA0032	Body Surface	RGR	Absent	
6GNA0032	Body Surface	RLSN	Absent	
6GNA0032	Body Surface	RLSN	Absent	
6GNA0032	Body Surface	SPDF	Absent	
6GNA0032	Body Surface	SPDF	Absent	
6GNA0032	Body Surface	HMRB	Absent	
6GNA0032	Body Surface	HMRB	Absent	
6GNA0032	Body Surface	FDC	Absent	
6GNA0032	Body Surface	FDC	Absent	
6GNA0032	Body Surface	BFG	Absent	
6GNA0032	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0032	Body Surface	PRST	Absent	
6GNA0032	Body Surface	PRST	Absent	
6GNA0032	Body Surface	OTHER	Present	Gill net marks
6GNA0032	Head	DFM	Absent	
6GNA0032	Head	DFM	Absent	
6GNA0032	Mouth	ULR	Absent	
6GNA0032	Mouth	ULR	Absent	
6GNA0032	Mouth	LLG	Absent	
6GNA0032	Mouth	LLG	Absent	
6GNA0032	Nare	SLN	Absent	
6GNA0032	Nare	SLN	Absent	
6GNA0032	Eye, left	EXPTH	Absent	
6GNA0032	Eye, left	EXPTH	Absent	
6GNA0032	Eye, left	OPQ	Absent	
6GNA0032	Eye, left	OPQ	Absent	
6GNA0032	Eye, left	MIS	Absent	
6GNA0032	Eye, left	MIS	Absent	
6GNA0032	Eye, left	HMR	Absent	
6GNA0032	Eye, left	HMR	Absent	
6GNA0032	Eye, left	EMB	Absent	
6GNA0032	Eye, left	EMB	Absent	
6GNA0032	Eye, right	EXPTH	Absent	
6GNA0032	Eye, right	EXPTH	Absent	
6GNA0032	Eye, right	OPQ	Absent	
6GNA0032	Eye, right	OPQ	Absent	
6GNA0032	Eye, right	MIS	Absent	
6GNA0032	Eye, right	MIS	Absent	
6GNA0032	Eye, right	HMR	Absent	
6GNA0032	Eye, right	HMR	Absent	
6GNA0032	Eye, right	EMB	Absent	
6GNA0032	Eye, right	EMB	Absent	
6GNA0032	Opercula	SLSH	Absent	
6GNA0032	Opercula	SLSH	Absent	
6GNA0033	Body Surface	RGR	Absent	
6GNA0033	Body Surface	RGR	Absent	
6GNA0033	Body Surface	RLSN	Absent	
6GNA0033	Body Surface	RLSN	Absent	
6GNA0033	Body Surface	SPDF	Absent	
6GNA0033	Body Surface	SPDF	Absent	
6GNA0033	Body Surface	HMRB	Absent	
6GNA0033	Body Surface	HMRB	Absent	
6GNA0033	Body Surface	FDC	Absent	
6GNA0033	Body Surface	FDC	Absent	
6GNA0033	Body Surface	BFG	Absent	
6GNA0033	Body Surface	BFG	Absent	
6GNA0033	Body Surface	PRST	Absent	
6GNA0033	Body Surface	PRST	Absent	
6GNA0033	Body Surface	OTHER	Present	Gill net marks
6GNA0033	Head	DFM	Absent	
6GNA0033	Head	DFM	Absent	
6GNA0033	Mouth	ULR	Absent	
6GNA0033	Mouth	ULR	Absent	
6GNA0033	Mouth	LLG	Absent	
6GNA0033	Mouth	LLG	Absent	
6GNA0033	Nare	SLN	Absent	
6GNA0033	Nare	SLN	Absent	
6GNA0033	Eye, left	EXPTH	Absent	
6GNA0033	Eye, left	EXPTH	Absent	
6GNA0033	Eye, left	OPQ	Absent	
6GNA0033	Eye, left	OPQ	Absent	
6GNA0033	Eye, left	MIS	Absent	
6GNA0033	Eye, left	MIS	Absent	
6GNA0033	Eye, left	HMR	Absent	
6GNA0033	Eye, left	HMR	Absent	
6GNA0033	Eye, left	EMB	Absent	
6GNA0033	Eye, left	EMB	Absent	
6GNA0033	Eye, right	EXPTH	Absent	
6GNA0033	Eye, right	EXPTH	Absent	
6GNA0033	Eye, right	OPQ	Absent	
6GNA0033	Eye, right	OPQ	Absent	
6GNA0033	Eye, right	MIS	Absent	
6GNA0033	Eye, right	MIS	Absent	
6GNA0033	Eye, right	HMR	Absent	
6GNA0033	Eye, right	HMR	Absent	
6GNA0033	Eye, right	EMB	Absent	
6GNA0033	Eye, right	EMB	Absent	
6GNA0033	Opercula	SLSH	Absent	
6GNA0033	Opercula	SLSH	Absent	
6GNA0034	Body Surface	RGR	Absent	
6GNA0034	Body Surface	RGR	Absent	
6GNA0034	Body Surface	RLSN	Absent	
6GNA0034	Body Surface	RLSN	Absent	
6GNA0034	Body Surface	SPDF	Absent	
6GNA0034	Body Surface	SPDF	Absent	
6GNA0034	Body Surface	HMRB	Absent	
6GNA0034	Body Surface	HMRB	Absent	
6GNA0034	Body Surface	FDC	Absent	
6GNA0034	Body Surface	FDC	Absent	
6GNA0034	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0034	Body Surface	BFG	Absent	
6GNA0034	Body Surface	PRST	Absent	
6GNA0034	Body Surface	PRST	Absent	
6GNA0034	Head	DFM	Absent	
6GNA0034	Head	DFM	Absent	
6GNA0034	Mouth	ULR	Absent	
6GNA0034	Mouth	ULR	Absent	
6GNA0034	Mouth	LLG	Absent	
6GNA0034	Mouth	LLG	Absent	
6GNA0034	Nare	SLN	Absent	
6GNA0034	Nare	SLN	Absent	
6GNA0034	Eye, left	EXPTH	Absent	
6GNA0034	Eye, left	EXPTH	Absent	
6GNA0034	Eye, left	OPQ	Absent	
6GNA0034	Eye, left	OPQ	Absent	
6GNA0034	Eye, left	MIS	Absent	
6GNA0034	Eye, left	MIS	Absent	
6GNA0034	Eye, left	HMR	Absent	
6GNA0034	Eye, left	HMR	Absent	
6GNA0034	Eye, left	EMB	Absent	
6GNA0034	Eye, left	EMB	Absent	
6GNA0034	Eye, right	EXPTH	Absent	
6GNA0034	Eye, right	EXPTH	Absent	
6GNA0034	Eye, right	OPQ	Absent	
6GNA0034	Eye, right	OPQ	Absent	
6GNA0034	Eye, right	MIS	Absent	
6GNA0034	Eye, right	MIS	Absent	
6GNA0034	Eye, right	HMR	Absent	
6GNA0034	Eye, right	HMR	Absent	
6GNA0034	Eye, right	EMB	Absent	
6GNA0034	Eye, right	EMB	Absent	
6GNA0034	Opercula	SLSH	Absent	
6GNA0034	Opercula	SLSH	Absent	
6GNA0035	Body Surface	RGR	Absent	
6GNA0035	Body Surface	RGR	Absent	
6GNA0035	Body Surface	RLSN	Absent	
6GNA0035	Body Surface	RLSN	Absent	
6GNA0035	Body Surface	SPDF	Absent	
6GNA0035	Body Surface	SPDF	Absent	
6GNA0035	Body Surface	HMRB	Absent	
6GNA0035	Body Surface	HMRB	Absent	
6GNA0035	Body Surface	FDC	Absent	
6GNA0035	Body Surface	FDC	Absent	
6GNA0035	Body Surface	BFG	Absent	
6GNA0035	Body Surface	BFG	Absent	
6GNA0035	Body Surface	PRST	Absent	
6GNA0035	Body Surface	PRST	Absent	
6GNA0035	Body Surface	OTHER	Present	Gill net marks
6GNA0035	Head	DFM	Absent	
6GNA0035	Head	DFM	Absent	
6GNA0035	Mouth	ULR	Absent	
6GNA0035	Mouth	ULR	Absent	
6GNA0035	Mouth	LLG	Absent	
6GNA0035	Mouth	LLG	Absent	
6GNA0035	Nare	SLN	Absent	
6GNA0035	Nare	SLN	Absent	
6GNA0035	Eye, left	EXPTH	Absent	
6GNA0035	Eye, left	EXPTH	Absent	
6GNA0035	Eye, left	OPQ	Absent	
6GNA0035	Eye, left	OPQ	Absent	
6GNA0035	Eye, left	MIS	Absent	
6GNA0035	Eye, left	MIS	Absent	
6GNA0035	Eye, left	HMR	Absent	
6GNA0035	Eye, left	HMR	Absent	
6GNA0035	Eye, left	EMB	Absent	
6GNA0035	Eye, left	EMB	Absent	
6GNA0035	Eye, right	EXPTH	Absent	
6GNA0035	Eye, right	EXPTH	Absent	
6GNA0035	Eye, right	OPQ	Absent	
6GNA0035	Eye, right	OPQ	Absent	
6GNA0035	Eye, right	MIS	Absent	
6GNA0035	Eye, right	MIS	Absent	
6GNA0035	Eye, right	HMR	Absent	
6GNA0035	Eye, right	HMR	Absent	
6GNA0035	Eye, right	EMB	Absent	
6GNA0035	Eye, right	EMB	Absent	
6GNA0035	Opercula	SLSH	Absent	
6GNA0035	Opercula	SLSH	Absent	
6GNA0036	Body Surface	RGR	Absent	
6GNA0036	Body Surface	RGR	Absent	
6GNA0036	Body Surface	RLSN	Absent	
6GNA0036	Body Surface	RLSN	Absent	
6GNA0036	Body Surface	SPDF	Absent	
6GNA0036	Body Surface	SPDF	Absent	
6GNA0036	Body Surface	HMRB	Absent	
6GNA0036	Body Surface	HMRB	Absent	
6GNA0036	Body Surface	FDC	Absent	
6GNA0036	Body Surface	FDC	Absent	
6GNA0036	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0036	Body Surface	BFG	Absent	
6GNA0036	Body Surface	PRST	Absent	
6GNA0036	Body Surface	PRST	Absent	
6GNA0036	Body Surface	OTHER	Present	Gill net marks
6GNA0036	Head	DFM	Absent	
6GNA0036	Head	DFM	Absent	
6GNA0036	Mouth	ULR	Absent	
6GNA0036	Mouth	ULR	Absent	
6GNA0036	Mouth	LLG	Absent	
6GNA0036	Mouth	LLG	Absent	
6GNA0036	Nare	SLN	Absent	
6GNA0036	Nare	SLN	Absent	
6GNA0036	Eye, left	EXPTH	Absent	
6GNA0036	Eye, left	EXPTH	Absent	
6GNA0036	Eye, left	OPQ	Absent	
6GNA0036	Eye, left	OPQ	Absent	
6GNA0036	Eye, left	MIS	Absent	
6GNA0036	Eye, left	MIS	Absent	
6GNA0036	Eye, left	HMR	Absent	
6GNA0036	Eye, left	HMR	Absent	
6GNA0036	Eye, left	EMB	Absent	
6GNA0036	Eye, left	EMB	Absent	
6GNA0036	Eye, right	EXPTH	Absent	
6GNA0036	Eye, right	EXPTH	Absent	
6GNA0036	Eye, right	OPQ	Absent	
6GNA0036	Eye, right	OPQ	Absent	
6GNA0036	Eye, right	MIS	Absent	
6GNA0036	Eye, right	MIS	Absent	
6GNA0036	Eye, right	HMR	Absent	
6GNA0036	Eye, right	HMR	Absent	
6GNA0036	Eye, right	EMB	Absent	
6GNA0036	Eye, right	EMB	Absent	
6GNA0036	Opercula	SLSH	Absent	
6GNA0036	Opercula	SLSH	Absent	
6GNA0037	Body Surface	RGR	Absent	
6GNA0037	Body Surface	RGR	Absent	
6GNA0037	Body Surface	RLSN	Absent	
6GNA0037	Body Surface	RLSN	Absent	
6GNA0037	Body Surface	SPDF	Absent	
6GNA0037	Body Surface	SPDF	Absent	
6GNA0037	Body Surface	HMRB	Absent	
6GNA0037	Body Surface	HMRB	Absent	
6GNA0037	Body Surface	FDC	Absent	
6GNA0037	Body Surface	FDC	Present	
6GNA0037	Body Surface	BFG	Absent	
6GNA0037	Body Surface	BFG	Absent	
6GNA0037	Body Surface	PRST	Absent	
6GNA0037	Body Surface	PRST	Absent	
6GNA0037	Body Surface	OTHER	Present	Gill net marks
6GNA0037	Head	DFM	Absent	
6GNA0037	Head	DFM	Absent	
6GNA0037	Mouth	ULR	Absent	
6GNA0037	Mouth	ULR	Absent	
6GNA0037	Mouth	LLG	Absent	
6GNA0037	Mouth	LLG	Absent	
6GNA0037	Nare	SLN	Absent	
6GNA0037	Nare	SLN	Absent	
6GNA0037	Eye, left	EXPTH	Absent	
6GNA0037	Eye, left	EXPTH	Absent	
6GNA0037	Eye, left	OPQ	Absent	
6GNA0037	Eye, left	OPQ	Absent	
6GNA0037	Eye, left	MIS	Absent	
6GNA0037	Eye, left	MIS	Absent	
6GNA0037	Eye, left	HMR	Absent	
6GNA0037	Eye, left	HMR	Absent	
6GNA0037	Eye, left	EMB	Absent	
6GNA0037	Eye, left	EMB	Absent	
6GNA0037	Eye, right	EXPTH	Absent	
6GNA0037	Eye, right	EXPTH	Absent	
6GNA0037	Eye, right	OPQ	Absent	
6GNA0037	Eye, right	OPQ	Absent	
6GNA0037	Eye, right	MIS	Absent	
6GNA0037	Eye, right	MIS	Absent	
6GNA0037	Eye, right	HMR	Absent	
6GNA0037	Eye, right	HMR	Absent	
6GNA0037	Eye, right	EMB	Absent	
6GNA0037	Eye, right	EMB	Absent	
6GNA0037	Opercula	SLSH	Absent	
6GNA0037	Opercula	SLSH	Absent	
6GNA0038	Body Surface	RGR	Absent	
6GNA0038	Body Surface	RLSN	Absent	
6GNA0038	Body Surface	SPDF	Absent	
6GNA0038	Body Surface	HMRB	Absent	
6GNA0038	Body Surface	FDC	Absent	
6GNA0038	Body Surface	BFG	Absent	
6GNA0038	Body Surface	PRST	Absent	
6GNA0038	Head	DFM	Absent	
6GNA0038	Mouth	ULR	Absent	
6GNA0038	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0038	Nare	SLN	Absent	
6GNA0038	Eye, left	EXPTH	Absent	
6GNA0038	Eye, left	OPQ	Absent	
6GNA0038	Eye, left	MIS	Absent	
6GNA0038	Eye, left	HMR	Absent	
6GNA0038	Eye, left	EMB	Absent	
6GNA0038	Eye, right	EXPTH	Absent	
6GNA0038	Eye, right	OPQ	Absent	
6GNA0038	Eye, right	MIS	Absent	
6GNA0038	Eye, right	HMR	Absent	
6GNA0038	Eye, right	EMB	Absent	
6GNA0038	Opercula	SLSH	Absent	
6GNA0039	Body Surface	RGR	Absent	
6GNA0039	Body Surface	RGR	Absent	
6GNA0039	Body Surface	RLSN	Absent	
6GNA0039	Body Surface	RLSN	Absent	
6GNA0039	Body Surface	SPDF	Absent	
6GNA0039	Body Surface	SPDF	Absent	
6GNA0039	Body Surface	HMRB	Absent	
6GNA0039	Body Surface	HMRB	Absent	
6GNA0039	Body Surface	FDC	Absent	
6GNA0039	Body Surface	FDC	Absent	
6GNA0039	Body Surface	BFG	Absent	
6GNA0039	Body Surface	BFG	Absent	
6GNA0039	Body Surface	PRST	Absent	
6GNA0039	Body Surface	PRST	Absent	
6GNA0039	Body Surface	OTHER	Present	Gill net marks
6GNA0039	Head	DFM	Absent	
6GNA0039	Head	DFM	Absent	
6GNA0039	Mouth	ULR	Absent	
6GNA0039	Mouth	ULR	Absent	
6GNA0039	Mouth	LLG	Absent	
6GNA0039	Mouth	LLG	Absent	
6GNA0039	Nare	SLN	Absent	
6GNA0039	Nare	SLN	Absent	
6GNA0039	Eye, left	EXPTH	Absent	
6GNA0039	Eye, left	EXPTH	Absent	
6GNA0039	Eye, left	OPQ	Absent	
6GNA0039	Eye, left	OPQ	Absent	
6GNA0039	Eye, left	MIS	Absent	
6GNA0039	Eye, left	MIS	Absent	
6GNA0039	Eye, left	HMR	Absent	
6GNA0039	Eye, left	HMR	Absent	
6GNA0039	Eye, left	EMB	Absent	
6GNA0039	Eye, left	EMB	Absent	
6GNA0039	Eye, right	EXPTH	Absent	
6GNA0039	Eye, right	EXPTH	Absent	
6GNA0039	Eye, right	OPQ	Absent	
6GNA0039	Eye, right	OPQ	Absent	
6GNA0039	Eye, right	MIS	Absent	
6GNA0039	Eye, right	MIS	Absent	
6GNA0039	Eye, right	HMR	Absent	
6GNA0039	Eye, right	HMR	Absent	
6GNA0039	Eye, right	EMB	Absent	
6GNA0039	Eye, right	EMB	Absent	
6GNA0039	Opercula	SLSH	Absent	
6GNA0039	Opercula	SLSH	Absent	
6GNA0040	Body Surface	RGR	Absent	
6GNA0040	Body Surface	RLSN	Absent	
6GNA0040	Body Surface	SPDF	Absent	
6GNA0040	Body Surface	HMRB	Absent	
6GNA0040	Body Surface	FDC	Absent	
6GNA0040	Body Surface	BFG	Absent	
6GNA0040	Body Surface	PRST	Absent	
6GNA0040	Head	DFM	Absent	
6GNA0040	Mouth	ULR	Absent	
6GNA0040	Mouth	LLG	Absent	
6GNA0040	Nare	SLN	Absent	
6GNA0040	Eye, left	EXPTH	Absent	
6GNA0040	Eye, left	OPQ	Absent	
6GNA0040	Eye, left	MIS	Absent	
6GNA0040	Eye, left	HMR	Absent	
6GNA0040	Eye, left	EMB	Absent	
6GNA0040	Eye, right	EXPTH	Absent	
6GNA0040	Eye, right	OPQ	Absent	
6GNA0040	Eye, right	MIS	Absent	
6GNA0040	Eye, right	HMR	Absent	
6GNA0040	Eye, right	EMB	Absent	
6GNA0040	Opercula	SLSH	Absent	
6GNA0041	Body Surface	RGR	Absent	
6GNA0041	Body Surface	RLSN	Absent	
6GNA0041	Body Surface	SPDF	Absent	
6GNA0041	Body Surface	HMRB	Absent	
6GNA0041	Body Surface	FDC	Absent	
6GNA0041	Body Surface	BFG	Absent	
6GNA0041	Body Surface	PRST	Absent	
6GNA0041	Barbel	NORM	Present	
6GNA0041	Head	DFM	Absent	
6GNA0041	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0041	Mouth	LLG	Absent	
6GNA0041	Nare	SLN	Absent	
6GNA0041	Eye, left	EXPTH	Absent	
6GNA0041	Eye, left	OPQ	Absent	
6GNA0041	Eye, left	MIS	Absent	
6GNA0041	Eye, left	HMR	Absent	
6GNA0041	Eye, left	EMB	Absent	
6GNA0041	Eye, right	EXPTH	Absent	
6GNA0041	Eye, right	OPQ	Absent	
6GNA0041	Eye, right	MIS	Absent	
6GNA0041	Eye, right	HMR	Absent	
6GNA0041	Eye, right	EMB	Absent	
6GNA0041	Opercula	SLSH	Absent	
6GNA0042	Body Surface	RGR	Absent	
6GNA0042	Body Surface	RLSN	Absent	
6GNA0042	Body Surface	SPDF	Absent	
6GNA0042	Body Surface	HMRB	Absent	
6GNA0042	Body Surface	FDC	Absent	
6GNA0042	Body Surface	BFG	Absent	
6GNA0042	Body Surface	PRST	Absent	
6GNA0042	Head	DFM	Absent	
6GNA0042	Mouth	ULR	Absent	
6GNA0042	Mouth	LLG	Absent	
6GNA0042	Nare	SLN	Absent	
6GNA0042	Eye, left	EXPTH	Absent	
6GNA0042	Eye, left	OPQ	Absent	
6GNA0042	Eye, left	MIS	Absent	
6GNA0042	Eye, left	HMR	Absent	
6GNA0042	Eye, left	EMB	Absent	
6GNA0042	Eye, right	EXPTH	Absent	
6GNA0042	Eye, right	OPQ	Absent	
6GNA0042	Eye, right	MIS	Absent	
6GNA0042	Eye, right	HMR	Absent	
6GNA0042	Eye, right	EMB	Absent	
6GNA0042	Opercula	SLSH	Absent	
6GNA0043	Body Surface	RGR	Absent	
6GNA0043	Body Surface	RLSN	Absent	
6GNA0043	Body Surface	SPDF	Absent	
6GNA0043	Body Surface	HMRB	Absent	
6GNA0043	Body Surface	FDC	Absent	
6GNA0043	Body Surface	BFG	Absent	
6GNA0043	Body Surface	PRST	Absent	
6GNA0043	Body Surface	OTHER	Present	Gill net marks
6GNA0043	Head	DFM	Absent	
6GNA0043	Mouth	ULR	Absent	
6GNA0043	Mouth	LLG	Absent	
6GNA0043	Nare	SLN	Absent	
6GNA0043	Eye, left	EXPTH	Absent	
6GNA0043	Eye, left	OPQ	Absent	
6GNA0043	Eye, left	MIS	Absent	
6GNA0043	Eye, left	HMR	Absent	
6GNA0043	Eye, left	EMB	Absent	
6GNA0043	Eye, right	EXPTH	Absent	
6GNA0043	Eye, right	OPQ	Absent	
6GNA0043	Eye, right	MIS	Absent	
6GNA0043	Eye, right	HMR	Absent	
6GNA0043	Eye, right	EMB	Absent	
6GNA0043	Opercula	SLSH	Absent	
6GNA0044	Body Surface	RGR	Absent	
6GNA0044	Body Surface	RLSN	Absent	
6GNA0044	Body Surface	SPDF	Absent	
6GNA0044	Body Surface	HMRB	Absent	
6GNA0044	Body Surface	FDC	Absent	
6GNA0044	Body Surface	BFG	Absent	
6GNA0044	Body Surface	PRST	Absent	
6GNA0044	Body Surface	OTHER	Present	Gill net marks
6GNA0044	Head	DFM	Absent	
6GNA0044	Mouth	ULR	Absent	
6GNA0044	Mouth	LLG	Absent	
6GNA0044	Nare	SLN	Absent	
6GNA0044	Eye, left	EXPTH	Absent	
6GNA0044	Eye, left	OPQ	Absent	
6GNA0044	Eye, left	MIS	Absent	
6GNA0044	Eye, left	HMR	Absent	
6GNA0044	Eye, left	EMB	Absent	
6GNA0044	Eye, right	EXPTH	Absent	
6GNA0044	Eye, right	OPQ	Absent	
6GNA0044	Eye, right	MIS	Absent	
6GNA0044	Eye, right	HMR	Absent	
6GNA0044	Eye, right	EMB	Absent	
6GNA0044	Opercula	SLSH	Absent	
6GNA0045	Body Surface	RGR	Absent	
6GNA0045	Body Surface	RLSN	Absent	
6GNA0045	Body Surface	SPDF	Absent	
6GNA0045	Body Surface	HMRB	Absent	
6GNA0045	Body Surface	FDC	Absent	
6GNA0045	Body Surface	BFG	Absent	
6GNA0045	Body Surface	PRST	Absent	
6GNA0045	Body Surface	OTHER	Present	Gill net marks

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0045	Head	DFM	Absent	
6GNA0045	Mouth	ULR	Absent	
6GNA0045	Mouth	LLG	Absent	
6GNA0045	Nare	SLN	Absent	
6GNA0045	Eye, left	EXPTH	Absent	
6GNA0045	Eye, left	OPQ	Absent	
6GNA0045	Eye, left	MIS	Absent	
6GNA0045	Eye, left	HMR	Absent	
6GNA0045	Eye, left	EMB	Absent	
6GNA0045	Eye, right	EXPTH	Absent	
6GNA0045	Eye, right	OPQ	Absent	
6GNA0045	Eye, right	MIS	Absent	
6GNA0045	Eye, right	HMR	Absent	
6GNA0045	Eye, right	EMB	Absent	
6GNA0045	Opercula	SLSH	Absent	
6GNA0046	Body Surface	RGR	Absent	
6GNA0046	Body Surface	RLSN	Absent	
6GNA0046	Body Surface	SPDF	Absent	
6GNA0046	Body Surface	HMRB	Absent	
6GNA0046	Body Surface	FDC	Absent	
6GNA0046	Body Surface	BFG	Absent	
6GNA0046	Body Surface	PRST	Absent	
6GNA0046	Head	DFM	Absent	
6GNA0046	Mouth	ULR	Absent	
6GNA0046	Mouth	LLG	Absent	
6GNA0046	Nare	SLN	Absent	
6GNA0046	Eye, left	EXPTH	Absent	
6GNA0046	Eye, left	OPQ	Absent	
6GNA0046	Eye, left	MIS	Absent	
6GNA0046	Eye, left	HMR	Absent	
6GNA0046	Eye, left	EMB	Absent	
6GNA0046	Eye, right	EXPTH	Absent	
6GNA0046	Eye, right	OPQ	Absent	
6GNA0046	Eye, right	MIS	Absent	
6GNA0046	Eye, right	HMR	Absent	
6GNA0046	Eye, right	EMB	Absent	
6GNA0046	Opercula	SLSH	Absent	
6GNA0047	Body Surface	RGR	Absent	
6GNA0047	Body Surface	RLSN	Absent	
6GNA0047	Body Surface	SPDF	Absent	
6GNA0047	Body Surface	HMRB	Absent	
6GNA0047	Body Surface	FDC	Absent	
6GNA0047	Body Surface	BFG	Absent	
6GNA0047	Body Surface	PRST	Absent	
6GNA0047	Head	DFM	Absent	
6GNA0047	Mouth	ULR	Absent	
6GNA0047	Mouth	LLG	Absent	
6GNA0047	Nare	SLN	Absent	
6GNA0047	Eye, left	EXPTH	Absent	
6GNA0047	Eye, left	OPQ	Absent	
6GNA0047	Eye, left	MIS	Absent	
6GNA0047	Eye, left	HMR	Absent	
6GNA0047	Eye, left	EMB	Absent	
6GNA0047	Eye, right	EXPTH	Absent	
6GNA0047	Eye, right	OPQ	Absent	
6GNA0047	Eye, right	MIS	Absent	
6GNA0047	Eye, right	HMR	Absent	
6GNA0047	Eye, right	EMB	Absent	
6GNA0047	Opercula	SLSH	Absent	
6GNA0048	Body Surface	RGR	Absent	
6GNA0048	Body Surface	RLSN	Absent	
6GNA0048	Body Surface	SPDF	Absent	
6GNA0048	Body Surface	HMRB	Absent	
6GNA0048	Body Surface	FDC	Absent	
6GNA0048	Body Surface	BFG	Absent	
6GNA0048	Body Surface	PRST	Absent	
6GNA0048	Body Surface	OTHER	Present	Gill net marks
6GNA0048	Head	DFM	Absent	
6GNA0048	Mouth	ULR	Absent	
6GNA0048	Mouth	LLG	Absent	
6GNA0048	Nare	SLN	Absent	
6GNA0048	Eye, left	EXPTH	Absent	
6GNA0048	Eye, left	OPQ	Absent	
6GNA0048	Eye, left	MIS	Absent	
6GNA0048	Eye, left	HMR	Absent	
6GNA0048	Eye, left	EMB	Absent	
6GNA0048	Eye, right	EXPTH	Absent	
6GNA0048	Eye, right	OPQ	Absent	
6GNA0048	Eye, right	MIS	Absent	
6GNA0048	Eye, right	HMR	Absent	
6GNA0048	Eye, right	EMB	Absent	
6GNA0048	Opercula	SLSH	Absent	
6GNA0049	Body Surface	RGR	Absent	
6GNA0049	Body Surface	RLSN	Absent	
6GNA0049	Body Surface	SPDF	Absent	
6GNA0049	Body Surface	HMRB	Absent	
6GNA0049	Body Surface	FDC	Absent	
6GNA0049	Body Surface	BFG	Absent	
6GNA0049	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0049	Head	DFM	Absent	
6GNA0049	Mouth	ULR	Absent	
6GNA0049	Mouth	LLG	Absent	
6GNA0049	Nare	SLN	Absent	
6GNA0049	Eye, left	EXPTH	Absent	
6GNA0049	Eye, left	OPQ	Absent	
6GNA0049	Eye, left	MIS	Absent	
6GNA0049	Eye, left	HMR	Absent	
6GNA0049	Eye, left	EMB	Absent	
6GNA0049	Eye, right	EXPTH	Absent	
6GNA0049	Eye, right	OPQ	Absent	
6GNA0049	Eye, right	MIS	Absent	
6GNA0049	Eye, right	HMR	Absent	
6GNA0049	Eye, right	EMB	Absent	
6GNA0049	Opercula	SLSH	Absent	
6GNA0050	Body Surface	RGR	Absent	
6GNA0050	Body Surface	RLSN	Absent	
6GNA0050	Body Surface	SPDF	Absent	
6GNA0050	Body Surface	HMRB	Absent	
6GNA0050	Body Surface	FDC	Absent	
6GNA0050	Body Surface	BFG	Absent	
6GNA0050	Body Surface	PRST	Absent	
6GNA0050	Body Surface	OTHER	Present	Gill net marks
6GNA0050	Head	DFM	Absent	
6GNA0050	Mouth	ULR	Absent	
6GNA0050	Mouth	LLG	Absent	
6GNA0050	Nare	SLN	Absent	
6GNA0050	Eye, left	EXPTH	Absent	
6GNA0050	Eye, left	OPQ	Absent	
6GNA0050	Eye, left	MIS	Absent	
6GNA0050	Eye, left	HMR	Absent	
6GNA0050	Eye, left	EMB	Absent	
6GNA0050	Eye, right	EXPTH	Absent	
6GNA0050	Eye, right	OPQ	Absent	
6GNA0050	Eye, right	MIS	Absent	
6GNA0050	Eye, right	HMR	Absent	
6GNA0050	Eye, right	EMB	Absent	
6GNA0050	Opercula	SLSH	Absent	
6GNA0051	Body Surface	RGR	Absent	
6GNA0051	Body Surface	RLSN	Absent	
6GNA0051	Body Surface	SPDF	Absent	
6GNA0051	Body Surface	HMRB	Absent	
6GNA0051	Body Surface	FDC	Absent	
6GNA0051	Body Surface	BFG	Absent	
6GNA0051	Body Surface	PRST	Absent	
6GNA0051	Body Surface	OTHER	Present	Gill net marks
6GNA0051	Head	DFM	Absent	
6GNA0051	Mouth	ULR	Absent	
6GNA0051	Mouth	LLG	Absent	
6GNA0051	Nare	SLN	Absent	
6GNA0051	Eye, left	EXPTH	Absent	
6GNA0051	Eye, left	OPQ	Absent	
6GNA0051	Eye, left	MIS	Absent	
6GNA0051	Eye, left	HMR	Absent	
6GNA0051	Eye, left	EMB	Absent	
6GNA0051	Eye, right	EXPTH	Absent	
6GNA0051	Eye, right	OPQ	Absent	
6GNA0051	Eye, right	MIS	Absent	
6GNA0051	Eye, right	HMR	Absent	
6GNA0051	Eye, right	EMB	Absent	
6GNA0051	Opercula	SLSH	Absent	
6GNA0052	Body Surface	RGR	Absent	
6GNA0052	Body Surface	RLSN	Absent	
6GNA0052	Body Surface	SPDF	Absent	
6GNA0052	Body Surface	HMRB	Absent	
6GNA0052	Body Surface	FDC	Absent	
6GNA0052	Body Surface	BFG	Absent	
6GNA0052	Body Surface	PRST	Absent	
6GNA0052	Head	DFM	Absent	
6GNA0052	Mouth	ULR	Absent	
6GNA0052	Mouth	LLG	Absent	
6GNA0052	Nare	SLN	Absent	
6GNA0052	Eye, left	EXPTH	Absent	
6GNA0052	Eye, left	OPQ	Absent	
6GNA0052	Eye, left	MIS	Absent	
6GNA0052	Eye, left	HMR	Absent	
6GNA0052	Eye, left	EMB	Absent	
6GNA0052	Eye, right	EXPTH	Absent	
6GNA0052	Eye, right	OPQ	Absent	
6GNA0052	Eye, right	MIS	Absent	
6GNA0052	Eye, right	HMR	Absent	
6GNA0052	Eye, right	EMB	Absent	
6GNA0052	Opercula	SLSH	Absent	
6GNA0053	Body Surface	RGR	Absent	
6GNA0053	Body Surface	RLSN	Absent	
6GNA0053	Body Surface	SPDF	Absent	
6GNA0053	Body Surface	HMRB	Absent	
6GNA0053	Body Surface	FDC	Present	
6GNA0053	Body Surface	BFG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0053	Body Surface	PRST	Absent	
6GNA0053	Body Surface	OTHER	Present	Gill net marks
6GNA0053	Head	DFM	Absent	
6GNA0053	Mouth	ULR	Absent	
6GNA0053	Mouth	LLG	Absent	
6GNA0053	Nare	SLN	Absent	
6GNA0053	Eye, left	EXPTH	Absent	
6GNA0053	Eye, left	OPQ	Absent	
6GNA0053	Eye, left	MIS	Absent	
6GNA0053	Eye, left	HMR	Absent	
6GNA0053	Eye, left	EMB	Absent	
6GNA0053	Eye, right	EXPTH	Absent	
6GNA0053	Eye, right	OPQ	Absent	
6GNA0053	Eye, right	MIS	Absent	
6GNA0053	Eye, right	HMR	Absent	
6GNA0053	Eye, right	EMB	Absent	
6GNA0053	Opercula	SLSH	Absent	
6GNA0054	Body Surface	RGR	Absent	
6GNA0054	Body Surface	RLSN	Absent	
6GNA0054	Body Surface	SPDF	Absent	
6GNA0054	Body Surface	HMRB	Absent	
6GNA0054	Body Surface	FDC	Absent	
6GNA0054	Body Surface	BFG	Absent	
6GNA0054	Body Surface	PRST	Absent	
6GNA0054	Body Surface	OTHER	Present	Gill net marks
6GNA0054	Head	DFM	Absent	
6GNA0054	Mouth	ULR	Absent	
6GNA0054	Mouth	LLG	Absent	
6GNA0054	Nare	SLN	Absent	
6GNA0054	Eye, left	EXPTH	Absent	
6GNA0054	Eye, left	OPQ	Absent	
6GNA0054	Eye, left	MIS	Absent	
6GNA0054	Eye, left	HMR	Absent	
6GNA0054	Eye, left	EMB	Absent	
6GNA0054	Eye, right	EXPTH	Absent	
6GNA0054	Eye, right	OPQ	Absent	
6GNA0054	Eye, right	MIS	Absent	
6GNA0054	Eye, right	HMR	Absent	
6GNA0054	Eye, right	EMB	Absent	
6GNA0054	Opercula	SLSH	Absent	
6GNA0055W	Body Surface	RGR	Absent	
6GNA0055W	Body Surface	RLSN	Absent	
6GNA0055W	Body Surface	SPDF	Absent	
6GNA0055W	Body Surface	HMRB	Absent	
6GNA0055W	Body Surface	FDC	Absent	
6GNA0055W	Body Surface	BFG	Absent	
6GNA0055W	Body Surface	PRST	Absent	
6GNA0055W	Body Surface	OTHER	Present	Gill net marks
6GNA0055W	Head	DFM	Absent	
6GNA0055W	Mouth	ULR	Absent	
6GNA0055W	Mouth	LLG	Absent	
6GNA0055W	Nare	SLN	Absent	
6GNA0055W	Eye, left	EXPTH	Absent	
6GNA0055W	Eye, left	OPQ	Absent	
6GNA0055W	Eye, left	MIS	Absent	
6GNA0055W	Eye, left	HMR	Absent	
6GNA0055W	Eye, left	EMB	Absent	
6GNA0055W	Eye, right	EXPTH	Absent	
6GNA0055W	Eye, right	OPQ	Absent	
6GNA0055W	Eye, right	MIS	Absent	
6GNA0055W	Eye, right	HMR	Absent	
6GNA0055W	Eye, right	EMB	Absent	
6GNA0055W	Opercula	SLSH	Absent	
6GNA0056H	Body Surface	RGR	Absent	
6GNA0056H	Body Surface	RLSN	Absent	
6GNA0056H	Body Surface	SPDF	Absent	
6GNA0056H	Body Surface	HMRB	Absent	
6GNA0056H	Body Surface	FDC	Absent	
6GNA0056H	Body Surface	BFG	Absent	
6GNA0056H	Body Surface	PRST	Absent	
6GNA0056H	Body Surface	OTHER	Present	Gill net marks
6GNA0056H	Head	DFM	Absent	
6GNA0056H	Mouth	ULR	Absent	
6GNA0056H	Mouth	LLG	Absent	
6GNA0056H	Nare	SLN	Absent	
6GNA0056H	Eye, left	EXPTH	Absent	
6GNA0056H	Eye, left	OPQ	Absent	
6GNA0056H	Eye, left	MIS	Absent	
6GNA0056H	Eye, left	HMR	Absent	
6GNA0056H	Eye, left	EMB	Absent	
6GNA0056H	Eye, right	EXPTH	Absent	
6GNA0056H	Eye, right	OPQ	Absent	
6GNA0056H	Eye, right	MIS	Absent	
6GNA0056H	Eye, right	HMR	Absent	
6GNA0056H	Eye, right	EMB	Absent	
6GNA0056H	Opercula	SLSH	Absent	
6GNA0057W	Body Surface	RGR	Absent	
6GNA0057W	Body Surface	RLSN	Absent	
6GNA0057W	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0057W	Body Surface	HMRB	Absent	
6GNA0057W	Body Surface	FDC	Absent	
6GNA0057W	Body Surface	BFG	Absent	
6GNA0057W	Body Surface	PRST	Absent	
6GNA0057W	Body Surface	OTHER	Present	Gill net marks
6GNA0057W	Head	DFM	Absent	
6GNA0057W	Mouth	ULR	Absent	
6GNA0057W	Mouth	LLG	Absent	
6GNA0057W	Nare	SLN	Absent	
6GNA0057W	Eye, left	EXPTH	Absent	
6GNA0057W	Eye, left	OPQ	Absent	
6GNA0057W	Eye, left	MIS	Absent	
6GNA0057W	Eye, left	HMR	Absent	
6GNA0057W	Eye, left	EMB	Absent	
6GNA0057W	Eye, right	EXPTH	Absent	
6GNA0057W	Eye, right	OPQ	Absent	
6GNA0057W	Eye, right	MIS	Absent	
6GNA0057W	Eye, right	HMR	Absent	
6GNA0057W	Eye, right	EMB	Absent	
6GNA0057W	Opercula	SLSH	Absent	
6GNA0058W	Body Surface	RGR	Absent	
6GNA0058W	Body Surface	RLSN	Absent	
6GNA0058W	Body Surface	SPDF	Absent	
6GNA0058W	Body Surface	HMRB	Absent	
6GNA0058W	Body Surface	FDC	Absent	
6GNA0058W	Body Surface	BFG	Absent	
6GNA0058W	Body Surface	PRST	Absent	
6GNA0058W	Body Surface	OTHER	Present	Gill net marks
6GNA0058W	Head	DFM	Absent	
6GNA0058W	Mouth	ULR	Absent	
6GNA0058W	Mouth	LLG	Absent	
6GNA0058W	Nare	SLN	Absent	
6GNA0058W	Eye, left	EXPTH	Absent	
6GNA0058W	Eye, left	OPQ	Absent	
6GNA0058W	Eye, left	MIS	Absent	
6GNA0058W	Eye, left	HMR	Absent	
6GNA0058W	Eye, left	EMB	Absent	
6GNA0058W	Eye, right	EXPTH	Absent	
6GNA0058W	Eye, right	OPQ	Absent	
6GNA0058W	Eye, right	MIS	Absent	
6GNA0058W	Eye, right	HMR	Absent	
6GNA0058W	Eye, right	EMB	Absent	
6GNA0058W	Opercula	SLSH	Absent	
6GNA0059H	Body Surface	RGR	Absent	
6GNA0059H	Body Surface	RLSN	Absent	
6GNA0059H	Body Surface	SPDF	Absent	
6GNA0059H	Body Surface	HMRB	Absent	
6GNA0059H	Body Surface	FDC	Absent	
6GNA0059H	Body Surface	BFG	Absent	
6GNA0059H	Body Surface	PRST	Absent	
6GNA0059H	Body Surface	OTHER	Present	Gill net marks
6GNA0059H	Head	DFM	Absent	
6GNA0059H	Mouth	ULR	Absent	
6GNA0059H	Mouth	LLG	Absent	
6GNA0059H	Nare	SLN	Absent	
6GNA0059H	Eye, left	EXPTH	Absent	
6GNA0059H	Eye, left	OPQ	Absent	
6GNA0059H	Eye, left	MIS	Absent	
6GNA0059H	Eye, left	HMR	Absent	
6GNA0059H	Eye, left	EMB	Absent	
6GNA0059H	Eye, right	EXPTH	Absent	
6GNA0059H	Eye, right	OPQ	Absent	
6GNA0059H	Eye, right	MIS	Absent	
6GNA0059H	Eye, right	HMR	Absent	
6GNA0059H	Eye, right	EMB	Absent	
6GNA0059H	Opercula	SLSH	Absent	
6GNA0060H	Body Surface	RGR	Absent	
6GNA0060H	Body Surface	RLSN	Absent	
6GNA0060H	Body Surface	SPDF	Absent	
6GNA0060H	Body Surface	HMRB	Absent	
6GNA0060H	Body Surface	FDC	Absent	
6GNA0060H	Body Surface	BFG	Absent	
6GNA0060H	Body Surface	PRST	Absent	
6GNA0060H	Body Surface	OTHER	Present	Gill net marks
6GNA0060H	Head	DFM	Absent	
6GNA0060H	Mouth	ULR	Absent	
6GNA0060H	Mouth	LLG	Absent	
6GNA0060H	Nare	SLN	Absent	
6GNA0060H	Eye, left	EXPTH	Absent	
6GNA0060H	Eye, left	OPQ	Absent	
6GNA0060H	Eye, left	MIS	Absent	
6GNA0060H	Eye, left	HMR	Absent	
6GNA0060H	Eye, left	EMB	Absent	
6GNA0060H	Eye, right	EXPTH	Absent	
6GNA0060H	Eye, right	OPQ	Absent	
6GNA0060H	Eye, right	MIS	Absent	
6GNA0060H	Eye, right	HMR	Absent	
6GNA0060H	Eye, right	EMB	Absent	
6GNA0060H	Opercula	SLSH	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0061H	Body Surface	RGR	Absent	
6GNA0061H	Body Surface	RLSN	Absent	
6GNA0061H	Body Surface	SPDF	Absent	
6GNA0061H	Body Surface	HMRB	Absent	
6GNA0061H	Body Surface	FDC	Absent	
6GNA0061H	Body Surface	BFG	Absent	
6GNA0061H	Body Surface	PRST	Absent	
6GNA0061H	Body Surface	OTHER	Present	Gill net marks, Lacerations on body
6GNA0061H	Head	DFM	Absent	
6GNA0061H	Mouth	ULR	Absent	
6GNA0061H	Mouth	LLG	Absent	
6GNA0061H	Nare	SLN	Absent	
6GNA0061H	Eye, left	EXPTH	Absent	
6GNA0061H	Eye, left	OPQ	Absent	
6GNA0061H	Eye, left	MIS	Absent	
6GNA0061H	Eye, left	HMR	Absent	
6GNA0061H	Eye, left	EMB	Absent	
6GNA0061H	Eye, right	EXPTH	Absent	
6GNA0061H	Eye, right	OPQ	Absent	
6GNA0061H	Eye, right	MIS	Absent	
6GNA0061H	Eye, right	HMR	Absent	
6GNA0061H	Eye, right	EMB	Absent	
6GNA0061H	Opercula	SLSH	Absent	
6GNA0062H	Body Surface	RGR	Absent	
6GNA0062H	Body Surface	RLSN	Absent	
6GNA0062H	Body Surface	SPDF	Absent	
6GNA0062H	Body Surface	HMRB	Absent	
6GNA0062H	Body Surface	FDC	Absent	
6GNA0062H	Body Surface	BFG	Absent	
6GNA0062H	Body Surface	PRST	Absent	
6GNA0062H	Body Surface	OTHER	Present	Gill net marks
6GNA0062H	Head	DFM	Absent	
6GNA0062H	Mouth	ULR	Absent	
6GNA0062H	Mouth	LLG	Absent	
6GNA0062H	Nare	SLN	Absent	
6GNA0062H	Eye, left	EXPTH	Absent	
6GNA0062H	Eye, left	OPQ	Absent	
6GNA0062H	Eye, left	MIS	Absent	
6GNA0062H	Eye, left	HMR	Absent	
6GNA0062H	Eye, left	EMB	Absent	
6GNA0062H	Eye, right	EXPTH	Absent	
6GNA0062H	Eye, right	OPQ	Absent	
6GNA0062H	Eye, right	MIS	Absent	
6GNA0062H	Eye, right	HMR	Absent	
6GNA0062H	Eye, right	EMB	Absent	
6GNA0062H	Opercula	SLSH	Absent	
6GNA0063H	Body Surface	RGR	Absent	
6GNA0063H	Body Surface	RLSN	Absent	
6GNA0063H	Body Surface	SPDF	Absent	
6GNA0063H	Body Surface	HMRB	Absent	
6GNA0063H	Body Surface	FDC	Absent	
6GNA0063H	Body Surface	BFG	Absent	
6GNA0063H	Body Surface	PRST	Absent	
6GNA0063H	Body Surface	OTHER	Present	Gill net marks
6GNA0063H	Head	DFM	Absent	
6GNA0063H	Mouth	ULR	Absent	
6GNA0063H	Mouth	LLG	Absent	
6GNA0063H	Nare	SLN	Absent	
6GNA0063H	Eye, left	EXPTH	Absent	
6GNA0063H	Eye, left	OPQ	Absent	
6GNA0063H	Eye, left	MIS	Absent	
6GNA0063H	Eye, left	HMR	Absent	
6GNA0063H	Eye, left	EMB	Absent	
6GNA0063H	Eye, right	EXPTH	Absent	
6GNA0063H	Eye, right	OPQ	Absent	
6GNA0063H	Eye, right	MIS	Absent	
6GNA0063H	Eye, right	HMR	Absent	
6GNA0063H	Eye, right	EMB	Absent	
6GNA0063H	Opercula	SLSH	Absent	
6GNA0064H	Body Surface	RGR	Absent	
6GNA0064H	Body Surface	RLSN	Absent	
6GNA0064H	Body Surface	SPDF	Absent	
6GNA0064H	Body Surface	HMRB	Absent	
6GNA0064H	Body Surface	FDC	Absent	
6GNA0064H	Body Surface	BFG	Absent	
6GNA0064H	Body Surface	PRST	Absent	
6GNA0064H	Body Surface	OTHER	Present	Gill net marks
6GNA0064H	Head	DFM	Absent	
6GNA0064H	Mouth	ULR	Absent	
6GNA0064H	Mouth	LLG	Absent	
6GNA0064H	Nare	SLN	Absent	
6GNA0064H	Eye, left	EXPTH	Absent	
6GNA0064H	Eye, left	OPQ	Absent	
6GNA0064H	Eye, left	MIS	Absent	
6GNA0064H	Eye, left	HMR	Absent	
6GNA0064H	Eye, left	EMB	Absent	
6GNA0064H	Eye, right	EXPTH	Absent	
6GNA0064H	Eye, right	OPQ	Absent	
6GNA0064H	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0064H	Eye, right	HMR	Absent	
6GNA0064H	Eye, right	EMB	Absent	
6GNA0064H	Opercula	SLSH	Absent	
6GNA0065H	Body Surface	RGR	Absent	
6GNA0065H	Body Surface	RLSN	Absent	
6GNA0065H	Body Surface	SPDF	Absent	
6GNA0065H	Body Surface	HMRB	Absent	
6GNA0065H	Body Surface	FDC	Absent	
6GNA0065H	Body Surface	BFG	Absent	
6GNA0065H	Body Surface	PRST	Absent	
6GNA0065H	Body Surface	OTHER	Present	Gill net marks
6GNA0065H	Head	DFM	Absent	
6GNA0065H	Mouth	ULR	Absent	
6GNA0065H	Mouth	LLG	Absent	
6GNA0065H	Nare	SLN	Absent	
6GNA0065H	Eye, left	EXPTH	Absent	
6GNA0065H	Eye, left	OPQ	Absent	
6GNA0065H	Eye, left	MIS	Absent	
6GNA0065H	Eye, left	HMR	Absent	
6GNA0065H	Eye, left	EMB	Absent	
6GNA0065H	Eye, right	EXPTH	Absent	
6GNA0065H	Eye, right	OPQ	Absent	
6GNA0065H	Eye, right	MIS	Absent	
6GNA0065H	Eye, right	HMR	Absent	
6GNA0065H	Eye, right	EMB	Absent	
6GNA0065H	Opercula	SLSH	Absent	
6GNA0066	Body Surface	RGR	Absent	
6GNA0066	Body Surface	RLSN	Absent	
6GNA0066	Body Surface	SPDF	Absent	
6GNA0066	Body Surface	HMRB	Absent	
6GNA0066	Body Surface	FDC	Absent	
6GNA0066	Body Surface	BFG	Absent	
6GNA0066	Body Surface	PRST	Absent	
6GNA0066	Head	DFM	Absent	
6GNA0066	Mouth	ULR	Absent	
6GNA0066	Mouth	LLG	Absent	
6GNA0066	Nare	SLN	Absent	
6GNA0066	Eye, left	EXPTH	Absent	
6GNA0066	Eye, left	OPQ	Absent	
6GNA0066	Eye, left	MIS	Absent	
6GNA0066	Eye, left	HMR	Absent	
6GNA0066	Eye, left	EMB	Absent	
6GNA0066	Eye, right	EXPTH	Absent	
6GNA0066	Eye, right	OPQ	Absent	
6GNA0066	Eye, right	MIS	Absent	
6GNA0066	Eye, right	HMR	Absent	
6GNA0066	Eye, right	EMB	Absent	
6GNA0066	Opercula	SLSH	Absent	
6GNA0067	Body Surface	RGR	Absent	
6GNA0067	Body Surface	RLSN	Absent	
6GNA0067	Body Surface	SPDF	Absent	
6GNA0067	Body Surface	HMRB	Absent	
6GNA0067	Body Surface	FDC	Absent	
6GNA0067	Body Surface	BFG	Absent	
6GNA0067	Body Surface	PRST	Absent	
6GNA0067	Head	DFM	Absent	
6GNA0067	Mouth	ULR	Absent	
6GNA0067	Mouth	LLG	Absent	
6GNA0067	Nare	SLN	Absent	
6GNA0067	Eye, left	EXPTH	Absent	
6GNA0067	Eye, left	OPQ	Absent	
6GNA0067	Eye, left	MIS	Absent	
6GNA0067	Eye, left	HMR	Absent	
6GNA0067	Eye, left	EMB	Absent	
6GNA0067	Eye, right	EXPTH	Absent	
6GNA0067	Eye, right	OPQ	Absent	
6GNA0067	Eye, right	MIS	Absent	
6GNA0067	Eye, right	HMR	Absent	
6GNA0067	Eye, right	EMB	Absent	
6GNA0067	Opercula	SLSH	Absent	
6GNA0069	Body Surface	RGR	Absent	
6GNA0069	Body Surface	RLSN	Absent	
6GNA0069	Body Surface	SPDF	Absent	
6GNA0069	Body Surface	HMRB	Absent	
6GNA0069	Body Surface	FDC	Absent	
6GNA0069	Body Surface	BFG	Absent	
6GNA0069	Body Surface	PRST	Absent	
6GNA0069	Head	DFM	Absent	
6GNA0069	Mouth	ULR	Absent	
6GNA0069	Mouth	LLG	Absent	
6GNA0069	Nare	SLN	Absent	
6GNA0069	Eye, left	EXPTH	Absent	
6GNA0069	Eye, left	OPQ	Absent	
6GNA0069	Eye, left	MIS	Absent	
6GNA0069	Eye, left	HMR	Absent	
6GNA0069	Eye, left	EMB	Absent	
6GNA0069	Eye, right	EXPTH	Absent	
6GNA0069	Eye, right	OPQ	Absent	
6GNA0069	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0069	Eye, right	HMR	Absent	
6GNA0069	Eye, right	EMB	Absent	
6GNA0069	Opercula	SLSH	Absent	
6GNA0070	Body Surface	RGR	Absent	
6GNA0070	Body Surface	RLSN	Absent	
6GNA0070	Body Surface	SPDF	Absent	
6GNA0070	Body Surface	HMRB	Absent	
6GNA0070	Body Surface	FDC	Absent	
6GNA0070	Body Surface	BFG	Absent	
6GNA0070	Body Surface	PRST	Absent	
6GNA0070	Head	DFM	Absent	
6GNA0070	Mouth	ULR	Absent	
6GNA0070	Mouth	LLG	Absent	
6GNA0070	Nare	SLN	Absent	
6GNA0070	Eye, left	EXPTH	Absent	
6GNA0070	Eye, left	OPQ	Absent	
6GNA0070	Eye, left	MIS	Absent	
6GNA0070	Eye, left	HMR	Absent	
6GNA0070	Eye, left	EMB	Absent	
6GNA0070	Eye, right	EXPTH	Absent	
6GNA0070	Eye, right	OPQ	Absent	
6GNA0070	Eye, right	MIS	Absent	
6GNA0070	Eye, right	HMR	Absent	
6GNA0070	Eye, right	EMB	Absent	
6GNA0070	Opercula	SLSH	Absent	
6GNA0071	Body Surface	RGR	Absent	
6GNA0071	Body Surface	RLSN	Absent	
6GNA0071	Body Surface	SPDF	Absent	
6GNA0071	Body Surface	HMRB	Absent	
6GNA0071	Body Surface	FDC	Absent	
6GNA0071	Body Surface	BFG	Absent	
6GNA0071	Body Surface	PRST	Absent	
6GNA0071	Head	DFM	Absent	
6GNA0071	Mouth	ULR	Absent	
6GNA0071	Mouth	LLG	Absent	
6GNA0071	Nare	SLN	Absent	
6GNA0071	Eye, left	EXPTH	Absent	
6GNA0071	Eye, left	OPQ	Absent	
6GNA0071	Eye, left	MIS	Absent	
6GNA0071	Eye, left	HMR	Absent	
6GNA0071	Eye, left	EMB	Absent	
6GNA0071	Eye, right	EXPTH	Absent	
6GNA0071	Eye, right	OPQ	Absent	
6GNA0071	Eye, right	MIS	Absent	
6GNA0071	Eye, right	HMR	Absent	
6GNA0071	Eye, right	EMB	Absent	
6GNA0071	Opercula	SLSH	Absent	
6GNA0072	Body Surface	RGR	Absent	
6GNA0072	Body Surface	RLSN	Absent	
6GNA0072	Body Surface	SPDF	Absent	
6GNA0072	Body Surface	HMRB	Absent	
6GNA0072	Body Surface	FDC	Absent	
6GNA0072	Body Surface	BFG	Absent	
6GNA0072	Body Surface	PRST	Absent	
6GNA0072	Head	DFM	Absent	
6GNA0072	Mouth	ULR	Absent	
6GNA0072	Mouth	LLG	Absent	
6GNA0072	Nare	SLN	Absent	
6GNA0072	Eye, left	EXPTH	Absent	
6GNA0072	Eye, left	OPQ	Absent	
6GNA0072	Eye, left	MIS	Absent	
6GNA0072	Eye, left	HMR	Absent	
6GNA0072	Eye, left	EMB	Absent	
6GNA0072	Eye, right	EXPTH	Absent	
6GNA0072	Eye, right	OPQ	Absent	
6GNA0072	Eye, right	MIS	Absent	
6GNA0072	Eye, right	HMR	Absent	
6GNA0072	Eye, right	EMB	Absent	
6GNA0072	Opercula	SLSH	Absent	
6GNA0073	Body Surface	RGR	Absent	
6GNA0073	Body Surface	RLSN	Absent	
6GNA0073	Body Surface	SPDF	Absent	
6GNA0073	Body Surface	HMRB	Absent	
6GNA0073	Body Surface	FDC	Absent	
6GNA0073	Body Surface	BFG	Absent	
6GNA0073	Body Surface	PRST	Absent	
6GNA0073	Head	DFM	Absent	
6GNA0073	Mouth	ULR	Absent	
6GNA0073	Mouth	LLG	Absent	
6GNA0073	Nare	SLN	Absent	
6GNA0073	Eye, left	EXPTH	Absent	
6GNA0073	Eye, left	OPQ	Absent	
6GNA0073	Eye, left	MIS	Absent	
6GNA0073	Eye, left	HMR	Absent	
6GNA0073	Eye, left	EMB	Absent	
6GNA0073	Eye, right	EXPTH	Absent	
6GNA0073	Eye, right	OPQ	Absent	
6GNA0073	Eye, right	MIS	Absent	
6GNA0073	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0073	Eye, right	EMB	Absent	
6GNA0073	Opercula	SLSH	Absent	
6GNA0074	Body Surface	RGR	Absent	
6GNA0074	Body Surface	RLSN	Absent	
6GNA0074	Body Surface	SPDF	Absent	
6GNA0074	Body Surface	HMRB	Absent	
6GNA0074	Body Surface	FDC	Absent	
6GNA0074	Body Surface	BFG	Absent	
6GNA0074	Body Surface	PRST	Absent	
6GNA0074	Head	DFM	Absent	
6GNA0074	Mouth	ULR	Absent	
6GNA0074	Mouth	LLG	Absent	
6GNA0074	Nare	SLN	Absent	
6GNA0074	Eye, left	EXPTH	Absent	
6GNA0074	Eye, left	OPQ	Absent	
6GNA0074	Eye, left	MIS	Absent	
6GNA0074	Eye, left	HMR	Absent	
6GNA0074	Eye, left	EMB	Absent	
6GNA0074	Eye, right	EXPTH	Absent	
6GNA0074	Eye, right	OPQ	Absent	
6GNA0074	Eye, right	MIS	Absent	
6GNA0074	Eye, right	HMR	Absent	
6GNA0074	Eye, right	EMB	Absent	
6GNA0074	Opercula	SLSH	Absent	
6GNA0075	Body Surface	RGR	Absent	
6GNA0075	Body Surface	RLSN	Absent	
6GNA0075	Body Surface	SPDF	Absent	
6GNA0075	Body Surface	HMRB	Absent	
6GNA0075	Body Surface	FDC	Absent	
6GNA0075	Body Surface	BFG	Absent	
6GNA0075	Body Surface	PRST	Absent	
6GNA0075	Head	DFM	Absent	
6GNA0075	Mouth	ULR	Absent	
6GNA0075	Mouth	LLG	Absent	
6GNA0075	Nare	SLN	Absent	
6GNA0075	Eye, left	EXPTH	Absent	
6GNA0075	Eye, left	OPQ	Absent	
6GNA0075	Eye, left	MIS	Absent	
6GNA0075	Eye, left	HMR	Absent	
6GNA0075	Eye, left	EMB	Absent	
6GNA0075	Eye, right	EXPTH	Absent	
6GNA0075	Eye, right	OPQ	Absent	
6GNA0075	Eye, right	MIS	Absent	
6GNA0075	Eye, right	HMR	Absent	
6GNA0075	Eye, right	EMB	Absent	
6GNA0075	Opercula	SLSH	Absent	
6GNA0076	Body Surface	RGR	Absent	
6GNA0076	Body Surface	RLSN	Absent	
6GNA0076	Body Surface	SPDF	Absent	
6GNA0076	Body Surface	HMRB	Absent	
6GNA0076	Body Surface	FDC	Absent	
6GNA0076	Body Surface	BFG	Absent	
6GNA0076	Body Surface	PRST	Absent	
6GNA0076	Head	DFM	Absent	
6GNA0076	Mouth	ULR	Absent	
6GNA0076	Mouth	LLG	Absent	
6GNA0076	Nare	SLN	Absent	
6GNA0076	Eye, left	EXPTH	Absent	
6GNA0076	Eye, left	OPQ	Absent	
6GNA0076	Eye, left	MIS	Absent	
6GNA0076	Eye, left	HMR	Absent	
6GNA0076	Eye, left	EMB	Absent	
6GNA0076	Eye, right	EXPTH	Absent	
6GNA0076	Eye, right	OPQ	Absent	
6GNA0076	Eye, right	MIS	Absent	
6GNA0076	Eye, right	HMR	Absent	
6GNA0076	Eye, right	EMB	Absent	
6GNA0076	Opercula	SLSH	Absent	
6GNA0081	Body Surface	RGR	Absent	
6GNA0081	Body Surface	RLSN	Absent	
6GNA0081	Body Surface	SPDF	Absent	
6GNA0081	Body Surface	HMRB	Absent	
6GNA0081	Body Surface	FDC	Absent	
6GNA0081	Body Surface	BFG	Absent	
6GNA0081	Body Surface	PRST	Absent	
6GNA0081	Barbel	NORM	Present	
6GNA0081	Head	DFM	Absent	
6GNA0081	Mouth	ULR	Absent	
6GNA0081	Mouth	LLG	Absent	
6GNA0081	Nare	SLN	Absent	
6GNA0081	Eye, left	EXPTH	Absent	
6GNA0081	Eye, left	OPQ	Absent	
6GNA0081	Eye, left	MIS	Absent	
6GNA0081	Eye, left	HMR	Absent	
6GNA0081	Eye, left	EMB	Absent	
6GNA0081	Eye, right	EXPTH	Absent	
6GNA0081	Eye, right	OPQ	Absent	
6GNA0081	Eye, right	MIS	Absent	
6GNA0081	Eye, right	HMR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0081	Eye, right	EMB	Absent	
6GNA0081	Opercula	SLSH	Absent	
6GNA0082W	Body Surface	RGR	Absent	
6GNA0082W	Body Surface	RLSN	Absent	
6GNA0082W	Body Surface	SPDF	Absent	
6GNA0082W	Body Surface	HMRB	Absent	
6GNA0082W	Body Surface	FDC	Absent	
6GNA0082W	Body Surface	BFG	Absent	
6GNA0082W	Body Surface	PRST	Absent	
6GNA0082W	Body Surface	OTHER	Present	Gill net marks
6GNA0082W	Head	DFM	Absent	
6GNA0082W	Mouth	ULR	Absent	
6GNA0082W	Mouth	LLG	Absent	
6GNA0082W	Nare	SLN	Absent	
6GNA0082W	Eye, left	EXPTH	Absent	
6GNA0082W	Eye, left	OPQ	Absent	
6GNA0082W	Eye, left	MIS	Absent	
6GNA0082W	Eye, left	HMR	Absent	
6GNA0082W	Eye, left	EMB	Absent	
6GNA0082W	Eye, right	EXPTH	Absent	
6GNA0082W	Eye, right	OPQ	Absent	
6GNA0082W	Eye, right	MIS	Absent	
6GNA0082W	Eye, right	HMR	Absent	
6GNA0082W	Eye, right	EMB	Absent	
6GNA0082W	Opercula	SLSH	Absent	
6GNA0083H	Body Surface	RGR	Absent	
6GNA0083H	Body Surface	RLSN	Absent	
6GNA0083H	Body Surface	SPDF	Absent	
6GNA0083H	Body Surface	HMRB	Absent	
6GNA0083H	Body Surface	FDC	Absent	
6GNA0083H	Body Surface	BFG	Absent	
6GNA0083H	Body Surface	PRST	Absent	
6GNA0083H	Body Surface	OTHER	Present	Gill net marks
6GNA0083H	Head	DFM	Absent	
6GNA0083H	Mouth	ULR	Absent	
6GNA0083H	Mouth	LLG	Absent	
6GNA0083H	Nare	SLN	Absent	
6GNA0083H	Eye, left	EXPTH	Absent	
6GNA0083H	Eye, left	OPQ	Absent	
6GNA0083H	Eye, left	MIS	Absent	
6GNA0083H	Eye, left	HMR	Absent	
6GNA0083H	Eye, left	EMB	Absent	
6GNA0083H	Eye, right	EXPTH	Absent	
6GNA0083H	Eye, right	OPQ	Absent	
6GNA0083H	Eye, right	MIS	Absent	
6GNA0083H	Eye, right	HMR	Absent	
6GNA0083H	Eye, right	EMB	Absent	
6GNA0083H	Opercula	SLSH	Absent	
6GNA0084H	Body Surface	RGR	Absent	
6GNA0084H	Body Surface	RLSN	Absent	
6GNA0084H	Body Surface	SPDF	Absent	
6GNA0084H	Body Surface	HMRB	Absent	
6GNA0084H	Body Surface	FDC	Absent	
6GNA0084H	Body Surface	BFG	Absent	
6GNA0084H	Body Surface	PRST	Absent	
6GNA0084H	Body Surface	OTHER	Present	Gill net marks
6GNA0084H	Head	DFM	Absent	
6GNA0084H	Mouth	ULR	Absent	
6GNA0084H	Mouth	LLG	Absent	
6GNA0084H	Nare	SLN	Absent	
6GNA0084H	Eye, left	EXPTH	Absent	
6GNA0084H	Eye, left	OPQ	Absent	
6GNA0084H	Eye, left	MIS	Absent	
6GNA0084H	Eye, left	HMR	Absent	
6GNA0084H	Eye, left	EMB	Absent	
6GNA0084H	Eye, right	EXPTH	Absent	
6GNA0084H	Eye, right	OPQ	Absent	
6GNA0084H	Eye, right	MIS	Absent	
6GNA0084H	Eye, right	HMR	Absent	
6GNA0084H	Eye, right	EMB	Absent	
6GNA0084H	Opercula	OTHER	Present	Gill net damage
6GNA0084H	Opercula	SLSH	Absent	
6GNA0085H	Body Surface	RGR	Absent	
6GNA0085H	Body Surface	RLSN	Absent	
6GNA0085H	Body Surface	SPDF	Absent	
6GNA0085H	Body Surface	HMRB	Absent	
6GNA0085H	Body Surface	FDC	Absent	
6GNA0085H	Body Surface	BFG	Absent	
6GNA0085H	Body Surface	PRST	Absent	
6GNA0085H	Body Surface	OTHER	Present	Gill net marks
6GNA0085H	Head	DFM	Absent	
6GNA0085H	Mouth	ULR	Absent	
6GNA0085H	Mouth	LLG	Absent	
6GNA0085H	Nare	SLN	Absent	
6GNA0085H	Eye, left	EXPTH	Absent	
6GNA0085H	Eye, left	OPQ	Absent	
6GNA0085H	Eye, left	MIS	Absent	
6GNA0085H	Eye, left	HMR	Absent	
6GNA0085H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0085H	Eye, right	EXPTH	Absent	
6GNA0085H	Eye, right	OPQ	Absent	
6GNA0085H	Eye, right	MIS	Absent	
6GNA0085H	Eye, right	HMR	Absent	
6GNA0085H	Eye, right	EMB	Absent	
6GNA0085H	Opercula	SLSH	Absent	
6GNA0086H	Body Surface	RGR	Absent	
6GNA0086H	Body Surface	RLSN	Absent	
6GNA0086H	Body Surface	SPDF	Absent	
6GNA0086H	Body Surface	HMRB	Absent	
6GNA0086H	Body Surface	FDC	Absent	
6GNA0086H	Body Surface	BFG	Absent	
6GNA0086H	Body Surface	PRST	Absent	
6GNA0086H	Body Surface	OTHER	Present	Gill net marks
6GNA0086H	Head	DFM	Absent	
6GNA0086H	Mouth	ULR	Absent	
6GNA0086H	Mouth	LLG	Absent	
6GNA0086H	Nare	SLN	Absent	
6GNA0086H	Eye, left	EXPTH	Absent	
6GNA0086H	Eye, left	OPQ	Absent	
6GNA0086H	Eye, left	MIS	Absent	
6GNA0086H	Eye, left	HMR	Absent	
6GNA0086H	Eye, left	EMB	Absent	
6GNA0086H	Eye, right	EXPTH	Absent	
6GNA0086H	Eye, right	OPQ	Absent	
6GNA0086H	Eye, right	MIS	Absent	
6GNA0086H	Eye, right	HMR	Absent	
6GNA0086H	Eye, right	EMB	Absent	
6GNA0086H	Opercula	SLSH	Absent	
6GNA0087H	Body Surface	RGR	Absent	
6GNA0087H	Body Surface	RLSN	Absent	
6GNA0087H	Body Surface	SPDF	Absent	
6GNA0087H	Body Surface	HMRB	Absent	
6GNA0087H	Body Surface	FDC	Absent	
6GNA0087H	Body Surface	BFG	Absent	
6GNA0087H	Body Surface	PRST	Absent	
6GNA0087H	Body Surface	OTHER	Present	Gill net marks
6GNA0087H	Head	DFM	Absent	
6GNA0087H	Mouth	ULR	Absent	
6GNA0087H	Mouth	LLG	Absent	
6GNA0087H	Nare	SLN	Absent	
6GNA0087H	Eye, left	EXPTH	Absent	
6GNA0087H	Eye, left	OPQ	Absent	
6GNA0087H	Eye, left	MIS	Absent	
6GNA0087H	Eye, left	HMR	Absent	
6GNA0087H	Eye, left	EMB	Absent	
6GNA0087H	Eye, right	EXPTH	Absent	
6GNA0087H	Eye, right	OPQ	Absent	
6GNA0087H	Eye, right	MIS	Absent	
6GNA0087H	Eye, right	HMR	Absent	
6GNA0087H	Eye, right	EMB	Absent	
6GNA0087H	Opercula	SLSH	Absent	
6GNA0088H	Body Surface	RGR	Absent	
6GNA0088H	Body Surface	RLSN	Absent	
6GNA0088H	Body Surface	SPDF	Absent	
6GNA0088H	Body Surface	HMRB	Absent	
6GNA0088H	Body Surface	FDC	Absent	
6GNA0088H	Body Surface	BFG	Absent	
6GNA0088H	Body Surface	PRST	Absent	
6GNA0088H	Body Surface	OTHER	Present	Gill net marks
6GNA0088H	Head	DFM	Absent	
6GNA0088H	Mouth	ULR	Absent	
6GNA0088H	Mouth	LLG	Absent	
6GNA0088H	Nare	SLN	Absent	
6GNA0088H	Eye, left	EXPTH	Absent	
6GNA0088H	Eye, left	OPQ	Absent	
6GNA0088H	Eye, left	MIS	Absent	
6GNA0088H	Eye, left	HMR	Absent	
6GNA0088H	Eye, left	EMB	Absent	
6GNA0088H	Eye, right	EXPTH	Absent	
6GNA0088H	Eye, right	OPQ	Absent	
6GNA0088H	Eye, right	MIS	Absent	
6GNA0088H	Eye, right	HMR	Absent	
6GNA0088H	Eye, right	EMB	Absent	
6GNA0088H	Opercula	SLSH	Absent	
6GNA0089H	Body Surface	RGR	Absent	
6GNA0089H	Body Surface	RLSN	Absent	
6GNA0089H	Body Surface	SPDF	Absent	
6GNA0089H	Body Surface	HMRB	Absent	
6GNA0089H	Body Surface	FDC	Absent	
6GNA0089H	Body Surface	BFG	Absent	
6GNA0089H	Body Surface	PRST	Absent	
6GNA0089H	Body Surface	OTHER	Present	Gill net marks
6GNA0089H	Head	DFM	Absent	
6GNA0089H	Mouth	ULR	Absent	
6GNA0089H	Mouth	LLG	Absent	
6GNA0089H	Nare	SLN	Absent	
6GNA0089H	Eye, left	EXPTH	Absent	
6GNA0089H	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0089H	Eye, left	MIS	Absent	
6GNA0089H	Eye, left	HMR	Absent	
6GNA0089H	Eye, left	EMB	Absent	
6GNA0089H	Eye, right	EXPTH	Absent	
6GNA0089H	Eye, right	OPQ	Absent	
6GNA0089H	Eye, right	MIS	Absent	
6GNA0089H	Eye, right	HMR	Absent	
6GNA0089H	Eye, right	EMB	Absent	
6GNA0089H	Opercula	SLSH	Absent	
6GNA0090W	Body Surface	RGR	Absent	
6GNA0090W	Body Surface	RLSN	Absent	
6GNA0090W	Body Surface	SPDF	Absent	
6GNA0090W	Body Surface	HMRB	Absent	
6GNA0090W	Body Surface	FDC	Absent	
6GNA0090W	Body Surface	BFG	Absent	
6GNA0090W	Body Surface	PRST	Absent	
6GNA0090W	Body Surface	OTHER	Present	Gill net marks
6GNA0090W	Head	DFM	Absent	
6GNA0090W	Mouth	ULR	Absent	
6GNA0090W	Mouth	LLG	Absent	
6GNA0090W	Nare	SLN	Absent	
6GNA0090W	Eye, left	EXPTH	Absent	
6GNA0090W	Eye, left	OPQ	Absent	
6GNA0090W	Eye, left	MIS	Absent	
6GNA0090W	Eye, left	HMR	Absent	
6GNA0090W	Eye, left	EMB	Absent	
6GNA0090W	Eye, right	EXPTH	Absent	
6GNA0090W	Eye, right	OPQ	Absent	
6GNA0090W	Eye, right	MIS	Absent	
6GNA0090W	Eye, right	HMR	Absent	
6GNA0090W	Eye, right	EMB	Absent	
6GNA0090W	Opercula	SLSH	Absent	
6GNA0091W	Body Surface	RGR	Absent	
6GNA0091W	Body Surface	RLSN	Absent	
6GNA0091W	Body Surface	SPDF	Absent	
6GNA0091W	Body Surface	HMRB	Absent	
6GNA0091W	Body Surface	FDC	Absent	
6GNA0091W	Body Surface	BFG	Absent	
6GNA0091W	Body Surface	PRST	Absent	
6GNA0091W	Body Surface	OTHER	Present	Gill net marks
6GNA0091W	Head	DFM	Absent	
6GNA0091W	Mouth	ULR	Absent	
6GNA0091W	Mouth	LLG	Absent	
6GNA0091W	Nare	SLN	Absent	
6GNA0091W	Eye, left	EXPTH	Absent	
6GNA0091W	Eye, left	OPQ	Absent	
6GNA0091W	Eye, left	MIS	Absent	
6GNA0091W	Eye, left	HMR	Absent	
6GNA0091W	Eye, left	EMB	Absent	
6GNA0091W	Eye, right	EXPTH	Absent	
6GNA0091W	Eye, right	OPQ	Absent	
6GNA0091W	Eye, right	MIS	Absent	
6GNA0091W	Eye, right	HMR	Absent	
6GNA0091W	Eye, right	EMB	Absent	
6GNA0091W	Opercula	SLSH	Absent	
6GNA0092W	Body Surface	RGR	Absent	
6GNA0092W	Body Surface	RLSN	Absent	
6GNA0092W	Body Surface	SPDF	Absent	
6GNA0092W	Body Surface	HMRB	Absent	
6GNA0092W	Body Surface	FDC	Absent	
6GNA0092W	Body Surface	BFG	Absent	
6GNA0092W	Body Surface	PRST	Absent	
6GNA0092W	Head	DFM	Absent	
6GNA0092W	Mouth	ULR	Absent	
6GNA0092W	Mouth	LLG	Absent	
6GNA0092W	Nare	SLN	Absent	
6GNA0092W	Eye, left	EXPTH	Absent	
6GNA0092W	Eye, left	OPQ	Absent	
6GNA0092W	Eye, left	MIS	Absent	
6GNA0092W	Eye, left	HMR	Absent	
6GNA0092W	Eye, left	EMB	Absent	
6GNA0092W	Eye, right	EXPTH	Absent	
6GNA0092W	Eye, right	OPQ	Absent	
6GNA0092W	Eye, right	MIS	Absent	
6GNA0092W	Eye, right	HMR	Absent	
6GNA0092W	Eye, right	EMB	Absent	
6GNA0092W	Opercula	SLSH	Absent	
6GNA0093H	Body Surface	RGR	Absent	
6GNA0093H	Body Surface	RLSN	Absent	
6GNA0093H	Body Surface	SPDF	Absent	
6GNA0093H	Body Surface	HMRB	Absent	
6GNA0093H	Body Surface	FDC	Absent	
6GNA0093H	Body Surface	BFG	Absent	
6GNA0093H	Body Surface	PRST	Absent	
6GNA0093H	Body Surface	OTHER	Present	Gill net marks
6GNA0093H	Head	DFM	Absent	
6GNA0093H	Mouth	ULR	Absent	
6GNA0093H	Mouth	LLG	Absent	
6GNA0093H	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0093H	Eye, left	EXPTH	Absent	
6GNA0093H	Eye, left	OPQ	Absent	
6GNA0093H	Eye, left	MIS	Absent	
6GNA0093H	Eye, left	HMR	Absent	
6GNA0093H	Eye, left	EMB	Absent	
6GNA0093H	Eye, right	EXPTH	Absent	
6GNA0093H	Eye, right	OPQ	Absent	
6GNA0093H	Eye, right	MIS	Absent	
6GNA0093H	Eye, right	HMR	Absent	
6GNA0093H	Eye, right	EMB	Absent	
6GNA0093H	Opercula	SLSH	Absent	
6GNA0094H	Body Surface	RGR	Absent	
6GNA0094H	Body Surface	RLSN	Absent	
6GNA0094H	Body Surface	SPDF	Absent	
6GNA0094H	Body Surface	HMRB	Absent	
6GNA0094H	Body Surface	FDC	Absent	
6GNA0094H	Body Surface	BFG	Absent	
6GNA0094H	Body Surface	PRST	Absent	
6GNA0094H	Body Surface	OTHER	Present	Gill net marks
6GNA0094H	Head	DFM	Absent	
6GNA0094H	Mouth	ULR	Absent	
6GNA0094H	Mouth	LLG	Absent	
6GNA0094H	Nare	SLN	Absent	
6GNA0094H	Eye, left	EXPTH	Absent	
6GNA0094H	Eye, left	OPQ	Absent	
6GNA0094H	Eye, left	MIS	Absent	
6GNA0094H	Eye, left	HMR	Absent	
6GNA0094H	Eye, left	EMB	Absent	
6GNA0094H	Eye, right	EXPTH	Absent	
6GNA0094H	Eye, right	OPQ	Absent	
6GNA0094H	Eye, right	MIS	Absent	
6GNA0094H	Eye, right	HMR	Absent	
6GNA0094H	Eye, right	EMB	Absent	
6GNA0094H	Opercula	SLSH	Absent	
6GNA0095H	Body Surface	RGR	Absent	
6GNA0095H	Body Surface	RLSN	Absent	
6GNA0095H	Body Surface	SPDF	Absent	
6GNA0095H	Body Surface	HMRB	Absent	
6GNA0095H	Body Surface	FDC	Absent	
6GNA0095H	Body Surface	BFG	Absent	
6GNA0095H	Body Surface	PRST	Absent	
6GNA0095H	Body Surface	OTHER	Present	Gill net marks
6GNA0095H	Head	DFM	Absent	
6GNA0095H	Mouth	ULR	Absent	
6GNA0095H	Mouth	LLG	Absent	
6GNA0095H	Nare	SLN	Absent	
6GNA0095H	Eye, left	EXPTH	Absent	
6GNA0095H	Eye, left	OPQ	Absent	
6GNA0095H	Eye, left	MIS	Absent	
6GNA0095H	Eye, left	HMR	Absent	
6GNA0095H	Eye, left	EMB	Absent	
6GNA0095H	Eye, right	EXPTH	Absent	
6GNA0095H	Eye, right	OPQ	Absent	
6GNA0095H	Eye, right	MIS	Absent	
6GNA0095H	Eye, right	HMR	Absent	
6GNA0095H	Eye, right	EMB	Absent	
6GNA0095H	Opercula	SLSH	Absent	
6GNA0096H	Body Surface	RGR	Absent	
6GNA0096H	Body Surface	RLSN	Absent	
6GNA0096H	Body Surface	SPDF	Absent	
6GNA0096H	Body Surface	HMRB	Absent	
6GNA0096H	Body Surface	FDC	Absent	
6GNA0096H	Body Surface	BFG	Absent	
6GNA0096H	Body Surface	PRST	Absent	
6GNA0096H	Body Surface	OTHER	Present	Gill net marks
6GNA0096H	Head	DFM	Absent	
6GNA0096H	Mouth	ULR	Absent	
6GNA0096H	Mouth	LLG	Absent	
6GNA0096H	Nare	SLN	Absent	
6GNA0096H	Eye, left	EXPTH	Absent	
6GNA0096H	Eye, left	OPQ	Absent	
6GNA0096H	Eye, left	MIS	Absent	
6GNA0096H	Eye, left	HMR	Absent	
6GNA0096H	Eye, left	EMB	Absent	
6GNA0096H	Eye, right	EXPTH	Absent	
6GNA0096H	Eye, right	OPQ	Absent	
6GNA0096H	Eye, right	MIS	Absent	
6GNA0096H	Eye, right	HMR	Absent	
6GNA0096H	Eye, right	EMB	Absent	
6GNA0096H	Opercula	SLSH	Absent	
6GNA0097H	Body Surface	RGR	Absent	
6GNA0097H	Body Surface	RLSN	Absent	
6GNA0097H	Body Surface	SPDF	Absent	
6GNA0097H	Body Surface	HMRB	Absent	
6GNA0097H	Body Surface	FDC	Absent	
6GNA0097H	Body Surface	BFG	Absent	
6GNA0097H	Body Surface	PRST	Absent	
6GNA0097H	Head	DFM	Absent	
6GNA0097H	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0097H	Mouth	LLG	Absent	
6GNA0097H	Nare	SLN	Absent	
6GNA0097H	Eye, left	EXPTH	Absent	
6GNA0097H	Eye, left	OPQ	Absent	
6GNA0097H	Eye, left	MIS	Absent	
6GNA0097H	Eye, left	HMR	Absent	
6GNA0097H	Eye, left	EMB	Absent	
6GNA0097H	Eye, right	EXPTH	Absent	
6GNA0097H	Eye, right	OPQ	Absent	
6GNA0097H	Eye, right	MIS	Absent	
6GNA0097H	Eye, right	HMR	Absent	
6GNA0097H	Eye, right	EMB	Absent	
6GNA0097H	Opercula	SLSH	Absent	
6GNA0098H	Body Surface	RGR	Absent	
6GNA0098H	Body Surface	RLSN	Absent	
6GNA0098H	Body Surface	SPDF	Absent	
6GNA0098H	Body Surface	HMRB	Absent	
6GNA0098H	Body Surface	FDC	Absent	
6GNA0098H	Body Surface	BFG	Absent	
6GNA0098H	Body Surface	PRST	Absent	
6GNA0098H	Body Surface	OTHER	Present	Gill net marks
6GNA0098H	Head	DFM	Absent	
6GNA0098H	Mouth	ULR	Absent	
6GNA0098H	Mouth	LLG	Absent	
6GNA0098H	Nare	SLN	Absent	
6GNA0098H	Eye, left	EXPTH	Absent	
6GNA0098H	Eye, left	OPQ	Absent	
6GNA0098H	Eye, left	MIS	Absent	
6GNA0098H	Eye, left	HMR	Absent	
6GNA0098H	Eye, left	EMB	Absent	
6GNA0098H	Eye, right	EXPTH	Absent	
6GNA0098H	Eye, right	OPQ	Absent	
6GNA0098H	Eye, right	MIS	Absent	
6GNA0098H	Eye, right	HMR	Absent	
6GNA0098H	Eye, right	EMB	Absent	
6GNA0098H	Opercula	SLSH	Absent	
6GNA0099H	Body Surface	RGR	Absent	
6GNA0099H	Body Surface	RLSN	Absent	
6GNA0099H	Body Surface	SPDF	Absent	
6GNA0099H	Body Surface	HMRB	Absent	
6GNA0099H	Body Surface	FDC	Absent	
6GNA0099H	Body Surface	BFG	Absent	
6GNA0099H	Body Surface	PRST	Absent	
6GNA0099H	Body Surface	OTHER	Present	Gill net marks
6GNA0099H	Head	DFM	Absent	
6GNA0099H	Mouth	ULR	Absent	
6GNA0099H	Mouth	LLG	Absent	
6GNA0099H	Nare	SLN	Absent	
6GNA0099H	Eye, left	EXPTH	Absent	
6GNA0099H	Eye, left	OPQ	Absent	
6GNA0099H	Eye, left	MIS	Absent	
6GNA0099H	Eye, left	HMR	Absent	
6GNA0099H	Eye, left	EMB	Absent	
6GNA0099H	Eye, right	EXPTH	Absent	
6GNA0099H	Eye, right	OPQ	Absent	
6GNA0099H	Eye, right	MIS	Absent	
6GNA0099H	Eye, right	HMR	Absent	
6GNA0099H	Eye, right	EMB	Absent	
6GNA0099H	Opercula	SLSH	Absent	
6GNA0100H	Body Surface	RGR	Absent	
6GNA0100H	Body Surface	RLSN	Absent	
6GNA0100H	Body Surface	SPDF	Absent	
6GNA0100H	Body Surface	HMRB	Absent	
6GNA0100H	Body Surface	FDC	Absent	
6GNA0100H	Body Surface	BFG	Absent	
6GNA0100H	Body Surface	PRST	Absent	
6GNA0100H	Body Surface	OTHER	Present	Gill net marks
6GNA0100H	Head	DFM	Absent	
6GNA0100H	Mouth	ULR	Absent	
6GNA0100H	Mouth	LLG	Absent	
6GNA0100H	Nare	SLN	Absent	
6GNA0100H	Eye, left	EXPTH	Absent	
6GNA0100H	Eye, left	OPQ	Absent	
6GNA0100H	Eye, left	MIS	Absent	
6GNA0100H	Eye, left	HMR	Absent	
6GNA0100H	Eye, left	EMB	Absent	
6GNA0100H	Eye, right	EXPTH	Absent	
6GNA0100H	Eye, right	OPQ	Absent	
6GNA0100H	Eye, right	MIS	Absent	
6GNA0100H	Eye, right	HMR	Absent	
6GNA0100H	Eye, right	EMB	Absent	
6GNA0100H	Opercula	SLSH	Absent	
6GNA0101H	Body Surface	RGR	Absent	
6GNA0101H	Body Surface	RLSN	Absent	
6GNA0101H	Body Surface	SPDF	Absent	
6GNA0101H	Body Surface	HMRB	Absent	
6GNA0101H	Body Surface	FDC	Absent	
6GNA0101H	Body Surface	BFG	Absent	
6GNA0101H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0101H	Body Surface	OTHER	Present	Gill net marks
6GNA0101H	Head	DFM	Absent	
6GNA0101H	Mouth	ULR	Absent	
6GNA0101H	Mouth	LLG	Absent	
6GNA0101H	Nare	SLN	Absent	
6GNA0101H	Eye, left	EXPTH	Absent	
6GNA0101H	Eye, left	OPQ	Absent	
6GNA0101H	Eye, left	MIS	Absent	
6GNA0101H	Eye, left	HMR	Absent	
6GNA0101H	Eye, left	EMB	Absent	
6GNA0101H	Eye, right	EXPTH	Absent	
6GNA0101H	Eye, right	OPQ	Absent	
6GNA0101H	Eye, right	MIS	Absent	
6GNA0101H	Eye, right	HMR	Absent	
6GNA0101H	Eye, right	EMB	Absent	
6GNA0101H	Opercula	SLSH	Absent	
6GNA0102H	Body Surface	RGR	Absent	
6GNA0102H	Body Surface	RLSN	Absent	
6GNA0102H	Body Surface	SPDF	Absent	
6GNA0102H	Body Surface	HMRB	Absent	
6GNA0102H	Body Surface	FDC	Absent	
6GNA0102H	Body Surface	BFG	Absent	
6GNA0102H	Body Surface	PRST	Absent	
6GNA0102H	Body Surface	OTHER	Present	Gill net marks
6GNA0102H	Head	DFM	Absent	
6GNA0102H	Mouth	ULR	Absent	
6GNA0102H	Mouth	LLG	Absent	
6GNA0102H	Nare	SLN	Absent	
6GNA0102H	Eye, left	EXPTH	Absent	
6GNA0102H	Eye, left	OPQ	Absent	
6GNA0102H	Eye, left	MIS	Absent	
6GNA0102H	Eye, left	HMR	Absent	
6GNA0102H	Eye, left	EMB	Absent	
6GNA0102H	Eye, right	EXPTH	Absent	
6GNA0102H	Eye, right	OPQ	Absent	
6GNA0102H	Eye, right	MIS	Absent	
6GNA0102H	Eye, right	HMR	Absent	
6GNA0102H	Eye, right	EMB	Absent	
6GNA0102H	Opercula	SLSH	Absent	
6GNA0103H	Body Surface	RGR	Absent	
6GNA0103H	Body Surface	RLSN	Absent	
6GNA0103H	Body Surface	SPDF	Absent	
6GNA0103H	Body Surface	HMRB	Absent	
6GNA0103H	Body Surface	FDC	Absent	
6GNA0103H	Body Surface	BFG	Absent	
6GNA0103H	Body Surface	PRST	Absent	
6GNA0103H	Body Surface	OTHER	Present	Gill net marks
6GNA0103H	Head	DFM	Absent	
6GNA0103H	Mouth	ULR	Absent	
6GNA0103H	Mouth	LLG	Absent	
6GNA0103H	Nare	SLN	Absent	
6GNA0103H	Eye, left	EXPTH	Absent	
6GNA0103H	Eye, left	OPQ	Absent	
6GNA0103H	Eye, left	MIS	Absent	
6GNA0103H	Eye, left	HMR	Absent	
6GNA0103H	Eye, left	EMB	Absent	
6GNA0103H	Eye, right	EXPTH	Absent	
6GNA0103H	Eye, right	OPQ	Absent	
6GNA0103H	Eye, right	MIS	Absent	
6GNA0103H	Eye, right	HMR	Absent	
6GNA0103H	Eye, right	EMB	Absent	
6GNA0103H	Opercula	SLSH	Absent	
6GNA0104H	Body Surface	RGR	Absent	
6GNA0104H	Body Surface	RLSN	Absent	
6GNA0104H	Body Surface	SPDF	Absent	
6GNA0104H	Body Surface	HMRB	Absent	
6GNA0104H	Body Surface	FDC	Absent	
6GNA0104H	Body Surface	BFG	Absent	
6GNA0104H	Body Surface	PRST	Absent	
6GNA0104H	Body Surface	OTHER	Present	Gill net marks
6GNA0104H	Head	DFM	Absent	
6GNA0104H	Mouth	ULR	Absent	
6GNA0104H	Mouth	LLG	Absent	
6GNA0104H	Nare	SLN	Absent	
6GNA0104H	Eye, left	EXPTH	Absent	
6GNA0104H	Eye, left	OPQ	Absent	
6GNA0104H	Eye, left	MIS	Absent	
6GNA0104H	Eye, left	HMR	Absent	
6GNA0104H	Eye, left	EMB	Absent	
6GNA0104H	Eye, right	EXPTH	Absent	
6GNA0104H	Eye, right	OPQ	Absent	
6GNA0104H	Eye, right	MIS	Absent	
6GNA0104H	Eye, right	HMR	Absent	
6GNA0104H	Eye, right	EMB	Absent	
6GNA0104H	Opercula	SLSH	Absent	
6GNA0105H	Body Surface	RGR	Absent	
6GNA0105H	Body Surface	RLSN	Absent	
6GNA0105H	Body Surface	SPDF	Absent	
6GNA0105H	Body Surface	HMRB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0105H	Body Surface	FDC	Absent	
6GNA0105H	Body Surface	BFG	Absent	
6GNA0105H	Body Surface	PRST	Absent	
6GNA0105H	Body Surface	OTHER	Present	Gill net marks
6GNA0105H	Head	DFM	Absent	
6GNA0105H	Mouth	ULR	Absent	
6GNA0105H	Mouth	LLG	Absent	
6GNA0105H	Nare	SLN	Absent	
6GNA0105H	Eye, left	EXPTH	Absent	
6GNA0105H	Eye, left	OPQ	Absent	
6GNA0105H	Eye, left	MIS	Absent	
6GNA0105H	Eye, left	HMR	Absent	
6GNA0105H	Eye, left	EMB	Absent	
6GNA0105H	Eye, right	EXPTH	Absent	
6GNA0105H	Eye, right	OPQ	Absent	
6GNA0105H	Eye, right	MIS	Absent	
6GNA0105H	Eye, right	HMR	Absent	
6GNA0105H	Eye, right	EMB	Absent	
6GNA0105H	Opercula	SLSH	Absent	
6GNA0106W	Body Surface	RGR	Absent	
6GNA0106W	Body Surface	RLSN	Absent	
6GNA0106W	Body Surface	SPDF	Absent	
6GNA0106W	Body Surface	HMRB	Absent	
6GNA0106W	Body Surface	FDC	Absent	
6GNA0106W	Body Surface	BFG	Absent	
6GNA0106W	Body Surface	PRST	Absent	
6GNA0106W	Body Surface	OTHER	Present	Gill net marks
6GNA0106W	Head	DFM	Absent	
6GNA0106W	Mouth	ULR	Absent	
6GNA0106W	Mouth	LLG	Absent	
6GNA0106W	Nare	SLN	Absent	
6GNA0106W	Eye, left	EXPTH	Absent	
6GNA0106W	Eye, left	OPQ	Absent	
6GNA0106W	Eye, left	MIS	Absent	
6GNA0106W	Eye, left	HMR	Absent	
6GNA0106W	Eye, left	EMB	Absent	
6GNA0106W	Eye, right	EXPTH	Absent	
6GNA0106W	Eye, right	OPQ	Absent	
6GNA0106W	Eye, right	MIS	Absent	
6GNA0106W	Eye, right	HMR	Absent	
6GNA0106W	Eye, right	EMB	Absent	
6GNA0106W	Opercula	SLSH	Absent	
6GNA0107H	Body Surface	RGR	Absent	
6GNA0107H	Body Surface	RLSN	Absent	
6GNA0107H	Body Surface	SPDF	Absent	
6GNA0107H	Body Surface	HMRB	Absent	
6GNA0107H	Body Surface	FDC	Absent	
6GNA0107H	Body Surface	BFG	Absent	
6GNA0107H	Body Surface	PRST	Absent	
6GNA0107H	Body Surface	OTHER	Present	Gill net marks, Lacerations on body
6GNA0107H	Head	DFM	Absent	
6GNA0107H	Mouth	ULR	Absent	
6GNA0107H	Mouth	LLG	Absent	
6GNA0107H	Nare	SLN	Absent	
6GNA0107H	Eye, left	EXPTH	Absent	
6GNA0107H	Eye, left	OPQ	Absent	
6GNA0107H	Eye, left	MIS	Absent	
6GNA0107H	Eye, left	HMR	Absent	
6GNA0107H	Eye, left	EMB	Absent	
6GNA0107H	Eye, right	EXPTH	Absent	
6GNA0107H	Eye, right	OPQ	Absent	
6GNA0107H	Eye, right	MIS	Absent	
6GNA0107H	Eye, right	HMR	Absent	
6GNA0107H	Eye, right	EMB	Absent	
6GNA0107H	Opercula	SLSH	Absent	
6GNA0108	Body Surface	RGR	Absent	
6GNA0108	Body Surface	RLSN	Absent	
6GNA0108	Body Surface	SPDF	Absent	
6GNA0108	Body Surface	HMRB	Absent	
6GNA0108	Body Surface	FDC	Absent	
6GNA0108	Body Surface	BFG	Absent	
6GNA0108	Body Surface	PRST	Absent	
6GNA0108	Body Surface	OTHER	Present	Gill net marks
6GNA0108	Head	DFM	Absent	
6GNA0108	Mouth	ULR	Absent	
6GNA0108	Mouth	LLG	Absent	
6GNA0108	Nare	SLN	Absent	
6GNA0108	Eye, left	EXPTH	Absent	
6GNA0108	Eye, left	OPQ	Absent	
6GNA0108	Eye, left	MIS	Absent	
6GNA0108	Eye, left	HMR	Absent	
6GNA0108	Eye, left	EMB	Absent	
6GNA0108	Eye, right	EXPTH	Absent	
6GNA0108	Eye, right	OPQ	Absent	
6GNA0108	Eye, right	MIS	Absent	
6GNA0108	Eye, right	HMR	Absent	
6GNA0108	Eye, right	EMB	Absent	
6GNA0108	Opercula	SLSH	Absent	
6GNA0109	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0109	Body Surface	RLSN	Absent	
6GNA0109	Body Surface	SPDF	Absent	
6GNA0109	Body Surface	HMRB	Absent	
6GNA0109	Body Surface	FDC	Absent	
6GNA0109	Body Surface	BFG	Absent	
6GNA0109	Body Surface	PRST	Absent	
6GNA0109	Head	DFM	Absent	
6GNA0109	Mouth	ULR	Absent	
6GNA0109	Mouth	LLG	Absent	
6GNA0109	Nare	SLN	Absent	
6GNA0109	Eye, left	EXPTH	Absent	
6GNA0109	Eye, left	OPQ	Absent	
6GNA0109	Eye, left	MIS	Absent	
6GNA0109	Eye, left	HMR	Absent	
6GNA0109	Eye, left	EMB	Absent	
6GNA0109	Eye, right	EXPTH	Absent	
6GNA0109	Eye, right	OPQ	Absent	
6GNA0109	Eye, right	MIS	Absent	
6GNA0109	Eye, right	HMR	Absent	
6GNA0109	Eye, right	EMB	Absent	
6GNA0109	Opercula	SLSH	Absent	
6GNA0110	Body Surface	RGR	Absent	
6GNA0110	Body Surface	RLSN	Absent	
6GNA0110	Body Surface	SPDF	Absent	
6GNA0110	Body Surface	HMRB	Absent	
6GNA0110	Body Surface	FDC	Absent	
6GNA0110	Body Surface	BFG	Absent	
6GNA0110	Body Surface	PRST	Absent	
6GNA0110	Body Surface	OTHER	Present	Gill net marks
6GNA0110	Head	DFM	Absent	
6GNA0110	Mouth	ULR	Absent	
6GNA0110	Mouth	LLG	Absent	
6GNA0110	Nare	SLN	Absent	
6GNA0110	Eye, left	EXPTH	Absent	
6GNA0110	Eye, left	OPQ	Absent	
6GNA0110	Eye, left	MIS	Absent	
6GNA0110	Eye, left	HMR	Absent	
6GNA0110	Eye, left	EMB	Absent	
6GNA0110	Eye, right	EXPTH	Absent	
6GNA0110	Eye, right	OPQ	Absent	
6GNA0110	Eye, right	MIS	Absent	
6GNA0110	Eye, right	HMR	Absent	
6GNA0110	Eye, right	EMB	Absent	
6GNA0110	Opercula	SLSH	Absent	
6GNA0111	Body Surface	RGR	Absent	
6GNA0111	Body Surface	RLSN	Absent	
6GNA0111	Body Surface	SPDF	Absent	
6GNA0111	Body Surface	HMRB	Absent	
6GNA0111	Body Surface	FDC	Absent	
6GNA0111	Body Surface	BFG	Absent	
6GNA0111	Body Surface	PRST	Absent	
6GNA0111	Body Surface	OTHER	Present	Gill net marks
6GNA0111	Head	DFM	Absent	
6GNA0111	Mouth	ULR	Absent	
6GNA0111	Mouth	LLG	Absent	
6GNA0111	Nare	SLN	Absent	
6GNA0111	Eye, left	EXPTH	Absent	
6GNA0111	Eye, left	OPQ	Absent	
6GNA0111	Eye, left	MIS	Absent	
6GNA0111	Eye, left	HMR	Absent	
6GNA0111	Eye, left	EMB	Absent	
6GNA0111	Eye, right	EXPTH	Absent	
6GNA0111	Eye, right	OPQ	Absent	
6GNA0111	Eye, right	MIS	Absent	
6GNA0111	Eye, right	HMR	Absent	
6GNA0111	Eye, right	EMB	Absent	
6GNA0111	Opercula	SLSH	Absent	
6GNA0116	Body Surface	RGR	Absent	
6GNA0116	Body Surface	RLSN	Absent	
6GNA0116	Body Surface	SPDF	Absent	
6GNA0116	Body Surface	HMRB	Absent	
6GNA0116	Body Surface	FDC	Absent	
6GNA0116	Body Surface	BFG	Absent	
6GNA0116	Body Surface	PRST	Absent	
6GNA0116	Body Surface	OTHER	Present	Gill net marks
6GNA0116	Head	DFM	Absent	
6GNA0116	Mouth	ULR	Absent	
6GNA0116	Mouth	LLG	Absent	
6GNA0116	Nare	SLN	Absent	
6GNA0116	Eye, left	EXPTH	Absent	
6GNA0116	Eye, left	OPQ	Absent	
6GNA0116	Eye, left	MIS	Absent	
6GNA0116	Eye, left	HMR	Absent	
6GNA0116	Eye, left	EMB	Absent	
6GNA0116	Eye, right	EXPTH	Absent	
6GNA0116	Eye, right	OPQ	Absent	
6GNA0116	Eye, right	MIS	Absent	
6GNA0116	Eye, right	HMR	Absent	
6GNA0116	Eye, right	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0116	Opercula	SLSH	Absent	
6GNA0117	Body Surface	RGR	Absent	
6GNA0117	Body Surface	RLSN	Absent	
6GNA0117	Body Surface	SPDF	Absent	
6GNA0117	Body Surface	HMRB	Absent	
6GNA0117	Body Surface	FDC	Absent	
6GNA0117	Body Surface	BFG	Absent	
6GNA0117	Body Surface	PRST	Absent	
6GNA0117	Body Surface	OTHER	Present	Gill net marks
6GNA0117	Head	DFM	Absent	
6GNA0117	Mouth	ULR	Absent	
6GNA0117	Mouth	LLG	Absent	
6GNA0117	Nare	SLN	Absent	
6GNA0117	Eye, left	EXPTH	Absent	
6GNA0117	Eye, left	OPQ	Absent	
6GNA0117	Eye, left	MIS	Absent	
6GNA0117	Eye, left	HMR	Absent	
6GNA0117	Eye, left	EMB	Absent	
6GNA0117	Eye, right	EXPTH	Absent	
6GNA0117	Eye, right	OPQ	Absent	
6GNA0117	Eye, right	MIS	Absent	
6GNA0117	Eye, right	HMR	Absent	
6GNA0117	Eye, right	EMB	Absent	
6GNA0117	Opercula	SLSH	Absent	
6GNA0118	Body Surface	RGR	Absent	
6GNA0118	Body Surface	RLSN	Absent	
6GNA0118	Body Surface	SPDF	Absent	
6GNA0118	Body Surface	HMRB	Absent	
6GNA0118	Body Surface	FDC	Absent	
6GNA0118	Body Surface	BFG	Absent	
6GNA0118	Body Surface	PRST	Absent	
6GNA0118	Body Surface	OTHER	Present	Gill net marks
6GNA0118	Head	DFM	Absent	
6GNA0118	Mouth	ULR	Absent	
6GNA0118	Mouth	LLG	Absent	
6GNA0118	Nare	SLN	Absent	
6GNA0118	Eye, left	EXPTH	Absent	
6GNA0118	Eye, left	OPQ	Absent	
6GNA0118	Eye, left	MIS	Absent	
6GNA0118	Eye, left	HMR	Absent	
6GNA0118	Eye, left	EMB	Absent	
6GNA0118	Eye, right	EXPTH	Absent	
6GNA0118	Eye, right	OPQ	Absent	
6GNA0118	Eye, right	MIS	Absent	
6GNA0118	Eye, right	HMR	Absent	
6GNA0118	Eye, right	EMB	Absent	
6GNA0118	Opercula	SLSH	Absent	
6GNA0119	Body Surface	RGR	Absent	
6GNA0119	Body Surface	RLSN	Absent	
6GNA0119	Body Surface	SPDF	Absent	
6GNA0119	Body Surface	HMRB	Absent	
6GNA0119	Body Surface	FDC	Absent	
6GNA0119	Body Surface	BFG	Absent	
6GNA0119	Body Surface	PRST	Absent	
6GNA0119	Body Surface	OTHER	Present	Gill net marks
6GNA0119	Head	DFM	Absent	
6GNA0119	Mouth	ULR	Absent	
6GNA0119	Mouth	LLG	Absent	
6GNA0119	Nare	SLN	Absent	
6GNA0119	Eye, left	EXPTH	Absent	
6GNA0119	Eye, left	OPQ	Absent	
6GNA0119	Eye, left	MIS	Absent	
6GNA0119	Eye, left	HMR	Absent	
6GNA0119	Eye, left	EMB	Absent	
6GNA0119	Eye, right	EXPTH	Absent	
6GNA0119	Eye, right	OPQ	Absent	
6GNA0119	Eye, right	MIS	Absent	
6GNA0119	Eye, right	HMR	Absent	
6GNA0119	Eye, right	EMB	Absent	
6GNA0119	Opercula	SLSH	Absent	
6GNA0120	Body Surface	RGR	Absent	
6GNA0120	Body Surface	RLSN	Absent	
6GNA0120	Body Surface	SPDF	Absent	
6GNA0120	Body Surface	HMRB	Absent	
6GNA0120	Body Surface	FDC	Absent	
6GNA0120	Body Surface	BFG	Absent	
6GNA0120	Body Surface	PRST	Absent	
6GNA0120	Head	DFM	Absent	
6GNA0120	Mouth	ULR	Absent	
6GNA0120	Mouth	LLG	Absent	
6GNA0120	Nare	SLN	Absent	
6GNA0120	Eye, left	EXPTH	Absent	
6GNA0120	Eye, left	OPQ	Absent	
6GNA0120	Eye, left	MIS	Absent	
6GNA0120	Eye, left	HMR	Absent	
6GNA0120	Eye, left	EMB	Absent	
6GNA0120	Eye, right	EXPTH	Absent	
6GNA0120	Eye, right	OPQ	Absent	
6GNA0120	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0120	Eye, right	HMR	Absent	
6GNA0120	Eye, right	EMB	Absent	
6GNA0120	Opercula	SLSH	Absent	
6GNA0121	Body Surface	RGR	Absent	
6GNA0121	Body Surface	RLSN	Absent	
6GNA0121	Body Surface	SPDF	Absent	
6GNA0121	Body Surface	HMRB	Absent	
6GNA0121	Body Surface	FDC	Absent	
6GNA0121	Body Surface	BFG	Absent	
6GNA0121	Body Surface	PRST	Absent	
6GNA0121	Body Surface	OTHER	Present	Gill net marks
6GNA0121	Head	DFM	Absent	
6GNA0121	Mouth	ULR	Absent	
6GNA0121	Mouth	LLG	Absent	
6GNA0121	Nare	SLN	Absent	
6GNA0121	Eye, left	EXPTH	Absent	
6GNA0121	Eye, left	OPQ	Absent	
6GNA0121	Eye, left	MIS	Absent	
6GNA0121	Eye, left	HMR	Absent	
6GNA0121	Eye, left	EMB	Absent	
6GNA0121	Eye, right	EXPTH	Absent	
6GNA0121	Eye, right	OPQ	Absent	
6GNA0121	Eye, right	MIS	Absent	
6GNA0121	Eye, right	HMR	Absent	
6GNA0121	Eye, right	EMB	Absent	
6GNA0121	Opercula	SLSH	Absent	
6GNA0129	Body Surface	RGR	Absent	
6GNA0129	Body Surface	RLSN	Absent	
6GNA0129	Body Surface	SPDF	Absent	
6GNA0129	Body Surface	HMRB	Absent	
6GNA0129	Body Surface	FDC	Absent	
6GNA0129	Body Surface	BFG	Absent	
6GNA0129	Body Surface	PRST	Absent	
6GNA0129	Barbel	NORM	Present	
6GNA0129	Head	DFM	Absent	
6GNA0129	Mouth	ULR	Absent	
6GNA0129	Mouth	LLG	Absent	
6GNA0129	Nare	SLN	Absent	
6GNA0129	Eye, left	EXPTH	Absent	
6GNA0129	Eye, left	OPQ	Absent	
6GNA0129	Eye, left	MIS	Absent	
6GNA0129	Eye, left	HMR	Absent	
6GNA0129	Eye, left	EMB	Absent	
6GNA0129	Eye, right	EXPTH	Absent	
6GNA0129	Eye, right	OPQ	Absent	
6GNA0129	Eye, right	MIS	Absent	
6GNA0129	Eye, right	HMR	Absent	
6GNA0129	Eye, right	EMB	Absent	
6GNA0129	Opercula	SLSH	Absent	
6GNA0130H	Body Surface	RGR	Absent	
6GNA0130H	Body Surface	RLSN	Absent	
6GNA0130H	Body Surface	SPDF	Absent	
6GNA0130H	Body Surface	HMRB	Absent	
6GNA0130H	Body Surface	FDC	Absent	
6GNA0130H	Body Surface	BFG	Absent	
6GNA0130H	Body Surface	PRST	Absent	
6GNA0130H	Body Surface	OTHER	Present	Gill net marks
6GNA0130H	Head	DFM	Absent	
6GNA0130H	Mouth	ULR	Absent	
6GNA0130H	Mouth	LLG	Absent	
6GNA0130H	Nare	SLN	Absent	
6GNA0130H	Eye, left	EXPTH	Absent	
6GNA0130H	Eye, left	OPQ	Absent	
6GNA0130H	Eye, left	MIS	Absent	
6GNA0130H	Eye, left	HMR	Absent	
6GNA0130H	Eye, left	EMB	Absent	
6GNA0130H	Eye, right	EXPTH	Absent	
6GNA0130H	Eye, right	OPQ	Absent	
6GNA0130H	Eye, right	MIS	Absent	
6GNA0130H	Eye, right	HMR	Absent	
6GNA0130H	Eye, right	EMB	Absent	
6GNA0130H	Opercula	SLSH	Absent	
6GNA0131H	Body Surface	RGR	Absent	
6GNA0131H	Body Surface	RLSN	Absent	
6GNA0131H	Body Surface	SPDF	Absent	
6GNA0131H	Body Surface	HMRB	Absent	
6GNA0131H	Body Surface	FDC	Absent	
6GNA0131H	Body Surface	BFG	Absent	
6GNA0131H	Body Surface	PRST	Absent	
6GNA0131H	Body Surface	OTHER	Present	Gill net marks
6GNA0131H	Head	DFM	Absent	
6GNA0131H	Mouth	ULR	Absent	
6GNA0131H	Mouth	LLG	Absent	
6GNA0131H	Nare	SLN	Absent	
6GNA0131H	Eye, left	EXPTH	Absent	
6GNA0131H	Eye, left	OPQ	Absent	
6GNA0131H	Eye, left	MIS	Absent	
6GNA0131H	Eye, left	HMR	Absent	
6GNA0131H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0131H	Eye, right	EXPTH	Absent	
6GNA0131H	Eye, right	OPQ	Absent	
6GNA0131H	Eye, right	MIS	Absent	
6GNA0131H	Eye, right	HMR	Absent	
6GNA0131H	Eye, right	EMB	Absent	
6GNA0131H	Opercula	SLSH	Absent	
6GNA0132H	Body Surface	RGR	Absent	
6GNA0132H	Body Surface	RLSN	Absent	
6GNA0132H	Body Surface	SPDF	Absent	
6GNA0132H	Body Surface	HMRB	Absent	
6GNA0132H	Body Surface	FDC	Absent	
6GNA0132H	Body Surface	BFG	Absent	
6GNA0132H	Body Surface	PRST	Absent	
6GNA0132H	Body Surface	OTHER	Present	Gill net marks, Lacerations on body
6GNA0132H	Head	DFM	Absent	
6GNA0132H	Mouth	ULR	Absent	
6GNA0132H	Mouth	LLG	Absent	
6GNA0132H	Nare	SLN	Absent	
6GNA0132H	Eye, left	EXPTH	Absent	
6GNA0132H	Eye, left	OPQ	Absent	
6GNA0132H	Eye, left	MIS	Absent	
6GNA0132H	Eye, left	HMR	Absent	
6GNA0132H	Eye, left	EMB	Absent	
6GNA0132H	Eye, right	EXPTH	Absent	
6GNA0132H	Eye, right	OPQ	Absent	
6GNA0132H	Eye, right	MIS	Absent	
6GNA0132H	Eye, right	HMR	Absent	
6GNA0132H	Eye, right	EMB	Absent	
6GNA0132H	Opercula	SLSH	Absent	
6GNE0001	Body Surface	RGR	Absent	
6GNE0001	Body Surface	RLSN	Absent	
6GNE0001	Body Surface	SPDF	Absent	
6GNE0001	Body Surface	HMRB	Absent	
6GNE0001	Body Surface	FDC	Absent	
6GNE0001	Body Surface	BFG	Absent	
6GNE0001	Body Surface	PRST	Absent	
6GNE0001	Barbel	NORM	Present	
6GNE0001	Head	DFM	Absent	
6GNE0001	Mouth	ULR	Absent	
6GNE0001	Mouth	LLG	Absent	
6GNE0001	Nare	SLN	Absent	
6GNE0001	Eye, left	EXPTH	Absent	
6GNE0001	Eye, left	OPQ	Absent	
6GNE0001	Eye, left	MIS	Absent	
6GNE0001	Eye, left	HMR	Absent	
6GNE0001	Eye, left	EMB	Absent	
6GNE0001	Eye, right	EXPTH	Absent	
6GNE0001	Eye, right	OPQ	Absent	
6GNE0001	Eye, right	MIS	Absent	
6GNE0001	Eye, right	HMR	Absent	
6GNE0001	Eye, right	EMB	Absent	
6GNE0001	Opercula	SLSH	Absent	
6GNE0002	Body Surface	RGR	Absent	
6GNE0002	Body Surface	RLSN	Absent	
6GNE0002	Body Surface	SPDF	Absent	
6GNE0002	Body Surface	HMRB	Present	
6GNE0002	Body Surface	FDC	Absent	
6GNE0002	Body Surface	BFG	Absent	
6GNE0002	Body Surface	PRST	Absent	
6GNE0002	Barbel	NORM	Present	
6GNE0002	Head	DFM	Absent	
6GNE0002	Mouth	ULR	Absent	
6GNE0002	Mouth	LLG	Absent	
6GNE0002	Nare	SLN	Absent	
6GNE0002	Eye, left	EXPTH	Absent	
6GNE0002	Eye, left	OPQ	Absent	
6GNE0002	Eye, left	MIS	Absent	
6GNE0002	Eye, left	HMR	Absent	
6GNE0002	Eye, left	EMB	Absent	
6GNE0002	Eye, right	EXPTH	Absent	
6GNE0002	Eye, right	OPQ	Absent	
6GNE0002	Eye, right	MIS	Absent	
6GNE0002	Eye, right	HMR	Absent	
6GNE0002	Eye, right	EMB	Absent	
6GNE0002	Opercula	SLSH	Absent	
6GNE0003	Body Surface	RGR	Absent	
6GNE0003	Body Surface	RLSN	Absent	
6GNE0003	Body Surface	SPDF	Absent	
6GNE0003	Body Surface	HMRB	Present	
6GNE0003	Body Surface	FDC	Present	
6GNE0003	Body Surface	BFG	Absent	
6GNE0003	Body Surface	PRST	Absent	
6GNE0003	Barbel	NORM	Present	
6GNE0003	Head	DFM	Absent	
6GNE0003	Mouth	ULR	Absent	
6GNE0003	Mouth	LLG	Absent	
6GNE0003	Nare	SLN	Absent	
6GNE0003	Eye, left	EXPTH	Absent	
6GNE0003	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNE0003	Eye, left	MIS	Absent	
6GNE0003	Eye, left	HMR	Absent	
6GNE0003	Eye, left	EMB	Absent	
6GNE0003	Eye, right	EXPTH	Absent	
6GNE0003	Eye, right	OPQ	Absent	
6GNE0003	Eye, right	MIS	Absent	
6GNE0003	Eye, right	HMR	Absent	
6GNE0003	Eye, right	EMB	Absent	
6GNE0003	Opercula	SLSH	Absent	
6GNE0004H	Body Surface	RGR	Absent	
6GNE0004H	Body Surface	RLSN	Absent	
6GNE0004H	Body Surface	SPDF	Absent	
6GNE0004H	Body Surface	HMRB	Absent	
6GNE0004H	Body Surface	FDC	Absent	
6GNE0004H	Body Surface	BFG	Absent	
6GNE0004H	Body Surface	PRST	Absent	
6GNE0004H	Body Surface	OTHER	Present	Gill net marks, Lacerations on body
6GNE0004H	Head	DFM	Absent	
6GNE0004H	Mouth	ULR	Absent	
6GNE0004H	Mouth	LLG	Absent	
6GNE0004H	Nare	SLN	Absent	
6GNE0004H	Eye, left	EXPTH	Absent	
6GNE0004H	Eye, left	OPQ	Absent	
6GNE0004H	Eye, left	MIS	Absent	
6GNE0004H	Eye, left	HMR	Absent	
6GNE0004H	Eye, left	EMB	Absent	
6GNE0004H	Eye, right	EXPTH	Absent	
6GNE0004H	Eye, right	OPQ	Absent	
6GNE0004H	Eye, right	MIS	Absent	
6GNE0004H	Eye, right	HMR	Absent	
6GNE0004H	Eye, right	EMB	Absent	
6GNE0004H	Opercula	OTHER	Present	Gill net damage
6GNE0004H	Opercula	SLSH	Absent	
6GNE0005	Body Surface	RGR	Absent	
6GNE0005	Body Surface	RLSN	Absent	
6GNE0005	Body Surface	SPDF	Absent	
6GNE0005	Body Surface	HMRB	Absent	
6GNE0005	Body Surface	FDC	Absent	
6GNE0005	Body Surface	BFG	Absent	
6GNE0005	Body Surface	PRST	Absent	
6GNE0005	Barbel	NORM	Present	
6GNE0005	Head	DFM	Absent	
6GNE0005	Mouth	ULR	Absent	
6GNE0005	Mouth	LLG	Absent	
6GNE0005	Nare	SLN	Absent	
6GNE0005	Eye, left	EXPTH	Absent	
6GNE0005	Eye, left	OPQ	Absent	
6GNE0005	Eye, left	MIS	Absent	
6GNE0005	Eye, left	HMR	Absent	
6GNE0005	Eye, left	EMB	Absent	
6GNE0005	Eye, right	EXPTH	Absent	
6GNE0005	Eye, right	OPQ	Absent	
6GNE0005	Eye, right	MIS	Absent	
6GNE0005	Eye, right	HMR	Absent	
6GNE0005	Eye, right	EMB	Absent	
6GNE0005	Opercula	SLSH	Absent	
6GNE0006H	Body Surface	RGR	Absent	
6GNE0006H	Body Surface	RLSN	Absent	
6GNE0006H	Body Surface	SPDF	Absent	
6GNE0006H	Body Surface	HMRB	Absent	
6GNE0006H	Body Surface	FDC	Absent	
6GNE0006H	Body Surface	BFG	Absent	
6GNE0006H	Body Surface	PRST	Absent	
6GNE0006H	Body Surface	OTHER	Present	Gill net marks
6GNE0006H	Head	DFM	Absent	
6GNE0006H	Mouth	ULR	Absent	
6GNE0006H	Mouth	LLG	Absent	
6GNE0006H	Nare	SLN	Absent	
6GNE0006H	Eye, left	EXPTH	Absent	
6GNE0006H	Eye, left	OPQ	Absent	
6GNE0006H	Eye, left	MIS	Absent	
6GNE0006H	Eye, left	HMR	Absent	
6GNE0006H	Eye, left	EMB	Absent	
6GNE0006H	Eye, right	EXPTH	Absent	
6GNE0006H	Eye, right	OPQ	Absent	
6GNE0006H	Eye, right	MIS	Absent	
6GNE0006H	Eye, right	HMR	Absent	
6GNE0006H	Eye, right	EMB	Absent	
6GNE0006H	Opercula	SLSH	Absent	
6GNE0008H	Body Surface	RGR	Absent	
6GNE0008H	Body Surface	RLSN	Absent	
6GNE0008H	Body Surface	SPDF	Absent	
6GNE0008H	Body Surface	HMRB	Absent	
6GNE0008H	Body Surface	FDC	Absent	
6GNE0008H	Body Surface	BFG	Absent	
6GNE0008H	Body Surface	PRST	Absent	
6GNE0008H	Body Surface	OTHER	Present	Gill net marks
6GNE0008H	Head	DFM	Absent	
6GNE0008H	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNE0008H	Mouth	LLG	Absent	
6GNE0008H	Nare	SLN	Absent	
6GNE0008H	Eye, left	EXPTH	Absent	
6GNE0008H	Eye, left	OPQ	Absent	
6GNE0008H	Eye, left	MIS	Absent	
6GNE0008H	Eye, left	HMR	Absent	
6GNE0008H	Eye, left	EMB	Absent	
6GNE0008H	Eye, right	EXPTH	Absent	
6GNE0008H	Eye, right	OPQ	Absent	
6GNE0008H	Eye, right	MIS	Absent	
6GNE0008H	Eye, right	HMR	Absent	
6GNE0008H	Eye, right	EMB	Absent	
6GNE0008H	Opercula	SLSH	Absent	
6GNE0009H	Body Surface	RGR	Absent	
6GNE0009H	Body Surface	RLSN	Absent	
6GNE0009H	Body Surface	SPDF	Absent	
6GNE0009H	Body Surface	HMRB	Absent	
6GNE0009H	Body Surface	FDC	Absent	
6GNE0009H	Body Surface	BFG	Absent	
6GNE0009H	Body Surface	PRST	Absent	
6GNE0009H	Body Surface	OTHER	Present	Gill net marks
6GNE0009H	Head	DFM	Absent	
6GNE0009H	Mouth	ULR	Absent	
6GNE0009H	Mouth	LLG	Absent	
6GNE0009H	Nare	SLN	Absent	
6GNE0009H	Eye, left	EXPTH	Absent	
6GNE0009H	Eye, left	OPQ	Absent	
6GNE0009H	Eye, left	MIS	Absent	
6GNE0009H	Eye, left	HMR	Absent	
6GNE0009H	Eye, left	EMB	Absent	
6GNE0009H	Eye, right	EXPTH	Absent	
6GNE0009H	Eye, right	OPQ	Absent	
6GNE0009H	Eye, right	MIS	Absent	
6GNE0009H	Eye, right	HMR	Absent	
6GNE0009H	Eye, right	EMB	Absent	
6GNE0009H	Opercula	SLSH	Absent	
6SE0001	Body Surface	RGR	Absent	
6SE0001	Body Surface	RLSN	Absent	
6SE0001	Body Surface	SPDF	Absent	
6SE0001	Body Surface	HMRB	Absent	
6SE0001	Body Surface	FDC	Absent	
6SE0001	Body Surface	BFG	Absent	
6SE0001	Body Surface	PRST	Absent	
6SE0001	Head	DFM	Absent	
6SE0001	Mouth	ULR	Absent	
6SE0001	Mouth	LLG	Absent	
6SE0001	Nare	SLN	Absent	
6SE0001	Eye, left	EXPTH	Absent	
6SE0001	Eye, left	OPQ	Absent	
6SE0001	Eye, left	MIS	Absent	
6SE0001	Eye, left	HMR	Absent	
6SE0001	Eye, left	EMB	Absent	
6SE0001	Eye, right	EXPTH	Absent	
6SE0001	Eye, right	OPQ	Absent	
6SE0001	Eye, right	MIS	Absent	
6SE0001	Eye, right	HMR	Absent	
6SE0001	Eye, right	EMB	Absent	
6SE0001	Opercula	SLSH	Absent	
6SE0002	Body Surface	RGR	Absent	
6SE0002	Body Surface	RLSN	Absent	
6SE0002	Body Surface	SPDF	Absent	
6SE0002	Body Surface	HMRB	Absent	
6SE0002	Body Surface	FDC	Absent	
6SE0002	Body Surface	BFG	Absent	
6SE0002	Body Surface	PRST	Absent	
6SE0002	Head	DFM	Absent	
6SE0002	Mouth	ULR	Absent	
6SE0002	Mouth	LLG	Absent	
6SE0002	Nare	SLN	Absent	
6SE0002	Eye, left	EXPTH	Absent	
6SE0002	Eye, left	OPQ	Absent	
6SE0002	Eye, left	MIS	Absent	
6SE0002	Eye, left	HMR	Absent	
6SE0002	Eye, left	EMB	Absent	
6SE0002	Eye, right	EXPTH	Absent	
6SE0002	Eye, right	OPQ	Absent	
6SE0002	Eye, right	MIS	Absent	
6SE0002	Eye, right	HMR	Absent	
6SE0002	Eye, right	EMB	Absent	
6SE0002	Opercula	SLSH	Absent	
6SE0003	Body Surface	RGR	Absent	
6SE0003	Body Surface	RLSN	Absent	
6SE0003	Body Surface	SPDF	Absent	
6SE0003	Body Surface	HMRB	Absent	
6SE0003	Body Surface	FDC	Absent	
6SE0003	Body Surface	BFG	Absent	
6SE0003	Body Surface	PRST	Absent	
6SE0003	Head	DFM	Absent	
6SE0003	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6SE0003	Mouth	LLG	Absent	
6SE0003	Nare	SLN	Absent	
6SE0003	Eye, left	EXPTH	Absent	
6SE0003	Eye, left	OPQ	Absent	
6SE0003	Eye, left	MIS	Absent	
6SE0003	Eye, left	HMR	Absent	
6SE0003	Eye, left	EMB	Absent	
6SE0003	Eye, right	EXPTH	Absent	
6SE0003	Eye, right	OPQ	Absent	
6SE0003	Eye, right	MIS	Absent	
6SE0003	Eye, right	HMR	Absent	
6SE0003	Eye, right	EMB	Absent	
6SE0003	Opercula	SLSH	Absent	
6SE0004	Body Surface	RGR	Absent	
6SE0004	Body Surface	RLSN	Absent	
6SE0004	Body Surface	SPDF	Absent	
6SE0004	Body Surface	HMRB	Absent	
6SE0004	Body Surface	FDC	Absent	
6SE0004	Body Surface	BFG	Absent	
6SE0004	Body Surface	PRST	Absent	
6SE0004	Head	DFM	Absent	
6SE0004	Mouth	ULR	Absent	
6SE0004	Mouth	LLG	Absent	
6SE0004	Nare	SLN	Absent	
6SE0004	Eye, left	EXPTH	Absent	
6SE0004	Eye, left	OPQ	Absent	
6SE0004	Eye, left	MIS	Absent	
6SE0004	Eye, left	HMR	Absent	
6SE0004	Eye, left	EMB	Absent	
6SE0004	Eye, right	EXPTH	Absent	
6SE0004	Eye, right	OPQ	Absent	
6SE0004	Eye, right	MIS	Absent	
6SE0004	Eye, right	HMR	Absent	
6SE0004	Eye, right	EMB	Absent	
6SE0004	Opercula	SLSH	Absent	
6SE0005	Body Surface	RGR	Absent	
6SE0005	Body Surface	RLSN	Absent	
6SE0005	Body Surface	SPDF	Absent	
6SE0005	Body Surface	HMRB	Absent	
6SE0005	Body Surface	FDC	Absent	
6SE0005	Body Surface	BFG	Absent	
6SE0005	Body Surface	PRST	Absent	
6SE0005	Head	DFM	Absent	
6SE0005	Mouth	ULR	Absent	
6SE0005	Mouth	LLG	Absent	
6SE0005	Nare	SLN	Absent	
6SE0005	Eye, left	EXPTH	Absent	
6SE0005	Eye, left	OPQ	Absent	
6SE0005	Eye, left	MIS	Absent	
6SE0005	Eye, left	HMR	Absent	
6SE0005	Eye, left	EMB	Absent	
6SE0005	Eye, right	EXPTH	Absent	
6SE0005	Eye, right	OPQ	Absent	
6SE0005	Eye, right	MIS	Absent	
6SE0005	Eye, right	HMR	Absent	
6SE0005	Eye, right	EMB	Absent	
6SE0005	Opercula	SLSH	Absent	
6SE0006	Body Surface	RGR	Absent	
6SE0006	Body Surface	RLSN	Absent	
6SE0006	Body Surface	SPDF	Absent	
6SE0006	Body Surface	HMRB	Absent	
6SE0006	Body Surface	FDC	Absent	
6SE0006	Body Surface	BFG	Absent	
6SE0006	Body Surface	PRST	Absent	
6SE0006	Head	DFM	Absent	
6SE0006	Mouth	ULR	Absent	
6SE0006	Mouth	LLG	Absent	
6SE0006	Nare	SLN	Absent	
6SE0006	Eye, left	EXPTH	Absent	
6SE0006	Eye, left	OPQ	Absent	
6SE0006	Eye, left	MIS	Absent	
6SE0006	Eye, left	HMR	Absent	
6SE0006	Eye, left	EMB	Absent	
6SE0006	Eye, right	EXPTH	Absent	
6SE0006	Eye, right	OPQ	Absent	
6SE0006	Eye, right	MIS	Absent	
6SE0006	Eye, right	HMR	Absent	
6SE0006	Eye, right	EMB	Absent	
6SE0006	Opercula	SLSH	Absent	
6SE0007	Body Surface	RGR	Absent	
6SE0007	Body Surface	RLSN	Absent	
6SE0007	Body Surface	SPDF	Absent	
6SE0007	Body Surface	HMRB	Absent	
6SE0007	Body Surface	FDC	Absent	
6SE0007	Body Surface	BFG	Absent	
6SE0007	Body Surface	PRST	Absent	
6SE0007	Head	DFM	Absent	
6SE0007	Mouth	ULR	Absent	
6SE0007	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6SE0007	Nare	SLN	Absent	
6SE0007	Eye, left	EXPTH	Absent	
6SE0007	Eye, left	OPQ	Absent	
6SE0007	Eye, left	MIS	Absent	
6SE0007	Eye, left	HMR	Absent	
6SE0007	Eye, left	EMB	Absent	
6SE0007	Eye, right	EXPTH	Absent	
6SE0007	Eye, right	OPQ	Absent	
6SE0007	Eye, right	MIS	Absent	
6SE0007	Eye, right	HMR	Absent	
6SE0007	Eye, right	EMB	Absent	
6SE0007	Opercula	SLSH	Absent	
6SE0008	Body Surface	RGR	Absent	
6SE0008	Body Surface	RLSN	Absent	
6SE0008	Body Surface	SPDF	Absent	
6SE0008	Body Surface	HMRB	Absent	
6SE0008	Body Surface	FDC	Absent	
6SE0008	Body Surface	BFG	Absent	
6SE0008	Body Surface	PRST	Absent	
6SE0008	Head	DFM	Absent	
6SE0008	Mouth	ULR	Absent	
6SE0008	Mouth	LLG	Absent	
6SE0008	Nare	SLN	Absent	
6SE0008	Eye, left	EXPTH	Absent	
6SE0008	Eye, left	OPQ	Absent	
6SE0008	Eye, left	MIS	Absent	
6SE0008	Eye, left	HMR	Absent	
6SE0008	Eye, left	EMB	Absent	
6SE0008	Eye, right	EXPTH	Absent	
6SE0008	Eye, right	OPQ	Absent	
6SE0008	Eye, right	MIS	Absent	
6SE0008	Eye, right	HMR	Absent	
6SE0008	Eye, right	EMB	Absent	
6SE0008	Opercula	SLSH	Absent	
6SE0010	Body Surface	RGR	Absent	
6SE0010	Body Surface	RLSN	Absent	
6SE0010	Body Surface	SPDF	Absent	
6SE0010	Body Surface	HMRB	Absent	
6SE0010	Body Surface	FDC	Absent	
6SE0010	Body Surface	BFG	Absent	
6SE0010	Body Surface	PRST	Absent	
6SE0010	Head	DFM	Absent	
6SE0010	Mouth	ULR	Absent	
6SE0010	Mouth	LLG	Absent	
6SE0010	Nare	SLN	Absent	
6SE0010	Eye, left	EXPTH	Absent	
6SE0010	Eye, left	OPQ	Absent	
6SE0010	Eye, left	MIS	Absent	
6SE0010	Eye, left	HMR	Absent	
6SE0010	Eye, left	EMB	Absent	
6SE0010	Eye, right	EXPTH	Absent	
6SE0010	Eye, right	OPQ	Absent	
6SE0010	Eye, right	MIS	Absent	
6SE0010	Eye, right	HMR	Absent	
6SE0010	Eye, right	EMB	Absent	
6SE0010	Opercula	SLSH	Absent	
6SE0015	Body Surface	RGR	Absent	
6SE0015	Body Surface	RLSN	Absent	
6SE0015	Body Surface	SPDF	Absent	
6SE0015	Body Surface	HMRB	Absent	
6SE0015	Body Surface	FDC	Absent	
6SE0015	Body Surface	BFG	Absent	
6SE0015	Body Surface	PRST	Absent	
6SE0015	Head	DFM	Absent	
6SE0015	Mouth	ULR	Absent	
6SE0015	Mouth	LLG	Absent	
6SE0015	Nare	SLN	Absent	
6SE0015	Eye, left	EXPTH	Absent	
6SE0015	Eye, left	OPQ	Absent	
6SE0015	Eye, left	MIS	Absent	
6SE0015	Eye, left	HMR	Absent	
6SE0015	Eye, left	EMB	Absent	
6SE0015	Eye, right	EXPTH	Absent	
6SE0015	Eye, right	OPQ	Absent	
6SE0015	Eye, right	MIS	Absent	
6SE0015	Eye, right	HMR	Absent	
6SE0015	Eye, right	EMB	Absent	
6SE0015	Opercula	SLSH	Absent	
6SE0016	Body Surface	RGR	Absent	
6SE0016	Body Surface	RLSN	Absent	
6SE0016	Body Surface	SPDF	Absent	
6SE0016	Body Surface	HMRB	Absent	
6SE0016	Body Surface	FDC	Absent	
6SE0016	Body Surface	BFG	Absent	
6SE0016	Body Surface	PRST	Absent	
6SE0016	Head	DFM	Absent	
6SE0016	Mouth	ULR	Absent	
6SE0016	Mouth	LLG	Absent	
6SE0016	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6SE0016	Eye, left	EXPTH	Absent	
6SE0016	Eye, left	OPQ	Absent	
6SE0016	Eye, left	MIS	Absent	
6SE0016	Eye, left	HMR	Absent	
6SE0016	Eye, left	EMB	Absent	
6SE0016	Eye, right	EXPTH	Absent	
6SE0016	Eye, right	OPQ	Absent	
6SE0016	Eye, right	MIS	Absent	
6SE0016	Eye, right	HMR	Absent	
6SE0016	Eye, right	EMB	Absent	
6SE0016	Opercula	SLSH	Absent	
6SE0017	Body Surface	RGR	Absent	
6SE0017	Body Surface	RLSN	Absent	
6SE0017	Body Surface	SPDF	Absent	
6SE0017	Body Surface	HMRB	Absent	
6SE0017	Body Surface	FDC	Absent	
6SE0017	Body Surface	BFG	Absent	
6SE0017	Body Surface	PRST	Absent	
6SE0017	Head	DFM	Absent	
6SE0017	Mouth	ULR	Absent	
6SE0017	Mouth	LLG	Absent	
6SE0017	Nare	SLN	Absent	
6SE0017	Eye, left	EXPTH	Absent	
6SE0017	Eye, left	OPQ	Absent	
6SE0017	Eye, left	MIS	Absent	
6SE0017	Eye, left	HMR	Absent	
6SE0017	Eye, left	EMB	Absent	
6SE0017	Eye, right	EXPTH	Absent	
6SE0017	Eye, right	OPQ	Absent	
6SE0017	Eye, right	MIS	Absent	
6SE0017	Eye, right	HMR	Absent	
6SE0017	Eye, right	EMB	Absent	
6SE0017	Opercula	SLSH	Absent	
6SE0018	Body Surface	RGR	Absent	
6SE0018	Body Surface	RLSN	Absent	
6SE0018	Body Surface	SPDF	Absent	
6SE0018	Body Surface	HMRB	Absent	
6SE0018	Body Surface	FDC	Absent	
6SE0018	Body Surface	BFG	Absent	
6SE0018	Body Surface	PRST	Absent	
6SE0018	Head	DFM	Absent	
6SE0018	Mouth	ULR	Absent	
6SE0018	Mouth	LLG	Absent	
6SE0018	Nare	SLN	Absent	
6SE0018	Eye, left	EXPTH	Absent	
6SE0018	Eye, left	OPQ	Absent	
6SE0018	Eye, left	MIS	Absent	
6SE0018	Eye, left	HMR	Absent	
6SE0018	Eye, left	EMB	Absent	
6SE0018	Eye, right	EXPTH	Absent	
6SE0018	Eye, right	OPQ	Absent	
6SE0018	Eye, right	MIS	Absent	
6SE0018	Eye, right	HMR	Absent	
6SE0018	Eye, right	EMB	Absent	
6SE0018	Opercula	SLSH	Absent	
6TC0001	Body Surface	RGR	Absent	
6TC0001	Body Surface	RLSN	Absent	
6TC0001	Body Surface	SPDF	Absent	
6TC0001	Body Surface	HMRB	Absent	
6TC0001	Body Surface	FDC	Absent	
6TC0001	Body Surface	BFG	Absent	
6TC0001	Body Surface	PRST	Absent	
6TC0001	Barbel	NORM	Present	
6TC0001	Head	DFM	Absent	
6TC0001	Mouth	ULR	Absent	
6TC0001	Mouth	LLG	Absent	
6TC0001	Nare	SLN	Absent	
6TC0001	Eye, left	EXPTH	Absent	
6TC0001	Eye, left	OPQ	Absent	
6TC0001	Eye, left	MIS	Absent	
6TC0001	Eye, left	HMR	Absent	
6TC0001	Eye, left	EMB	Absent	
6TC0001	Eye, right	EXPTH	Absent	
6TC0001	Eye, right	OPQ	Absent	
6TC0001	Eye, right	MIS	Absent	
6TC0001	Eye, right	HMR	Absent	
6TC0001	Eye, right	EMB	Absent	
6TC0001	Opercula	SLSH	Absent	
6TC0019	Body Surface	RGR	Absent	
6TC0019	Body Surface	RLSN	Absent	
6TC0019	Body Surface	SPDF	Absent	
6TC0019	Body Surface	HMRB	Absent	
6TC0019	Body Surface	FDC	Absent	
6TC0019	Body Surface	BFG	Absent	
6TC0019	Body Surface	PRST	Absent	
6TC0019	Barbel	NORM	Present	
6TC0019	Head	DFM	Absent	
6TC0019	Mouth	ULR	Absent	
6TC0019	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6TC0019	Nare	SLN	Absent	
6TC0019	Eye, left	EXPTH	Absent	
6TC0019	Eye, left	OPQ	Absent	
6TC0019	Eye, left	MIS	Absent	
6TC0019	Eye, left	HMR	Absent	
6TC0019	Eye, left	EMB	Absent	
6TC0019	Eye, right	EXPTH	Absent	
6TC0019	Eye, right	OPQ	Absent	
6TC0019	Eye, right	MIS	Absent	
6TC0019	Eye, right	HMR	Absent	
6TC0019	Eye, right	EMB	Absent	
6TC0019	Opercula	SLSH	Absent	
6TC0020	Body Surface	RGR	Absent	
6TC0020	Body Surface	RLSN	Absent	
6TC0020	Body Surface	SPDF	Absent	
6TC0020	Body Surface	HMRB	Absent	
6TC0020	Body Surface	FDC	Absent	
6TC0020	Body Surface	BFG	Absent	
6TC0020	Body Surface	PRST	Absent	
6TC0020	Barbel	NORM	Present	
6TC0020	Head	DFM	Absent	
6TC0020	Mouth	ULR	Absent	
6TC0020	Mouth	LLG	Absent	
6TC0020	Nare	SLN	Absent	
6TC0020	Eye, left	EXPTH	Absent	
6TC0020	Eye, left	OPQ	Absent	
6TC0020	Eye, left	MIS	Absent	
6TC0020	Eye, left	HMR	Absent	
6TC0020	Eye, left	EMB	Absent	
6TC0020	Eye, right	EXPTH	Absent	
6TC0020	Eye, right	OPQ	Absent	
6TC0020	Eye, right	MIS	Absent	
6TC0020	Eye, right	HMR	Absent	
6TC0020	Eye, right	EMB	Absent	
6TC0020	Opercula	SLSH	Absent	
6TF0015	Body Surface	RGR	Absent	
6TF0015	Body Surface	RLSN	Absent	
6TF0015	Body Surface	SPDF	Absent	
6TF0015	Body Surface	HMRB	Absent	
6TF0015	Body Surface	FDC	Absent	
6TF0015	Body Surface	BFG	Absent	
6TF0015	Body Surface	PRST	Absent	
6TF0015	Head	DFM	Absent	
6TF0015	Mouth	ULR	Absent	
6TF0015	Mouth	LLG	Absent	
6TF0015	Nare	SLN	Absent	
6TF0015	Eye, left	EXPTH	Absent	
6TF0015	Eye, left	OPQ	Absent	
6TF0015	Eye, left	MIS	Absent	
6TF0015	Eye, left	HMR	Absent	
6TF0015	Eye, left	EMB	Absent	
6TF0015	Eye, right	EXPTH	Absent	
6TF0015	Eye, right	OPQ	Absent	
6TF0015	Eye, right	MIS	Absent	
6TF0015	Eye, right	HMR	Absent	
6TF0015	Eye, right	EMB	Absent	
6TF0015	Opercula	SLSH	Absent	
6TF0016	Body Surface	RGR	Absent	
6TF0016	Body Surface	RLSN	Absent	
6TF0016	Body Surface	SPDF	Absent	
6TF0016	Body Surface	HMRB	Absent	
6TF0016	Body Surface	FDC	Absent	
6TF0016	Body Surface	BFG	Absent	
6TF0016	Body Surface	PRST	Absent	
6TF0016	Head	DFM	Absent	
6TF0016	Mouth	ULR	Absent	
6TF0016	Mouth	LLG	Absent	
6TF0016	Nare	SLN	Absent	
6TF0016	Eye, left	EXPTH	Absent	
6TF0016	Eye, left	OPQ	Absent	
6TF0016	Eye, left	MIS	Absent	
6TF0016	Eye, left	HMR	Absent	
6TF0016	Eye, left	EMB	Absent	
6TF0016	Eye, right	EXPTH	Absent	
6TF0016	Eye, right	OPQ	Absent	
6TF0016	Eye, right	MIS	Absent	
6TF0016	Eye, right	HMR	Absent	
6TF0016	Eye, right	EMB	Absent	
6TF0016	Opercula	SLSH	Absent	
6TF0021	Body Surface	RGR	Absent	
6TF0021	Body Surface	RLSN	Absent	
6TF0021	Body Surface	SPDF	Absent	
6TF0021	Body Surface	HMRB	Absent	
6TF0021	Body Surface	FDC	Absent	
6TF0021	Body Surface	BFG	Absent	
6TF0021	Body Surface	PRST	Absent	
6TF0021	Barbel	NORM	Present	
6TF0021	Head	DFM	Absent	
6TF0021	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6TF0021	Mouth	LLG	Absent	
6TF0021	Nare	SLN	Absent	
6TF0021	Eye, left	EXPTH	Absent	
6TF0021	Eye, left	OPQ	Absent	
6TF0021	Eye, left	MIS	Absent	
6TF0021	Eye, left	HMR	Absent	
6TF0021	Eye, left	EMB	Absent	
6TF0021	Eye, right	EXPTH	Absent	
6TF0021	Eye, right	OPQ	Absent	
6TF0021	Eye, right	MIS	Absent	
6TF0021	Eye, right	HMR	Absent	
6TF0021	Eye, right	EMB	Absent	
6TF0021	Opercula	SLSH	Absent	
A21N0001W	Body Surface	RGR	Absent	
A21N0001W	Body Surface	RLSN	Absent	
A21N0001W	Body Surface	SPDF	Absent	
A21N0001W	Body Surface	HMRB	Absent	
A21N0001W	Body Surface	FDC	Absent	
A21N0001W	Body Surface	BFG	Absent	
A21N0001W	Body Surface	PRST	Absent	
A21N0001W	Body Surface	OTHER	Present	Gill net marks
A21N0001W	Head	DFM	Absent	
A21N0001W	Mouth	ULR	Absent	
A21N0001W	Mouth	LLG	Absent	
A21N0001W	Nare	SLN	Absent	
A21N0001W	Eye, left	EXPTH	Absent	
A21N0001W	Eye, left	OPQ	Absent	
A21N0001W	Eye, left	MIS	Absent	
A21N0001W	Eye, left	HMR	Absent	
A21N0001W	Eye, left	EMB	Absent	
A21N0001W	Eye, right	EXPTH	Absent	
A21N0001W	Eye, right	OPQ	Absent	
A21N0001W	Eye, right	MIS	Absent	
A21N0001W	Eye, right	HMR	Absent	
A21N0001W	Eye, right	EMB	Absent	
A21N0001W	Opercula	SLSH	Absent	
A21N0002H	Body Surface	RGR	Absent	
A21N0002H	Body Surface	RLSN	Absent	
A21N0002H	Body Surface	SPDF	Absent	
A21N0002H	Body Surface	HMRB	Absent	
A21N0002H	Body Surface	FDC	Absent	
A21N0002H	Body Surface	BFG	Absent	
A21N0002H	Body Surface	PRST	Absent	
A21N0002H	Body Surface	OTHER	Present	Gill net marks
A21N0002H	Head	DFM	Absent	
A21N0002H	Mouth	ULR	Absent	
A21N0002H	Mouth	LLG	Absent	
A21N0002H	Nare	SLN	Absent	
A21N0002H	Eye, left	EXPTH	Absent	
A21N0002H	Eye, left	OPQ	Absent	
A21N0002H	Eye, left	MIS	Absent	
A21N0002H	Eye, left	HMR	Absent	
A21N0002H	Eye, left	EMB	Absent	
A21N0002H	Eye, right	EXPTH	Absent	
A21N0002H	Eye, right	OPQ	Absent	
A21N0002H	Eye, right	MIS	Absent	
A21N0002H	Eye, right	HMR	Absent	
A21N0002H	Eye, right	EMB	Absent	
A21N0002H	Opercula	SLSH	Absent	
A2-1N-0003	Body Surface	RGR	Absent	
A2-1N-0003	Body Surface	RLSN	Absent	
A2-1N-0003	Body Surface	SPDF	Absent	
A2-1N-0003	Body Surface	HMRB	Absent	
A2-1N-0003	Body Surface	FDC	Absent	
A2-1N-0003	Body Surface	BFG	Absent	
A2-1N-0003	Body Surface	PRST	Absent	
A2-1N-0003	Body Surface	OTHER	Present	Gill net marks
A2-1N-0003	Head	DFM	Absent	
A2-1N-0003	Mouth	ULR	Absent	
A2-1N-0003	Mouth	LLG	Absent	
A2-1N-0003	Nare	SLN	Absent	
A2-1N-0003	Eye, left	EXPTH	Absent	
A2-1N-0003	Eye, left	OPQ	Absent	
A2-1N-0003	Eye, left	MIS	Absent	
A2-1N-0003	Eye, left	HMR	Absent	
A2-1N-0003	Eye, left	EMB	Absent	
A2-1N-0003	Eye, right	EXPTH	Absent	
A2-1N-0003	Eye, right	OPQ	Absent	
A2-1N-0003	Eye, right	MIS	Absent	
A2-1N-0003	Eye, right	HMR	Absent	
A2-1N-0003	Eye, right	EMB	Absent	
A2-1N-0003	Opercula	SLSH	Absent	
A21N0004H	Body Surface	RGR	Absent	
A21N0004H	Body Surface	RLSN	Absent	
A21N0004H	Body Surface	SPDF	Absent	
A21N0004H	Body Surface	HMRB	Absent	
A21N0004H	Body Surface	FDC	Absent	
A21N0004H	Body Surface	BFG	Absent	
A21N0004H	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A21N0004H	Body Surface	OTHER	Present	Gill net marks
A21N0004H	Head	DFM	Absent	
A21N0004H	Mouth	ULR	Absent	
A21N0004H	Mouth	LLG	Absent	
A21N0004H	Nare	SLN	Absent	
A21N0004H	Eye, left	EXPTH	Absent	
A21N0004H	Eye, left	OPQ	Absent	
A21N0004H	Eye, left	MIS	Absent	
A21N0004H	Eye, left	HMR	Absent	
A21N0004H	Eye, left	EMB	Absent	
A21N0004H	Eye, right	EXPTH	Absent	
A21N0004H	Eye, right	OPQ	Absent	
A21N0004H	Eye, right	MIS	Absent	
A21N0004H	Eye, right	HMR	Absent	
A21N0004H	Eye, right	EMB	Absent	
A21N0004H	Opercula	SLSH	Absent	
A21N0005H	Body Surface	RGR	Absent	
A21N0005H	Body Surface	RLSN	Absent	
A21N0005H	Body Surface	SPDF	Absent	
A21N0005H	Body Surface	HMRB	Absent	
A21N0005H	Body Surface	FDC	Absent	
A21N0005H	Body Surface	BFG	Absent	
A21N0005H	Body Surface	PRST	Absent	
A21N0005H	Body Surface	OTHER	Present	Gill net marks
A21N0005H	Head	DFM	Absent	
A21N0005H	Mouth	ULR	Absent	
A21N0005H	Mouth	LLG	Absent	
A21N0005H	Nare	SLN	Absent	
A21N0005H	Eye, left	EXPTH	Absent	
A21N0005H	Eye, left	OPQ	Absent	
A21N0005H	Eye, left	MIS	Absent	
A21N0005H	Eye, left	HMR	Absent	
A21N0005H	Eye, left	EMB	Absent	
A21N0005H	Eye, right	EXPTH	Absent	
A21N0005H	Eye, right	OPQ	Absent	
A21N0005H	Eye, right	MIS	Absent	
A21N0005H	Eye, right	HMR	Absent	
A21N0005H	Eye, right	EMB	Absent	
A21N0005H	Eye, right	OTHER	Present	Recessed
A21N0005H	Opercula	SLSH	Absent	
A21N0006H	Body Surface	RGR	Absent	
A21N0006H	Body Surface	RLSN	Absent	
A21N0006H	Body Surface	SPDF	Absent	
A21N0006H	Body Surface	HMRB	Absent	
A21N0006H	Body Surface	FDC	Absent	
A21N0006H	Body Surface	BFG	Absent	
A21N0006H	Body Surface	PRST	Absent	
A21N0006H	Body Surface	OTHER	Present	Gill net marks
A21N0006H	Head	DFM	Absent	
A21N0006H	Mouth	ULR	Absent	
A21N0006H	Mouth	LLG	Absent	
A21N0006H	Nare	SLN	Absent	
A21N0006H	Eye, left	EXPTH	Absent	
A21N0006H	Eye, left	OPQ	Absent	
A21N0006H	Eye, left	MIS	Absent	
A21N0006H	Eye, left	HMR	Absent	
A21N0006H	Eye, left	EMB	Absent	
A21N0006H	Eye, right	EXPTH	Absent	
A21N0006H	Eye, right	OPQ	Absent	
A21N0006H	Eye, right	MIS	Absent	
A21N0006H	Eye, right	HMR	Absent	
A21N0006H	Eye, right	EMB	Absent	
A21N0006H	Opercula	SLSH	Absent	
A2-1N-0007	Body Surface	RGR	Absent	
A2-1N-0007	Body Surface	RLSN	Absent	
A2-1N-0007	Body Surface	SPDF	Absent	
A2-1N-0007	Body Surface	HMRB	Absent	
A2-1N-0007	Body Surface	FDC	Absent	
A2-1N-0007	Body Surface	BFG	Absent	
A2-1N-0007	Body Surface	PRST	Absent	
A2-1N-0007	Head	DFM	Absent	
A2-1N-0007	Mouth	ULR	Absent	
A2-1N-0007	Mouth	LLG	Absent	
A2-1N-0007	Nare	SLN	Absent	
A2-1N-0007	Eye, left	EXPTH	Absent	
A2-1N-0007	Eye, left	OPQ	Absent	
A2-1N-0007	Eye, left	MIS	Absent	
A2-1N-0007	Eye, left	HMR	Absent	
A2-1N-0007	Eye, left	EMB	Absent	
A2-1N-0007	Eye, right	EXPTH	Absent	
A2-1N-0007	Eye, right	OPQ	Absent	
A2-1N-0007	Eye, right	MIS	Absent	
A2-1N-0007	Eye, right	HMR	Absent	
A2-1N-0007	Eye, right	EMB	Absent	
A2-1N-0007	Opercula	OTHER	Present	Gill net damage
A2-1N-0007	Opercula	SLSH	Absent	
A21N0008H	Body Surface	RGR	Absent	
A21N0008H	Body Surface	RLSN	Absent	
A21N0008H	Body Surface	SPDF	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A21N0008H	Body Surface	HMRB	Absent	
A21N0008H	Body Surface	FDC	Absent	
A21N0008H	Body Surface	BFG	Absent	
A21N0008H	Body Surface	PRST	Absent	
A21N0008H	Head	DFM	Absent	
A21N0008H	Mouth	ULR	Absent	
A21N0008H	Mouth	LLG	Absent	
A21N0008H	Nare	SLN	Absent	
A21N0008H	Eye, left	EXPTH	Absent	
A21N0008H	Eye, left	OPQ	Absent	
A21N0008H	Eye, left	MIS	Absent	
A21N0008H	Eye, left	HMR	Absent	
A21N0008H	Eye, left	EMB	Absent	
A21N0008H	Eye, right	EXPTH	Absent	
A21N0008H	Eye, right	OPQ	Absent	
A21N0008H	Eye, right	MIS	Absent	
A21N0008H	Eye, right	HMR	Absent	
A21N0008H	Eye, right	EMB	Absent	
A21N0008H	Opercula	SLSH	Absent	
A21N0009H	Body Surface	RGR	Absent	
A21N0009H	Body Surface	RLSN	Absent	
A21N0009H	Body Surface	SPDF	Absent	
A21N0009H	Body Surface	HMRB	Absent	
A21N0009H	Body Surface	FDC	Absent	
A21N0009H	Body Surface	BFG	Absent	
A21N0009H	Body Surface	PRST	Absent	
A21N0009H	Body Surface	OTHER	Present	Gill net marks
A21N0009H	Head	DFM	Absent	
A21N0009H	Mouth	ULR	Absent	
A21N0009H	Mouth	LLG	Absent	
A21N0009H	Nare	SLN	Absent	
A21N0009H	Eye, left	EXPTH	Absent	
A21N0009H	Eye, left	OPQ	Absent	
A21N0009H	Eye, left	MIS	Absent	
A21N0009H	Eye, left	HMR	Absent	
A21N0009H	Eye, left	EMB	Absent	
A21N0009H	Eye, right	EXPTH	Absent	
A21N0009H	Eye, right	OPQ	Absent	
A21N0009H	Eye, right	MIS	Absent	
A21N0009H	Eye, right	HMR	Absent	
A21N0009H	Eye, right	EMB	Absent	
A21N0009H	Opercula	SLSH	Absent	
A2-1N-0010H	Body Surface	RGR	Absent	
A2-1N-0010H	Body Surface	RLSN	Absent	
A2-1N-0010H	Body Surface	SPDF	Absent	
A2-1N-0010H	Body Surface	HMRB	Absent	
A2-1N-0010H	Body Surface	FDC	Absent	
A2-1N-0010H	Body Surface	BFG	Absent	
A2-1N-0010H	Body Surface	PRST	Absent	
A2-1N-0010H	Body Surface	OTHER	Present	Gill net marks
A2-1N-0010H	Head	DFM	Absent	
A2-1N-0010H	Mouth	ULR	Absent	
A2-1N-0010H	Mouth	LLG	Absent	
A2-1N-0010H	Nare	SLN	Absent	
A2-1N-0010H	Eye, left	EXPTH	Absent	
A2-1N-0010H	Eye, left	OPQ	Absent	
A2-1N-0010H	Eye, left	MIS	Absent	
A2-1N-0010H	Eye, left	HMR	Absent	
A2-1N-0010H	Eye, left	EMB	Absent	
A2-1N-0010H	Eye, right	EXPTH	Absent	
A2-1N-0010H	Eye, right	OPQ	Absent	
A2-1N-0010H	Eye, right	MIS	Absent	
A2-1N-0010H	Eye, right	HMR	Absent	
A2-1N-0010H	Eye, right	EMB	Absent	
A2-1N-0010H	Opercula	SLSH	Absent	
A2-1N-0011	Body Surface	RGR	Absent	
A2-1N-0011	Body Surface	RLSN	Absent	
A2-1N-0011	Body Surface	SPDF	Absent	
A2-1N-0011	Body Surface	HMRB	Absent	
A2-1N-0011	Body Surface	FDC	Absent	
A2-1N-0011	Body Surface	BFG	Absent	
A2-1N-0011	Body Surface	PRST	Absent	
A2-1N-0011	Body Surface	OTHER	Present	Gill net marks
A2-1N-0011	Head	DFM	Absent	
A2-1N-0011	Mouth	ULR	Absent	
A2-1N-0011	Mouth	LLG	Absent	
A2-1N-0011	Nare	SLN	Absent	
A2-1N-0011	Eye, left	EXPTH	Absent	
A2-1N-0011	Eye, left	OPQ	Absent	
A2-1N-0011	Eye, left	MIS	Absent	
A2-1N-0011	Eye, left	HMR	Absent	
A2-1N-0011	Eye, left	EMB	Absent	
A2-1N-0011	Eye, right	EXPTH	Absent	
A2-1N-0011	Eye, right	OPQ	Absent	
A2-1N-0011	Eye, right	MIS	Absent	
A2-1N-0011	Eye, right	HMR	Absent	
A2-1N-0011	Eye, right	EMB	Absent	
A2-1N-0011	Opercula	SLSH	Absent	
A21N0012H	Body Surface	RGR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A21N0012H	Body Surface	RLSN	Absent	
A21N0012H	Body Surface	SPDF	Absent	
A21N0012H	Body Surface	HMRB	Absent	
A21N0012H	Body Surface	FDC	Absent	
A21N0012H	Body Surface	BFG	Absent	
A21N0012H	Body Surface	PRST	Absent	
A21N0012H	Body Surface	OTHER	Present	Gill net marks
A21N0012H	Head	DFM	Absent	
A21N0012H	Mouth	ULR	Absent	
A21N0012H	Mouth	LLG	Absent	
A21N0012H	Nare	SLN	Absent	
A21N0012H	Eye, left	EXPTH	Absent	
A21N0012H	Eye, left	OPQ	Absent	
A21N0012H	Eye, left	MIS	Absent	
A21N0012H	Eye, left	HMR	Absent	
A21N0012H	Eye, left	EMB	Absent	
A21N0012H	Eye, right	EXPTH	Absent	
A21N0012H	Eye, right	OPQ	Absent	
A21N0012H	Eye, right	MIS	Absent	
A21N0012H	Eye, right	HMR	Absent	
A21N0012H	Eye, right	EMB	Absent	
A21N0012H	Opercula	SLSH	Absent	
A21N0013H	Body Surface	RGR	Absent	
A21N0013H	Body Surface	RLSN	Absent	
A21N0013H	Body Surface	SPDF	Absent	
A21N0013H	Body Surface	HMRB	Absent	
A21N0013H	Body Surface	FDC	Absent	
A21N0013H	Body Surface	BFG	Absent	
A21N0013H	Body Surface	PRST	Absent	
A21N0013H	Body Surface	OTHER	Present	Gill net marks
A21N0013H	Head	DFM	Absent	
A21N0013H	Mouth	ULR	Absent	
A21N0013H	Mouth	LLG	Absent	
A21N0013H	Nare	SLN	Absent	
A21N0013H	Eye, left	EXPTH	Absent	
A21N0013H	Eye, left	OPQ	Absent	
A21N0013H	Eye, left	MIS	Absent	
A21N0013H	Eye, left	HMR	Absent	
A21N0013H	Eye, left	EMB	Absent	
A21N0013H	Eye, right	EXPTH	Absent	
A21N0013H	Eye, right	OPQ	Absent	
A21N0013H	Eye, right	MIS	Absent	
A21N0013H	Eye, right	HMR	Absent	
A21N0013H	Eye, right	EMB	Absent	
A21N0013H	Opercula	SLSH	Absent	
A2-1N-0014	Body Surface	RGR	Absent	
A2-1N-0014	Body Surface	RLSN	Absent	
A2-1N-0014	Body Surface	SPDF	Absent	
A2-1N-0014	Body Surface	HMRB	Absent	
A2-1N-0014	Body Surface	FDC	Absent	
A2-1N-0014	Body Surface	BFG	Absent	
A2-1N-0014	Body Surface	PRST	Absent	
A2-1N-0014	Body Surface	OTHER	Present	Gill net marks
A2-1N-0014	Head	DFM	Absent	
A2-1N-0014	Mouth	ULR	Absent	
A2-1N-0014	Mouth	LLG	Absent	
A2-1N-0014	Nare	SLN	Absent	
A2-1N-0014	Eye, left	EXPTH	Absent	
A2-1N-0014	Eye, left	OPQ	Absent	
A2-1N-0014	Eye, left	MIS	Absent	
A2-1N-0014	Eye, left	HMR	Absent	
A2-1N-0014	Eye, left	EMB	Absent	
A2-1N-0014	Eye, right	EXPTH	Absent	
A2-1N-0014	Eye, right	OPQ	Absent	
A2-1N-0014	Eye, right	MIS	Absent	
A2-1N-0014	Eye, right	HMR	Absent	
A2-1N-0014	Eye, right	EMB	Absent	
A2-1N-0014	Opercula	OTHER	Present	Gill net damage
A2-1N-0014	Opercula	SLSH	Absent	
A2-1N-0015	Body Surface	RGR	Absent	
A2-1N-0015	Body Surface	RLSN	Absent	
A2-1N-0015	Body Surface	SPDF	Absent	
A2-1N-0015	Body Surface	HMRB	Absent	
A2-1N-0015	Body Surface	FDC	Absent	
A2-1N-0015	Body Surface	BFG	Absent	
A2-1N-0015	Body Surface	PRST	Absent	
A2-1N-0015	Body Surface	OTHER	Present	Gill net marks
A2-1N-0015	Head	DFM	Absent	
A2-1N-0015	Mouth	ULR	Absent	
A2-1N-0015	Mouth	LLG	Absent	
A2-1N-0015	Nare	SLN	Absent	
A2-1N-0015	Eye, left	EXPTH	Absent	
A2-1N-0015	Eye, left	OPQ	Absent	
A2-1N-0015	Eye, left	MIS	Absent	
A2-1N-0015	Eye, left	HMR	Absent	
A2-1N-0015	Eye, left	EMB	Absent	
A2-1N-0015	Eye, right	EXPTH	Absent	
A2-1N-0015	Eye, right	OPQ	Absent	
A2-1N-0015	Eye, right	MIS	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A2-1N-0015	Eye, right	HMR	Absent	
A2-1N-0015	Eye, right	EMB	Absent	
A2-1N-0015	Opercula	SLSH	Absent	
A21N0016H	Body Surface	RGR	Absent	
A21N0016H	Body Surface	RLSN	Absent	
A21N0016H	Body Surface	SPDF	Absent	
A21N0016H	Body Surface	HMRB	Absent	
A21N0016H	Body Surface	FDC	Absent	
A21N0016H	Body Surface	BFG	Absent	
A21N0016H	Body Surface	PRST	Absent	
A21N0016H	Body Surface	OTHER	Present	Gill net marks
A21N0016H	Head	DFM	Absent	
A21N0016H	Mouth	ULR	Absent	
A21N0016H	Mouth	LLG	Absent	
A21N0016H	Nare	SLN	Absent	
A21N0016H	Eye, left	EXPTH	Absent	
A21N0016H	Eye, left	OPQ	Absent	
A21N0016H	Eye, left	MIS	Absent	
A21N0016H	Eye, left	HMR	Absent	
A21N0016H	Eye, left	EMB	Absent	
A21N0016H	Eye, right	EXPTH	Absent	
A21N0016H	Eye, right	OPQ	Absent	
A21N0016H	Eye, right	MIS	Absent	
A21N0016H	Eye, right	HMR	Absent	
A21N0016H	Eye, right	EMB	Absent	
A21N0016H	Opercula	SLSH	Absent	
A21N0017H	Body Surface	RGR	Absent	
A21N0017H	Body Surface	RLSN	Absent	
A21N0017H	Body Surface	SPDF	Absent	
A21N0017H	Body Surface	HMRB	Absent	
A21N0017H	Body Surface	FDC	Absent	
A21N0017H	Body Surface	BFG	Absent	
A21N0017H	Body Surface	PRST	Absent	
A21N0017H	Body Surface	OTHER	Present	Gill net marks, Damage from clubbing
A21N0017H	Head	DFM	Absent	
A21N0017H	Mouth	ULR	Absent	
A21N0017H	Mouth	LLG	Absent	
A21N0017H	Nare	SLN	Absent	
A21N0017H	Eye, left	EXPTH	Absent	
A21N0017H	Eye, left	OPQ	Absent	
A21N0017H	Eye, left	MIS	Absent	
A21N0017H	Eye, left	HMR	Absent	
A21N0017H	Eye, left	EMB	Absent	
A21N0017H	Eye, right	EXPTH	Absent	
A21N0017H	Eye, right	OPQ	Absent	
A21N0017H	Eye, right	MIS	Absent	
A21N0017H	Eye, right	HMR	Absent	
A21N0017H	Eye, right	EMB	Absent	
A21N0017H	Opercula	SLSH	Absent	
A21N0018H	Body Surface	RGR	Absent	
A21N0018H	Body Surface	RLSN	Absent	
A21N0018H	Body Surface	SPDF	Absent	
A21N0018H	Body Surface	HMRB	Absent	
A21N0018H	Body Surface	FDC	Absent	
A21N0018H	Body Surface	BFG	Absent	
A21N0018H	Body Surface	PRST	Absent	
A21N0018H	Body Surface	OTHER	Present	Gill net marks
A21N0018H	Head	DFM	Absent	
A21N0018H	Mouth	ULR	Absent	
A21N0018H	Mouth	LLG	Absent	
A21N0018H	Nare	SLN	Absent	
A21N0018H	Eye, left	EXPTH	Absent	
A21N0018H	Eye, left	OPQ	Absent	
A21N0018H	Eye, left	MIS	Absent	
A21N0018H	Eye, left	HMR	Absent	
A21N0018H	Eye, left	EMB	Absent	
A21N0018H	Eye, right	EXPTH	Absent	
A21N0018H	Eye, right	OPQ	Absent	
A21N0018H	Eye, right	MIS	Absent	
A21N0018H	Eye, right	HMR	Absent	
A21N0018H	Eye, right	EMB	Absent	
A21N0018H	Opercula	SLSH	Absent	
A21N0019H	Body Surface	RGR	Absent	
A21N0019H	Body Surface	RLSN	Absent	
A21N0019H	Body Surface	SPDF	Absent	
A21N0019H	Body Surface	HMRB	Absent	
A21N0019H	Body Surface	FDC	Absent	
A21N0019H	Body Surface	BFG	Absent	
A21N0019H	Body Surface	PRST	Absent	
A21N0019H	Body Surface	OTHER	Present	Gill net marks
A21N0019H	Head	DFM	Absent	
A21N0019H	Mouth	ULR	Absent	
A21N0019H	Mouth	LLG	Absent	
A21N0019H	Nare	SLN	Absent	
A21N0019H	Eye, left	EXPTH	Absent	
A21N0019H	Eye, left	OPQ	Absent	
A21N0019H	Eye, left	MIS	Absent	
A21N0019H	Eye, left	HMR	Absent	
A21N0019H	Eye, left	EMB	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A21N0019H	Eye, right	EXPTH	Absent	
A21N0019H	Eye, right	OPQ	Absent	
A21N0019H	Eye, right	MIS	Absent	
A21N0019H	Eye, right	HMR	Absent	
A21N0019H	Eye, right	EMB	Absent	
A21N0019H	Opercula	SLSH	Absent	
A21N0020H	Body Surface	RGR	Absent	
A21N0020H	Body Surface	RLSN	Absent	
A21N0020H	Body Surface	SPDF	Absent	
A21N0020H	Body Surface	HMRB	Absent	
A21N0020H	Body Surface	FDC	Absent	
A21N0020H	Body Surface	BFG	Absent	
A21N0020H	Body Surface	PRST	Absent	
A21N0020H	Body Surface	OTHER	Present	Gill net marks
A21N0020H	Head	DFM	Absent	
A21N0020H	Mouth	ULR	Absent	
A21N0020H	Mouth	LLG	Absent	
A21N0020H	Nare	SLN	Absent	
A21N0020H	Eye, left	EXPTH	Absent	
A21N0020H	Eye, left	OPQ	Absent	
A21N0020H	Eye, left	MIS	Absent	
A21N0020H	Eye, left	HMR	Absent	
A21N0020H	Eye, left	EMB	Absent	
A21N0020H	Eye, right	EXPTH	Absent	
A21N0020H	Eye, right	OPQ	Absent	
A21N0020H	Eye, right	MIS	Absent	
A21N0020H	Eye, right	HMR	Absent	
A21N0020H	Eye, right	EMB	Absent	
A21N0020H	Opercula	SLSH	Present	
C2GN0092H	Body Surface	RGR	Absent	
C2GN0092H	Body Surface	RLSN	Absent	
C2GN0092H	Body Surface	SPDF	Absent	
C2GN0092H	Body Surface	HMRB	Absent	
C2GN0092H	Body Surface	FDC	Absent	
C2GN0092H	Body Surface	BFG	Absent	
C2GN0092H	Body Surface	PRST	Absent	
C2GN0092H	Body Surface	OTHER	Present	Gill net marks
C2GN0092H	Head	DFM	Absent	
C2GN0092H	Mouth	ULR	Absent	
C2GN0092H	Mouth	LLG	Absent	
C2GN0092H	Nare	SLN	Absent	
C2GN0092H	Eye, left	EXPTH	Absent	
C2GN0092H	Eye, left	OPQ	Absent	
C2GN0092H	Eye, left	MIS	Absent	
C2GN0092H	Eye, left	HMR	Absent	
C2GN0092H	Eye, left	EMB	Absent	
C2GN0092H	Eye, right	EXPTH	Absent	
C2GN0092H	Eye, right	OPQ	Absent	
C2GN0092H	Eye, right	MIS	Absent	
C2GN0092H	Eye, right	HMR	Absent	
C2GN0092H	Eye, right	EMB	Absent	
C2GN0092H	Opercula	SLSH	Absent	
C2GN0093W	Body Surface	RGR	Absent	
C2GN0093W	Body Surface	RLSN	Absent	
C2GN0093W	Body Surface	SPDF	Absent	
C2GN0093W	Body Surface	HMRB	Absent	
C2GN0093W	Body Surface	FDC	Absent	
C2GN0093W	Body Surface	BFG	Absent	
C2GN0093W	Body Surface	PRST	Absent	
C2GN0093W	Body Surface	OTHER	Present	Gill net marks
C2GN0093W	Head	DFM	Absent	
C2GN0093W	Mouth	ULR	Absent	
C2GN0093W	Mouth	LLG	Absent	
C2GN0093W	Nare	SLN	Absent	
C2GN0093W	Eye, left	EXPTH	Absent	
C2GN0093W	Eye, left	OPQ	Absent	
C2GN0093W	Eye, left	MIS	Absent	
C2GN0093W	Eye, left	HMR	Absent	
C2GN0093W	Eye, left	EMB	Absent	
C2GN0093W	Eye, right	EXPTH	Absent	
C2GN0093W	Eye, right	OPQ	Absent	
C2GN0093W	Eye, right	MIS	Absent	
C2GN0093W	Eye, right	HMR	Absent	
C2GN0093W	Eye, right	EMB	Absent	
C2GN0093W	Opercula	SLSH	Absent	
C2GN0094W	Body Surface	RGR	Absent	
C2GN0094W	Body Surface	RLSN	Absent	
C2GN0094W	Body Surface	SPDF	Absent	
C2GN0094W	Body Surface	HMRB	Absent	
C2GN0094W	Body Surface	FDC	Absent	
C2GN0094W	Body Surface	BFG	Absent	
C2GN0094W	Body Surface	PRST	Absent	
C2GN0094W	Body Surface	OTHER	Present	Gill net marks
C2GN0094W	Head	DFM	Absent	
C2GN0094W	Mouth	ULR	Absent	
C2GN0094W	Mouth	LLG	Absent	
C2GN0094W	Nare	SLN	Absent	
C2GN0094W	Eye, left	EXPTH	Absent	
C2GN0094W	Eye, left	OPQ	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0094W	Eye, left	MIS	Absent	
C2GN0094W	Eye, left	HMR	Absent	
C2GN0094W	Eye, left	EMB	Absent	
C2GN0094W	Eye, right	EXPTH	Absent	
C2GN0094W	Eye, right	OPQ	Absent	
C2GN0094W	Eye, right	MIS	Absent	
C2GN0094W	Eye, right	HMR	Absent	
C2GN0094W	Eye, right	EMB	Absent	
C2GN0094W	Opercula	SLSH	Absent	
C2GN0095	Body Surface	RGR	Absent	
C2GN0095	Body Surface	RLSN	Absent	
C2GN0095	Body Surface	SPDF	Absent	
C2GN0095	Body Surface	HMRB	Absent	
C2GN0095	Body Surface	FDC	Absent	
C2GN0095	Body Surface	BFG	Absent	
C2GN0095	Body Surface	PRST	Absent	
C2GN0095	Body Surface	OTHER	Present	Gill net marks
C2GN0095	Head	DFM	Absent	
C2GN0095	Mouth	ULR	Absent	
C2GN0095	Mouth	LLG	Absent	
C2GN0095	Nare	SLN	Absent	
C2GN0095	Eye, left	EXPTH	Absent	
C2GN0095	Eye, left	OPQ	Absent	
C2GN0095	Eye, left	MIS	Absent	
C2GN0095	Eye, left	HMR	Absent	
C2GN0095	Eye, left	EMB	Absent	
C2GN0095	Eye, right	EXPTH	Absent	
C2GN0095	Eye, right	OPQ	Absent	
C2GN0095	Eye, right	MIS	Absent	
C2GN0095	Eye, right	HMR	Absent	
C2GN0095	Eye, right	EMB	Absent	
C2GN0095	Opercula	SLSH	Absent	
C2GN0096	Body Surface	RGR	Absent	
C2GN0096	Body Surface	RLSN	Absent	
C2GN0096	Body Surface	SPDF	Absent	
C2GN0096	Body Surface	HMRB	Absent	
C2GN0096	Body Surface	FDC	Absent	
C2GN0096	Body Surface	BFG	Absent	
C2GN0096	Body Surface	PRST	Absent	
C2GN0096	Body Surface	OTHER	Present	Gill net marks
C2GN0096	Head	DFM	Absent	
C2GN0096	Mouth	ULR	Absent	
C2GN0096	Mouth	LLG	Absent	
C2GN0096	Nare	SLN	Absent	
C2GN0096	Eye, left	EXPTH	Absent	
C2GN0096	Eye, left	OPQ	Absent	
C2GN0096	Eye, left	MIS	Absent	
C2GN0096	Eye, left	HMR	Absent	
C2GN0096	Eye, left	EMB	Absent	
C2GN0096	Eye, right	EXPTH	Absent	
C2GN0096	Eye, right	OPQ	Absent	
C2GN0096	Eye, right	MIS	Absent	
C2GN0096	Eye, right	HMR	Absent	
C2GN0096	Eye, right	EMB	Absent	
C2GN0096	Opercula	SLSH	Absent	
C2GN0097H	Body Surface	RGR	Absent	
C2GN0097H	Body Surface	RLSN	Absent	
C2GN0097H	Body Surface	SPDF	Absent	
C2GN0097H	Body Surface	HMRB	Absent	
C2GN0097H	Body Surface	FDC	Absent	
C2GN0097H	Body Surface	BFG	Absent	
C2GN0097H	Body Surface	PRST	Absent	
C2GN0097H	Body Surface	OTHER	Present	Gill net marks, Healed lacerations
C2GN0097H	Head	DFM	Absent	
C2GN0097H	Mouth	ULR	Absent	
C2GN0097H	Mouth	LLG	Absent	
C2GN0097H	Nare	SLN	Absent	
C2GN0097H	Eye, left	EXPTH	Absent	
C2GN0097H	Eye, left	OPQ	Absent	
C2GN0097H	Eye, left	MIS	Absent	
C2GN0097H	Eye, left	HMR	Absent	
C2GN0097H	Eye, left	EMB	Absent	
C2GN0097H	Eye, right	EXPTH	Absent	
C2GN0097H	Eye, right	OPQ	Absent	
C2GN0097H	Eye, right	MIS	Absent	
C2GN0097H	Eye, right	HMR	Absent	
C2GN0097H	Eye, right	EMB	Absent	
C2GN0097H	Opercula	SLSH	Absent	
C2GN0099	Body Surface	RGR	Absent	
C2GN0099	Body Surface	RLSN	Absent	
C2GN0099	Body Surface	SPDF	Absent	
C2GN0099	Body Surface	HMRB	Absent	
C2GN0099	Body Surface	FDC	Absent	
C2GN0099	Body Surface	BFG	Absent	
C2GN0099	Body Surface	PRST	Absent	
C2GN0099	Body Surface	OTHER	Present	Gill net marks
C2GN0099	Head	DFM	Absent	
C2GN0099	Mouth	ULR	Absent	
C2GN0099	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0099	Nare	SLN	Absent	
C2GN0099	Eye, left	EXPTH	Absent	
C2GN0099	Eye, left	OPQ	Absent	
C2GN0099	Eye, left	MIS	Absent	
C2GN0099	Eye, left	HMR	Absent	
C2GN0099	Eye, left	EMB	Absent	
C2GN0099	Eye, right	EXPTH	Absent	
C2GN0099	Eye, right	OPQ	Absent	
C2GN0099	Eye, right	MIS	Absent	
C2GN0099	Eye, right	HMR	Absent	
C2GN0099	Eye, right	EMB	Absent	
C2GN0099	Opercula	SLSH	Absent	
C2GN0100W	Body Surface	RGR	Absent	
C2GN0100W	Body Surface	RLSN	Absent	
C2GN0100W	Body Surface	SPDF	Absent	
C2GN0100W	Body Surface	HMRB	Absent	
C2GN0100W	Body Surface	FDC	Absent	
C2GN0100W	Body Surface	BFG	Absent	
C2GN0100W	Body Surface	PRST	Absent	
C2GN0100W	Body Surface	OTHER	Present	Gill net marks
C2GN0100W	Head	DFM	Absent	
C2GN0100W	Mouth	ULR	Absent	
C2GN0100W	Mouth	LLG	Absent	
C2GN0100W	Nare	SLN	Absent	
C2GN0100W	Eye, left	EXPTH	Absent	
C2GN0100W	Eye, left	OPQ	Absent	
C2GN0100W	Eye, left	MIS	Absent	
C2GN0100W	Eye, left	HMR	Absent	
C2GN0100W	Eye, left	EMB	Absent	
C2GN0100W	Eye, right	EXPTH	Absent	
C2GN0100W	Eye, right	OPQ	Absent	
C2GN0100W	Eye, right	MIS	Absent	
C2GN0100W	Eye, right	HMR	Absent	
C2GN0100W	Eye, right	EMB	Absent	
C2GN0100W	Opercula	SLSH	Absent	
C2GN0101W	Body Surface	RGR	Absent	
C2GN0101W	Body Surface	RLSN	Absent	
C2GN0101W	Body Surface	SPDF	Absent	
C2GN0101W	Body Surface	HMRB	Absent	
C2GN0101W	Body Surface	FDC	Absent	
C2GN0101W	Body Surface	BFG	Absent	
C2GN0101W	Body Surface	PRST	Absent	
C2GN0101W	Body Surface	OTHER	Present	Gill net marks
C2GN0101W	Head	DFM	Absent	
C2GN0101W	Mouth	ULR	Absent	
C2GN0101W	Mouth	LLG	Absent	
C2GN0101W	Nare	SLN	Absent	
C2GN0101W	Eye, left	EXPTH	Absent	
C2GN0101W	Eye, left	OPQ	Absent	
C2GN0101W	Eye, left	MIS	Absent	
C2GN0101W	Eye, left	HMR	Absent	
C2GN0101W	Eye, left	EMB	Absent	
C2GN0101W	Eye, right	EXPTH	Absent	
C2GN0101W	Eye, right	OPQ	Absent	
C2GN0101W	Eye, right	MIS	Absent	
C2GN0101W	Eye, right	HMR	Absent	
C2GN0101W	Eye, right	EMB	Absent	
C2GN0101W	Opercula	SLSH	Absent	
C2GN0102	Body Surface	RGR	Absent	
C2GN0102	Body Surface	RLSN	Absent	
C2GN0102	Body Surface	SPDF	Absent	
C2GN0102	Body Surface	HMRB	Absent	
C2GN0102	Body Surface	FDC	Absent	
C2GN0102	Body Surface	BFG	Absent	
C2GN0102	Body Surface	PRST	Absent	
C2GN0102	Body Surface	OTHER	Present	Gill net marks
C2GN0102	Head	DFM	Absent	
C2GN0102	Mouth	ULR	Absent	
C2GN0102	Mouth	LLG	Absent	
C2GN0102	Nare	SLN	Absent	
C2GN0102	Eye, left	EXPTH	Absent	
C2GN0102	Eye, left	OPQ	Absent	
C2GN0102	Eye, left	MIS	Absent	
C2GN0102	Eye, left	HMR	Absent	
C2GN0102	Eye, left	EMB	Absent	
C2GN0102	Eye, right	EXPTH	Absent	
C2GN0102	Eye, right	OPQ	Absent	
C2GN0102	Eye, right	MIS	Absent	
C2GN0102	Eye, right	HMR	Absent	
C2GN0102	Eye, right	EMB	Absent	
C2GN0102	Opercula	SLSH	Absent	
C2GN0103W	Body Surface	RGR	Absent	
C2GN0103W	Body Surface	RLSN	Absent	
C2GN0103W	Body Surface	SPDF	Absent	
C2GN0103W	Body Surface	HMRB	Absent	
C2GN0103W	Body Surface	FDC	Absent	
C2GN0103W	Body Surface	BFG	Absent	
C2GN0103W	Body Surface	PRST	Absent	
C2GN0103W	Body Surface	OTHER	Present	Gill net marks

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0103W	Head	DFM	Absent	
C2GN0103W	Mouth	ULR	Absent	
C2GN0103W	Mouth	LLG	Absent	
C2GN0103W	Nare	SLN	Absent	
C2GN0103W	Eye, left	EXPTH	Absent	
C2GN0103W	Eye, left	OPQ	Absent	
C2GN0103W	Eye, left	MIS	Absent	
C2GN0103W	Eye, left	HMR	Absent	
C2GN0103W	Eye, left	EMB	Absent	
C2GN0103W	Eye, right	EXPTH	Absent	
C2GN0103W	Eye, right	OPQ	Absent	
C2GN0103W	Eye, right	MIS	Absent	
C2GN0103W	Eye, right	HMR	Absent	
C2GN0103W	Eye, right	EMB	Absent	
C2GN0103W	Opercula	SLSH	Absent	
C2GN0104	Body Surface	RGR	Absent	
C2GN0104	Body Surface	RLSN	Absent	
C2GN0104	Body Surface	SPDF	Absent	
C2GN0104	Body Surface	HMRB	Absent	
C2GN0104	Body Surface	FDC	Absent	
C2GN0104	Body Surface	BFG	Absent	
C2GN0104	Body Surface	PRST	Absent	
C2GN0104	Body Surface	OTHER	Present	Gill net marks
C2GN0104	Head	DFM	Absent	
C2GN0104	Mouth	ULR	Absent	
C2GN0104	Mouth	LLG	Absent	
C2GN0104	Nare	SLN	Absent	
C2GN0104	Eye, left	EXPTH	Absent	
C2GN0104	Eye, left	OPQ	Absent	
C2GN0104	Eye, left	MIS	Absent	
C2GN0104	Eye, left	HMR	Absent	
C2GN0104	Eye, left	EMB	Absent	
C2GN0104	Eye, right	EXPTH	Absent	
C2GN0104	Eye, right	OPQ	Absent	
C2GN0104	Eye, right	MIS	Absent	
C2GN0104	Eye, right	HMR	Absent	
C2GN0104	Eye, right	EMB	Absent	
C2GN0104	Opercula	SLSH	Absent	
C2GN0115	Body Surface	RGR	Absent	
C2GN0115	Body Surface	RLSN	Absent	
C2GN0115	Body Surface	SPDF	Absent	
C2GN0115	Body Surface	HMRB	Absent	
C2GN0115	Body Surface	FDC	Absent	
C2GN0115	Body Surface	BFG	Absent	
C2GN0115	Body Surface	PRST	Absent	
C2GN0115	Head	DFM	Absent	
C2GN0115	Mouth	ULR	Absent	
C2GN0115	Mouth	LLG	Absent	
C2GN0115	Nare	SLN	Absent	
C2GN0115	Eye, left	EXPTH	Absent	
C2GN0115	Eye, left	OPQ	Absent	
C2GN0115	Eye, left	MIS	Absent	
C2GN0115	Eye, left	HMR	Absent	
C2GN0115	Eye, left	EMB	Absent	
C2GN0115	Eye, right	EXPTH	Absent	
C2GN0115	Eye, right	OPQ	Absent	
C2GN0115	Eye, right	MIS	Absent	
C2GN0115	Eye, right	HMR	Absent	
C2GN0115	Eye, right	EMB	Absent	
C2GN0115	Opercula	SLSH	Absent	
C2GN0116	Body Surface	RGR	Absent	
C2GN0116	Body Surface	RLSN	Absent	
C2GN0116	Body Surface	SPDF	Absent	
C2GN0116	Body Surface	HMRB	Absent	
C2GN0116	Body Surface	FDC	Absent	
C2GN0116	Body Surface	BFG	Absent	
C2GN0116	Body Surface	PRST	Absent	
C2GN0116	Head	DFM	Absent	
C2GN0116	Mouth	ULR	Absent	
C2GN0116	Mouth	LLG	Absent	
C2GN0116	Nare	SLN	Absent	
C2GN0116	Eye, left	EXPTH	Absent	
C2GN0116	Eye, left	OPQ	Absent	
C2GN0116	Eye, left	MIS	Absent	
C2GN0116	Eye, left	HMR	Absent	
C2GN0116	Eye, left	EMB	Absent	
C2GN0116	Eye, right	EXPTH	Absent	
C2GN0116	Eye, right	OPQ	Absent	
C2GN0116	Eye, right	MIS	Absent	
C2GN0116	Eye, right	HMR	Absent	
C2GN0116	Eye, right	EMB	Absent	
C2GN0116	Opercula	SLSH	Absent	
C2GN0117	Body Surface	RGR	Absent	
C2GN0117	Body Surface	RLSN	Absent	
C2GN0117	Body Surface	SPDF	Absent	
C2GN0117	Body Surface	HMRB	Absent	
C2GN0117	Body Surface	FDC	Absent	
C2GN0117	Body Surface	BFG	Absent	
C2GN0117	Body Surface	PRST	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0117	Head	DFM	Absent	
C2GN0117	Mouth	ULR	Absent	
C2GN0117	Mouth	LLG	Absent	
C2GN0117	Nare	SLN	Absent	
C2GN0117	Eye, left	EXPTH	Absent	
C2GN0117	Eye, left	OPQ	Absent	
C2GN0117	Eye, left	MIS	Absent	
C2GN0117	Eye, left	HMR	Absent	
C2GN0117	Eye, left	EMB	Absent	
C2GN0117	Eye, right	EXPTH	Absent	
C2GN0117	Eye, right	OPQ	Absent	
C2GN0117	Eye, right	MIS	Absent	
C2GN0117	Eye, right	HMR	Absent	
C2GN0117	Eye, right	EMB	Absent	
C2GN0117	Opercula	SLSH	Absent	
C2GN0118	Body Surface	RGR	Absent	
C2GN0118	Body Surface	RLSN	Absent	
C2GN0118	Body Surface	SPDF	Absent	
C2GN0118	Body Surface	HMRB	Absent	
C2GN0118	Body Surface	FDC	Absent	
C2GN0118	Body Surface	BFG	Absent	
C2GN0118	Body Surface	PRST	Absent	
C2GN0118	Head	DFM	Absent	
C2GN0118	Mouth	ULR	Absent	
C2GN0118	Mouth	LLG	Absent	
C2GN0118	Nare	SLN	Absent	
C2GN0118	Eye, left	EXPTH	Absent	
C2GN0118	Eye, left	OPQ	Absent	
C2GN0118	Eye, left	MIS	Absent	
C2GN0118	Eye, left	HMR	Absent	
C2GN0118	Eye, left	EMB	Absent	
C2GN0118	Eye, right	EXPTH	Absent	
C2GN0118	Eye, right	OPQ	Absent	
C2GN0118	Eye, right	MIS	Absent	
C2GN0118	Eye, right	HMR	Absent	
C2GN0118	Eye, right	EMB	Absent	
C2GN0118	Opercula	SLSH	Absent	
C2GN0119	Body Surface	RGR	Absent	
C2GN0119	Body Surface	RLSN	Absent	
C2GN0119	Body Surface	SPDF	Absent	
C2GN0119	Body Surface	HMRB	Absent	
C2GN0119	Body Surface	FDC	Absent	
C2GN0119	Body Surface	BFG	Absent	
C2GN0119	Body Surface	PRST	Absent	
C2GN0119	Head	DFM	Absent	
C2GN0119	Mouth	ULR	Absent	
C2GN0119	Mouth	LLG	Absent	
C2GN0119	Nare	SLN	Absent	
C2GN0119	Eye, left	EXPTH	Absent	
C2GN0119	Eye, left	OPQ	Absent	
C2GN0119	Eye, left	MIS	Absent	
C2GN0119	Eye, left	HMR	Absent	
C2GN0119	Eye, left	EMB	Absent	
C2GN0119	Eye, right	EXPTH	Absent	
C2GN0119	Eye, right	OPQ	Absent	
C2GN0119	Eye, right	MIS	Absent	
C2GN0119	Eye, right	HMR	Absent	
C2GN0119	Eye, right	EMB	Absent	
C2GN0119	Opercula	SLSH	Absent	
C2GN0120	Body Surface	RGR	Absent	
C2GN0120	Body Surface	RLSN	Absent	
C2GN0120	Body Surface	SPDF	Absent	
C2GN0120	Body Surface	HMRB	Absent	
C2GN0120	Body Surface	FDC	Absent	
C2GN0120	Body Surface	BFG	Absent	
C2GN0120	Body Surface	PRST	Absent	
C2GN0120	Head	DFM	Absent	
C2GN0120	Mouth	ULR	Absent	
C2GN0120	Mouth	LLG	Absent	
C2GN0120	Nare	SLN	Absent	
C2GN0120	Eye, left	EXPTH	Absent	
C2GN0120	Eye, left	OPQ	Absent	
C2GN0120	Eye, left	MIS	Absent	
C2GN0120	Eye, left	HMR	Absent	
C2GN0120	Eye, left	EMB	Absent	
C2GN0120	Eye, right	EXPTH	Absent	
C2GN0120	Eye, right	OPQ	Absent	
C2GN0120	Eye, right	MIS	Absent	
C2GN0120	Eye, right	HMR	Absent	
C2GN0120	Eye, right	EMB	Absent	
C2GN0120	Opercula	SLSH	Absent	
C2GN0121	Body Surface	RGR	Absent	
C2GN0121	Body Surface	RLSN	Absent	
C2GN0121	Body Surface	SPDF	Absent	
C2GN0121	Body Surface	HMRB	Absent	
C2GN0121	Body Surface	FDC	Absent	
C2GN0121	Body Surface	BFG	Absent	
C2GN0121	Body Surface	PRST	Absent	
C2GN0121	Head	DFM	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0121	Mouth	ULR	Absent	
C2GN0121	Mouth	LLG	Absent	
C2GN0121	Nare	SLN	Absent	
C2GN0121	Eye, left	EXPTH	Absent	
C2GN0121	Eye, left	OPQ	Absent	
C2GN0121	Eye, left	MIS	Absent	
C2GN0121	Eye, left	HMR	Absent	
C2GN0121	Eye, left	EMB	Absent	
C2GN0121	Eye, right	EXPTH	Absent	
C2GN0121	Eye, right	OPQ	Absent	
C2GN0121	Eye, right	MIS	Absent	
C2GN0121	Eye, right	HMR	Absent	
C2GN0121	Eye, right	EMB	Absent	
C2GN0121	Opercula	SLSH	Absent	
C2GN20112	Body Surface	RGR	Absent	
C2GN20112	Body Surface	RLSN	Absent	
C2GN20112	Body Surface	SPDF	Absent	
C2GN20112	Body Surface	HMRB	Absent	
C2GN20112	Body Surface	FDC	Absent	
C2GN20112	Body Surface	BFG	Absent	
C2GN20112	Body Surface	PRST	Absent	
C2GN20112	Head	DFM	Absent	
C2GN20112	Mouth	ULR	Absent	
C2GN20112	Mouth	LLG	Absent	
C2GN20112	Nare	SLN	Absent	
C2GN20112	Eye, left	EXPTH	Absent	
C2GN20112	Eye, left	OPQ	Absent	
C2GN20112	Eye, left	MIS	Absent	
C2GN20112	Eye, left	HMR	Absent	
C2GN20112	Eye, left	EMB	Absent	
C2GN20112	Eye, right	EXPTH	Absent	
C2GN20112	Eye, right	OPQ	Absent	
C2GN20112	Eye, right	MIS	Absent	
C2GN20112	Eye, right	HMR	Absent	
C2GN20112	Eye, right	EMB	Absent	
C2GN20112	Opercula	SLSH	Absent	
C2GN20113	Body Surface	RGR	Absent	
C2GN20113	Body Surface	RLSN	Present	
C2GN20113	Body Surface	SPDF	Absent	
C2GN20113	Body Surface	HMRB	Absent	
C2GN20113	Body Surface	FDC	Absent	
C2GN20113	Body Surface	BFG	Absent	
C2GN20113	Body Surface	PRST	Absent	
C2GN20113	Head	DFM	Absent	
C2GN20113	Mouth	ULR	Absent	
C2GN20113	Mouth	LLG	Absent	
C2GN20113	Nare	SLN	Absent	
C2GN20113	Eye, left	EXPTH	Absent	
C2GN20113	Eye, left	OPQ	Absent	
C2GN20113	Eye, left	MIS	Absent	
C2GN20113	Eye, left	HMR	Absent	
C2GN20113	Eye, left	EMB	Absent	
C2GN20113	Eye, right	EXPTH	Absent	
C2GN20113	Eye, right	OPQ	Absent	
C2GN20113	Eye, right	MIS	Absent	
C2GN20113	Eye, right	HMR	Absent	
C2GN20113	Eye, right	EMB	Absent	
C2GN20113	Opercula	SLSH	Absent	
C2GN20114	Body Surface	RGR	Absent	
C2GN20114	Body Surface	RLSN	Absent	
C2GN20114	Body Surface	SPDF	Absent	
C2GN20114	Body Surface	HMRB	Absent	
C2GN20114	Body Surface	FDC	Absent	
C2GN20114	Body Surface	BFG	Absent	
C2GN20114	Body Surface	PRST	Absent	
C2GN20114	Head	DFM	Absent	
C2GN20114	Mouth	ULR	Absent	
C2GN20114	Mouth	LLG	Absent	
C2GN20114	Nare	SLN	Absent	
C2GN20114	Eye, left	EXPTH	Absent	
C2GN20114	Eye, left	OPQ	Absent	
C2GN20114	Eye, left	MIS	Absent	
C2GN20114	Eye, left	HMR	Absent	
C2GN20114	Eye, left	EMB	Absent	
C2GN20114	Eye, right	EXPTH	Absent	
C2GN20114	Eye, right	OPQ	Absent	
C2GN20114	Eye, right	MIS	Absent	
C2GN20114	Eye, right	HMR	Absent	
C2GN20114	Eye, right	EMB	Absent	
C2GN20114	Opercula	SLSH	Absent	
N1-BS-0001W	Body Surface	RGR	Absent	
N1-BS-0001W	Body Surface	RLSN	Absent	
N1-BS-0001W	Body Surface	SPDF	Absent	
N1-BS-0001W	Body Surface	HMRB	Absent	
N1-BS-0001W	Body Surface	FDC	Absent	
N1-BS-0001W	Body Surface	BFG	Absent	
N1-BS-0001W	Body Surface	PRST	Absent	
N1-BS-0001W	Head	DFM	Absent	
N1-BS-0001W	Mouth	ULR	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
N1-BS-0001W	Mouth	LLG	Absent	
N1-BS-0001W	Nare	SLN	Absent	
N1-BS-0001W	Eye, left	EXPTH	Absent	
N1-BS-0001W	Eye, left	OPQ	Absent	
N1-BS-0001W	Eye, left	MIS	Absent	
N1-BS-0001W	Eye, left	HMR	Absent	
N1-BS-0001W	Eye, left	EMB	Absent	
N1-BS-0001W	Eye, right	EXPTH	Absent	
N1-BS-0001W	Eye, right	OPQ	Absent	
N1-BS-0001W	Eye, right	MIS	Absent	
N1-BS-0001W	Eye, right	HMR	Absent	
N1-BS-0001W	Eye, right	EMB	Absent	
N1-BS-0001W	Opercula	SLSH	Absent	
N1BS0002	Body Surface	RGR	Absent	
N1BS0002	Body Surface	RLSN	Absent	
N1BS0002	Body Surface	SPDF	Absent	
N1BS0002	Body Surface	HMRB	Absent	
N1BS0002	Body Surface	FDC	Absent	
N1BS0002	Body Surface	BFG	Absent	
N1BS0002	Body Surface	PRST	Absent	
N1BS0002	Head	DFM	Absent	
N1BS0002	Mouth	ULR	Absent	
N1BS0002	Mouth	LLG	Absent	
N1BS0002	Nare	SLN	Absent	
N1BS0002	Eye, left	EXPTH	Absent	
N1BS0002	Eye, left	OPQ	Absent	
N1BS0002	Eye, left	MIS	Absent	
N1BS0002	Eye, left	HMR	Absent	
N1BS0002	Eye, left	EMB	Absent	
N1BS0002	Eye, right	EXPTH	Absent	
N1BS0002	Eye, right	OPQ	Absent	
N1BS0002	Eye, right	MIS	Absent	
N1BS0002	Eye, right	HMR	Absent	
N1BS0002	Eye, right	EMB	Absent	
N1BS0002	Opercula	SLSH	Absent	
N1BS0003	Body Surface	RGR	Absent	
N1BS0003	Body Surface	RLSN	Absent	
N1BS0003	Body Surface	SPDF	Absent	
N1BS0003	Body Surface	HMRB	Absent	
N1BS0003	Body Surface	FDC	Absent	
N1BS0003	Body Surface	BFG	Absent	
N1BS0003	Body Surface	PRST	Absent	
N1BS0003	Head	DFM	Absent	
N1BS0003	Mouth	ULR	Absent	
N1BS0003	Mouth	LLG	Absent	
N1BS0003	Nare	SLN	Absent	
N1BS0003	Eye, left	EXPTH	Absent	
N1BS0003	Eye, left	OPQ	Absent	
N1BS0003	Eye, left	MIS	Absent	
N1BS0003	Eye, left	HMR	Absent	
N1BS0003	Eye, left	EMB	Absent	
N1BS0003	Eye, right	EXPTH	Absent	
N1BS0003	Eye, right	OPQ	Absent	
N1BS0003	Eye, right	MIS	Absent	
N1BS0003	Eye, right	HMR	Absent	
N1BS0003	Eye, right	EMB	Absent	
N1BS0003	Opercula	SLSH	Absent	
N1BS0004	Body Surface	RGR	Absent	
N1BS0004	Body Surface	RLSN	Absent	
N1BS0004	Body Surface	SPDF	Absent	
N1BS0004	Body Surface	HMRB	Absent	
N1BS0004	Body Surface	FDC	Absent	
N1BS0004	Body Surface	BFG	Absent	
N1BS0004	Body Surface	PRST	Absent	
N1BS0004	Head	DFM	Absent	
N1BS0004	Mouth	ULR	Absent	
N1BS0004	Mouth	LLG	Absent	
N1BS0004	Nare	SLN	Absent	
N1BS0004	Eye, left	EXPTH	Absent	
N1BS0004	Eye, left	OPQ	Absent	
N1BS0004	Eye, left	MIS	Absent	
N1BS0004	Eye, left	HMR	Absent	
N1BS0004	Eye, left	EMB	Absent	
N1BS0004	Eye, right	EXPTH	Absent	
N1BS0004	Eye, right	OPQ	Absent	
N1BS0004	Eye, right	MIS	Absent	
N1BS0004	Eye, right	HMR	Absent	
N1BS0004	Eye, right	EMB	Absent	
N1BS0004	Opercula	SLSH	Absent	
N1-BS-0005	Body Surface	RGR	Absent	
N1-BS-0005	Body Surface	RLSN	Absent	
N1-BS-0005	Body Surface	SPDF	Absent	
N1-BS-0005	Body Surface	HMRB	Absent	
N1-BS-0005	Body Surface	FDC	Absent	
N1-BS-0005	Body Surface	BFG	Absent	
N1-BS-0005	Body Surface	PRST	Absent	
N1-BS-0005	Head	DFM	Absent	
N1-BS-0005	Mouth	ULR	Absent	
N1-BS-0005	Mouth	LLG	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
N1-BS-0005	Nare	SLN	Absent	
N1-BS-0005	Eye, left	EXPTH	Absent	
N1-BS-0005	Eye, left	OPQ	Absent	
N1-BS-0005	Eye, left	MIS	Absent	
N1-BS-0005	Eye, left	HMR	Absent	
N1-BS-0005	Eye, left	EMB	Absent	
N1-BS-0005	Eye, right	EXPTH	Absent	
N1-BS-0005	Eye, right	OPQ	Absent	
N1-BS-0005	Eye, right	MIS	Absent	
N1-BS-0005	Eye, right	HMR	Absent	
N1-BS-0005	Eye, right	EMB	Absent	
N1-BS-0005	Opercula	SLSH	Absent	
N1-BS-0006	Body Surface	RGR	Absent	
N1-BS-0006	Body Surface	RLSN	Absent	
N1-BS-0006	Body Surface	SPDF	Absent	
N1-BS-0006	Body Surface	HMRB	Absent	
N1-BS-0006	Body Surface	FDC	Absent	
N1-BS-0006	Body Surface	BFG	Absent	
N1-BS-0006	Body Surface	PRST	Absent	
N1-BS-0006	Head	DFM	Absent	
N1-BS-0006	Mouth	ULR	Absent	
N1-BS-0006	Mouth	LLG	Absent	
N1-BS-0006	Nare	SLN	Absent	
N1-BS-0006	Eye, left	EXPTH	Absent	
N1-BS-0006	Eye, left	OPQ	Absent	
N1-BS-0006	Eye, left	MIS	Absent	
N1-BS-0006	Eye, left	HMR	Absent	
N1-BS-0006	Eye, left	EMB	Absent	
N1-BS-0006	Eye, right	EXPTH	Absent	
N1-BS-0006	Eye, right	OPQ	Absent	
N1-BS-0006	Eye, right	MIS	Absent	
N1-BS-0006	Eye, right	HMR	Absent	
N1-BS-0006	Eye, right	EMB	Absent	
N1-BS-0006	Opercula	SLSH	Absent	
N1-BS-0007	Body Surface	RGR	Absent	
N1-BS-0007	Body Surface	RLSN	Absent	
N1-BS-0007	Body Surface	SPDF	Absent	
N1-BS-0007	Body Surface	HMRB	Absent	
N1-BS-0007	Body Surface	FDC	Absent	
N1-BS-0007	Body Surface	BFG	Absent	
N1-BS-0007	Body Surface	PRST	Absent	
N1-BS-0007	Head	DFM	Absent	
N1-BS-0007	Mouth	ULR	Absent	
N1-BS-0007	Mouth	LLG	Absent	
N1-BS-0007	Nare	SLN	Absent	
N1-BS-0007	Eye, left	EXPTH	Absent	
N1-BS-0007	Eye, left	OPQ	Absent	
N1-BS-0007	Eye, left	MIS	Absent	
N1-BS-0007	Eye, left	HMR	Present	
N1-BS-0007	Eye, left	EMB	Absent	
N1-BS-0007	Eye, right	EXPTH	Absent	
N1-BS-0007	Eye, right	OPQ	Absent	
N1-BS-0007	Eye, right	MIS	Absent	
N1-BS-0007	Eye, right	HMR	Absent	
N1-BS-0007	Eye, right	EMB	Absent	
N1-BS-0007	Opercula	SLSH	Absent	
N1-BS-0008	Body Surface	RGR	Absent	
N1-BS-0008	Body Surface	RLSN	Absent	
N1-BS-0008	Body Surface	SPDF	Absent	
N1-BS-0008	Body Surface	HMRB	Absent	
N1-BS-0008	Body Surface	FDC	Absent	
N1-BS-0008	Body Surface	BFG	Absent	
N1-BS-0008	Body Surface	PRST	Absent	
N1-BS-0008	Head	DFM	Absent	
N1-BS-0008	Mouth	ULR	Absent	
N1-BS-0008	Mouth	LLG	Absent	
N1-BS-0008	Nare	SLN	Absent	
N1-BS-0008	Eye, left	EXPTH	Absent	
N1-BS-0008	Eye, left	OPQ	Absent	
N1-BS-0008	Eye, left	MIS	Absent	
N1-BS-0008	Eye, left	HMR	Present	
N1-BS-0008	Eye, left	EMB	Absent	
N1-BS-0008	Eye, right	EXPTH	Absent	
N1-BS-0008	Eye, right	OPQ	Absent	
N1-BS-0008	Eye, right	MIS	Absent	
N1-BS-0008	Eye, right	HMR	Present	
N1-BS-0008	Eye, right	EMB	Absent	
N1-BS-0008	Opercula	SLSH	Absent	
N1-BS-0009	Body Surface	RGR	Absent	
N1-BS-0009	Body Surface	RLSN	Present	
N1-BS-0009	Body Surface	SPDF	Absent	
N1-BS-0009	Body Surface	HMRB	Absent	
N1-BS-0009	Body Surface	FDC	Absent	
N1-BS-0009	Body Surface	BFG	Absent	
N1-BS-0009	Body Surface	PRST	Absent	
N1-BS-0009	Head	DFM	Absent	
N1-BS-0009	Mouth	ULR	Absent	
N1-BS-0009	Mouth	LLG	Absent	
N1-BS-0009	Nare	SLN	Absent	

Table C-2. 2009 Fish Examination Data (Body, Head, Mouth, Eyes, and Opercula)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
N1-BS-0009	Eye, left	EXPTH	Absent	
N1-BS-0009	Eye, left	OPQ	Absent	
N1-BS-0009	Eye, left	MIS	Absent	
N1-BS-0009	Eye, left	HMR	Absent	
N1-BS-0009	Eye, left	EMB	Absent	
N1-BS-0009	Eye, right	EXPTH	Absent	
N1-BS-0009	Eye, right	OPQ	Absent	
N1-BS-0009	Eye, right	MIS	Absent	
N1-BS-0009	Eye, right	HMR	Absent	
N1-BS-0009	Eye, right	EMB	Absent	
N1-BS-0009	Opercula	SLSH	Absent	
N1-BS-0010W	Body Surface	RGR	Absent	
N1-BS-0010W	Body Surface	RLSN	Absent	
N1-BS-0010W	Body Surface	SPDF	Absent	
N1-BS-0010W	Body Surface	HMRB	Absent	
N1-BS-0010W	Body Surface	FDC	Absent	
N1-BS-0010W	Body Surface	BFG	Absent	
N1-BS-0010W	Body Surface	PRST	Absent	
N1-BS-0010W	Head	DFM	Absent	
N1-BS-0010W	Mouth	ULR	Absent	
N1-BS-0010W	Mouth	LLG	Absent	
N1-BS-0010W	Nare	SLN	Absent	
N1-BS-0010W	Eye, left	EXPTH	Absent	
N1-BS-0010W	Eye, left	OPQ	Absent	
N1-BS-0010W	Eye, left	MIS	Absent	
N1-BS-0010W	Eye, left	HMR	Absent	
N1-BS-0010W	Eye, left	EMB	Absent	
N1-BS-0010W	Eye, right	EXPTH	Absent	
N1-BS-0010W	Eye, right	OPQ	Absent	
N1-BS-0010W	Eye, right	MIS	Absent	
N1-BS-0010W	Eye, right	HMR	Absent	
N1-BS-0010W	Eye, right	EMB	Absent	
N1-BS-0010W	Opercula	SLSH	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0003	Gills, Left	FRAY	Absent	
1E0003	Gills, Left	MRGN	Absent	
1E0003	Gills, Left	PALE	Absent	
1E0003	Gills, Right	FRAY	Absent	
1E0003	Gills, Right	MRGN	Absent	
1E0003	Gills, Right	PALE	Absent	
1E0003	Fins	ERS	Absent	
1E0003	Fins	FRAY	Absent	
1E0003	Fins	HMR	Absent	
1E0003	Fins	EMB	Absent	
1E0004	Gills, Left	FRAY	Absent	
1E0004	Gills, Left	MRGN	Absent	
1E0004	Gills, Left	PALE	Absent	
1E0004	Gills, Right	FRAY	Absent	
1E0004	Gills, Right	MRGN	Absent	
1E0004	Gills, Right	PALE	Absent	
1E0004	Fins	ERS	Absent	
1E0004	Fins	FRAY	Absent	
1E0004	Fins	HMR	Absent	
1E0004	Fins	EMB	Absent	
1E0005	Gills, Left	FRAY	Absent	
1E0005	Gills, Left	MRGN	Absent	
1E0005	Gills, Left	PALE	Absent	
1E0005	Gills, Right	FRAY	Absent	
1E0005	Gills, Right	MRGN	Absent	
1E0005	Gills, Right	PALE	Absent	
1E0005	Fins	ERS	Absent	
1E0005	Fins	FRAY	Absent	
1E0005	Fins	HMR	Absent	
1E0005	Fins	EMB	Absent	
1E0006	Gills, Left	FRAY	Absent	
1E0006	Gills, Left	MRGN	Absent	
1E0006	Gills, Left	PALE	Absent	
1E0006	Gills, Right	FRAY	Absent	
1E0006	Gills, Right	MRGN	Absent	
1E0006	Gills, Right	PALE	Absent	
1E0006	Fins	ERS	Absent	
1E0006	Fins	FRAY	Absent	
1E0006	Fins	HMR	Absent	
1E0006	Fins	EMB	Absent	
1E0008	Gills, Left	FRAY	Absent	
1E0008	Gills, Left	MRGN	Absent	
1E0008	Gills, Left	PALE	Absent	
1E0008	Gills, Right	FRAY	Absent	
1E0008	Gills, Right	MRGN	Absent	
1E0008	Gills, Right	PALE	Absent	
1E0008	Fins	ERS	Minor	
1E0008	Fins	FRAY	Absent	
1E0008	Fins	HMR	Absent	
1E0008	Fins	EMB	Absent	
1E0009	Gills, Left	FRAY	Absent	
1E0009	Gills, Left	MRGN	Absent	
1E0009	Gills, Left	PALE	Absent	
1E0009	Gills, Right	FRAY	Absent	
1E0009	Gills, Right	MRGN	Absent	
1E0009	Gills, Right	PALE	Absent	
1E0009	Fins	ERS	Absent	
1E0009	Fins	FRAY	Absent	
1E0009	Fins	HMR	Absent	
1E0009	Fins	EMB	Absent	
1E0010	Gills, Left	FRAY	Absent	
1E0010	Gills, Left	MRGN	Absent	
1E0010	Gills, Left	PALE	Absent	
1E0010	Gills, Right	FRAY	Absent	
1E0010	Gills, Right	MRGN	Absent	
1E0010	Gills, Right	PALE	Absent	
1E0010	Fins	ERS	Absent	
1E0010	Fins	FRAY	Absent	
1E0010	Fins	HMR	Absent	
1E0010	Fins	EMB	Absent	
1E0012	Gills, Left	FRAY	Absent	
1E0012	Gills, Left	MRGN	Absent	
1E0012	Gills, Left	PALE	Absent	
1E0012	Gills, Right	FRAY	Absent	
1E0012	Gills, Right	MRGN	Absent	
1E0012	Gills, Right	PALE	Absent	
1E0012	Fins	ERS	Absent	
1E0012	Fins	FRAY	Absent	
1E0012	Fins	HMR	Absent	
1E0012	Fins	EMB	Absent	
1E0013	Gills, Left	FRAY	Absent	
1E0013	Gills, Left	MRGN	Absent	
1E0013	Gills, Left	PALE	Absent	
1E0013	Gills, Right	FRAY	Absent	
1E0013	Gills, Right	MRGN	Absent	
1E0013	Gills, Right	PALE	Absent	
1E0013	Fins	ERS	Absent	
1E0013	Fins	FRAY	Absent	
1E0013	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0013	Fins	EMB	Absent	
1E0014	Gills, Left	FRAY	Absent	
1E0014	Gills, Left	MRGN	Absent	
1E0014	Gills, Left	PALE	Absent	
1E0014	Gills, Right	FRAY	Absent	
1E0014	Gills, Right	MRGN	Absent	
1E0014	Gills, Right	PALE	Absent	
1E0014	Fins	ERS	Absent	
1E0014	Fins	FRAY	Absent	
1E0014	Fins	HMR	Absent	
1E0014	Fins	EMB	Absent	
1E0015	Gills, Left	FRAY	Absent	
1E0015	Gills, Left	MRGN	Absent	
1E0015	Gills, Left	PALE	Absent	
1E0015	Gills, Right	FRAY	Absent	
1E0015	Gills, Right	MRGN	Absent	
1E0015	Gills, Right	PALE	Absent	
1E0015	Fins	ERS	Absent	
1E0015	Fins	FRAY	Absent	
1E0015	Fins	HMR	Absent	
1E0015	Fins	EMB	Absent	
1E0016	Gills, Left	FRAY	Absent	
1E0016	Gills, Left	MRGN	Absent	
1E0016	Gills, Left	PALE	Absent	
1E0016	Gills, Right	FRAY	Absent	
1E0016	Gills, Right	MRGN	Absent	
1E0016	Gills, Right	PALE	Absent	
1E0016	Fins	ERS	Absent	
1E0016	Fins	FRAY	Absent	
1E0016	Fins	HMR	Absent	
1E0016	Fins	EMB	Absent	
1E0017	Gills, Left	FRAY	Absent	
1E0017	Gills, Left	MRGN	Absent	
1E0017	Gills, Left	PALE	Absent	
1E0017	Gills, Right	FRAY	Absent	
1E0017	Gills, Right	MRGN	Absent	
1E0017	Gills, Right	PALE	Absent	
1E0017	Fins	ERS	Absent	
1E0017	Fins	FRAY	Absent	
1E0017	Fins	HMR	Absent	
1E0017	Fins	EMB	Absent	
1E0018	Gills, Left	FRAY	Absent	
1E0018	Gills, Left	MRGN	Absent	
1E0018	Gills, Left	PALE	Absent	
1E0018	Gills, Right	FRAY	Absent	
1E0018	Gills, Right	MRGN	Absent	
1E0018	Gills, Right	PALE	Absent	
1E0018	Fins	ERS	Absent	
1E0018	Fins	FRAY	Absent	
1E0018	Fins	HMR	Absent	
1E0018	Fins	EMB	Absent	
1E0021	Gills, Left	FRAY	Absent	
1E0021	Gills, Left	MRGN	Absent	
1E0021	Gills, Left	PALE	Absent	
1E0021	Gills, Right	FRAY	Absent	
1E0021	Gills, Right	MRGN	Absent	
1E0021	Gills, Right	PALE	Absent	
1E0021	Fins	ERS	Minor	
1E0021	Fins	FRAY	Absent	
1E0021	Fins	HMR	Absent	
1E0021	Fins	EMB	Absent	
1E0027	Gills, Left	FRAY	Absent	
1E0027	Gills, Left	MRGN	Absent	
1E0027	Gills, Left	PALE	Absent	
1E0027	Gills, Right	FRAY	Absent	
1E0027	Gills, Right	MRGN	Absent	
1E0027	Gills, Right	PALE	Absent	
1E0027	Fins	ERS	Absent	
1E0027	Fins	FRAY	Absent	
1E0027	Fins	HMR	Absent	
1E0027	Fins	EMB	Absent	
1E0051	Gills, Left	FRAY	Absent	
1E0051	Gills, Left	MRGN	Absent	
1E0051	Gills, Left	PALE	Absent	
1E0051	Gills, Right	FRAY	Absent	
1E0051	Gills, Right	MRGN	Absent	
1E0051	Gills, Right	PALE	Absent	
1E0051	Fins	ERS	Absent	
1E0051	Fins	FRAY	Absent	
1E0051	Fins	HMR	Absent	
1E0051	Fins	EMB	Absent	
1E0060	Gills, Left	FRAY	Absent	
1E0060	Gills, Left	MRGN	Absent	
1E0060	Gills, Left	PALE	Absent	
1E0060	Gills, Right	FRAY	Absent	
1E0060	Gills, Right	MRGN	Absent	
1E0060	Gills, Right	PALE	Absent	
1E0060	Fins	ERS	Absent	
1E0060	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0060	Fins	HMR	Absent	
1E0060	Fins	EMB	Absent	
1BTC0001	Gills, Left	FRAY	Absent	
1BTC0001	Gills, Left	MRGN	Absent	
1BTC0001	Gills, Left	PALE	Absent	
1BTC0001	Gills, Right	FRAY	Absent	
1BTC0001	Gills, Right	MRGN	Absent	
1BTC0001	Gills, Right	PALE	Absent	
1BTC0001	Fins	ERS	Absent	
1BTC0001	Fins	FRAY	Absent	
1BTC0001	Fins	HMR	Absent	
1BTC0001	Fins	EMB	Absent	
1E0001W	Gills, Left	FRAY	Absent	
1E0001W	Gills, Left	MRGN	Absent	
1E0001W	Gills, Left	PALE	Absent	
1E0001W	Gills, Right	FRAY	Absent	
1E0001W	Gills, Right	MRGN	Absent	
1E0001W	Gills, Right	PALE	Absent	
1E0001W	Fins	ERS	Absent	
1E0001W	Fins	FRAY	Absent	
1E0001W	Fins	HMR	Absent	
1E0001W	Fins	EMB	Absent	
1E0002H	Gills, Left	FRAY	Absent	
1E0002H	Gills, Left	MRGN	Absent	
1E0002H	Gills, Left	PALE	Absent	
1E0002H	Gills, Right	FRAY	Absent	
1E0002H	Gills, Right	MRGN	Absent	
1E0002H	Gills, Right	PALE	Absent	
1E0002H	Fins	ERS	Absent	
1E0002H	Fins	FRAY	Absent	
1E0002H	Fins	HMR	Absent	
1E0002H	Fins	EMB	Absent	
1E0011W	Gills, Left	FRAY	Absent	
1E0011W	Gills, Left	MRGN	Absent	
1E0011W	Gills, Left	PALE	Absent	
1E0011W	Gills, Right	FRAY	Absent	
1E0011W	Gills, Right	MRGN	Absent	
1E0011W	Gills, Right	PALE	Absent	
1E0011W	Fins	ERS	Absent	
1E0011W	Fins	FRAY	Absent	
1E0011W	Fins	HMR	Absent	
1E0011W	Fins	EMB	Absent	
1E0019H	Gills, Left	FRAY	Absent	
1E0019H	Gills, Left	MRGN	Absent	
1E0019H	Gills, Left	PALE	Absent	
1E0019H	Gills, Right	FRAY	Absent	
1E0019H	Gills, Right	MRGN	Absent	
1E0019H	Gills, Right	PALE	Absent	
1E0019H	Fins	ERS	Absent	
1E0019H	Fins	FRAY	Absent	
1E0019H	Fins	HMR	Absent	
1E0019H	Fins	EMB	Absent	
1E0022W	Gills, Left	FRAY	Absent	
1E0022W	Gills, Left	MRGN	Absent	
1E0022W	Gills, Left	PALE	Absent	
1E0022W	Gills, Right	FRAY	Absent	
1E0022W	Gills, Right	MRGN	Absent	
1E0022W	Gills, Right	PALE	Absent	
1E0022W	Fins	ERS	Absent	
1E0022W	Fins	FRAY	Absent	
1E0022W	Fins	HMR	Absent	
1E0022W	Fins	EMB	Absent	
1E0023W	Gills, Left	FRAY	Absent	
1E0023W	Gills, Left	MRGN	Absent	
1E0023W	Gills, Left	PALE	Absent	
1E0023W	Gills, Right	FRAY	Absent	
1E0023W	Gills, Right	MRGN	Absent	
1E0023W	Gills, Right	PALE	Absent	
1E0023W	Fins	ERS	Absent	
1E0023W	Fins	FRAY	Absent	
1E0023W	Fins	HMR	Absent	
1E0023W	Fins	EMB	Absent	
1E0024W	Gills, Left	FRAY	Absent	
1E0024W	Gills, Left	MRGN	Absent	
1E0024W	Gills, Left	PALE	Absent	
1E0024W	Gills, Right	FRAY	Absent	
1E0024W	Gills, Right	MRGN	Absent	
1E0024W	Gills, Right	PALE	Absent	
1E0024W	Fins	ERS	Absent	
1E0024W	Fins	FRAY	Absent	
1E0024W	Fins	HMR	Absent	
1E0024W	Fins	EMB	Absent	
1E0025W	Gills, Left	FRAY	Absent	
1E0025W	Gills, Left	MRGN	Absent	
1E0025W	Gills, Left	PALE	Absent	
1E0025W	Gills, Right	FRAY	Absent	
1E0025W	Gills, Right	MRGN	Absent	
1E0025W	Gills, Right	PALE	Absent	
1E0025W	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E0025W	Fins	FRAY	Absent	
1E0025W	Fins	HMR	Absent	
1E0025W	Fins	EMB	Absent	
1E0026W	Gills, Left	FRAY	Absent	
1E0026W	Gills, Left	MRGN	Absent	
1E0026W	Gills, Left	PALE	Absent	
1E0026W	Gills, Right	FRAY	Absent	
1E0026W	Gills, Right	MRGN	Absent	
1E0026W	Gills, Right	PALE	Absent	
1E0026W	Fins	ERS	Absent	
1E0026W	Fins	FRAY	Absent	
1E0026W	Fins	HMR	Absent	
1E0026W	Fins	EMB	Absent	
1E0049W	Gills, Left	FRAY	Absent	
1E0049W	Gills, Left	MRGN	Absent	
1E0049W	Gills, Left	PALE	Absent	
1E0049W	Gills, Right	FRAY	Absent	
1E0049W	Gills, Right	MRGN	Absent	
1E0049W	Gills, Right	PALE	Absent	
1E0049W	Fins	ERS	Absent	
1E0049W	Fins	FRAY	Absent	
1E0049W	Fins	HMR	Absent	
1E0049W	Fins	EMB	Absent	
1E0053H	Gills, Left	FRAY	Absent	
1E0053H	Gills, Left	MRGN	Absent	
1E0053H	Gills, Left	PALE	Absent	
1E0053H	Gills, Right	FRAY	Absent	
1E0053H	Gills, Right	MRGN	Absent	
1E0053H	Gills, Right	PALE	Absent	
1E0053H	Fins	ERS	Absent	
1E0053H	Fins	FRAY	Absent	
1E0053H	Fins	HMR	Absent	
1E0053H	Fins	EMB	Absent	
1E10028	Gills, Left	FRAY	Absent	
1E10028	Gills, Left	MRGN	Absent	
1E10028	Gills, Left	PALE	Absent	
1E10028	Gills, Right	FRAY	Absent	
1E10028	Gills, Right	MRGN	Absent	
1E10028	Gills, Right	PALE	Absent	
1E10028	Fins	ERS	Absent	
1E10028	Fins	FRAY	Absent	
1E10028	Fins	HMR	Absent	
1E10028	Fins	EMB	Absent	
1E10030H	Gills, Left	FRAY	Absent	
1E10030H	Gills, Left	MRGN	Absent	
1E10030H	Gills, Left	PALE	Absent	
1E10030H	Gills, Right	FRAY	Absent	
1E10030H	Gills, Right	MRGN	Absent	
1E10030H	Gills, Right	PALE	Absent	
1E10030H	Fins	ERS	Absent	
1E10030H	Fins	FRAY	Absent	
1E10030H	Fins	HMR	Absent	
1E10030H	Fins	EMB	Absent	
1E10031	Gills, Left	FRAY	Absent	
1E10031	Gills, Left	MRGN	Absent	
1E10031	Gills, Left	PALE	Absent	
1E10031	Gills, Right	FRAY	Absent	
1E10031	Gills, Right	MRGN	Absent	
1E10031	Gills, Right	PALE	Absent	
1E10031	Fins	ERS	Absent	
1E10031	Fins	FRAY	Absent	
1E10031	Fins	HMR	Present	
1E10031	Fins	EMB	Absent	
1E10032W	Gills, Left	FRAY	Absent	
1E10032W	Gills, Left	MRGN	Absent	
1E10032W	Gills, Left	PALE	Absent	
1E10032W	Gills, Right	FRAY	Absent	
1E10032W	Gills, Right	MRGN	Absent	
1E10032W	Gills, Right	PALE	Absent	
1E10032W	Fins	ERS	Absent	
1E10032W	Fins	FRAY	Absent	
1E10032W	Fins	HMR	Absent	
1E10032W	Fins	EMB	Absent	
1E10033	Gills, Left	FRAY	Absent	
1E10033	Gills, Left	MRGN	Absent	
1E10033	Gills, Left	PALE	Absent	
1E10033	Gills, Right	FRAY	Absent	
1E10033	Gills, Right	MRGN	Absent	
1E10033	Gills, Right	PALE	Absent	
1E10033	Fins	ERS	Absent	
1E10033	Fins	FRAY	Absent	
1E10033	Fins	HMR	Absent	
1E10033	Fins	EMB	Absent	
1E10034	Gills, Left	FRAY	Absent	
1E10034	Gills, Left	MRGN	Absent	
1E10034	Gills, Left	PALE	Absent	
1E10034	Gills, Right	FRAY	Absent	
1E10034	Gills, Right	MRGN	Absent	
1E10034	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10034	Fins	ERS	Absent	
1E10034	Fins	FRAY	Absent	
1E10034	Fins	HMR	Absent	
1E10034	Fins	EMB	Absent	
1E10035	Gills, Left	FRAY	Absent	
1E10035	Gills, Left	MRGN	Absent	
1E10035	Gills, Left	PALE	Absent	
1E10035	Gills, Right	FRAY	Absent	
1E10035	Gills, Right	MRGN	Absent	
1E10035	Gills, Right	PALE	Absent	
1E10035	Fins	ERS	Absent	
1E10035	Fins	FRAY	Absent	
1E10035	Fins	HMR	Absent	
1E10035	Fins	EMB	Absent	
1E10036H	Gills, Left	FRAY	Absent	
1E10036H	Gills, Left	MRGN	Absent	
1E10036H	Gills, Left	PALE	Absent	
1E10036H	Gills, Right	FRAY	Absent	
1E10036H	Gills, Right	MRGN	Absent	
1E10036H	Gills, Right	PALE	Absent	
1E10036H	Fins	ERS	Absent	
1E10036H	Fins	FRAY	Absent	
1E10036H	Fins	HMR	Absent	
1E10036H	Fins	EMB	Absent	
1E10037	Gills, Left	FRAY	Absent	
1E10037	Gills, Left	MRGN	Absent	
1E10037	Gills, Left	PALE	Absent	
1E10037	Gills, Right	FRAY	Absent	
1E10037	Gills, Right	MRGN	Absent	
1E10037	Gills, Right	PALE	Absent	
1E10037	Fins	ERS	Absent	
1E10037	Fins	FRAY	Absent	
1E10037	Fins	HMR	Absent	
1E10037	Fins	EMB	Absent	
1E10038	Gills, Left	FRAY	Absent	
1E10038	Gills, Left	MRGN	Absent	
1E10038	Gills, Left	PALE	Absent	
1E10038	Gills, Right	FRAY	Absent	
1E10038	Gills, Right	MRGN	Absent	
1E10038	Gills, Right	PALE	Absent	
1E10038	Fins	ERS	Absent	
1E10038	Fins	FRAY	Absent	
1E10038	Fins	HMR	Absent	
1E10038	Fins	EMB	Absent	
1E10039	Gills, Left	FRAY	Absent	
1E10039	Gills, Left	MRGN	Absent	
1E10039	Gills, Left	PALE	Absent	
1E10039	Gills, Right	FRAY	Absent	
1E10039	Gills, Right	MRGN	Absent	
1E10039	Gills, Right	PALE	Absent	
1E10039	Fins	ERS	Absent	
1E10039	Fins	FRAY	Absent	
1E10039	Fins	HMR	Absent	
1E10039	Fins	EMB	Absent	
1E10041	Gills, Left	FRAY	Absent	
1E10041	Gills, Left	MRGN	Absent	
1E10041	Gills, Left	PALE	Absent	
1E10041	Gills, Right	FRAY	Absent	
1E10041	Gills, Right	MRGN	Absent	
1E10041	Gills, Right	PALE	Absent	
1E10041	Fins	ERS	Absent	
1E10041	Fins	FRAY	Absent	
1E10041	Fins	HMR	Absent	
1E10041	Fins	EMB	Absent	
1E10042W	Gills, Left	FRAY	Absent	
1E10042W	Gills, Left	MRGN	Absent	
1E10042W	Gills, Left	PALE	Absent	
1E10042W	Gills, Right	FRAY	Absent	
1E10042W	Gills, Right	MRGN	Absent	
1E10042W	Gills, Right	PALE	Absent	
1E10042W	Fins	ERS	Absent	
1E10042W	Fins	FRAY	Absent	
1E10042W	Fins	HMR	Absent	
1E10042W	Fins	EMB	Absent	
1E10043W	Gills, Left	FRAY	Absent	
1E10043W	Gills, Left	MRGN	Absent	
1E10043W	Gills, Left	PALE	Absent	
1E10043W	Gills, Right	FRAY	Absent	
1E10043W	Gills, Right	MRGN	Absent	
1E10043W	Gills, Right	PALE	Absent	
1E10043W	Fins	ERS	Absent	
1E10043W	Fins	FRAY	Absent	
1E10043W	Fins	HMR	Absent	
1E10043W	Fins	EMB	Absent	
1E10044W	Gills, Left	FRAY	Absent	
1E10044W	Gills, Left	MRGN	Absent	
1E10044W	Gills, Left	PALE	Absent	
1E10044W	Gills, Right	FRAY	Absent	
1E10044W	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10044W	Gills, Right	PALE	Absent	
1E10044W	Fins	ERS	Absent	
1E10044W	Fins	FRAY	Absent	
1E10044W	Fins	HMR	Absent	
1E10044W	Fins	EMB	Absent	
1E10045H	Gills, Left	FRAY	Absent	
1E10045H	Gills, Left	MRGN	Absent	
1E10045H	Gills, Left	PALE	Absent	
1E10045H	Gills, Right	FRAY	Absent	
1E10045H	Gills, Right	MRGN	Absent	
1E10045H	Gills, Right	PALE	Absent	
1E10045H	Fins	ERS	Absent	
1E10045H	Fins	FRAY	Absent	
1E10045H	Fins	HMR	Absent	
1E10045H	Fins	EMB	Absent	
1E10046W	Gills, Left	FRAY	Absent	
1E10046W	Gills, Left	MRGN	Absent	
1E10046W	Gills, Left	PALE	Absent	
1E10046W	Gills, Right	FRAY	Absent	
1E10046W	Gills, Right	MRGN	Absent	
1E10046W	Gills, Right	PALE	Absent	
1E10046W	Fins	ERS	Absent	
1E10046W	Fins	FRAY	Absent	
1E10046W	Fins	HMR	Absent	
1E10046W	Fins	EMB	Absent	
1E10047W	Gills, Left	FRAY	Absent	
1E10047W	Gills, Left	MRGN	Absent	
1E10047W	Gills, Left	PALE	Absent	
1E10047W	Gills, Right	FRAY	Absent	
1E10047W	Gills, Right	MRGN	Absent	
1E10047W	Gills, Right	PALE	Absent	
1E10047W	Fins	ERS	Absent	
1E10047W	Fins	FRAY	Absent	
1E10047W	Fins	HMR	Absent	
1E10047W	Fins	EMB	Absent	
1E10048	Gills, Left	FRAY	Absent	
1E10048	Gills, Left	MRGN	Absent	
1E10048	Gills, Left	PALE	Absent	
1E10048	Gills, Right	FRAY	Absent	
1E10048	Gills, Right	MRGN	Absent	
1E10048	Gills, Right	PALE	Absent	
1E10048	Fins	ERS	Absent	
1E10048	Fins	FRAY	Absent	
1E10048	Fins	HMR	Absent	
1E10048	Fins	EMB	Absent	
1E10050	Gills, Left	FRAY	Absent	
1E10050	Gills, Left	MRGN	Absent	
1E10050	Gills, Left	PALE	Absent	
1E10050	Gills, Right	FRAY	Absent	
1E10050	Gills, Right	MRGN	Absent	
1E10050	Gills, Right	PALE	Absent	
1E10050	Fins	ERS	Absent	
1E10050	Fins	FRAY	Absent	
1E10050	Fins	HMR	Absent	
1E10050	Fins	EMB	Absent	
1E10051aW	Gills, Left	FRAY	Absent	
1E10051aW	Gills, Left	MRGN	Absent	
1E10051aW	Gills, Left	PALE	Absent	
1E10051aW	Gills, Right	FRAY	Absent	
1E10051aW	Gills, Right	MRGN	Absent	
1E10051aW	Gills, Right	PALE	Absent	
1E10051aW	Fins	ERS	Absent	
1E10051aW	Fins	FRAY	Absent	
1E10051aW	Fins	HMR	Absent	
1E10051aW	Fins	EMB	Absent	
1E10054H	Gills, Left	FRAY	Absent	
1E10054H	Gills, Left	MRGN	Absent	
1E10054H	Gills, Left	PALE	Absent	
1E10054H	Gills, Right	FRAY	Absent	
1E10054H	Gills, Right	MRGN	Absent	
1E10054H	Gills, Right	PALE	Absent	
1E10054H	Fins	ERS	Absent	
1E10054H	Fins	FRAY	Absent	
1E10054H	Fins	HMR	Absent	
1E10054H	Fins	EMB	Absent	
1E10055	Gills, Left	FRAY	Absent	
1E10055	Gills, Left	MRGN	Absent	
1E10055	Gills, Left	PALE	Absent	
1E10055	Gills, Right	FRAY	Absent	
1E10055	Gills, Right	MRGN	Absent	
1E10055	Gills, Right	PALE	Absent	
1E10055	Fins	ERS	Absent	
1E10055	Fins	FRAY	Absent	
1E10055	Fins	HMR	Absent	
1E10055	Fins	EMB	Absent	
1E10056	Gills, Left	FRAY	Absent	
1E10056	Gills, Left	MRGN	Absent	
1E10056	Gills, Left	PALE	Absent	
1E10056	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10056	Gills, Right	MRGN	Absent	
1E10056	Gills, Right	PALE	Absent	
1E10056	Fins	ERS	Absent	
1E10056	Fins	FRAY	Absent	
1E10056	Fins	HMR	Absent	
1E10056	Fins	EMB	Absent	
1E10057	Gills, Left	FRAY	Absent	
1E10057	Gills, Left	MRGN	Absent	
1E10057	Gills, Left	PALE	Absent	
1E10057	Gills, Right	FRAY	Absent	
1E10057	Gills, Right	MRGN	Absent	
1E10057	Gills, Right	PALE	Absent	
1E10057	Fins	ERS	Absent	
1E10057	Fins	FRAY	Absent	
1E10057	Fins	HMR	Absent	
1E10057	Fins	EMB	Absent	
1E10058W	Gills, Left	FRAY	Absent	
1E10058W	Gills, Left	MRGN	Absent	
1E10058W	Gills, Left	PALE	Absent	
1E10058W	Gills, Right	FRAY	Absent	
1E10058W	Gills, Right	MRGN	Absent	
1E10058W	Gills, Right	PALE	Absent	
1E10058W	Fins	ERS	Absent	
1E10058W	Fins	FRAY	Absent	
1E10058W	Fins	HMR	Absent	
1E10058W	Fins	EMB	Absent	
1E10059	Gills, Left	FRAY	Absent	
1E10059	Gills, Left	MRGN	Absent	
1E10059	Gills, Left	PALE	Absent	
1E10059	Gills, Right	FRAY	Absent	
1E10059	Gills, Right	MRGN	Absent	
1E10059	Gills, Right	PALE	Absent	
1E10059	Fins	ERS	Absent	
1E10059	Fins	FRAY	Absent	
1E10059	Fins	HMR	Absent	
1E10059	Fins	EMB	Absent	
1E10061	Gills, Left	FRAY	Absent	
1E10061	Gills, Left	MRGN	Absent	
1E10061	Gills, Left	PALE	Absent	
1E10061	Gills, Right	FRAY	Absent	
1E10061	Gills, Right	MRGN	Absent	
1E10061	Gills, Right	PALE	Absent	
1E10061	Fins	ERS	Absent	
1E10061	Fins	FRAY	Absent	
1E10061	Fins	HMR	Absent	
1E10061	Fins	EMB	Absent	
1E10062	Gills, Left	FRAY	Absent	
1E10062	Gills, Left	MRGN	Absent	
1E10062	Gills, Left	PALE	Absent	
1E10062	Gills, Right	FRAY	Absent	
1E10062	Gills, Right	MRGN	Absent	
1E10062	Gills, Right	PALE	Absent	
1E10062	Fins	ERS	Absent	
1E10062	Fins	FRAY	Absent	
1E10062	Fins	HMR	Absent	
1E10062	Fins	EMB	Absent	
1E10063	Gills, Left	FRAY	Absent	
1E10063	Gills, Left	MRGN	Absent	
1E10063	Gills, Left	PALE	Absent	
1E10063	Gills, Right	FRAY	Absent	
1E10063	Gills, Right	MRGN	Absent	
1E10063	Gills, Right	PALE	Absent	
1E10063	Fins	ERS	Absent	
1E10063	Fins	FRAY	Absent	
1E10063	Fins	HMR	Absent	
1E10063	Fins	EMB	Absent	
1E10063	Fins	OTHER	Present	Lesion on dorsal fin
1E10064	Gills, Left	FRAY	Absent	
1E10064	Gills, Left	MRGN	Absent	
1E10064	Gills, Left	PALE	Absent	
1E10064	Gills, Right	FRAY	Absent	
1E10064	Gills, Right	MRGN	Absent	
1E10064	Gills, Right	PALE	Absent	
1E10064	Fins	ERS	Absent	
1E10064	Fins	FRAY	Absent	
1E10064	Fins	HMR	Absent	
1E10064	Fins	EMB	Absent	
1E10065	Gills, Left	FRAY	Absent	
1E10065	Gills, Left	MRGN	Absent	
1E10065	Gills, Left	PALE	Absent	
1E10065	Gills, Right	FRAY	Absent	
1E10065	Gills, Right	MRGN	Absent	
1E10065	Gills, Right	PALE	Absent	
1E10065	Fins	ERS	Absent	
1E10065	Fins	FRAY	Absent	
1E10065	Fins	HMR	Absent	
1E10065	Fins	EMB	Absent	
1E10066	Gills, Left	FRAY	Absent	
1E10066	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10066	Gills, Left	PALE	Absent	
1E10066	Gills, Right	FRAY	Absent	
1E10066	Gills, Right	MRGN	Absent	
1E10066	Gills, Right	PALE	Absent	
1E10066	Fins	ERS	Absent	
1E10066	Fins	FRAY	Absent	
1E10066	Fins	HMR	Absent	
1E10066	Fins	EMB	Absent	
1E10067	Gills, Left	FRAY	Absent	
1E10067	Gills, Left	MRGN	Absent	
1E10067	Gills, Left	PALE	Absent	
1E10067	Gills, Right	FRAY	Absent	
1E10067	Gills, Right	MRGN	Absent	
1E10067	Gills, Right	PALE	Absent	
1E10067	Fins	ERS	Absent	
1E10067	Fins	FRAY	Absent	
1E10067	Fins	HMR	Absent	
1E10067	Fins	EMB	Absent	
1E10068	Gills, Left	FRAY	Absent	
1E10068	Gills, Left	MRGN	Absent	
1E10068	Gills, Left	PALE	Absent	
1E10068	Gills, Right	FRAY	Absent	
1E10068	Gills, Right	MRGN	Absent	
1E10068	Gills, Right	PALE	Absent	
1E10068	Fins	ERS	Absent	
1E10068	Fins	FRAY	Absent	
1E10068	Fins	HMR	Absent	
1E10068	Fins	EMB	Absent	
1E10069	Gills, Left	FRAY	Absent	
1E10069	Gills, Left	MRGN	Absent	
1E10069	Gills, Left	PALE	Absent	
1E10069	Gills, Right	FRAY	Absent	
1E10069	Gills, Right	MRGN	Absent	
1E10069	Gills, Right	PALE	Absent	
1E10069	Fins	ERS	Absent	
1E10069	Fins	FRAY	Absent	
1E10069	Fins	HMR	Absent	
1E10069	Fins	EMB	Absent	
1E10070	Gills, Left	FRAY	Absent	
1E10070	Gills, Left	MRGN	Absent	
1E10070	Gills, Left	PALE	Absent	
1E10070	Gills, Right	FRAY	Absent	
1E10070	Gills, Right	MRGN	Absent	
1E10070	Gills, Right	PALE	Absent	
1E10070	Fins	ERS	Absent	
1E10070	Fins	FRAY	Absent	
1E10070	Fins	HMR	Absent	
1E10070	Fins	EMB	Absent	
1E10071W	Gills, Left	FRAY	Absent	
1E10071W	Gills, Left	MRGN	Absent	
1E10071W	Gills, Left	PALE	Absent	
1E10071W	Gills, Right	FRAY	Absent	
1E10071W	Gills, Right	MRGN	Absent	
1E10071W	Gills, Right	PALE	Absent	
1E10071W	Fins	ERS	Absent	
1E10071W	Fins	FRAY	Absent	
1E10071W	Fins	HMR	Absent	
1E10071W	Fins	EMB	Absent	
1E10072	Gills, Left	FRAY	Absent	
1E10072	Gills, Left	MRGN	Absent	
1E10072	Gills, Left	PALE	Absent	
1E10072	Gills, Right	FRAY	Absent	
1E10072	Gills, Right	MRGN	Absent	
1E10072	Gills, Right	PALE	Absent	
1E10072	Fins	ERS	Absent	
1E10072	Fins	FRAY	Absent	
1E10072	Fins	HMR	Absent	
1E10072	Fins	EMB	Absent	
1E10073	Gills, Left	FRAY	Absent	
1E10073	Gills, Left	MRGN	Absent	
1E10073	Gills, Left	PALE	Absent	
1E10073	Gills, Right	FRAY	Absent	
1E10073	Gills, Right	MRGN	Absent	
1E10073	Gills, Right	PALE	Absent	
1E10073	Fins	ERS	Absent	
1E10073	Fins	FRAY	Absent	
1E10073	Fins	HMR	Absent	
1E10073	Fins	EMB	Absent	
1E10074	Gills, Left	FRAY	Absent	
1E10074	Gills, Left	MRGN	Absent	
1E10074	Gills, Left	PALE	Absent	
1E10074	Gills, Right	FRAY	Absent	
1E10074	Gills, Right	MRGN	Absent	
1E10074	Gills, Right	PALE	Absent	
1E10074	Fins	ERS	Absent	
1E10074	Fins	FRAY	Absent	
1E10074	Fins	HMR	Absent	
1E10074	Fins	EMB	Absent	
1E10075	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10075	Gills, Left	MRGN	Absent	
1E10075	Gills, Left	PALE	Absent	
1E10075	Gills, Right	FRAY	Absent	
1E10075	Gills, Right	MRGN	Absent	
1E10075	Gills, Right	PALE	Absent	
1E10075	Fins	ERS	Absent	
1E10075	Fins	FRAY	Absent	
1E10075	Fins	HMR	Absent	
1E10075	Fins	EMB	Absent	
1E10076	Gills, Left	FRAY	Absent	
1E10076	Gills, Left	MRGN	Absent	
1E10076	Gills, Left	PALE	Absent	
1E10076	Gills, Right	FRAY	Absent	
1E10076	Gills, Right	MRGN	Absent	
1E10076	Gills, Right	PALE	Absent	
1E10076	Fins	ERS	Absent	
1E10076	Fins	FRAY	Absent	
1E10076	Fins	HMR	Absent	
1E10076	Fins	EMB	Absent	
1E10077	Gills, Left	FRAY	Absent	
1E10077	Gills, Left	MRGN	Absent	
1E10077	Gills, Left	PALE	Absent	
1E10077	Gills, Right	FRAY	Absent	
1E10077	Gills, Right	MRGN	Absent	
1E10077	Gills, Right	PALE	Absent	
1E10077	Fins	ERS	Absent	
1E10077	Fins	FRAY	Absent	
1E10077	Fins	HMR	Absent	
1E10077	Fins	EMB	Absent	
1E10078	Gills, Left	FRAY	Absent	
1E10078	Gills, Left	MRGN	Absent	
1E10078	Gills, Left	PALE	Absent	
1E10078	Gills, Right	FRAY	Absent	
1E10078	Gills, Right	MRGN	Absent	
1E10078	Gills, Right	PALE	Absent	
1E10078	Fins	ERS	Absent	
1E10078	Fins	FRAY	Absent	
1E10078	Fins	HMR	Absent	
1E10078	Fins	EMB	Absent	
1E10079	Gills, Left	FRAY	Absent	
1E10079	Gills, Left	MRGN	Absent	
1E10079	Gills, Left	PALE	Absent	
1E10079	Gills, Right	FRAY	Absent	
1E10079	Gills, Right	MRGN	Absent	
1E10079	Gills, Right	PALE	Absent	
1E10079	Fins	ERS	Absent	
1E10079	Fins	FRAY	Absent	
1E10079	Fins	HMR	Absent	
1E10079	Fins	EMB	Absent	
1E10080	Gills, Left	FRAY	Absent	
1E10080	Gills, Left	MRGN	Absent	
1E10080	Gills, Left	PALE	Absent	
1E10080	Gills, Right	FRAY	Absent	
1E10080	Gills, Right	MRGN	Absent	
1E10080	Gills, Right	PALE	Absent	
1E10080	Fins	ERS	Absent	
1E10080	Fins	FRAY	Absent	
1E10080	Fins	HMR	Absent	
1E10080	Fins	EMB	Absent	
1E10081	Gills, Left	FRAY	Absent	
1E10081	Gills, Left	MRGN	Absent	
1E10081	Gills, Left	PALE	Absent	
1E10081	Gills, Right	FRAY	Absent	
1E10081	Gills, Right	MRGN	Absent	
1E10081	Gills, Right	PALE	Absent	
1E10081	Fins	ERS	Absent	
1E10081	Fins	FRAY	Absent	
1E10081	Fins	HMR	Absent	
1E10081	Fins	EMB	Absent	
1E10082	Gills, Left	FRAY	Absent	
1E10082	Gills, Left	MRGN	Absent	
1E10082	Gills, Left	PALE	Absent	
1E10082	Gills, Right	FRAY	Absent	
1E10082	Gills, Right	MRGN	Absent	
1E10082	Gills, Right	PALE	Absent	
1E10082	Fins	ERS	Absent	
1E10082	Fins	FRAY	Absent	
1E10082	Fins	HMR	Absent	
1E10082	Fins	EMB	Absent	
1E10083	Gills, Left	FRAY	Absent	
1E10083	Gills, Left	MRGN	Absent	
1E10083	Gills, Left	PALE	Absent	
1E10083	Gills, Right	FRAY	Absent	
1E10083	Gills, Right	MRGN	Absent	
1E10083	Gills, Right	PALE	Absent	
1E10083	Fins	ERS	Absent	
1E10083	Fins	FRAY	Absent	
1E10083	Fins	HMR	Absent	
1E10083	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10084	Gills, Left	FRAY	Absent	
1E10084	Gills, Left	MRGN	Absent	
1E10084	Gills, Left	PALE	Absent	
1E10084	Gills, Right	FRAY	Absent	
1E10084	Gills, Right	MRGN	Absent	
1E10084	Gills, Right	PALE	Absent	
1E10084	Fins	ERS	Absent	
1E10084	Fins	FRAY	Absent	
1E10084	Fins	HMR	Absent	
1E10084	Fins	EMB	Absent	
1E10085	Gills, Left	FRAY	Absent	
1E10085	Gills, Left	MRGN	Absent	
1E10085	Gills, Left	PALE	Absent	
1E10085	Gills, Right	FRAY	Absent	
1E10085	Gills, Right	MRGN	Absent	
1E10085	Gills, Right	PALE	Absent	
1E10085	Fins	ERS	Absent	
1E10085	Fins	FRAY	Absent	
1E10085	Fins	HMR	Absent	
1E10085	Fins	EMB	Absent	
1E10086	Gills, Left	FRAY	Absent	
1E10086	Gills, Left	MRGN	Absent	
1E10086	Gills, Left	PALE	Absent	
1E10086	Gills, Right	FRAY	Absent	
1E10086	Gills, Right	MRGN	Absent	
1E10086	Gills, Right	PALE	Absent	
1E10086	Fins	ERS	Absent	
1E10086	Fins	FRAY	Absent	
1E10086	Fins	HMR	Absent	
1E10086	Fins	EMB	Absent	
1E10087	Gills, Left	FRAY	Absent	
1E10087	Gills, Left	MRGN	Absent	
1E10087	Gills, Left	PALE	Absent	
1E10087	Gills, Right	FRAY	Absent	
1E10087	Gills, Right	MRGN	Absent	
1E10087	Gills, Right	PALE	Absent	
1E10087	Fins	ERS	Absent	
1E10087	Fins	FRAY	Absent	
1E10087	Fins	HMR	Absent	
1E10087	Fins	EMB	Absent	
1E10088	Gills, Left	FRAY	Absent	
1E10088	Gills, Left	MRGN	Absent	
1E10088	Gills, Left	PALE	Absent	
1E10088	Gills, Right	FRAY	Absent	
1E10088	Gills, Right	MRGN	Absent	
1E10088	Gills, Right	PALE	Absent	
1E10088	Fins	ERS	Absent	
1E10088	Fins	FRAY	Absent	
1E10088	Fins	HMR	Absent	
1E10088	Fins	EMB	Absent	
1E10089	Gills, Left	FRAY	Absent	
1E10089	Gills, Left	MRGN	Absent	
1E10089	Gills, Left	PALE	Absent	
1E10089	Gills, Right	FRAY	Absent	
1E10089	Gills, Right	MRGN	Absent	
1E10089	Gills, Right	PALE	Absent	
1E10089	Fins	ERS	Absent	
1E10089	Fins	FRAY	Present	
1E10089	Fins	HMR	Absent	
1E10089	Fins	EMB	Absent	
1E10090	Gills, Left	FRAY	Absent	
1E10090	Gills, Left	MRGN	Absent	
1E10090	Gills, Left	PALE	Absent	
1E10090	Gills, Right	FRAY	Absent	
1E10090	Gills, Right	MRGN	Absent	
1E10090	Gills, Right	PALE	Absent	
1E10090	Fins	ERS	Absent	
1E10090	Fins	FRAY	Absent	
1E10090	Fins	HMR	Absent	
1E10090	Fins	EMB	Absent	
1E10091	Gills, Left	FRAY	Absent	
1E10091	Gills, Left	MRGN	Absent	
1E10091	Gills, Left	PALE	Absent	
1E10091	Gills, Right	FRAY	Absent	
1E10091	Gills, Right	MRGN	Absent	
1E10091	Gills, Right	PALE	Absent	
1E10091	Fins	ERS	Absent	
1E10091	Fins	FRAY	Absent	
1E10091	Fins	HMR	Absent	
1E10091	Fins	EMB	Absent	
1E10092	Gills, Left	FRAY	Absent	
1E10092	Gills, Left	MRGN	Absent	
1E10092	Gills, Left	PALE	Absent	
1E10092	Gills, Right	FRAY	Absent	
1E10092	Gills, Right	MRGN	Absent	
1E10092	Gills, Right	PALE	Absent	
1E10092	Fins	ERS	Absent	
1E10092	Fins	FRAY	Absent	
1E10092	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10092	Fins	EMB	Absent	
1E10093	Gills, Left	FRAY	Absent	
1E10093	Gills, Left	MRGN	Absent	
1E10093	Gills, Left	PALE	Absent	
1E10093	Gills, Right	FRAY	Absent	
1E10093	Gills, Right	MRGN	Absent	
1E10093	Gills, Right	PALE	Absent	
1E10093	Fins	ERS	Absent	
1E10093	Fins	FRAY	Absent	
1E10093	Fins	HMR	Absent	
1E10093	Fins	EMB	Absent	
1E10094	Gills, Left	FRAY	Absent	
1E10094	Gills, Left	MRGN	Absent	
1E10094	Gills, Left	PALE	Absent	
1E10094	Gills, Right	FRAY	Absent	
1E10094	Gills, Right	MRGN	Absent	
1E10094	Gills, Right	PALE	Absent	
1E10094	Fins	ERS	Absent	
1E10094	Fins	FRAY	Absent	
1E10094	Fins	HMR	Absent	
1E10094	Fins	EMB	Absent	
1E10095	Gills, Left	FRAY	Absent	
1E10095	Gills, Left	MRGN	Absent	
1E10095	Gills, Left	PALE	Absent	
1E10095	Gills, Right	FRAY	Absent	
1E10095	Gills, Right	MRGN	Absent	
1E10095	Gills, Right	PALE	Absent	
1E10095	Fins	ERS	Absent	
1E10095	Fins	FRAY	Absent	
1E10095	Fins	HMR	Absent	
1E10095	Fins	EMB	Absent	
1E10096	Gills, Left	FRAY	Absent	
1E10096	Gills, Left	MRGN	Absent	
1E10096	Gills, Left	PALE	Absent	
1E10096	Gills, Right	FRAY	Absent	
1E10096	Gills, Right	MRGN	Absent	
1E10096	Gills, Right	PALE	Absent	
1E10096	Fins	ERS	Absent	
1E10096	Fins	FRAY	Absent	
1E10096	Fins	HMR	Absent	
1E10096	Fins	EMB	Absent	
1E10097	Gills, Left	FRAY	Absent	
1E10097	Gills, Left	MRGN	Absent	
1E10097	Gills, Left	PALE	Absent	
1E10097	Gills, Right	FRAY	Absent	
1E10097	Gills, Right	MRGN	Absent	
1E10097	Gills, Right	PALE	Absent	
1E10097	Fins	ERS	Absent	
1E10097	Fins	FRAY	Absent	
1E10097	Fins	HMR	Absent	
1E10097	Fins	EMB	Absent	
1E10098	Gills, Left	FRAY	Absent	
1E10098	Gills, Left	MRGN	Absent	
1E10098	Gills, Left	PALE	Absent	
1E10098	Gills, Right	FRAY	Absent	
1E10098	Gills, Right	MRGN	Absent	
1E10098	Gills, Right	PALE	Absent	
1E10098	Fins	ERS	Absent	
1E10098	Fins	FRAY	Absent	
1E10098	Fins	HMR	Absent	
1E10098	Fins	EMB	Absent	
1E10099	Gills, Left	FRAY	Absent	
1E10099	Gills, Left	MRGN	Absent	
1E10099	Gills, Left	PALE	Present	
1E10099	Gills, Right	FRAY	Absent	
1E10099	Gills, Right	MRGN	Absent	
1E10099	Gills, Right	PALE	Absent	
1E10099	Fins	ERS	Absent	
1E10099	Fins	FRAY	Absent	
1E10099	Fins	HMR	Absent	
1E10099	Fins	EMB	Absent	
1E10100	Gills, Left	FRAY	Absent	
1E10100	Gills, Left	MRGN	Absent	
1E10100	Gills, Left	PALE	Absent	
1E10100	Gills, Right	FRAY	Absent	
1E10100	Gills, Right	MRGN	Absent	
1E10100	Gills, Right	PALE	Absent	
1E10100	Fins	ERS	Absent	
1E10100	Fins	FRAY	Absent	
1E10100	Fins	HMR	Absent	
1E10100	Fins	EMB	Absent	
1E10101W	Gills, Left	FRAY	Absent	
1E10101W	Gills, Left	MRGN	Absent	
1E10101W	Gills, Left	PALE	Absent	
1E10101W	Gills, Right	FRAY	Absent	
1E10101W	Gills, Right	MRGN	Absent	
1E10101W	Gills, Right	PALE	Absent	
1E10101W	Fins	ERS	Absent	
1E10101W	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1E10101W	Fins	HMR	Absent	
1E10101W	Fins	EMB	Absent	
1E10102	Gills, Left	FRAY	Absent	
1E10102	Gills, Left	MRGN	Absent	
1E10102	Gills, Left	PALE	Absent	
1E10102	Gills, Right	FRAY	Absent	
1E10102	Gills, Right	MRGN	Absent	
1E10102	Gills, Right	PALE	Absent	
1E10102	Fins	ERS	Absent	
1E10102	Fins	FRAY	Absent	
1E10102	Fins	HMR	Absent	
1E10102	Fins	EMB	Absent	
1GN0039H	Gills, Left	FRAY	Absent	
1GN0039H	Gills, Left	MRGN	Absent	
1GN0039H	Gills, Left	PALE	Absent	
1GN0039H	Gills, Right	FRAY	Absent	
1GN0039H	Gills, Right	MRGN	Absent	
1GN0039H	Gills, Right	PALE	Absent	
1GN0039H	Fins	ERS	Absent	
1GN0039H	Fins	FRAY	Absent	
1GN0039H	Fins	HMR	Absent	
1GN0039H	Fins	EMB	Absent	
1GN0044	Gills, Left	FRAY	Absent	
1GN0044	Gills, Left	MRGN	Absent	
1GN0044	Gills, Left	PALE	Absent	
1GN0044	Gills, Right	FRAY	Absent	
1GN0044	Gills, Right	MRGN	Absent	
1GN0044	Gills, Right	PALE	Absent	
1GN0044	Fins	ERS	Absent	
1GN0044	Fins	FRAY	Absent	
1GN0044	Fins	HMR	Absent	
1GN0044	Fins	EMB	Absent	
1GN10001H	Gills, Left	FRAY	Absent	
1GN10001H	Gills, Left	MRGN	Absent	
1GN10001H	Gills, Left	PALE	Absent	
1GN10001H	Gills, Right	FRAY	Absent	
1GN10001H	Gills, Right	MRGN	Absent	
1GN10001H	Gills, Right	PALE	Absent	
1GN10001H	Fins	ERS	Absent	
1GN10001H	Fins	FRAY	Absent	
1GN10001H	Fins	HMR	Absent	
1GN10001H	Fins	EMB	Absent	
1GN10002H	Gills, Left	FRAY	Absent	
1GN10002H	Gills, Left	MRGN	Absent	
1GN10002H	Gills, Left	PALE	Absent	
1GN10002H	Gills, Right	FRAY	Absent	
1GN10002H	Gills, Right	MRGN	Absent	
1GN10002H	Gills, Right	PALE	Absent	
1GN10002H	Fins	ERS	Absent	
1GN10002H	Fins	FRAY	Absent	
1GN10002H	Fins	HMR	Absent	
1GN10002H	Fins	EMB	Absent	
1GN10003H	Gills, Left	FRAY	Absent	
1GN10003H	Gills, Left	MRGN	Absent	
1GN10003H	Gills, Left	PALE	Absent	
1GN10003H	Gills, Right	FRAY	Absent	
1GN10003H	Gills, Right	MRGN	Absent	
1GN10003H	Gills, Right	PALE	Absent	
1GN10003H	Fins	ERS	Absent	
1GN10003H	Fins	FRAY	Absent	
1GN10003H	Fins	HMR	Absent	
1GN10003H	Fins	EMB	Absent	
1GN10004W	Gills, Left	FRAY	Absent	
1GN10004W	Gills, Left	MRGN	Absent	
1GN10004W	Gills, Left	PALE	Absent	
1GN10004W	Gills, Right	FRAY	Absent	
1GN10004W	Gills, Right	MRGN	Absent	
1GN10004W	Gills, Right	PALE	Absent	
1GN10004W	Fins	ERS	Absent	
1GN10004W	Fins	FRAY	Absent	
1GN10004W	Fins	HMR	Absent	
1GN10004W	Fins	EMB	Absent	
1GN10007H	Gills, Left	FRAY	Absent	
1GN10007H	Gills, Left	MRGN	Absent	
1GN10007H	Gills, Left	PALE	Absent	
1GN10007H	Gills, Right	FRAY	Absent	
1GN10007H	Gills, Right	MRGN	Absent	
1GN10007H	Gills, Right	PALE	Absent	
1GN10007H	Fins	ERS	Absent	
1GN10007H	Fins	FRAY	Absent	
1GN10007H	Fins	HMR	Absent	
1GN10007H	Fins	EMB	Absent	
1GN10008H	Gills, Left	FRAY	Absent	
1GN10008H	Gills, Left	MRGN	Absent	
1GN10008H	Gills, Left	PALE	Absent	
1GN10008H	Gills, Right	FRAY	Absent	
1GN10008H	Gills, Right	MRGN	Absent	
1GN10008H	Gills, Right	PALE	Absent	
1GN10008H	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10008H	Fins	FRAY	Absent	
1GN10008H	Fins	HMR	Absent	
1GN10008H	Fins	EMB	Absent	
1GN10009H	Gills, Left	FRAY	Absent	
1GN10009H	Gills, Left	MRGN	Absent	
1GN10009H	Gills, Left	PALE	Absent	
1GN10009H	Gills, Right	FRAY	Absent	
1GN10009H	Gills, Right	MRGN	Absent	
1GN10009H	Gills, Right	PALE	Absent	
1GN10009H	Fins	ERS	Absent	
1GN10009H	Fins	FRAY	Absent	
1GN10009H	Fins	HMR	Absent	
1GN10009H	Fins	EMB	Absent	
1GN10011	Gills, Left	FRAY	Absent	
1GN10011	Gills, Left	MRGN	Absent	
1GN10011	Gills, Left	PALE	Absent	
1GN10011	Gills, Right	FRAY	Absent	
1GN10011	Gills, Right	MRGN	Absent	
1GN10011	Gills, Right	PALE	Absent	
1GN10011	Fins	ERS	Absent	
1GN10011	Fins	FRAY	Absent	
1GN10011	Fins	HMR	Absent	
1GN10011	Fins	EMB	Absent	
1GN10012W	Gills, Left	FRAY	Absent	
1GN10012W	Gills, Left	MRGN	Absent	
1GN10012W	Gills, Left	PALE	Absent	
1GN10012W	Gills, Right	FRAY	Absent	
1GN10012W	Gills, Right	MRGN	Absent	
1GN10012W	Gills, Right	PALE	Absent	
1GN10012W	Fins	ERS	Absent	
1GN10012W	Fins	FRAY	Absent	
1GN10012W	Fins	HMR	Absent	
1GN10012W	Fins	EMB	Absent	
1GN10012W	Fins	OTHER	Present	Gill net damage
1GN10013W	Gills, Left	FRAY	Absent	
1GN10013W	Gills, Left	MRGN	Absent	
1GN10013W	Gills, Left	PALE	Absent	
1GN10013W	Gills, Right	FRAY	Absent	
1GN10013W	Gills, Right	MRGN	Absent	
1GN10013W	Gills, Right	PALE	Absent	
1GN10013W	Fins	ERS	Absent	
1GN10013W	Fins	FRAY	Absent	
1GN10013W	Fins	HMR	Absent	
1GN10013W	Fins	EMB	Absent	
1GN10014	Gills, Left	FRAY	Absent	
1GN10014	Gills, Left	MRGN	Absent	
1GN10014	Gills, Left	PALE	Absent	
1GN10014	Gills, Right	FRAY	Absent	
1GN10014	Gills, Right	MRGN	Absent	
1GN10014	Gills, Right	PALE	Absent	
1GN10014	Fins	ERS	Absent	
1GN10014	Fins	FRAY	Absent	
1GN10014	Fins	HMR	Absent	
1GN10014	Fins	EMB	Absent	
1GN10015H	Gills, Left	FRAY	Absent	
1GN10015H	Gills, Left	MRGN	Absent	
1GN10015H	Gills, Left	PALE	Absent	
1GN10015H	Gills, Right	FRAY	Absent	
1GN10015H	Gills, Right	MRGN	Absent	
1GN10015H	Gills, Right	PALE	Absent	
1GN10015H	Fins	ERS	Absent	
1GN10015H	Fins	FRAY	Absent	
1GN10015H	Fins	HMR	Absent	
1GN10015H	Fins	EMB	Absent	
1GN10016	Gills, Left	FRAY	Absent	
1GN10016	Gills, Left	MRGN	Absent	
1GN10016	Gills, Left	PALE	Absent	
1GN10016	Gills, Right	FRAY	Absent	
1GN10016	Gills, Right	MRGN	Absent	
1GN10016	Gills, Right	PALE	Absent	
1GN10016	Fins	ERS	Absent	
1GN10016	Fins	FRAY	Absent	
1GN10016	Fins	HMR	Absent	
1GN10016	Fins	EMB	Absent	
1GN10017W	Gills, Left	FRAY	Absent	
1GN10017W	Gills, Left	MRGN	Absent	
1GN10017W	Gills, Left	PALE	Absent	
1GN10017W	Gills, Right	FRAY	Absent	
1GN10017W	Gills, Right	MRGN	Absent	
1GN10017W	Gills, Right	PALE	Absent	
1GN10017W	Fins	ERS	Absent	
1GN10017W	Fins	FRAY	Absent	
1GN10017W	Fins	HMR	Absent	
1GN10017W	Fins	EMB	Absent	
1GN10018W	Gills, Left	FRAY	Absent	
1GN10018W	Gills, Left	MRGN	Absent	
1GN10018W	Gills, Left	PALE	Absent	
1GN10018W	Gills, Right	FRAY	Absent	
1GN10018W	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10018W	Gills, Right	PALE	Absent	
1GN10018W	Gills, Right	ERS	Absent	
1GN10018W	Fins	FRAY	Absent	
1GN10018W	Fins	HMR	Absent	
1GN10018W	Fins	EMB	Absent	
1GN10019H	Gills, Left	FRAY	Absent	
1GN10019H	Gills, Left	MRGN	Absent	
1GN10019H	Gills, Left	PALE	Absent	
1GN10019H	Gills, Right	FRAY	Absent	
1GN10019H	Gills, Right	MRGN	Absent	
1GN10019H	Gills, Right	PALE	Absent	
1GN10019H	Fins	ERS	Absent	
1GN10019H	Fins	FRAY	Absent	
1GN10019H	Fins	HMR	Absent	
1GN10019H	Fins	EMB	Absent	
1GN10020H	Gills, Left	FRAY	Absent	
1GN10020H	Gills, Left	MRGN	Absent	
1GN10020H	Gills, Left	PALE	Absent	
1GN10020H	Gills, Right	FRAY	Absent	
1GN10020H	Gills, Right	MRGN	Absent	
1GN10020H	Gills, Right	PALE	Absent	
1GN10020H	Fins	ERS	Absent	
1GN10020H	Fins	FRAY	Absent	
1GN10020H	Fins	HMR	Absent	
1GN10020H	Fins	EMB	Absent	
1GN10021H	Gills, Left	FRAY	Absent	
1GN10021H	Gills, Left	MRGN	Absent	
1GN10021H	Gills, Left	PALE	Absent	
1GN10021H	Gills, Right	FRAY	Absent	
1GN10021H	Gills, Right	MRGN	Absent	
1GN10021H	Gills, Right	PALE	Absent	
1GN10021H	Fins	ERS	Absent	
1GN10021H	Fins	FRAY	Absent	
1GN10021H	Fins	HMR	Absent	
1GN10021H	Fins	EMB	Absent	
1GN10022H	Gills, Left	FRAY	Absent	
1GN10022H	Gills, Left	MRGN	Absent	
1GN10022H	Gills, Left	PALE	Absent	
1GN10022H	Gills, Right	FRAY	Absent	
1GN10022H	Gills, Right	MRGN	Absent	
1GN10022H	Gills, Right	PALE	Absent	
1GN10022H	Fins	ERS	Absent	
1GN10022H	Fins	FRAY	Absent	
1GN10022H	Fins	HMR	Absent	
1GN10022H	Fins	EMB	Absent	
1GN10023	Gills, Left	FRAY	Absent	
1GN10023	Gills, Left	MRGN	Absent	
1GN10023	Gills, Left	PALE	Absent	
1GN10023	Gills, Right	FRAY	Absent	
1GN10023	Gills, Right	MRGN	Absent	
1GN10023	Gills, Right	PALE	Absent	
1GN10023	Fins	ERS	Absent	
1GN10023	Fins	FRAY	Absent	
1GN10023	Fins	HMR	Absent	
1GN10023	Fins	EMB	Absent	
1GN10024H	Gills, Left	FRAY	Absent	
1GN10024H	Gills, Left	MRGN	Absent	
1GN10024H	Gills, Left	PALE	Absent	
1GN10024H	Gills, Right	FRAY	Absent	
1GN10024H	Gills, Right	MRGN	Absent	
1GN10024H	Gills, Right	PALE	Absent	
1GN10024H	Fins	ERS	Absent	
1GN10024H	Fins	FRAY	Absent	
1GN10024H	Fins	HMR	Absent	
1GN10024H	Fins	EMB	Absent	
1GN10025	Gills, Left	FRAY	Absent	
1GN10025	Gills, Left	MRGN	Absent	
1GN10025	Gills, Left	PALE	Absent	
1GN10025	Gills, Right	FRAY	Absent	
1GN10025	Gills, Right	MRGN	Absent	
1GN10025	Gills, Right	PALE	Absent	
1GN10025	Fins	ERS	Absent	
1GN10025	Fins	FRAY	Absent	
1GN10025	Fins	HMR	Absent	
1GN10025	Fins	EMB	Absent	
1GN10026W	Gills, Left	FRAY	Absent	
1GN10026W	Gills, Left	MRGN	Absent	
1GN10026W	Gills, Left	PALE	Absent	
1GN10026W	Gills, Right	FRAY	Absent	
1GN10026W	Gills, Right	MRGN	Absent	
1GN10026W	Gills, Right	PALE	Absent	
1GN10026W	Fins	ERS	Absent	
1GN10026W	Fins	FRAY	Absent	
1GN10026W	Fins	HMR	Absent	
1GN10026W	Fins	EMB	Absent	
1GN10027H	Gills, Left	FRAY	Absent	
1GN10027H	Gills, Left	MRGN	Absent	
1GN10027H	Gills, Left	PALE	Absent	
1GN10027H	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10027H	Gills, Right	MRGN	Absent	
1GN10027H	Gills, Right	PALE	Absent	
1GN10027H	Fins	ERS	Absent	
1GN10027H	Fins	FRAY	Absent	
1GN10027H	Fins	HMR	Absent	
1GN10027H	Fins	EMB	Absent	
1GN10028H	Gills, Left	FRAY	Absent	
1GN10028H	Gills, Left	MRGN	Absent	
1GN10028H	Gills, Left	PALE	Absent	
1GN10028H	Gills, Right	FRAY	Absent	
1GN10028H	Gills, Right	MRGN	Absent	
1GN10028H	Gills, Right	PALE	Absent	
1GN10028H	Fins	ERS	Absent	
1GN10028H	Fins	FRAY	Absent	
1GN10028H	Fins	HMR	Absent	
1GN10028H	Fins	EMB	Absent	
1GN10029H	Gills, Left	FRAY	Absent	
1GN10029H	Gills, Left	MRGN	Absent	
1GN10029H	Gills, Left	PALE	Absent	
1GN10029H	Gills, Right	FRAY	Absent	
1GN10029H	Gills, Right	MRGN	Absent	
1GN10029H	Gills, Right	PALE	Absent	
1GN10029H	Fins	ERS	Absent	
1GN10029H	Fins	FRAY	Absent	
1GN10029H	Fins	HMR	Absent	
1GN10029H	Fins	EMB	Absent	
1GN10030H	Gills, Left	FRAY	Absent	
1GN10030H	Gills, Left	MRGN	Absent	
1GN10030H	Gills, Left	PALE	Absent	
1GN10030H	Gills, Right	FRAY	Absent	
1GN10030H	Gills, Right	MRGN	Absent	
1GN10030H	Gills, Right	PALE	Absent	
1GN10030H	Fins	ERS	Absent	
1GN10030H	Fins	FRAY	Absent	
1GN10030H	Fins	HMR	Absent	
1GN10030H	Fins	EMB	Absent	
1GN10031H	Gills, Left	FRAY	Absent	
1GN10031H	Gills, Left	MRGN	Absent	
1GN10031H	Gills, Left	PALE	Absent	
1GN10031H	Gills, Right	FRAY	Absent	
1GN10031H	Gills, Right	MRGN	Absent	
1GN10031H	Gills, Right	PALE	Absent	
1GN10031H	Fins	ERS	Absent	
1GN10031H	Fins	FRAY	Absent	
1GN10031H	Fins	HMR	Absent	
1GN10031H	Fins	EMB	Absent	
1GN10032H	Gills, Left	FRAY	Absent	
1GN10032H	Gills, Left	MRGN	Absent	
1GN10032H	Gills, Left	PALE	Absent	
1GN10032H	Gills, Right	FRAY	Absent	
1GN10032H	Gills, Right	MRGN	Absent	
1GN10032H	Gills, Right	PALE	Absent	
1GN10032H	Fins	ERS	Absent	
1GN10032H	Fins	FRAY	Absent	
1GN10032H	Fins	HMR	Absent	
1GN10032H	Fins	EMB	Absent	
1GN10034H	Gills, Left	FRAY	Absent	
1GN10034H	Gills, Left	MRGN	Absent	
1GN10034H	Gills, Left	PALE	Absent	
1GN10034H	Gills, Right	FRAY	Absent	
1GN10034H	Gills, Right	MRGN	Absent	
1GN10034H	Gills, Right	PALE	Absent	
1GN10034H	Fins	ERS	Absent	
1GN10034H	Fins	FRAY	Absent	
1GN10034H	Fins	HMR	Absent	
1GN10034H	Fins	EMB	Absent	
1GN10035	Gills, Left	FRAY	Absent	
1GN10035	Gills, Left	MRGN	Absent	
1GN10035	Gills, Left	PALE	Absent	
1GN10035	Gills, Right	FRAY	Absent	
1GN10035	Gills, Right	MRGN	Absent	
1GN10035	Gills, Right	PALE	Absent	
1GN10035	Fins	ERS	Absent	
1GN10035	Fins	FRAY	Absent	
1GN10035	Fins	HMR	Absent	
1GN10035	Fins	EMB	Absent	
1GN10036H	Gills, Left	FRAY	Absent	
1GN10036H	Gills, Left	MRGN	Absent	
1GN10036H	Gills, Left	PALE	Absent	
1GN10036H	Gills, Right	FRAY	Absent	
1GN10036H	Gills, Right	MRGN	Absent	
1GN10036H	Gills, Right	PALE	Absent	
1GN10036H	Fins	ERS	Absent	
1GN10036H	Fins	FRAY	Absent	
1GN10036H	Fins	HMR	Absent	
1GN10036H	Fins	EMB	Absent	
1GN10037H	Gills, Left	FRAY	Absent	
1GN10037H	Gills, Left	MRGN	Absent	
1GN10037H	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10037H	Gills, Right	FRAY	Absent	
1GN10037H	Gills, Right	MRGN	Absent	
1GN10037H	Gills, Right	PALE	Absent	
1GN10037H	Fins	ERS	Absent	
1GN10037H	Fins	FRAY	Absent	
1GN10037H	Fins	HMR	Absent	
1GN10037H	Fins	EMB	Absent	
1GN10038H	Gills, Left	FRAY	Absent	
1GN10038H	Gills, Left	MRGN	Absent	
1GN10038H	Gills, Left	PALE	Absent	
1GN10038H	Gills, Right	FRAY	Absent	
1GN10038H	Gills, Right	MRGN	Absent	
1GN10038H	Gills, Right	PALE	Absent	
1GN10038H	Fins	ERS	Absent	
1GN10038H	Fins	FRAY	Absent	
1GN10038H	Fins	HMR	Absent	
1GN10038H	Fins	EMB	Absent	
1GN10040H	Gills, Left	FRAY	Absent	
1GN10040H	Gills, Left	MRGN	Absent	
1GN10040H	Gills, Left	PALE	Absent	
1GN10040H	Gills, Right	FRAY	Absent	
1GN10040H	Gills, Right	MRGN	Absent	
1GN10040H	Gills, Right	PALE	Absent	
1GN10040H	Fins	ERS	Absent	
1GN10040H	Fins	FRAY	Absent	
1GN10040H	Fins	HMR	Absent	
1GN10040H	Fins	EMB	Absent	
1GN10041H	Gills, Left	FRAY	Absent	
1GN10041H	Gills, Left	MRGN	Absent	
1GN10041H	Gills, Left	PALE	Absent	
1GN10041H	Gills, Right	FRAY	Absent	
1GN10041H	Gills, Right	MRGN	Absent	
1GN10041H	Gills, Right	PALE	Absent	
1GN10041H	Fins	ERS	Absent	
1GN10041H	Fins	FRAY	Absent	
1GN10041H	Fins	HMR	Absent	
1GN10041H	Fins	EMB	Absent	
1GN10042H	Gills, Left	FRAY	Absent	
1GN10042H	Gills, Left	MRGN	Absent	
1GN10042H	Gills, Left	PALE	Absent	
1GN10042H	Gills, Right	FRAY	Absent	
1GN10042H	Gills, Right	MRGN	Absent	
1GN10042H	Gills, Right	PALE	Absent	
1GN10042H	Fins	ERS	Absent	
1GN10042H	Fins	FRAY	Absent	
1GN10042H	Fins	HMR	Absent	
1GN10042H	Fins	EMB	Absent	
1GN10043H	Gills, Left	FRAY	Absent	
1GN10043H	Gills, Left	MRGN	Absent	
1GN10043H	Gills, Left	PALE	Absent	
1GN10043H	Gills, Right	FRAY	Absent	
1GN10043H	Gills, Right	MRGN	Absent	
1GN10043H	Gills, Right	PALE	Absent	
1GN10043H	Fins	ERS	Absent	
1GN10043H	Fins	FRAY	Absent	
1GN10043H	Fins	HMR	Absent	
1GN10043H	Fins	EMB	Absent	
1GN10045W	Gills, Left	FRAY	Absent	
1GN10045W	Gills, Left	MRGN	Absent	
1GN10045W	Gills, Left	PALE	Absent	
1GN10045W	Gills, Right	FRAY	Absent	
1GN10045W	Gills, Right	MRGN	Absent	
1GN10045W	Gills, Right	PALE	Absent	
1GN10045W	Fins	ERS	Absent	
1GN10045W	Fins	FRAY	Absent	
1GN10045W	Fins	HMR	Absent	
1GN10045W	Fins	EMB	Absent	
1GN10046H	Gills, Left	FRAY	Absent	
1GN10046H	Gills, Left	MRGN	Absent	
1GN10046H	Gills, Left	PALE	Absent	
1GN10046H	Gills, Right	FRAY	Absent	
1GN10046H	Gills, Right	MRGN	Absent	
1GN10046H	Gills, Right	PALE	Absent	
1GN10046H	Fins	ERS	Absent	
1GN10046H	Fins	FRAY	Absent	
1GN10046H	Fins	HMR	Absent	
1GN10046H	Fins	EMB	Absent	
1GN10048W	Gills, Left	FRAY	Absent	
1GN10048W	Gills, Left	MRGN	Absent	
1GN10048W	Gills, Left	PALE	Absent	
1GN10048W	Gills, Right	FRAY	Absent	
1GN10048W	Gills, Right	MRGN	Absent	
1GN10048W	Gills, Right	PALE	Absent	
1GN10048W	Fins	ERS	Absent	
1GN10048W	Fins	FRAY	Absent	
1GN10048W	Fins	HMR	Absent	
1GN10048W	Fins	EMB	Absent	
1GN10049W	Gills, Left	FRAY	Absent	
1GN10049W	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10049W	Gills, Left	PALE	Absent	
1GN10049W	Gills, Right	FRAY	Absent	
1GN10049W	Gills, Right	MRGN	Absent	
1GN10049W	Gills, Right	PALE	Absent	
1GN10049W	Fins	ERS	Absent	
1GN10049W	Fins	FRAY	Absent	
1GN10049W	Fins	HMR	Absent	
1GN10049W	Fins	EMB	Absent	
1GN10051AH	Gills, Left	FRAY	Absent	
1GN10051AH	Gills, Left	MRGN	Absent	
1GN10051AH	Gills, Left	PALE	Absent	
1GN10051AH	Gills, Right	FRAY	Absent	
1GN10051AH	Gills, Right	MRGN	Absent	
1GN10051AH	Gills, Right	PALE	Absent	
1GN10051AH	Fins	ERS	Absent	
1GN10051AH	Fins	FRAY	Absent	
1GN10051AH	Fins	HMR	Absent	
1GN10051AH	Fins	EMB	Absent	
1GN10051BW	Gills, Left	FRAY	Absent	
1GN10051BW	Gills, Left	MRGN	Absent	
1GN10051BW	Gills, Left	PALE	Absent	
1GN10051BW	Gills, Right	FRAY	Absent	
1GN10051BW	Gills, Right	MRGN	Absent	
1GN10051BW	Gills, Right	PALE	Absent	
1GN10051BW	Fins	ERS	Absent	
1GN10051BW	Fins	FRAY	Absent	
1GN10051BW	Fins	HMR	Absent	
1GN10051BW	Fins	EMB	Absent	
1GN10051BW	Fins	OTHER	Present	Fungus
1GN10052W	Gills, Left	FRAY	Absent	
1GN10052W	Gills, Left	MRGN	Absent	
1GN10052W	Gills, Left	PALE	Absent	
1GN10052W	Gills, Right	FRAY	Absent	
1GN10052W	Gills, Right	MRGN	Absent	
1GN10052W	Gills, Right	PALE	Absent	
1GN10052W	Fins	ERS	Absent	
1GN10052W	Fins	FRAY	Absent	
1GN10052W	Fins	HMR	Absent	
1GN10052W	Fins	EMB	Absent	
1GN10052W	Fins	OTHER	Present	Fungus
1GN10053H	Gills, Left	FRAY	Absent	
1GN10053H	Gills, Left	MRGN	Absent	
1GN10053H	Gills, Left	PALE	Absent	
1GN10053H	Gills, Right	FRAY	Absent	
1GN10053H	Gills, Right	MRGN	Absent	
1GN10053H	Gills, Right	PALE	Absent	
1GN10053H	Fins	ERS	Absent	
1GN10053H	Fins	FRAY	Absent	
1GN10053H	Fins	HMR	Absent	
1GN10053H	Fins	EMB	Absent	
1GN10054H	Gills, Left	FRAY	Absent	
1GN10054H	Gills, Left	MRGN	Absent	
1GN10054H	Gills, Left	PALE	Absent	
1GN10054H	Gills, Right	FRAY	Absent	
1GN10054H	Gills, Right	MRGN	Absent	
1GN10054H	Gills, Right	PALE	Absent	
1GN10054H	Fins	ERS	Absent	
1GN10054H	Fins	FRAY	Absent	
1GN10054H	Fins	HMR	Absent	
1GN10054H	Fins	EMB	Absent	
1GN10055H	Gills, Left	FRAY	Absent	
1GN10055H	Gills, Left	MRGN	Absent	
1GN10055H	Gills, Left	PALE	Absent	
1GN10055H	Gills, Right	FRAY	Absent	
1GN10055H	Gills, Right	MRGN	Absent	
1GN10055H	Gills, Right	PALE	Absent	
1GN10055H	Fins	ERS	Absent	
1GN10055H	Fins	FRAY	Absent	
1GN10055H	Fins	HMR	Absent	
1GN10055H	Fins	EMB	Absent	
1GN10056W	Gills, Left	FRAY	Absent	
1GN10056W	Gills, Left	MRGN	Absent	
1GN10056W	Gills, Left	PALE	Absent	
1GN10056W	Gills, Right	FRAY	Absent	
1GN10056W	Gills, Right	MRGN	Absent	
1GN10056W	Gills, Right	PALE	Absent	
1GN10056W	Fins	ERS	Absent	
1GN10056W	Fins	FRAY	Absent	
1GN10056W	Fins	HMR	Absent	
1GN10056W	Fins	EMB	Absent	
1GN10057W	Gills, Left	FRAY	Absent	
1GN10057W	Gills, Left	MRGN	Absent	
1GN10057W	Gills, Left	PALE	Absent	
1GN10057W	Gills, Right	FRAY	Absent	
1GN10057W	Gills, Right	MRGN	Absent	
1GN10057W	Gills, Right	PALE	Absent	
1GN10057W	Fins	ERS	Absent	
1GN10057W	Fins	FRAY	Absent	
1GN10057W	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1GN10057W	Fins	EMB	Absent	
1GN10058H	Gills, Left	FRAY	Absent	
1GN10058H	Gills, Left	MRGN	Absent	
1GN10058H	Gills, Left	PALE	Absent	
1GN10058H	Gills, Right	FRAY	Absent	
1GN10058H	Gills, Right	MRGN	Absent	
1GN10058H	Gills, Right	PALE	Absent	
1GN10058H	Fins	ERS	Absent	
1GN10058H	Fins	FRAY	Absent	
1GN10058H	Fins	HMR	Absent	
1GN10058H	Fins	EMB	Absent	
1GN10058W	Gills, Left	FRAY	Absent	
1GN10058W	Gills, Left	MRGN	Absent	
1GN10058W	Gills, Left	PALE	Absent	
1GN10058W	Gills, Right	FRAY	Absent	
1GN10058W	Gills, Right	MRGN	Absent	
1GN10058W	Gills, Right	PALE	Absent	
1GN10058W	Fins	ERS	Absent	
1GN10058W	Fins	FRAY	Absent	
1GN10058W	Fins	HMR	Absent	
1GN10058W	Fins	EMB	Absent	
1GN10059	Gills, Left	FRAY	Absent	
1GN10059	Gills, Left	MRGN	Absent	
1GN10059	Gills, Left	PALE	Absent	
1GN10059	Gills, Right	FRAY	Absent	
1GN10059	Gills, Right	MRGN	Absent	
1GN10059	Gills, Right	PALE	Absent	
1GN10059	Fins	ERS	Absent	
1GN10059	Fins	FRAY	Absent	
1GN10059	Fins	HMR	Absent	
1GN10059	Fins	EMB	Absent	
1GN10059W	Gills, Left	FRAY	Absent	
1GN10059W	Gills, Left	MRGN	Absent	
1GN10059W	Gills, Left	PALE	Absent	
1GN10059W	Gills, Right	FRAY	Absent	
1GN10059W	Gills, Right	MRGN	Absent	
1GN10059W	Gills, Right	PALE	Absent	
1GN10059W	Fins	ERS	Absent	
1GN10059W	Fins	FRAY	Absent	
1GN10059W	Fins	HMR	Absent	
1GN10059W	Fins	EMB	Absent	
1N0001H	Gills, Left	FRAY	Absent	
1N0001H	Gills, Left	MRGN	Absent	
1N0001H	Gills, Left	PALE	Absent	
1N0001H	Gills, Right	FRAY	Absent	
1N0001H	Gills, Right	MRGN	Absent	
1N0001H	Gills, Right	PALE	Absent	
1N0001H	Fins	ERS	Absent	
1N0001H	Fins	FRAY	Absent	
1N0001H	Fins	HMR	Absent	
1N0001H	Fins	EMB	Absent	
1N0002H	Gills, Left	FRAY	Absent	
1N0002H	Gills, Left	MRGN	Absent	
1N0002H	Gills, Left	PALE	Absent	
1N0002H	Gills, Right	FRAY	Absent	
1N0002H	Gills, Right	MRGN	Absent	
1N0002H	Gills, Right	PALE	Absent	
1N0002H	Fins	ERS	Absent	
1N0002H	Fins	FRAY	Absent	
1N0002H	Fins	HMR	Absent	
1N0002H	Fins	EMB	Absent	
1N0003H	Gills, Left	FRAY	Absent	
1N0003H	Gills, Left	MRGN	Absent	
1N0003H	Gills, Left	PALE	Absent	
1N0003H	Gills, Right	FRAY	Absent	
1N0003H	Gills, Right	MRGN	Absent	
1N0003H	Gills, Right	PALE	Absent	
1N0003H	Fins	ERS	Absent	
1N0003H	Fins	FRAY	Absent	
1N0003H	Fins	HMR	Absent	
1N0003H	Fins	EMB	Absent	
1N0004	Gills, Left	FRAY	Absent	
1N0004	Gills, Left	MRGN	Absent	
1N0004	Gills, Left	PALE	Absent	
1N0004	Gills, Right	FRAY	Absent	
1N0004	Gills, Right	MRGN	Absent	
1N0004	Gills, Right	PALE	Absent	
1N0004	Fins	ERS	Absent	
1N0004	Fins	FRAY	Absent	
1N0004	Fins	HMR	Absent	
1N0004	Fins	EMB	Absent	
1N0005H	Gills, Left	FRAY	Absent	
1N0005H	Gills, Left	MRGN	Absent	
1N0005H	Gills, Left	PALE	Absent	
1N0005H	Gills, Right	FRAY	Absent	
1N0005H	Gills, Right	MRGN	Absent	
1N0005H	Gills, Right	PALE	Absent	
1N0005H	Fins	ERS	Absent	
1N0005H	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0005H	Fins	HMR	Absent	
1N0005H	Fins	EMB	Absent	
1N0006	Gills, Left	FRAY	Absent	
1N0006	Gills, Left	MRGN	Absent	
1N0006	Gills, Left	PALE	Absent	
1N0006	Gills, Right	FRAY	Absent	
1N0006	Gills, Right	MRGN	Absent	
1N0006	Gills, Right	PALE	Absent	
1N0006	Fins	ERS	Absent	
1N0006	Fins	FRAY	Absent	
1N0006	Fins	HMR	Absent	
1N0006	Fins	EMB	Absent	
1N0007H	Gills, Left	FRAY	Absent	
1N0007H	Gills, Left	MRGN	Absent	
1N0007H	Gills, Left	PALE	Absent	
1N0007H	Gills, Right	FRAY	Absent	
1N0007H	Gills, Right	MRGN	Absent	
1N0007H	Gills, Right	PALE	Absent	
1N0007H	Fins	ERS	Absent	
1N0007H	Fins	FRAY	Absent	
1N0007H	Fins	HMR	Absent	
1N0007H	Fins	EMB	Absent	
1N0008H	Gills, Left	FRAY	Absent	
1N0008H	Gills, Left	MRGN	Absent	
1N0008H	Gills, Left	PALE	Absent	
1N0008H	Gills, Right	FRAY	Absent	
1N0008H	Gills, Right	MRGN	Absent	
1N0008H	Gills, Right	PALE	Absent	
1N0008H	Fins	ERS	Absent	
1N0008H	Fins	FRAY	Absent	
1N0008H	Fins	HMR	Absent	
1N0008H	Fins	EMB	Absent	
1N0009W	Gills, Left	FRAY	Absent	
1N0009W	Gills, Left	MRGN	Absent	
1N0009W	Gills, Left	PALE	Absent	
1N0009W	Gills, Right	FRAY	Absent	
1N0009W	Gills, Right	MRGN	Absent	
1N0009W	Gills, Right	PALE	Absent	
1N0009W	Fins	ERS	Absent	
1N0009W	Fins	FRAY	Absent	
1N0009W	Fins	HMR	Absent	
1N0009W	Fins	EMB	Absent	
1N0010H	Gills, Left	FRAY	Absent	
1N0010H	Gills, Left	MRGN	Absent	
1N0010H	Gills, Left	PALE	Absent	
1N0010H	Gills, Right	FRAY	Absent	
1N0010H	Gills, Right	MRGN	Absent	
1N0010H	Gills, Right	PALE	Absent	
1N0010H	Fins	ERS	Absent	
1N0010H	Fins	FRAY	Absent	
1N0010H	Fins	HMR	Absent	
1N0010H	Fins	EMB	Absent	
1N0011W	Gills, Left	FRAY	Absent	
1N0011W	Gills, Left	MRGN	Absent	
1N0011W	Gills, Left	PALE	Absent	
1N0011W	Gills, Right	FRAY	Absent	
1N0011W	Gills, Right	MRGN	Absent	
1N0011W	Gills, Right	PALE	Absent	
1N0011W	Fins	ERS	Absent	
1N0011W	Fins	FRAY	Absent	
1N0011W	Fins	HMR	Absent	
1N0011W	Fins	EMB	Absent	
1N0012W	Gills, Left	FRAY	Absent	
1N0012W	Gills, Left	MRGN	Absent	
1N0012W	Gills, Left	PALE	Absent	
1N0012W	Gills, Right	FRAY	Absent	
1N0012W	Gills, Right	MRGN	Absent	
1N0012W	Gills, Right	PALE	Absent	
1N0012W	Fins	ERS	Absent	
1N0012W	Fins	FRAY	Absent	
1N0012W	Fins	HMR	Absent	
1N0012W	Fins	EMB	Absent	
1N0013H	Gills, Left	FRAY	Absent	
1N0013H	Gills, Left	MRGN	Absent	
1N0013H	Gills, Left	PALE	Absent	
1N0013H	Gills, Right	FRAY	Absent	
1N0013H	Gills, Right	MRGN	Absent	
1N0013H	Gills, Right	PALE	Absent	
1N0013H	Fins	ERS	Absent	
1N0013H	Fins	FRAY	Absent	
1N0013H	Fins	HMR	Absent	
1N0013H	Fins	EMB	Absent	
1N0015W	Gills, Left	FRAY	Absent	
1N0015W	Gills, Left	MRGN	Absent	
1N0015W	Gills, Left	PALE	Absent	
1N0015W	Gills, Right	FRAY	Absent	
1N0015W	Gills, Right	MRGN	Absent	
1N0015W	Gills, Right	PALE	Absent	
1N0015W	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0015W	Fins	FRAY	Absent	
1N0015W	Fins	HMR	Absent	
1N0015W	Fins	EMB	Absent	
1N0016H	Gills, Left	FRAY	Absent	
1N0016H	Gills, Left	MRGN	Absent	
1N0016H	Gills, Left	PALE	Absent	
1N0016H	Gills, Right	FRAY	Absent	
1N0016H	Gills, Right	MRGN	Absent	
1N0016H	Gills, Right	PALE	Absent	
1N0016H	Fins	ERS	Absent	
1N0016H	Fins	FRAY	Absent	
1N0016H	Fins	HMR	Absent	
1N0016H	Fins	EMB	Absent	
1N0017	Gills, Left	FRAY	Absent	
1N0017	Gills, Left	MRGN	Absent	
1N0017	Gills, Left	PALE	Absent	
1N0017	Gills, Right	FRAY	Absent	
1N0017	Gills, Right	MRGN	Absent	
1N0017	Gills, Right	PALE	Absent	
1N0017	Fins	ERS	Absent	
1N0017	Fins	FRAY	Absent	
1N0017	Fins	HMR	Absent	
1N0017	Fins	EMB	Absent	
1N0018	Gills, Left	FRAY	Absent	
1N0018	Gills, Left	MRGN	Absent	
1N0018	Gills, Left	PALE	Absent	
1N0018	Gills, Right	FRAY	Absent	
1N0018	Gills, Right	MRGN	Absent	
1N0018	Gills, Right	PALE	Absent	
1N0018	Fins	ERS	Absent	
1N0018	Fins	FRAY	Absent	
1N0018	Fins	HMR	Absent	
1N0018	Fins	EMB	Absent	
1N0019W	Gills, Left	FRAY	Absent	
1N0019W	Gills, Left	MRGN	Absent	
1N0019W	Gills, Left	PALE	Absent	
1N0019W	Gills, Right	FRAY	Absent	
1N0019W	Gills, Right	MRGN	Absent	
1N0019W	Gills, Right	PALE	Absent	
1N0019W	Fins	ERS	Absent	
1N0019W	Fins	FRAY	Absent	
1N0019W	Fins	HMR	Absent	
1N0019W	Fins	EMB	Absent	
1N0020	Gills, Left	FRAY	Absent	
1N0020	Gills, Left	MRGN	Absent	
1N0020	Gills, Left	PALE	Absent	
1N0020	Gills, Right	FRAY	Absent	
1N0020	Gills, Right	MRGN	Absent	
1N0020	Gills, Right	PALE	Absent	
1N0020	Fins	ERS	Absent	
1N0020	Fins	FRAY	Absent	
1N0020	Fins	HMR	Absent	
1N0020	Fins	EMB	Absent	
1N0027W	Gills, Left	FRAY	Absent	
1N0027W	Gills, Left	MRGN	Absent	
1N0027W	Gills, Left	PALE	Absent	
1N0027W	Gills, Right	FRAY	Absent	
1N0027W	Gills, Right	MRGN	Absent	
1N0027W	Gills, Right	PALE	Absent	
1N0027W	Fins	ERS	Absent	
1N0027W	Fins	FRAY	Absent	
1N0027W	Fins	HMR	Absent	
1N0027W	Fins	EMB	Absent	
1N0028W	Gills, Left	FRAY	Absent	
1N0028W	Gills, Left	MRGN	Absent	
1N0028W	Gills, Left	PALE	Absent	
1N0028W	Gills, Right	FRAY	Absent	
1N0028W	Gills, Right	MRGN	Absent	
1N0028W	Gills, Right	PALE	Absent	
1N0028W	Fins	ERS	Absent	
1N0028W	Fins	FRAY	Absent	
1N0028W	Fins	HMR	Absent	
1N0028W	Fins	EMB	Absent	
1N0031H	Gills, Left	FRAY	Absent	
1N0031H	Gills, Left	MRGN	Absent	
1N0031H	Gills, Left	PALE	Absent	
1N0031H	Gills, Right	FRAY	Absent	
1N0031H	Gills, Right	MRGN	Absent	
1N0031H	Gills, Right	PALE	Absent	
1N0031H	Fins	ERS	Absent	
1N0031H	Fins	FRAY	Absent	
1N0031H	Fins	HMR	Absent	
1N0031H	Fins	EMB	Absent	
1N0032H	Gills, Left	FRAY	Absent	
1N0032H	Gills, Left	MRGN	Absent	
1N0032H	Gills, Left	PALE	Absent	
1N0032H	Gills, Right	FRAY	Absent	
1N0032H	Gills, Right	MRGN	Absent	
1N0032H	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0032H	Fins	ERS	Absent	
1N0032H	Fins	FRAY	Absent	
1N0032H	Fins	HMR	Absent	
1N0032H	Fins	EMB	Absent	
1N0033H	Gills, Left	FRAY	Absent	
1N0033H	Gills, Left	MRGN	Absent	
1N0033H	Gills, Left	PALE	Absent	
1N0033H	Gills, Right	FRAY	Absent	
1N0033H	Gills, Right	MRGN	Absent	
1N0033H	Gills, Right	PALE	Absent	
1N0033H	Fins	ERS	Absent	
1N0033H	Fins	FRAY	Absent	
1N0033H	Fins	HMR	Absent	
1N0033H	Fins	EMB	Absent	
1N0035H	Gills, Left	FRAY	Absent	
1N0035H	Gills, Left	MRGN	Absent	
1N0035H	Gills, Left	PALE	Absent	
1N0035H	Gills, Right	FRAY	Absent	
1N0035H	Gills, Right	MRGN	Absent	
1N0035H	Gills, Right	PALE	Absent	
1N0035H	Fins	ERS	Absent	
1N0035H	Fins	FRAY	Absent	
1N0035H	Fins	HMR	Absent	
1N0035H	Fins	EMB	Absent	
1N0038H	Gills, Left	FRAY	Absent	
1N0038H	Gills, Left	MRGN	Absent	
1N0038H	Gills, Left	PALE	Absent	
1N0038H	Gills, Right	FRAY	Absent	
1N0038H	Gills, Right	MRGN	Absent	
1N0038H	Gills, Right	PALE	Absent	
1N0038H	Fins	ERS	Absent	
1N0038H	Fins	FRAY	Absent	
1N0038H	Fins	HMR	Absent	
1N0038H	Fins	EMB	Absent	
1N0039H	Gills, Left	FRAY	Absent	
1N0039H	Gills, Left	MRGN	Absent	
1N0039H	Gills, Left	PALE	Absent	
1N0039H	Gills, Right	FRAY	Absent	
1N0039H	Gills, Right	MRGN	Absent	
1N0039H	Gills, Right	PALE	Absent	
1N0039H	Fins	ERS	Absent	
1N0039H	Fins	FRAY	Absent	
1N0039H	Fins	HMR	Absent	
1N0039H	Fins	EMB	Absent	
1N0040H	Gills, Left	FRAY	Absent	
1N0040H	Gills, Left	MRGN	Absent	
1N0040H	Gills, Left	PALE	Absent	
1N0040H	Gills, Right	FRAY	Absent	
1N0040H	Gills, Right	MRGN	Absent	
1N0040H	Gills, Right	PALE	Absent	
1N0040H	Fins	ERS	Absent	
1N0040H	Fins	FRAY	Absent	
1N0040H	Fins	HMR	Absent	
1N0040H	Fins	EMB	Absent	
1N0042W	Gills, Left	FRAY	Absent	
1N0042W	Gills, Left	MRGN	Absent	
1N0042W	Gills, Left	PALE	Absent	
1N0042W	Gills, Right	FRAY	Absent	
1N0042W	Gills, Right	MRGN	Absent	
1N0042W	Gills, Right	PALE	Absent	
1N0042W	Fins	ERS	Absent	
1N0042W	Fins	FRAY	Absent	
1N0042W	Fins	HMR	Absent	
1N0042W	Fins	EMB	Absent	
1N0043W	Gills, Left	FRAY	Absent	
1N0043W	Gills, Left	MRGN	Absent	
1N0043W	Gills, Left	PALE	Absent	
1N0043W	Gills, Right	FRAY	Absent	
1N0043W	Gills, Right	MRGN	Absent	
1N0043W	Gills, Right	PALE	Absent	
1N0043W	Fins	ERS	Absent	
1N0043W	Fins	FRAY	Absent	
1N0043W	Fins	HMR	Absent	
1N0043W	Fins	EMB	Absent	
1N0044	Gills, Left	FRAY	Absent	
1N0044	Gills, Left	MRGN	Absent	
1N0044	Gills, Left	PALE	Absent	
1N0044	Gills, Right	FRAY	Absent	
1N0044	Gills, Right	MRGN	Absent	
1N0044	Gills, Right	PALE	Absent	
1N0044	Fins	ERS	Absent	
1N0044	Fins	FRAY	Absent	
1N0044	Fins	HMR	Absent	
1N0044	Fins	EMB	Absent	
1N0046H	Gills, Left	FRAY	Absent	
1N0046H	Gills, Left	MRGN	Absent	
1N0046H	Gills, Left	PALE	Absent	
1N0046H	Gills, Right	FRAY	Absent	
1N0046H	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N0046H	Gills, Right	PALE	Absent	
1N0046H	Fins	ERS	Absent	
1N0046H	Fins	FRAY	Absent	
1N0046H	Fins	HMR	Absent	
1N0046H	Fins	EMB	Absent	
1N0048W	Gills, Left	FRAY	Absent	
1N0048W	Gills, Left	MRGN	Absent	
1N0048W	Gills, Left	PALE	Absent	
1N0048W	Gills, Right	FRAY	Absent	
1N0048W	Gills, Right	MRGN	Absent	
1N0048W	Gills, Right	PALE	Absent	
1N0048W	Fins	ERS	Absent	
1N0048W	Fins	FRAY	Absent	
1N0048W	Fins	HMR	Absent	
1N0048W	Fins	EMB	Absent	
1N0049W	Gills, Left	FRAY	Absent	
1N0049W	Gills, Left	MRGN	Absent	
1N0049W	Gills, Left	PALE	Absent	
1N0049W	Gills, Right	FRAY	Absent	
1N0049W	Gills, Right	MRGN	Absent	
1N0049W	Gills, Right	PALE	Absent	
1N0049W	Fins	ERS	Absent	
1N0049W	Fins	FRAY	Absent	
1N0049W	Fins	HMR	Absent	
1N0049W	Fins	EMB	Absent	
1N0050W	Gills, Left	FRAY	Absent	
1N0050W	Gills, Left	MRGN	Absent	
1N0050W	Gills, Left	PALE	Absent	
1N0050W	Gills, Right	FRAY	Absent	
1N0050W	Gills, Right	MRGN	Absent	
1N0050W	Gills, Right	PALE	Absent	
1N0050W	Fins	ERS	Absent	
1N0050W	Fins	FRAY	Present	
1N0050W	Fins	HMR	Absent	
1N0050W	Fins	EMB	Absent	
1N0051W	Gills, Left	FRAY	Absent	
1N0051W	Gills, Left	MRGN	Absent	
1N0051W	Gills, Left	PALE	Absent	
1N0051W	Gills, Right	FRAY	Absent	
1N0051W	Gills, Right	MRGN	Absent	
1N0051W	Gills, Right	PALE	Absent	
1N0051W	Fins	ERS	Absent	
1N0051W	Fins	FRAY	Absent	
1N0051W	Fins	HMR	Absent	
1N0051W	Fins	EMB	Absent	
1N0051W	Fins	OTHER	Present	Damage to fins
1N0052W	Gills, Left	FRAY	Absent	
1N0052W	Gills, Left	MRGN	Absent	
1N0052W	Gills, Left	PALE	Absent	
1N0052W	Gills, Right	FRAY	Absent	
1N0052W	Gills, Right	MRGN	Absent	
1N0052W	Gills, Right	PALE	Absent	
1N0052W	Fins	ERS	Absent	
1N0052W	Fins	FRAY	Absent	
1N0052W	Fins	HMR	Absent	
1N0052W	Fins	EMB	Absent	
1N0053H	Gills, Left	FRAY	Absent	
1N0053H	Gills, Left	MRGN	Absent	
1N0053H	Gills, Left	PALE	Absent	
1N0053H	Gills, Right	FRAY	Absent	
1N0053H	Gills, Right	MRGN	Absent	
1N0053H	Gills, Right	PALE	Absent	
1N0053H	Fins	ERS	Absent	
1N0053H	Fins	FRAY	Absent	
1N0053H	Fins	HMR	Absent	
1N0053H	Fins	EMB	Absent	
1N0054W	Gills, Left	FRAY	Absent	
1N0054W	Gills, Left	MRGN	Absent	
1N0054W	Gills, Left	PALE	Absent	
1N0054W	Gills, Right	FRAY	Absent	
1N0054W	Gills, Right	MRGN	Absent	
1N0054W	Gills, Right	PALE	Absent	
1N0054W	Fins	ERS	Absent	
1N0054W	Fins	FRAY	Absent	
1N0054W	Fins	HMR	Absent	
1N0054W	Fins	EMB	Absent	
1N10022	Gills, Left	FRAY	Absent	
1N10022	Gills, Left	MRGN	Absent	
1N10022	Gills, Left	PALE	Absent	
1N10022	Gills, Right	FRAY	Absent	
1N10022	Gills, Right	MRGN	Absent	
1N10022	Gills, Right	PALE	Absent	
1N10022	Fins	ERS	Absent	
1N10022	Fins	FRAY	Absent	
1N10022	Fins	HMR	Absent	
1N10022	Fins	EMB	Absent	
1N10023	Gills, Left	FRAY	Absent	
1N10023	Gills, Left	MRGN	Absent	
1N10023	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
1N10023	Gills, Right	FRAY	Absent	
1N10023	Gills, Right	MRGN	Absent	
1N10023	Gills, Right	PALE	Absent	
1N10023	Fins	ERS	Absent	
1N10023	Fins	FRAY	Absent	
1N10023	Fins	HMR	Absent	
1N10023	Fins	EMB	Absent	
1N10024	Gills, Left	FRAY	Absent	
1N10024	Gills, Left	MRGN	Absent	
1N10024	Gills, Left	PALE	Absent	
1N10024	Gills, Right	FRAY	Absent	
1N10024	Gills, Right	MRGN	Absent	
1N10024	Gills, Right	PALE	Absent	
1N10024	Fins	ERS	Absent	
1N10024	Fins	FRAY	Absent	
1N10024	Fins	HMR	Absent	
1N10024	Fins	EMB	Absent	
1N10025	Gills, Left	FRAY	Absent	
1N10025	Gills, Left	MRGN	Absent	
1N10025	Gills, Left	PALE	Absent	
1N10025	Gills, Right	FRAY	Absent	
1N10025	Gills, Right	MRGN	Absent	
1N10025	Gills, Right	PALE	Absent	
1N10025	Fins	ERS	Absent	
1N10025	Fins	FRAY	Absent	
1N10025	Fins	HMR	Absent	
1N10025	Fins	EMB	Absent	
1N10026	Gills, Left	FRAY	Absent	
1N10026	Gills, Left	MRGN	Absent	
1N10026	Gills, Left	PALE	Absent	
1N10026	Gills, Right	FRAY	Absent	
1N10026	Gills, Right	MRGN	Absent	
1N10026	Gills, Right	PALE	Absent	
1N10026	Fins	ERS	Absent	
1N10026	Fins	FRAY	Absent	
1N10026	Fins	HMR	Absent	
1N10026	Fins	EMB	Absent	
1N10029	Gills, Left	FRAY	Absent	
1N10029	Gills, Left	MRGN	Absent	
1N10029	Gills, Left	PALE	Absent	
1N10029	Gills, Right	FRAY	Absent	
1N10029	Gills, Right	MRGN	Absent	
1N10029	Gills, Right	PALE	Absent	
1N10029	Fins	ERS	Absent	
1N10029	Fins	FRAY	Absent	
1N10029	Fins	HMR	Absent	
1N10029	Fins	EMB	Absent	
1N10030	Gills, Left	FRAY	Absent	
1N10030	Gills, Left	MRGN	Absent	
1N10030	Gills, Left	PALE	Absent	
1N10030	Gills, Right	FRAY	Absent	
1N10030	Gills, Right	MRGN	Absent	
1N10030	Gills, Right	PALE	Absent	
1N10030	Fins	ERS	Absent	
1N10030	Fins	FRAY	Absent	
1N10030	Fins	HMR	Absent	
1N10030	Fins	EMB	Absent	
1N10034H	Gills, Left	FRAY	Absent	
1N10034H	Gills, Left	MRGN	Absent	
1N10034H	Gills, Left	PALE	Absent	
1N10034H	Gills, Right	FRAY	Absent	
1N10034H	Gills, Right	MRGN	Absent	
1N10034H	Gills, Right	PALE	Absent	
1N10034H	Fins	ERS	Absent	
1N10034H	Fins	FRAY	Absent	
1N10034H	Fins	HMR	Absent	
1N10034H	Fins	EMB	Absent	
1N10037H	Gills, Left	FRAY	Absent	
1N10037H	Gills, Left	MRGN	Absent	
1N10037H	Gills, Left	PALE	Absent	
1N10037H	Gills, Right	FRAY	Absent	
1N10037H	Gills, Right	MRGN	Absent	
1N10037H	Gills, Right	PALE	Absent	
1N10037H	Fins	ERS	Absent	
1N10037H	Fins	FRAY	Absent	
1N10037H	Fins	HMR	Absent	
1N10037H	Fins	EMB	Absent	
1N10041H	Gills, Left	FRAY	Absent	
1N10041H	Gills, Left	MRGN	Absent	
1N10041H	Gills, Left	PALE	Absent	
1N10041H	Gills, Right	FRAY	Absent	
1N10041H	Gills, Right	MRGN	Absent	
1N10041H	Gills, Right	PALE	Absent	
1N10041H	Fins	ERS	Absent	
1N10041H	Fins	FRAY	Absent	
1N10041H	Fins	HMR	Absent	
1N10041H	Fins	EMB	Absent	
2A0001	Gills, Left	FRAY	Absent	
2A0001	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0001	Gills, Left	PALE	Absent	
2A0001	Gills, Right	FRAY	Absent	
2A0001	Gills, Right	MRGN	Absent	
2A0001	Gills, Right	PALE	Absent	
2A0001	Fins	ERS	Absent	
2A0001	Fins	FRAY	Absent	
2A0001	Fins	HMR	Absent	
2A0001	Fins	EMB	Absent	
2A0002	Gills, Left	FRAY	Absent	
2A0002	Gills, Left	MRGN	Absent	
2A0002	Gills, Left	PALE	Absent	
2A0002	Gills, Right	FRAY	Absent	
2A0002	Gills, Right	MRGN	Absent	
2A0002	Gills, Right	PALE	Absent	
2A0002	Fins	ERS	Absent	
2A0002	Fins	FRAY	Absent	
2A0002	Fins	HMR	Absent	
2A0002	Fins	EMB	Absent	
2A0003	Gills, Left	FRAY	Absent	
2A0003	Gills, Left	MRGN	Absent	
2A0003	Gills, Left	PALE	Absent	
2A0003	Gills, Right	FRAY	Absent	
2A0003	Gills, Right	MRGN	Absent	
2A0003	Gills, Right	PALE	Absent	
2A0003	Fins	ERS	Absent	
2A0003	Fins	FRAY	Absent	
2A0003	Fins	HMR	Absent	
2A0003	Fins	EMB	Absent	
2A0003	Fins	OTHER	Present	Gill net damage
2A0004	Gills, Left	FRAY	Absent	
2A0004	Gills, Left	MRGN	Absent	
2A0004	Gills, Left	PALE	Absent	
2A0004	Gills, Right	FRAY	Absent	
2A0004	Gills, Right	MRGN	Absent	
2A0004	Gills, Right	PALE	Absent	
2A0004	Fins	ERS	Absent	
2A0004	Fins	FRAY	Absent	
2A0004	Fins	HMR	Absent	
2A0004	Fins	EMB	Absent	
2A0005	Gills, Left	FRAY	Absent	
2A0005	Gills, Left	MRGN	Absent	
2A0005	Gills, Left	PALE	Absent	
2A0005	Gills, Right	FRAY	Absent	
2A0005	Gills, Right	MRGN	Absent	
2A0005	Gills, Right	PALE	Absent	
2A0005	Fins	ERS	Absent	
2A0005	Fins	FRAY	Absent	
2A0005	Fins	HMR	Absent	
2A0005	Fins	EMB	Absent	
2A0006	Gills, Left	FRAY	Absent	
2A0006	Gills, Left	MRGN	Absent	
2A0006	Gills, Left	PALE	Absent	
2A0006	Gills, Right	FRAY	Absent	
2A0006	Gills, Right	MRGN	Absent	
2A0006	Gills, Right	PALE	Absent	
2A0006	Fins	ERS	Absent	
2A0006	Fins	FRAY	Absent	
2A0006	Fins	HMR	Absent	
2A0006	Fins	EMB	Absent	
2A0007	Gills, Left	FRAY	Absent	
2A0007	Gills, Left	MRGN	Absent	
2A0007	Gills, Left	PALE	Absent	
2A0007	Gills, Right	FRAY	Absent	
2A0007	Gills, Right	MRGN	Absent	
2A0007	Gills, Right	PALE	Absent	
2A0007	Fins	ERS	Absent	
2A0007	Fins	FRAY	Absent	
2A0007	Fins	HMR	Absent	
2A0007	Fins	EMB	Absent	
2A0008	Gills, Left	FRAY	Absent	
2A0008	Gills, Left	MRGN	Absent	
2A0008	Gills, Left	PALE	Absent	
2A0008	Gills, Right	FRAY	Absent	
2A0008	Gills, Right	MRGN	Absent	
2A0008	Gills, Right	PALE	Absent	
2A0008	Fins	ERS	Absent	
2A0008	Fins	FRAY	Absent	
2A0008	Fins	HMR	Absent	
2A0008	Fins	EMB	Absent	
2A0008	Fins	OTHER	Present	Lesion on dorsal fin
2A0009	Gills, Left	FRAY	Absent	
2A0009	Gills, Left	MRGN	Absent	
2A0009	Gills, Left	PALE	Absent	
2A0009	Gills, Right	FRAY	Absent	
2A0009	Gills, Right	MRGN	Absent	
2A0009	Gills, Right	PALE	Absent	
2A0009	Fins	ERS	Absent	
2A0009	Fins	FRAY	Absent	
2A0009	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0009	Fins	EMB	Absent	
2A0009	Fins	OTHER	Present	Lesion on anal fin
2A0010	Gills, Left	FRAY	Absent	
2A0010	Gills, Left	MRGN	Absent	
2A0010	Gills, Left	PALE	Absent	
2A0010	Gills, Right	FRAY	Absent	
2A0010	Gills, Right	MRGN	Absent	
2A0010	Gills, Right	PALE	Absent	
2A0010	Fins	ERS	Absent	
2A0010	Fins	FRAY	Absent	
2A0010	Fins	HMR	Absent	
2A0010	Fins	EMB	Absent	
2A0011	Gills, Left	FRAY	Absent	
2A0011	Gills, Left	MRGN	Absent	
2A0011	Gills, Left	PALE	Absent	
2A0011	Gills, Right	FRAY	Absent	
2A0011	Gills, Right	MRGN	Absent	
2A0011	Gills, Right	PALE	Absent	
2A0011	Fins	ERS	Absent	
2A0011	Fins	FRAY	Absent	
2A0011	Fins	HMR	Absent	
2A0011	Fins	EMB	Absent	
2A0012	Gills, Left	FRAY	Absent	
2A0012	Gills, Left	MRGN	Absent	
2A0012	Gills, Left	PALE	Absent	
2A0012	Gills, Right	FRAY	Absent	
2A0012	Gills, Right	MRGN	Absent	
2A0012	Gills, Right	PALE	Absent	
2A0012	Fins	ERS	Absent	
2A0012	Fins	FRAY	Absent	
2A0012	Fins	HMR	Absent	
2A0012	Fins	EMB	Absent	
2A0012	Fins	OTHER	Present	Nodule on dorsal fin
2A0013	Gills, Left	FRAY	Absent	
2A0013	Gills, Left	MRGN	Absent	
2A0013	Gills, Left	PALE	Absent	
2A0013	Gills, Right	FRAY	Absent	
2A0013	Gills, Right	MRGN	Absent	
2A0013	Gills, Right	PALE	Absent	
2A0013	Fins	ERS	Absent	
2A0013	Fins	FRAY	Absent	
2A0013	Fins	HMR	Absent	
2A0013	Fins	EMB	Absent	
2A0014	Gills, Left	FRAY	Absent	
2A0014	Gills, Left	MRGN	Absent	
2A0014	Gills, Left	PALE	Absent	
2A0014	Gills, Right	FRAY	Absent	
2A0014	Gills, Right	MRGN	Absent	
2A0014	Gills, Right	PALE	Absent	
2A0014	Fins	ERS	Absent	
2A0014	Fins	FRAY	Absent	
2A0014	Fins	HMR	Absent	
2A0014	Fins	EMB	Absent	
2A0015	Gills, Left	FRAY	Absent	
2A0015	Gills, Left	MRGN	Absent	
2A0015	Gills, Left	PALE	Absent	
2A0015	Gills, Right	FRAY	Absent	
2A0015	Gills, Right	MRGN	Absent	
2A0015	Gills, Right	PALE	Absent	
2A0015	Fins	ERS	Absent	
2A0015	Fins	FRAY	Absent	
2A0015	Fins	HMR	Absent	
2A0015	Fins	EMB	Absent	
2A0016	Gills, Left	FRAY	Absent	
2A0016	Gills, Left	MRGN	Absent	
2A0016	Gills, Left	PALE	Absent	
2A0016	Gills, Right	FRAY	Absent	
2A0016	Gills, Right	MRGN	Absent	
2A0016	Gills, Right	PALE	Absent	
2A0016	Fins	ERS	Absent	
2A0016	Fins	FRAY	Absent	
2A0016	Fins	HMR	Absent	
2A0016	Fins	EMB	Absent	
2A0017	Gills, Left	FRAY	Absent	
2A0017	Gills, Left	MRGN	Absent	
2A0017	Gills, Left	PALE	Absent	
2A0017	Gills, Right	FRAY	Absent	
2A0017	Gills, Right	MRGN	Absent	
2A0017	Gills, Right	PALE	Absent	
2A0017	Fins	ERS	Absent	
2A0017	Fins	FRAY	Absent	
2A0017	Fins	HMR	Absent	
2A0017	Fins	EMB	Absent	
2A0018	Gills, Left	FRAY	Absent	
2A0018	Gills, Left	MRGN	Absent	
2A0018	Gills, Left	PALE	Absent	
2A0018	Gills, Right	FRAY	Absent	
2A0018	Gills, Right	MRGN	Absent	
2A0018	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0018	Fins	ERS	Absent	
2A0018	Fins	FRAY	Absent	
2A0018	Fins	HMR	Absent	
2A0018	Fins	EMB	Absent	
2A0019	Gills, Left	FRAY	Absent	
2A0019	Gills, Left	MRGN	Absent	
2A0019	Gills, Left	PALE	Absent	
2A0019	Gills, Right	FRAY	Absent	
2A0019	Gills, Right	MRGN	Absent	
2A0019	Gills, Right	PALE	Absent	
2A0019	Fins	ERS	Absent	
2A0019	Fins	FRAY	Absent	
2A0019	Fins	HMR	Absent	
2A0019	Fins	EMB	Absent	
2A0020	Gills, Left	FRAY	Absent	
2A0020	Gills, Left	MRGN	Absent	
2A0020	Gills, Left	PALE	Absent	
2A0020	Gills, Right	FRAY	Absent	
2A0020	Gills, Right	MRGN	Absent	
2A0020	Gills, Right	PALE	Absent	
2A0020	Fins	ERS	Absent	
2A0020	Fins	FRAY	Absent	
2A0020	Fins	HMR	Absent	
2A0020	Fins	EMB	Absent	
2A0021	Gills, Left	FRAY	Absent	
2A0021	Gills, Left	MRGN	Absent	
2A0021	Gills, Left	PALE	Absent	
2A0021	Gills, Right	FRAY	Absent	
2A0021	Gills, Right	MRGN	Absent	
2A0021	Gills, Right	PALE	Absent	
2A0021	Fins	ERS	Absent	
2A0021	Fins	FRAY	Absent	
2A0021	Fins	HMR	Absent	
2A0021	Fins	EMB	Absent	
2A0022	Gills, Left	FRAY	Absent	
2A0022	Gills, Left	MRGN	Absent	
2A0022	Gills, Left	PALE	Absent	
2A0022	Gills, Right	FRAY	Absent	
2A0022	Gills, Right	MRGN	Absent	
2A0022	Gills, Right	PALE	Absent	
2A0022	Fins	ERS	Absent	
2A0022	Fins	FRAY	Absent	
2A0022	Fins	HMR	Absent	
2A0022	Fins	EMB	Absent	
2A0023	Gills, Left	FRAY	Absent	
2A0023	Gills, Left	MRGN	Absent	
2A0023	Gills, Left	PALE	Absent	
2A0023	Gills, Right	FRAY	Absent	
2A0023	Gills, Right	MRGN	Absent	
2A0023	Gills, Right	PALE	Absent	
2A0023	Fins	ERS	Absent	
2A0023	Fins	FRAY	Absent	
2A0023	Fins	HMR	Absent	
2A0023	Fins	EMB	Absent	
2A0024	Gills, Left	FRAY	Absent	
2A0024	Gills, Left	MRGN	Absent	
2A0024	Gills, Left	PALE	Absent	
2A0024	Gills, Right	FRAY	Absent	
2A0024	Gills, Right	MRGN	Absent	
2A0024	Gills, Right	PALE	Absent	
2A0024	Fins	ERS	Absent	
2A0024	Fins	FRAY	Absent	
2A0024	Fins	HMR	Absent	
2A0024	Fins	EMB	Absent	
2A0025	Gills, Left	FRAY	Absent	
2A0025	Gills, Left	MRGN	Absent	
2A0025	Gills, Left	PALE	Absent	
2A0025	Gills, Right	FRAY	Absent	
2A0025	Gills, Right	MRGN	Absent	
2A0025	Gills, Right	PALE	Absent	
2A0025	Fins	ERS	Absent	
2A0025	Fins	FRAY	Absent	
2A0025	Fins	HMR	Absent	
2A0025	Fins	EMB	Absent	
2A0028	Gills, Left	FRAY	Absent	
2A0028	Gills, Left	MRGN	Absent	
2A0028	Gills, Left	PALE	Absent	
2A0028	Gills, Right	FRAY	Absent	
2A0028	Gills, Right	MRGN	Absent	
2A0028	Gills, Right	PALE	Absent	
2A0028	Fins	ERS	Absent	
2A0028	Fins	FRAY	Absent	
2A0028	Fins	HMR	Absent	
2A0028	Fins	EMB	Absent	
2A0029	Gills, Left	FRAY	Absent	
2A0029	Gills, Left	MRGN	Absent	
2A0029	Gills, Left	PALE	Absent	
2A0029	Gills, Right	FRAY	Absent	
2A0029	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0029	Gills, Right	PALE	Absent	
2A0029	Fins	ERS	Absent	
2A0029	Fins	FRAY	Absent	
2A0029	Fins	HMR	Absent	
2A0029	Fins	EMB	Absent	
2A0030	Gills, Left	FRAY	Absent	
2A0030	Gills, Left	MRGN	Absent	
2A0030	Gills, Left	PALE	Absent	
2A0030	Gills, Right	FRAY	Absent	
2A0030	Gills, Right	MRGN	Absent	
2A0030	Gills, Right	PALE	Absent	
2A0030	Fins	ERS	Absent	
2A0030	Fins	FRAY	Absent	
2A0030	Fins	HMR	Absent	
2A0030	Fins	EMB	Absent	
2A0031	Gills, Left	FRAY	Absent	
2A0031	Gills, Left	MRGN	Absent	
2A0031	Gills, Left	PALE	Absent	
2A0031	Gills, Right	FRAY	Absent	
2A0031	Gills, Right	MRGN	Absent	
2A0031	Gills, Right	PALE	Absent	
2A0031	Fins	ERS	Absent	
2A0031	Fins	FRAY	Absent	
2A0031	Fins	HMR	Absent	
2A0031	Fins	EMB	Absent	
2A0032	Gills, Left	FRAY	Absent	
2A0032	Gills, Left	MRGN	Absent	
2A0032	Gills, Left	PALE	Absent	
2A0032	Gills, Right	FRAY	Absent	
2A0032	Gills, Right	MRGN	Absent	
2A0032	Gills, Right	PALE	Absent	
2A0032	Fins	ERS	Absent	
2A0032	Fins	FRAY	Absent	
2A0032	Fins	HMR	Absent	
2A0032	Fins	EMB	Absent	
2A0033	Gills, Left	FRAY	Absent	
2A0033	Gills, Left	MRGN	Absent	
2A0033	Gills, Left	PALE	Absent	
2A0033	Gills, Right	FRAY	Absent	
2A0033	Gills, Right	MRGN	Absent	
2A0033	Gills, Right	PALE	Absent	
2A0033	Fins	ERS	Absent	
2A0033	Fins	FRAY	Absent	
2A0033	Fins	HMR	Absent	
2A0033	Fins	EMB	Absent	
2A0034	Gills, Left	FRAY	Absent	
2A0034	Gills, Left	MRGN	Absent	
2A0034	Gills, Left	PALE	Absent	
2A0034	Gills, Right	FRAY	Absent	
2A0034	Gills, Right	MRGN	Absent	
2A0034	Gills, Right	PALE	Absent	
2A0034	Fins	ERS	Absent	
2A0034	Fins	FRAY	Absent	
2A0034	Fins	HMR	Absent	
2A0034	Fins	EMB	Absent	
2A0035	Gills, Left	FRAY	Absent	
2A0035	Gills, Left	MRGN	Absent	
2A0035	Gills, Left	PALE	Absent	
2A0035	Gills, Right	FRAY	Absent	
2A0035	Gills, Right	MRGN	Absent	
2A0035	Gills, Right	PALE	Absent	
2A0035	Fins	ERS	Absent	
2A0035	Fins	FRAY	Absent	
2A0035	Fins	HMR	Absent	
2A0035	Fins	EMB	Absent	
2A0036	Gills, Left	FRAY	Absent	
2A0036	Gills, Left	MRGN	Absent	
2A0036	Gills, Left	PALE	Absent	
2A0036	Gills, Right	FRAY	Absent	
2A0036	Gills, Right	MRGN	Absent	
2A0036	Gills, Right	PALE	Absent	
2A0036	Fins	ERS	Absent	
2A0036	Fins	FRAY	Absent	
2A0036	Fins	HMR	Absent	
2A0036	Fins	EMB	Absent	
2A0037	Gills, Left	FRAY	Absent	
2A0037	Gills, Left	MRGN	Absent	
2A0037	Gills, Left	PALE	Absent	
2A0037	Gills, Right	FRAY	Absent	
2A0037	Gills, Right	MRGN	Absent	
2A0037	Gills, Right	PALE	Absent	
2A0037	Fins	ERS	Absent	
2A0037	Fins	FRAY	Absent	
2A0037	Fins	HMR	Absent	
2A0037	Fins	EMB	Absent	
2A0038	Gills, Left	FRAY	Absent	
2A0038	Gills, Left	MRGN	Absent	
2A0038	Gills, Left	PALE	Absent	
2A0038	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0038	Gills, Right	MRGN	Absent	
2A0038	Gills, Right	PALE	Absent	
2A0038	Fins	ERS	Absent	
2A0038	Fins	FRAY	Absent	
2A0038	Fins	HMR	Absent	
2A0038	Fins	EMB	Absent	
2A0039	Gills, Left	FRAY	Absent	
2A0039	Gills, Left	MRGN	Absent	
2A0039	Gills, Left	PALE	Absent	
2A0039	Gills, Right	FRAY	Absent	
2A0039	Gills, Right	MRGN	Absent	
2A0039	Gills, Right	PALE	Absent	
2A0039	Fins	ERS	Absent	
2A0039	Fins	FRAY	Absent	
2A0039	Fins	HMR	Absent	
2A0039	Fins	EMB	Absent	
2A0040	Gills, Left	FRAY	Absent	
2A0040	Gills, Left	MRGN	Absent	
2A0040	Gills, Left	PALE	Absent	
2A0040	Gills, Right	FRAY	Absent	
2A0040	Gills, Right	MRGN	Absent	
2A0040	Gills, Right	PALE	Absent	
2A0040	Fins	ERS	Absent	
2A0040	Fins	FRAY	Absent	
2A0040	Fins	HMR	Absent	
2A0040	Fins	EMB	Absent	
2A0041	Gills, Left	FRAY	Absent	
2A0041	Gills, Left	MRGN	Absent	
2A0041	Gills, Left	PALE	Absent	
2A0041	Gills, Right	FRAY	Absent	
2A0041	Gills, Right	MRGN	Absent	
2A0041	Gills, Right	PALE	Absent	
2A0041	Fins	ERS	Absent	
2A0041	Fins	FRAY	Absent	
2A0041	Fins	HMR	Absent	
2A0041	Fins	EMB	Absent	
2A0042	Gills, Left	FRAY	Absent	
2A0042	Gills, Left	MRGN	Absent	
2A0042	Gills, Left	PALE	Absent	
2A0042	Gills, Right	FRAY	Absent	
2A0042	Gills, Right	MRGN	Absent	
2A0042	Gills, Right	PALE	Absent	
2A0042	Fins	ERS	Absent	
2A0042	Fins	FRAY	Absent	
2A0042	Fins	HMR	Absent	
2A0042	Fins	EMB	Absent	
2A0043	Gills, Left	FRAY	Absent	
2A0043	Gills, Left	MRGN	Absent	
2A0043	Gills, Left	PALE	Absent	
2A0043	Gills, Right	FRAY	Absent	
2A0043	Gills, Right	MRGN	Absent	
2A0043	Gills, Right	PALE	Absent	
2A0043	Fins	ERS	Absent	
2A0043	Fins	FRAY	Absent	
2A0043	Fins	HMR	Absent	
2A0043	Fins	EMB	Absent	
2A0044	Gills, Left	FRAY	Absent	
2A0044	Gills, Left	MRGN	Absent	
2A0044	Gills, Left	PALE	Absent	
2A0044	Gills, Right	FRAY	Absent	
2A0044	Gills, Right	MRGN	Absent	
2A0044	Gills, Right	PALE	Absent	
2A0044	Fins	ERS	Absent	
2A0044	Fins	FRAY	Absent	
2A0044	Fins	HMR	Absent	
2A0044	Fins	EMB	Absent	
2A0045	Gills, Left	FRAY	Absent	
2A0045	Gills, Left	MRGN	Absent	
2A0045	Gills, Left	PALE	Absent	
2A0045	Gills, Right	FRAY	Absent	
2A0045	Gills, Right	MRGN	Absent	
2A0045	Gills, Right	PALE	Absent	
2A0045	Fins	ERS	Absent	
2A0045	Fins	FRAY	Absent	
2A0045	Fins	HMR	Absent	
2A0045	Fins	EMB	Absent	
2A0046	Gills, Left	FRAY	Absent	
2A0046	Gills, Left	MRGN	Absent	
2A0046	Gills, Left	PALE	Absent	
2A0046	Gills, Right	FRAY	Absent	
2A0046	Gills, Right	MRGN	Absent	
2A0046	Gills, Right	PALE	Absent	
2A0046	Fins	ERS	Absent	
2A0046	Fins	FRAY	Absent	
2A0046	Fins	HMR	Present	
2A0046	Fins	EMB	Absent	
2A0047	Gills, Left	FRAY	Absent	
2A0047	Gills, Left	MRGN	Absent	
2A0047	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0047	Gills, Right	FRAY	Absent	
2A0047	Gills, Right	MRGN	Absent	
2A0047	Gills, Right	PALE	Absent	
2A0047	Fins	ERS	Absent	
2A0047	Fins	FRAY	Absent	
2A0047	Fins	HMR	Absent	
2A0047	Fins	EMB	Absent	
2A0048	Gills, Left	FRAY	Absent	
2A0048	Gills, Left	MRGN	Absent	
2A0048	Gills, Left	PALE	Absent	
2A0048	Gills, Right	FRAY	Absent	
2A0048	Gills, Right	MRGN	Absent	
2A0048	Gills, Right	PALE	Absent	
2A0048	Fins	ERS	Absent	
2A0048	Fins	FRAY	Absent	
2A0048	Fins	HMR	Absent	
2A0048	Fins	EMB	Absent	
2A0049	Gills, Left	FRAY	Absent	
2A0049	Gills, Left	MRGN	Absent	
2A0049	Gills, Left	PALE	Absent	
2A0049	Gills, Right	FRAY	Absent	
2A0049	Gills, Right	MRGN	Absent	
2A0049	Gills, Right	PALE	Absent	
2A0049	Fins	ERS	Absent	
2A0049	Fins	FRAY	Absent	
2A0049	Fins	HMR	Absent	
2A0049	Fins	EMB	Absent	
2A0050	Gills, Left	FRAY	Absent	
2A0050	Gills, Left	MRGN	Absent	
2A0050	Gills, Left	PALE	Absent	
2A0050	Gills, Right	FRAY	Absent	
2A0050	Gills, Right	MRGN	Absent	
2A0050	Gills, Right	PALE	Absent	
2A0050	Fins	ERS	Absent	
2A0050	Fins	FRAY	Absent	
2A0050	Fins	HMR	Absent	
2A0050	Fins	EMB	Absent	
2A0051	Gills, Left	FRAY	Absent	
2A0051	Gills, Left	MRGN	Absent	
2A0051	Gills, Left	PALE	Absent	
2A0051	Gills, Right	FRAY	Absent	
2A0051	Gills, Right	MRGN	Absent	
2A0051	Gills, Right	PALE	Absent	
2A0051	Fins	ERS	Absent	
2A0051	Fins	FRAY	Absent	
2A0051	Fins	HMR	Absent	
2A0051	Fins	EMB	Absent	
2A0052	Gills, Left	FRAY	Absent	
2A0052	Gills, Left	MRGN	Absent	
2A0052	Gills, Left	PALE	Absent	
2A0052	Gills, Right	FRAY	Absent	
2A0052	Gills, Right	MRGN	Absent	
2A0052	Gills, Right	PALE	Absent	
2A0052	Fins	ERS	Absent	
2A0052	Fins	FRAY	Absent	
2A0052	Fins	HMR	Absent	
2A0052	Fins	EMB	Absent	
2A0053	Gills, Left	FRAY	Absent	
2A0053	Gills, Left	MRGN	Absent	
2A0053	Gills, Left	PALE	Absent	
2A0053	Gills, Right	FRAY	Absent	
2A0053	Gills, Right	MRGN	Absent	
2A0053	Gills, Right	PALE	Absent	
2A0053	Fins	ERS	Absent	
2A0053	Fins	FRAY	Absent	
2A0053	Fins	HMR	Absent	
2A0053	Fins	EMB	Absent	
2A0054	Gills, Left	FRAY	Absent	
2A0054	Gills, Left	MRGN	Absent	
2A0054	Gills, Left	PALE	Absent	
2A0054	Gills, Right	FRAY	Absent	
2A0054	Gills, Right	MRGN	Absent	
2A0054	Gills, Right	PALE	Absent	
2A0054	Fins	ERS	Minor	
2A0054	Fins	FRAY	Absent	
2A0054	Fins	HMR	Absent	
2A0054	Fins	EMB	Absent	
2A0055	Gills, Left	FRAY	Absent	
2A0055	Gills, Left	MRGN	Absent	
2A0055	Gills, Left	PALE	Absent	
2A0055	Gills, Right	FRAY	Absent	
2A0055	Gills, Right	MRGN	Absent	
2A0055	Gills, Right	PALE	Absent	
2A0055	Fins	ERS	Absent	
2A0055	Fins	FRAY	Absent	
2A0055	Fins	HMR	Absent	
2A0055	Fins	EMB	Absent	
2A0056	Gills, Left	FRAY	Absent	
2A0056	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0056	Gills, Left	PALE	Absent	
2A0056	Gills, Right	FRAY	Absent	
2A0056	Gills, Right	MRGN	Absent	
2A0056	Gills, Right	PALE	Absent	
2A0056	Fins	ERS	Absent	
2A0056	Fins	FRAY	Absent	
2A0056	Fins	HMR	Absent	
2A0056	Fins	EMB	Absent	
2A0057	Gills, Left	FRAY	Absent	
2A0057	Gills, Left	MRGN	Absent	
2A0057	Gills, Left	PALE	Absent	
2A0057	Gills, Right	FRAY	Absent	
2A0057	Gills, Right	MRGN	Absent	
2A0057	Gills, Right	PALE	Absent	
2A0057	Fins	ERS	Absent	
2A0057	Fins	FRAY	Absent	
2A0057	Fins	HMR	Absent	
2A0057	Fins	EMB	Absent	
2A0058	Gills, Left	FRAY	Absent	
2A0058	Gills, Left	MRGN	Absent	
2A0058	Gills, Left	PALE	Absent	
2A0058	Gills, Right	FRAY	Absent	
2A0058	Gills, Right	MRGN	Absent	
2A0058	Gills, Right	PALE	Absent	
2A0058	Fins	ERS	Absent	
2A0058	Fins	FRAY	Absent	
2A0058	Fins	HMR	Absent	
2A0058	Fins	EMB	Absent	
2A0059	Gills, Left	FRAY	Absent	
2A0059	Gills, Left	MRGN	Absent	
2A0059	Gills, Left	PALE	Absent	
2A0059	Gills, Right	FRAY	Absent	
2A0059	Gills, Right	MRGN	Absent	
2A0059	Gills, Right	PALE	Absent	
2A0059	Fins	ERS	Absent	
2A0059	Fins	FRAY	Absent	
2A0059	Fins	HMR	Absent	
2A0059	Fins	EMB	Absent	
2A0060	Gills, Left	FRAY	Absent	
2A0060	Gills, Left	MRGN	Absent	
2A0060	Gills, Left	PALE	Absent	
2A0060	Gills, Right	FRAY	Absent	
2A0060	Gills, Right	MRGN	Absent	
2A0060	Gills, Right	PALE	Absent	
2A0060	Fins	ERS	Absent	
2A0060	Fins	FRAY	Absent	
2A0060	Fins	HMR	Absent	
2A0060	Fins	EMB	Absent	
2A0061	Gills, Left	FRAY	Absent	
2A0061	Gills, Left	MRGN	Absent	
2A0061	Gills, Left	PALE	Absent	
2A0061	Gills, Right	FRAY	Absent	
2A0061	Gills, Right	MRGN	Absent	
2A0061	Gills, Right	PALE	Absent	
2A0061	Fins	ERS	Absent	
2A0061	Fins	FRAY	Absent	
2A0061	Fins	HMR	Absent	
2A0061	Fins	EMB	Absent	
2A0062	Gills, Left	FRAY	Absent	
2A0062	Gills, Left	MRGN	Absent	
2A0062	Gills, Left	PALE	Absent	
2A0062	Gills, Right	FRAY	Absent	
2A0062	Gills, Right	MRGN	Absent	
2A0062	Gills, Right	PALE	Absent	
2A0062	Fins	ERS	Absent	
2A0062	Fins	FRAY	Absent	
2A0062	Fins	HMR	Absent	
2A0062	Fins	EMB	Absent	
2A0063	Gills, Left	FRAY	Absent	
2A0063	Gills, Left	MRGN	Absent	
2A0063	Gills, Left	PALE	Absent	
2A0063	Gills, Right	FRAY	Absent	
2A0063	Gills, Right	MRGN	Absent	
2A0063	Gills, Right	PALE	Absent	
2A0063	Fins	ERS	Absent	
2A0063	Fins	FRAY	Absent	
2A0063	Fins	HMR	Absent	
2A0063	Fins	EMB	Absent	
2A0064	Gills, Left	FRAY	Absent	
2A0064	Gills, Left	MRGN	Absent	
2A0064	Gills, Left	PALE	Absent	
2A0064	Gills, Right	FRAY	Absent	
2A0064	Gills, Right	MRGN	Absent	
2A0064	Gills, Right	PALE	Absent	
2A0064	Fins	ERS	Absent	
2A0064	Fins	FRAY	Absent	
2A0064	Fins	HMR	Absent	
2A0064	Fins	EMB	Absent	
2A0065	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0065	Gills, Left	MRGN	Absent	
2A0065	Gills, Left	PALE	Absent	
2A0065	Gills, Right	FRAY	Absent	
2A0065	Gills, Right	MRGN	Absent	
2A0065	Gills, Right	PALE	Absent	
2A0065	Fins	ERS	Absent	
2A0065	Fins	FRAY	Absent	
2A0065	Fins	HMR	Absent	
2A0065	Fins	EMB	Absent	
2A0066	Gills, Left	FRAY	Absent	
2A0066	Gills, Left	MRGN	Absent	
2A0066	Gills, Left	PALE	Absent	
2A0066	Gills, Right	FRAY	Absent	
2A0066	Gills, Right	MRGN	Absent	
2A0066	Gills, Right	PALE	Absent	
2A0066	Fins	ERS	Absent	
2A0066	Fins	FRAY	Absent	
2A0066	Fins	HMR	Absent	
2A0066	Fins	EMB	Absent	
2A0067	Gills, Left	FRAY	Absent	
2A0067	Gills, Left	MRGN	Absent	
2A0067	Gills, Left	PALE	Absent	
2A0067	Gills, Right	FRAY	Absent	
2A0067	Gills, Right	MRGN	Absent	
2A0067	Gills, Right	PALE	Absent	
2A0067	Fins	ERS	Absent	
2A0067	Fins	FRAY	Absent	
2A0067	Fins	HMR	Absent	
2A0067	Fins	EMB	Absent	
2A0068	Gills, Left	FRAY	Absent	
2A0068	Gills, Left	MRGN	Absent	
2A0068	Gills, Left	PALE	Absent	
2A0068	Gills, Right	FRAY	Absent	
2A0068	Gills, Right	MRGN	Absent	
2A0068	Gills, Right	PALE	Absent	
2A0068	Fins	ERS	Absent	
2A0068	Fins	FRAY	Absent	
2A0068	Fins	HMR	Absent	
2A0068	Fins	EMB	Absent	
2A0069	Gills, Left	FRAY	Absent	
2A0069	Gills, Left	MRGN	Absent	
2A0069	Gills, Left	PALE	Absent	
2A0069	Gills, Right	FRAY	Absent	
2A0069	Gills, Right	MRGN	Absent	
2A0069	Gills, Right	PALE	Absent	
2A0069	Fins	ERS	Absent	
2A0069	Fins	FRAY	Absent	
2A0069	Fins	HMR	Absent	
2A0069	Fins	EMB	Absent	
2A0070	Gills, Left	FRAY	Absent	
2A0070	Gills, Left	MRGN	Absent	
2A0070	Gills, Left	PALE	Absent	
2A0070	Gills, Right	FRAY	Absent	
2A0070	Gills, Right	MRGN	Absent	
2A0070	Gills, Right	PALE	Absent	
2A0070	Fins	ERS	Absent	
2A0070	Fins	FRAY	Absent	
2A0070	Fins	HMR	Absent	
2A0070	Fins	EMB	Absent	
2A0071	Gills, Left	FRAY	Absent	
2A0071	Gills, Left	MRGN	Absent	
2A0071	Gills, Left	PALE	Absent	
2A0071	Gills, Right	FRAY	Absent	
2A0071	Gills, Right	MRGN	Absent	
2A0071	Gills, Right	PALE	Absent	
2A0071	Fins	ERS	Severe	
2A0071	Fins	FRAY	Absent	
2A0071	Fins	HMR	Absent	
2A0071	Fins	EMB	Absent	
2A0072	Gills, Left	FRAY	Absent	
2A0072	Gills, Left	MRGN	Absent	
2A0072	Gills, Left	PALE	Absent	
2A0072	Gills, Right	FRAY	Absent	
2A0072	Gills, Right	MRGN	Absent	
2A0072	Gills, Right	PALE	Absent	
2A0072	Fins	ERS	Absent	
2A0072	Fins	FRAY	Absent	
2A0072	Fins	HMR	Absent	
2A0072	Fins	EMB	Absent	
2A0073	Gills, Left	FRAY	Absent	
2A0073	Gills, Left	MRGN	Absent	
2A0073	Gills, Left	PALE	Absent	
2A0073	Gills, Right	FRAY	Absent	
2A0073	Gills, Right	MRGN	Absent	
2A0073	Gills, Right	PALE	Absent	
2A0073	Fins	ERS	Absent	
2A0073	Fins	FRAY	Absent	
2A0073	Fins	HMR	Absent	
2A0073	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0074	Gills, Left	FRAY	Absent	
2A0074	Gills, Left	MRGN	Absent	
2A0074	Gills, Left	PALE	Absent	
2A0074	Gills, Right	FRAY	Absent	
2A0074	Gills, Right	MRGN	Absent	
2A0074	Gills, Right	PALE	Absent	
2A0074	Fins	ERS	Absent	
2A0074	Fins	FRAY	Absent	
2A0074	Fins	HMR	Absent	
2A0074	Fins	EMB	Absent	
2A0075	Gills, Left	FRAY	Absent	
2A0075	Gills, Left	MRGN	Absent	
2A0075	Gills, Left	PALE	Absent	
2A0075	Gills, Right	FRAY	Absent	
2A0075	Gills, Right	MRGN	Absent	
2A0075	Gills, Right	PALE	Absent	
2A0075	Fins	ERS	Absent	
2A0075	Fins	FRAY	Absent	
2A0075	Fins	HMR	Absent	
2A0075	Fins	EMB	Absent	
2A0076	Gills, Left	FRAY	Absent	
2A0076	Gills, Left	MRGN	Absent	
2A0076	Gills, Left	PALE	Absent	
2A0076	Gills, Right	FRAY	Absent	
2A0076	Gills, Right	MRGN	Absent	
2A0076	Gills, Right	PALE	Absent	
2A0076	Fins	ERS	Absent	
2A0076	Fins	FRAY	Absent	
2A0076	Fins	HMR	Absent	
2A0076	Fins	EMB	Absent	
2A0077	Gills, Left	FRAY	Absent	
2A0077	Gills, Left	MRGN	Absent	
2A0077	Gills, Left	PALE	Absent	
2A0077	Gills, Right	FRAY	Absent	
2A0077	Gills, Right	MRGN	Absent	
2A0077	Gills, Right	PALE	Absent	
2A0077	Fins	ERS	Absent	
2A0077	Fins	FRAY	Absent	
2A0077	Fins	HMR	Absent	
2A0077	Fins	EMB	Absent	
2A0078	Gills, Left	FRAY	Absent	
2A0078	Gills, Left	MRGN	Absent	
2A0078	Gills, Left	PALE	Absent	
2A0078	Gills, Right	FRAY	Absent	
2A0078	Gills, Right	MRGN	Absent	
2A0078	Gills, Right	PALE	Absent	
2A0078	Fins	ERS	Absent	
2A0078	Fins	FRAY	Absent	
2A0078	Fins	HMR	Absent	
2A0078	Fins	EMB	Absent	
2A0079	Gills, Left	FRAY	Absent	
2A0079	Gills, Left	MRGN	Absent	
2A0079	Gills, Left	PALE	Absent	
2A0079	Gills, Right	FRAY	Absent	
2A0079	Gills, Right	MRGN	Absent	
2A0079	Gills, Right	PALE	Absent	
2A0079	Fins	ERS	Absent	
2A0079	Fins	FRAY	Absent	
2A0079	Fins	HMR	Absent	
2A0079	Fins	EMB	Absent	
2A0080	Gills, Left	FRAY	Absent	
2A0080	Gills, Left	MRGN	Absent	
2A0080	Gills, Left	PALE	Absent	
2A0080	Gills, Right	FRAY	Absent	
2A0080	Gills, Right	MRGN	Absent	
2A0080	Gills, Right	PALE	Absent	
2A0080	Fins	ERS	Absent	
2A0080	Fins	FRAY	Absent	
2A0080	Fins	HMR	Absent	
2A0080	Fins	EMB	Absent	
2A0081	Gills, Left	FRAY	Absent	
2A0081	Gills, Left	MRGN	Absent	
2A0081	Gills, Left	PALE	Absent	
2A0081	Gills, Right	FRAY	Absent	
2A0081	Gills, Right	MRGN	Absent	
2A0081	Gills, Right	PALE	Absent	
2A0081	Fins	ERS	Absent	
2A0081	Fins	FRAY	Absent	
2A0081	Fins	HMR	Absent	
2A0081	Fins	EMB	Absent	
2A0082	Gills, Left	FRAY	Absent	
2A0082	Gills, Left	MRGN	Absent	
2A0082	Gills, Left	PALE	Absent	
2A0082	Gills, Right	FRAY	Absent	
2A0082	Gills, Right	MRGN	Absent	
2A0082	Gills, Right	PALE	Absent	
2A0082	Fins	ERS	Absent	
2A0082	Fins	FRAY	Absent	
2A0082	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2A0082	Fins	EMB	Absent	
2BTC0004	Gills, Left	FRAY	Absent	
2BTC0004	Gills, Left	MRGN	Absent	
2BTC0004	Gills, Left	PALE	Absent	
2BTC0004	Gills, Right	FRAY	Absent	
2BTC0004	Gills, Right	MRGN	Absent	
2BTC0004	Gills, Right	PALE	Absent	
2BTC0004	Fins	ERS	Absent	
2BTC0004	Fins	FRAY	Absent	
2BTC0004	Fins	HMR	Absent	
2BTC0004	Fins	EMB	Absent	
2CBT2105	Gills, Left	FRAY	Absent	
2CBT2105	Gills, Left	MRGN	Absent	
2CBT2105	Gills, Left	PALE	Absent	
2CBT2105	Gills, Right	FRAY	Absent	
2CBT2105	Gills, Right	MRGN	Absent	
2CBT2105	Gills, Right	PALE	Absent	
2CBT2105	Fins	ERS	Absent	
2CBT2105	Fins	FRAY	Absent	
2CBT2105	Fins	HMR	Absent	
2CBT2105	Fins	EMB	Absent	
2E0001W	Gills, Left	FRAY	Absent	
2E0001W	Gills, Left	MRGN	Absent	
2E0001W	Gills, Left	PALE	Absent	
2E0001W	Gills, Right	FRAY	Absent	
2E0001W	Gills, Right	MRGN	Absent	
2E0001W	Gills, Right	PALE	Absent	
2E0001W	Fins	ERS	Absent	
2E0001W	Fins	FRAY	Absent	
2E0001W	Fins	HMR	Absent	
2E0001W	Fins	EMB	Absent	
2E0001W	Fins	OTHER	Present	Asymmetrical caudal fin
2E0002W	Gills, Left	FRAY	Absent	
2E0002W	Gills, Left	MRGN	Absent	
2E0002W	Gills, Left	PALE	Absent	
2E0002W	Gills, Right	FRAY	Absent	
2E0002W	Gills, Right	MRGN	Absent	
2E0002W	Gills, Right	PALE	Absent	
2E0002W	Fins	ERS	Absent	
2E0002W	Fins	FRAY	Absent	
2E0002W	Fins	HMR	Absent	
2E0002W	Fins	EMB	Absent	
2E0003W	Gills, Left	FRAY	Absent	
2E0003W	Gills, Left	MRGN	Absent	
2E0003W	Gills, Left	PALE	Absent	
2E0003W	Gills, Right	FRAY	Absent	
2E0003W	Gills, Right	MRGN	Absent	
2E0003W	Gills, Right	PALE	Absent	
2E0003W	Fins	ERS	Absent	
2E0003W	Fins	FRAY	Absent	
2E0003W	Fins	HMR	Absent	
2E0003W	Fins	EMB	Absent	
2E0004H	Gills, Left	FRAY	Absent	
2E0004H	Gills, Left	MRGN	Absent	
2E0004H	Gills, Left	PALE	Absent	
2E0004H	Gills, Right	FRAY	Absent	
2E0004H	Gills, Right	MRGN	Absent	
2E0004H	Gills, Right	PALE	Absent	
2E0004H	Fins	ERS	Absent	
2E0004H	Fins	FRAY	Absent	
2E0004H	Fins	HMR	Absent	
2E0004H	Fins	EMB	Absent	
2E0005H	Gills, Left	FRAY	Absent	
2E0005H	Gills, Left	MRGN	Absent	
2E0005H	Gills, Left	PALE	Absent	
2E0005H	Gills, Right	FRAY	Absent	
2E0005H	Gills, Right	MRGN	Absent	
2E0005H	Gills, Right	PALE	Absent	
2E0005H	Fins	ERS	Absent	
2E0005H	Fins	FRAY	Absent	
2E0005H	Fins	HMR	Absent	
2E0005H	Fins	EMB	Absent	
2E0006H	Gills, Left	FRAY	Absent	
2E0006H	Gills, Left	MRGN	Absent	
2E0006H	Gills, Left	PALE	Absent	
2E0006H	Gills, Right	FRAY	Absent	
2E0006H	Gills, Right	MRGN	Absent	
2E0006H	Gills, Right	PALE	Absent	
2E0006H	Fins	ERS	Absent	
2E0006H	Fins	FRAY	Absent	
2E0006H	Fins	HMR	Absent	
2E0006H	Fins	EMB	Absent	
2EB0002W	Gills, Left	FRAY	Absent	
2EB0002W	Gills, Left	MRGN	Absent	
2EB0002W	Gills, Left	PALE	Absent	
2EB0002W	Gills, Right	FRAY	Absent	
2EB0002W	Gills, Right	MRGN	Absent	
2EB0002W	Gills, Right	PALE	Absent	
2EB0002W	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0002W	Fins	FRAY	Absent	
2EB0002W	Fins	HMR	Absent	
2EB0002W	Fins	EMB	Absent	
2EB0004H	Gills, Left	FRAY	Absent	
2EB0004H	Gills, Left	MRGN	Absent	
2EB0004H	Gills, Left	PALE	Absent	
2EB0004H	Gills, Right	FRAY	Absent	
2EB0004H	Gills, Right	MRGN	Absent	
2EB0004H	Gills, Right	PALE	Absent	
2EB0004H	Fins	ERS	Absent	
2EB0004H	Fins	FRAY	Absent	
2EB0004H	Fins	HMR	Absent	
2EB0004H	Fins	EMB	Absent	
2EB0004H	Fins	OTHER	Present	Damage to dorsal fin
2EB0006W	Gills, Left	FRAY	Absent	
2EB0006W	Gills, Left	MRGN	Absent	
2EB0006W	Gills, Left	PALE	Absent	
2EB0006W	Gills, Right	FRAY	Absent	
2EB0006W	Gills, Right	MRGN	Absent	
2EB0006W	Gills, Right	PALE	Absent	
2EB0006W	Fins	ERS	Absent	
2EB0006W	Fins	FRAY	Absent	
2EB0006W	Fins	HMR	Absent	
2EB0006W	Fins	EMB	Absent	
2EB0008W	Gills, Left	FRAY	Absent	
2EB0008W	Gills, Left	MRGN	Absent	
2EB0008W	Gills, Left	PALE	Absent	
2EB0008W	Gills, Left	OTHER	Present	Parasite
2EB0008W	Gills, Right	FRAY	Absent	
2EB0008W	Gills, Right	MRGN	Absent	
2EB0008W	Gills, Right	PALE	Absent	
2EB0008W	Fins	ERS	Absent	
2EB0008W	Fins	FRAY	Present	
2EB0008W	Fins	HMR	Absent	
2EB0008W	Fins	EMB	Absent	
2EB0009W	Gills, Left	FRAY	Absent	
2EB0009W	Gills, Left	MRGN	Absent	
2EB0009W	Gills, Left	PALE	Absent	
2EB0009W	Gills, Right	FRAY	Absent	
2EB0009W	Gills, Right	MRGN	Absent	
2EB0009W	Gills, Right	PALE	Absent	
2EB0009W	Fins	ERS	Absent	
2EB0009W	Fins	FRAY	Absent	
2EB0009W	Fins	HMR	Absent	
2EB0009W	Fins	EMB	Absent	
2EB0010W	Gills, Left	FRAY	Absent	
2EB0010W	Gills, Left	MRGN	Absent	
2EB0010W	Gills, Left	PALE	Absent	
2EB0010W	Gills, Right	FRAY	Absent	
2EB0010W	Gills, Right	MRGN	Absent	
2EB0010W	Gills, Right	PALE	Absent	
2EB0010W	Fins	ERS	Absent	
2EB0010W	Fins	FRAY	Absent	
2EB0010W	Fins	HMR	Absent	
2EB0010W	Fins	EMB	Absent	
2EB0011W	Gills, Left	FRAY	Absent	
2EB0011W	Gills, Left	MRGN	Absent	
2EB0011W	Gills, Left	PALE	Absent	
2EB0011W	Gills, Right	FRAY	Absent	
2EB0011W	Gills, Right	MRGN	Absent	
2EB0011W	Gills, Right	PALE	Absent	
2EB0011W	Fins	ERS	Absent	
2EB0011W	Fins	FRAY	Absent	
2EB0011W	Fins	HMR	Absent	
2EB0011W	Fins	EMB	Absent	
2EB0012	Gills, Left	FRAY	Absent	
2EB0012	Gills, Left	MRGN	Absent	
2EB0012	Gills, Left	PALE	Absent	
2EB0012	Gills, Right	FRAY	Absent	
2EB0012	Gills, Right	MRGN	Absent	
2EB0012	Gills, Right	PALE	Absent	
2EB0012	Fins	ERS	Absent	
2EB0012	Fins	FRAY	Absent	
2EB0012	Fins	HMR	Absent	
2EB0012	Fins	EMB	Absent	
2EB0012	Fins	OTHER	Present	Gill net damage
2EB0013	Gills, Left	FRAY	Absent	
2EB0013	Gills, Left	MRGN	Absent	
2EB0013	Gills, Left	PALE	Absent	
2EB0013	Gills, Right	FRAY	Absent	
2EB0013	Gills, Right	MRGN	Absent	
2EB0013	Gills, Right	PALE	Absent	
2EB0013	Fins	ERS	Absent	
2EB0013	Fins	FRAY	Absent	
2EB0013	Fins	HMR	Absent	
2EB0013	Fins	EMB	Absent	
2EB0013	Fins	OTHER	Present	Gill net damage
2EB0014W	Gills, Left	FRAY	Absent	
2EB0014W	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0014W	Gills, Left	PALE	Present	
2EB0014W	Gills, Right	FRAY	Absent	
2EB0014W	Gills, Right	MRGN	Absent	
2EB0014W	Gills, Right	PALE	Present	
2EB0014W	Fins	ERS	Absent	
2EB0014W	Fins	FRAY	Absent	
2EB0014W	Fins	HMR	Absent	
2EB0014W	Fins	EMB	Absent	
2EB0015	Gills, Left	FRAY	Absent	
2EB0015	Gills, Left	MRGN	Absent	
2EB0015	Gills, Left	PALE	Absent	
2EB0015	Gills, Right	FRAY	Absent	
2EB0015	Gills, Right	MRGN	Absent	
2EB0015	Gills, Right	PALE	Absent	
2EB0015	Fins	ERS	Absent	
2EB0015	Fins	FRAY	Absent	
2EB0015	Fins	HMR	Absent	
2EB0015	Fins	EMB	Absent	
2EB0016	Gills, Left	FRAY	Absent	
2EB0016	Gills, Left	MRGN	Absent	
2EB0016	Gills, Left	PALE	Absent	
2EB0016	Gills, Right	FRAY	Absent	
2EB0016	Gills, Right	MRGN	Absent	
2EB0016	Gills, Right	PALE	Absent	
2EB0016	Fins	ERS	Absent	
2EB0016	Fins	FRAY	Absent	
2EB0016	Fins	HMR	Absent	
2EB0016	Fins	EMB	Absent	
2EB0017	Gills, Left	FRAY	Absent	
2EB0017	Gills, Left	MRGN	Absent	
2EB0017	Gills, Left	PALE	Absent	
2EB0017	Gills, Right	FRAY	Absent	
2EB0017	Gills, Right	MRGN	Absent	
2EB0017	Gills, Right	PALE	Absent	
2EB0017	Fins	ERS	Absent	
2EB0017	Fins	FRAY	Absent	
2EB0017	Fins	HMR	Absent	
2EB0017	Fins	EMB	Absent	
2EB0018	Gills, Left	FRAY	Absent	
2EB0018	Gills, Left	MRGN	Absent	
2EB0018	Gills, Left	PALE	Absent	
2EB0018	Gills, Right	FRAY	Absent	
2EB0018	Gills, Right	MRGN	Absent	
2EB0018	Gills, Right	PALE	Absent	
2EB0018	Fins	ERS	Absent	
2EB0018	Fins	FRAY	Absent	
2EB0018	Fins	HMR	Absent	
2EB0018	Fins	EMB	Absent	
2EB0019	Gills, Left	FRAY	Absent	
2EB0019	Gills, Left	MRGN	Absent	
2EB0019	Gills, Left	PALE	Absent	
2EB0019	Gills, Right	FRAY	Absent	
2EB0019	Gills, Right	MRGN	Absent	
2EB0019	Gills, Right	PALE	Absent	
2EB0019	Fins	ERS	Absent	
2EB0019	Fins	FRAY	Absent	
2EB0019	Fins	HMR	Absent	
2EB0019	Fins	EMB	Absent	
2EB0020	Gills, Left	FRAY	Absent	
2EB0020	Gills, Left	MRGN	Absent	
2EB0020	Gills, Left	PALE	Absent	
2EB0020	Gills, Right	FRAY	Absent	
2EB0020	Gills, Right	MRGN	Absent	
2EB0020	Gills, Right	PALE	Absent	
2EB0020	Fins	ERS	Absent	
2EB0020	Fins	FRAY	Absent	
2EB0020	Fins	HMR	Absent	
2EB0020	Fins	EMB	Absent	
2EB0021	Gills, Left	FRAY	Absent	
2EB0021	Gills, Left	MRGN	Absent	
2EB0021	Gills, Left	PALE	Absent	
2EB0021	Gills, Right	FRAY	Absent	
2EB0021	Gills, Right	MRGN	Absent	
2EB0021	Gills, Right	PALE	Absent	
2EB0021	Fins	ERS	Absent	
2EB0021	Fins	FRAY	Absent	
2EB0021	Fins	HMR	Absent	
2EB0021	Fins	EMB	Absent	
2EB0022	Gills, Left	FRAY	Absent	
2EB0022	Gills, Left	MRGN	Absent	
2EB0022	Gills, Left	PALE	Absent	
2EB0022	Gills, Right	FRAY	Absent	
2EB0022	Gills, Right	MRGN	Absent	
2EB0022	Gills, Right	PALE	Absent	
2EB0022	Fins	ERS	Absent	
2EB0022	Fins	FRAY	Absent	
2EB0022	Fins	HMR	Absent	
2EB0022	Fins	EMB	Absent	
2EB0023	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2EB0023	Gills, Left	MRGN	Absent	
2EB0023	Gills, Left	PALE	Absent	
2EB0023	Gills, Right	FRAY	Absent	
2EB0023	Gills, Right	MRGN	Absent	
2EB0023	Gills, Right	PALE	Absent	
2EB0023	Fins	ERS	Absent	
2EB0023	Fins	FRAY	Absent	
2EB0023	Fins	HMR	Absent	
2EB0023	Fins	EMB	Absent	
2EB0024	Gills, Left	FRAY	Absent	
2EB0024	Gills, Left	MRGN	Absent	
2EB0024	Gills, Left	PALE	Absent	
2EB0024	Gills, Right	FRAY	Absent	
2EB0024	Gills, Right	MRGN	Absent	
2EB0024	Gills, Right	PALE	Absent	
2EB0024	Fins	ERS	Absent	
2EB0024	Fins	FRAY	Absent	
2EB0024	Fins	HMR	Absent	
2EB0024	Fins	EMB	Absent	
2EB0025	Gills, Left	FRAY	Absent	
2EB0025	Gills, Left	MRGN	Absent	
2EB0025	Gills, Left	PALE	Absent	
2EB0025	Gills, Right	FRAY	Absent	
2EB0025	Gills, Right	MRGN	Absent	
2EB0025	Gills, Right	PALE	Absent	
2EB0025	Fins	ERS	Absent	
2EB0025	Fins	FRAY	Absent	
2EB0025	Fins	HMR	Absent	
2EB0025	Fins	EMB	Absent	
2EB0067W	Gills, Left	FRAY	Absent	
2EB0067W	Gills, Left	MRGN	Absent	
2EB0067W	Gills, Left	PALE	Absent	
2EB0067W	Gills, Right	FRAY	Absent	
2EB0067W	Gills, Right	MRGN	Absent	
2EB0067W	Gills, Right	PALE	Absent	
2EB0067W	Fins	ERS	Absent	
2EB0067W	Fins	FRAY	Absent	
2EB0067W	Fins	HMR	Absent	
2EB0067W	Fins	EMB	Absent	
2ED0007W	Gills, Left	FRAY	Absent	
2ED0007W	Gills, Left	MRGN	Absent	
2ED0007W	Gills, Left	PALE	Absent	
2ED0007W	Gills, Right	FRAY	Absent	
2ED0007W	Gills, Right	MRGN	Absent	
2ED0007W	Gills, Right	PALE	Absent	
2ED0007W	Fins	ERS	Absent	
2ED0007W	Fins	FRAY	Absent	
2ED0007W	Fins	HMR	Absent	
2ED0007W	Fins	EMB	Absent	
2ED0009	Gills, Left	FRAY	Absent	
2ED0009	Gills, Left	MRGN	Absent	
2ED0009	Gills, Left	PALE	Absent	
2ED0009	Gills, Right	FRAY	Absent	
2ED0009	Gills, Right	MRGN	Absent	
2ED0009	Gills, Right	PALE	Absent	
2ED0009	Fins	ERS	Absent	
2ED0009	Fins	FRAY	Absent	
2ED0009	Fins	HMR	Absent	
2ED0009	Fins	EMB	Absent	
2ED0010	Gills, Left	FRAY	Absent	
2ED0010	Gills, Left	MRGN	Absent	
2ED0010	Gills, Left	PALE	Absent	
2ED0010	Gills, Right	FRAY	Absent	
2ED0010	Gills, Right	MRGN	Absent	
2ED0010	Gills, Right	PALE	Absent	
2ED0010	Fins	ERS	Absent	
2ED0010	Fins	FRAY	Absent	
2ED0010	Fins	HMR	Absent	
2ED0010	Fins	EMB	Absent	
2ED0011	Gills, Left	FRAY	Absent	
2ED0011	Gills, Left	FRAY	Absent	
2ED0011	Gills, Left	MRGN	Absent	
2ED0011	Gills, Left	MRGN	Absent	
2ED0011	Gills, Left	PALE	Absent	
2ED0011	Gills, Left	PALE	Absent	
2ED0011	Gills, Right	FRAY	Absent	
2ED0011	Gills, Right	FRAY	Absent	
2ED0011	Gills, Right	MRGN	Absent	
2ED0011	Gills, Right	MRGN	Absent	
2ED0011	Gills, Right	PALE	Absent	
2ED0011	Gills, Right	PALE	Absent	
2ED0011	Fins	ERS	Absent	
2ED0011	Fins	ERS	Absent	
2ED0011	Fins	FRAY	Absent	
2ED0011	Fins	FRAY	Absent	
2ED0011	Fins	HMR	Absent	
2ED0011	Fins	HMR	Absent	
2ED0011	Fins	EMB	Absent	
2ED0011	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0012	Gills, Left	FRAY	Absent	
2ED0012	Gills, Left	MRGN	Absent	
2ED0012	Gills, Left	PALE	Absent	
2ED0012	Gills, Right	FRAY	Absent	
2ED0012	Gills, Right	MRGN	Absent	
2ED0012	Gills, Right	PALE	Absent	
2ED0012	Fins	ERS	Absent	
2ED0012	Fins	FRAY	Absent	
2ED0012	Fins	HMR	Absent	
2ED0012	Fins	EMB	Absent	
2ED0013	Gills, Left	FRAY	Absent	
2ED0013	Gills, Left	MRGN	Absent	
2ED0013	Gills, Left	PALE	Absent	
2ED0013	Gills, Right	FRAY	Absent	
2ED0013	Gills, Right	MRGN	Absent	
2ED0013	Gills, Right	PALE	Absent	
2ED0013	Fins	ERS	Absent	
2ED0013	Fins	FRAY	Absent	
2ED0013	Fins	HMR	Absent	
2ED0013	Fins	EMB	Absent	
2ED0014	Gills, Left	FRAY	Absent	
2ED0014	Gills, Left	MRGN	Absent	
2ED0014	Gills, Left	PALE	Absent	
2ED0014	Gills, Right	FRAY	Absent	
2ED0014	Gills, Right	MRGN	Absent	
2ED0014	Gills, Right	PALE	Absent	
2ED0014	Fins	ERS	Absent	
2ED0014	Fins	FRAY	Absent	
2ED0014	Fins	HMR	Absent	
2ED0014	Fins	EMB	Absent	
2ED0015	Gills, Left	FRAY	Absent	
2ED0015	Gills, Left	MRGN	Absent	
2ED0015	Gills, Left	PALE	Absent	
2ED0015	Gills, Right	FRAY	Absent	
2ED0015	Gills, Right	MRGN	Absent	
2ED0015	Gills, Right	PALE	Absent	
2ED0015	Fins	ERS	Absent	
2ED0015	Fins	FRAY	Absent	
2ED0015	Fins	HMR	Absent	
2ED0015	Fins	EMB	Absent	
2ED0016	Gills, Left	FRAY	Absent	
2ED0016	Gills, Left	MRGN	Absent	
2ED0016	Gills, Left	PALE	Absent	
2ED0016	Gills, Right	FRAY	Absent	
2ED0016	Gills, Right	MRGN	Absent	
2ED0016	Gills, Right	PALE	Absent	
2ED0016	Fins	ERS	Absent	
2ED0016	Fins	FRAY	Absent	
2ED0016	Fins	HMR	Absent	
2ED0016	Fins	EMB	Absent	
2ED0017	Gills, Left	FRAY	Absent	
2ED0017	Gills, Left	MRGN	Absent	
2ED0017	Gills, Left	PALE	Absent	
2ED0017	Gills, Right	FRAY	Absent	
2ED0017	Gills, Right	MRGN	Absent	
2ED0017	Gills, Right	PALE	Absent	
2ED0017	Fins	ERS	Absent	
2ED0017	Fins	FRAY	Absent	
2ED0017	Fins	HMR	Absent	
2ED0017	Fins	EMB	Absent	
2ED0018	Gills, Left	FRAY	Absent	
2ED0018	Gills, Left	MRGN	Absent	
2ED0018	Gills, Left	PALE	Absent	
2ED0018	Gills, Right	FRAY	Absent	
2ED0018	Gills, Right	MRGN	Absent	
2ED0018	Gills, Right	PALE	Absent	
2ED0018	Fins	ERS	Absent	
2ED0018	Fins	FRAY	Absent	
2ED0018	Fins	HMR	Absent	
2ED0018	Fins	EMB	Absent	
2ED0019	Gills, Left	FRAY	Absent	
2ED0019	Gills, Left	MRGN	Absent	
2ED0019	Gills, Left	PALE	Absent	
2ED0019	Gills, Right	FRAY	Absent	
2ED0019	Gills, Right	MRGN	Absent	
2ED0019	Gills, Right	PALE	Absent	
2ED0019	Fins	ERS	Absent	
2ED0019	Fins	FRAY	Absent	
2ED0019	Fins	HMR	Absent	
2ED0019	Fins	EMB	Absent	
2ED0020	Gills, Left	FRAY	Absent	
2ED0020	Gills, Left	MRGN	Absent	
2ED0020	Gills, Left	PALE	Absent	
2ED0020	Gills, Right	FRAY	Absent	
2ED0020	Gills, Right	MRGN	Absent	
2ED0020	Gills, Right	PALE	Absent	
2ED0020	Fins	ERS	Absent	
2ED0020	Fins	FRAY	Absent	
2ED0020	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0020	Fins	EMB	Absent	
2ED0021	Gills, Left	FRAY	Absent	
2ED0021	Gills, Left	MRGN	Absent	
2ED0021	Gills, Left	PALE	Absent	
2ED0021	Gills, Right	FRAY	Absent	
2ED0021	Gills, Right	MRGN	Absent	
2ED0021	Gills, Right	PALE	Absent	
2ED0021	Fins	ERS	Absent	
2ED0021	Fins	FRAY	Absent	
2ED0021	Fins	HMR	Absent	
2ED0021	Fins	EMB	Absent	
2ED0022	Gills, Left	FRAY	Absent	
2ED0022	Gills, Left	MRGN	Absent	
2ED0022	Gills, Left	PALE	Absent	
2ED0022	Gills, Right	FRAY	Absent	
2ED0022	Gills, Right	MRGN	Absent	
2ED0022	Gills, Right	PALE	Absent	
2ED0022	Fins	ERS	Absent	
2ED0022	Fins	FRAY	Absent	
2ED0022	Fins	HMR	Absent	
2ED0022	Fins	EMB	Absent	
2ED0023	Gills, Left	FRAY	Absent	
2ED0023	Gills, Left	MRGN	Absent	
2ED0023	Gills, Left	PALE	Absent	
2ED0023	Gills, Right	FRAY	Absent	
2ED0023	Gills, Right	MRGN	Absent	
2ED0023	Gills, Right	PALE	Absent	
2ED0023	Fins	ERS	Absent	
2ED0023	Fins	FRAY	Absent	
2ED0023	Fins	HMR	Absent	
2ED0023	Fins	EMB	Absent	
2ED0024	Gills, Left	FRAY	Absent	
2ED0024	Gills, Left	MRGN	Absent	
2ED0024	Gills, Left	PALE	Absent	
2ED0024	Gills, Right	FRAY	Absent	
2ED0024	Gills, Right	MRGN	Absent	
2ED0024	Gills, Right	PALE	Absent	
2ED0024	Fins	ERS	Absent	
2ED0024	Fins	FRAY	Absent	
2ED0024	Fins	HMR	Absent	
2ED0024	Fins	EMB	Absent	
2ED0025	Gills, Left	FRAY	Absent	
2ED0025	Gills, Left	MRGN	Absent	
2ED0025	Gills, Left	PALE	Absent	
2ED0025	Gills, Right	FRAY	Absent	
2ED0025	Gills, Right	MRGN	Absent	
2ED0025	Gills, Right	PALE	Absent	
2ED0025	Fins	ERS	Absent	
2ED0025	Fins	FRAY	Absent	
2ED0025	Fins	HMR	Absent	
2ED0025	Fins	EMB	Absent	
2ED0026	Gills, Left	FRAY	Absent	
2ED0026	Gills, Left	MRGN	Absent	
2ED0026	Gills, Left	PALE	Absent	
2ED0026	Gills, Right	FRAY	Absent	
2ED0026	Gills, Right	MRGN	Absent	
2ED0026	Gills, Right	PALE	Absent	
2ED0026	Fins	ERS	Absent	
2ED0026	Fins	FRAY	Absent	
2ED0026	Fins	HMR	Absent	
2ED0026	Fins	EMB	Absent	
2ED0027	Gills, Left	FRAY	Absent	
2ED0027	Gills, Left	MRGN	Absent	
2ED0027	Gills, Left	PALE	Absent	
2ED0027	Gills, Right	FRAY	Absent	
2ED0027	Gills, Right	MRGN	Absent	
2ED0027	Gills, Right	PALE	Absent	
2ED0027	Fins	ERS	Absent	
2ED0027	Fins	FRAY	Absent	
2ED0027	Fins	HMR	Absent	
2ED0027	Fins	EMB	Absent	
2ED0028	Gills, Left	FRAY	Absent	
2ED0028	Gills, Left	MRGN	Absent	
2ED0028	Gills, Left	PALE	Absent	
2ED0028	Gills, Right	FRAY	Absent	
2ED0028	Gills, Right	MRGN	Absent	
2ED0028	Gills, Right	PALE	Absent	
2ED0028	Fins	ERS	Absent	
2ED0028	Fins	FRAY	Absent	
2ED0028	Fins	HMR	Absent	
2ED0028	Fins	EMB	Absent	
2ED0029	Gills, Left	FRAY	Absent	
2ED0029	Gills, Left	MRGN	Absent	
2ED0029	Gills, Left	PALE	Absent	
2ED0029	Gills, Right	FRAY	Absent	
2ED0029	Gills, Right	MRGN	Absent	
2ED0029	Gills, Right	PALE	Absent	
2ED0029	Fins	ERS	Absent	
2ED0029	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0029	Fins	HMR	Absent	
2ED0029	Fins	EMB	Absent	
2ED0030	Gills, Left	FRAY	Absent	
2ED0030	Gills, Left	MRGN	Absent	
2ED0030	Gills, Left	PALE	Absent	
2ED0030	Gills, Right	FRAY	Absent	
2ED0030	Gills, Right	MRGN	Absent	
2ED0030	Gills, Right	PALE	Absent	
2ED0030	Fins	ERS	Absent	
2ED0030	Fins	FRAY	Absent	
2ED0030	Fins	HMR	Absent	
2ED0030	Fins	EMB	Absent	
2ED0031	Gills, Left	FRAY	Absent	
2ED0031	Gills, Left	MRGN	Absent	
2ED0031	Gills, Left	PALE	Absent	
2ED0031	Gills, Right	FRAY	Absent	
2ED0031	Gills, Right	MRGN	Absent	
2ED0031	Gills, Right	PALE	Absent	
2ED0031	Fins	ERS	Absent	
2ED0031	Fins	FRAY	Absent	
2ED0031	Fins	HMR	Absent	
2ED0031	Fins	EMB	Absent	
2ED0032	Gills, Left	FRAY	Absent	
2ED0032	Gills, Left	MRGN	Absent	
2ED0032	Gills, Left	PALE	Absent	
2ED0032	Gills, Right	FRAY	Absent	
2ED0032	Gills, Right	MRGN	Absent	
2ED0032	Gills, Right	PALE	Absent	
2ED0032	Fins	ERS	Absent	
2ED0032	Fins	FRAY	Absent	
2ED0032	Fins	HMR	Absent	
2ED0032	Fins	EMB	Absent	
2ED0033	Gills, Left	FRAY	Absent	
2ED0033	Gills, Left	MRGN	Absent	
2ED0033	Gills, Left	PALE	Absent	
2ED0033	Gills, Right	FRAY	Absent	
2ED0033	Gills, Right	MRGN	Absent	
2ED0033	Gills, Right	PALE	Absent	
2ED0033	Fins	ERS	Absent	
2ED0033	Fins	FRAY	Absent	
2ED0033	Fins	HMR	Absent	
2ED0033	Fins	EMB	Absent	
2ED0034W	Gills, Left	FRAY	Absent	
2ED0034W	Gills, Left	MRGN	Absent	
2ED0034W	Gills, Left	PALE	Absent	
2ED0034W	Gills, Right	FRAY	Absent	
2ED0034W	Gills, Right	MRGN	Absent	
2ED0034W	Gills, Right	PALE	Absent	
2ED0034W	Fins	ERS	Absent	
2ED0034W	Fins	FRAY	Absent	
2ED0034W	Fins	HMR	Absent	
2ED0034W	Fins	EMB	Absent	
2ED0035W	Gills, Left	FRAY	Absent	
2ED0035W	Gills, Left	MRGN	Absent	
2ED0035W	Gills, Left	PALE	Absent	
2ED0035W	Gills, Right	FRAY	Absent	
2ED0035W	Gills, Right	MRGN	Absent	
2ED0035W	Gills, Right	PALE	Absent	
2ED0035W	Fins	ERS	Absent	
2ED0035W	Fins	FRAY	Absent	
2ED0035W	Fins	HMR	Absent	
2ED0035W	Fins	EMB	Absent	
2ED0036W	Gills, Left	FRAY	Absent	
2ED0036W	Gills, Left	MRGN	Absent	
2ED0036W	Gills, Left	PALE	Absent	
2ED0036W	Gills, Right	FRAY	Absent	
2ED0036W	Gills, Right	MRGN	Absent	
2ED0036W	Gills, Right	PALE	Absent	
2ED0036W	Fins	ERS	Absent	
2ED0036W	Fins	FRAY	Absent	
2ED0036W	Fins	HMR	Absent	
2ED0036W	Fins	EMB	Absent	
2ED0037	Gills, Left	FRAY	Absent	
2ED0037	Gills, Left	MRGN	Absent	
2ED0037	Gills, Left	PALE	Absent	
2ED0037	Gills, Right	FRAY	Absent	
2ED0037	Gills, Right	MRGN	Absent	
2ED0037	Gills, Right	PALE	Absent	
2ED0037	Fins	ERS	Absent	
2ED0037	Fins	FRAY	Absent	
2ED0037	Fins	HMR	Absent	
2ED0037	Fins	EMB	Absent	
2ED0038	Gills, Left	FRAY	Absent	
2ED0038	Gills, Left	MRGN	Absent	
2ED0038	Gills, Left	PALE	Absent	
2ED0038	Gills, Right	FRAY	Absent	
2ED0038	Gills, Right	MRGN	Absent	
2ED0038	Gills, Right	PALE	Absent	
2ED0038	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0038	Fins	FRAY	Absent	
2ED0038	Fins	HMR	Absent	
2ED0038	Fins	EMB	Absent	
2ED0039	Gills, Left	FRAY	Absent	
2ED0039	Gills, Left	MRGN	Absent	
2ED0039	Gills, Left	PALE	Absent	
2ED0039	Gills, Right	FRAY	Absent	
2ED0039	Gills, Right	MRGN	Absent	
2ED0039	Gills, Right	PALE	Absent	
2ED0039	Fins	ERS	Absent	
2ED0039	Fins	FRAY	Absent	
2ED0039	Fins	HMR	Absent	
2ED0039	Fins	EMB	Absent	
2ED0040	Gills, Left	FRAY	Absent	
2ED0040	Gills, Left	MRGN	Absent	
2ED0040	Gills, Left	PALE	Absent	
2ED0040	Gills, Left	OTHER	Present	Parasite
2ED0040	Gills, Right	FRAY	Absent	
2ED0040	Gills, Right	MRGN	Absent	
2ED0040	Gills, Right	PALE	Absent	
2ED0040	Gills, Right	OTHER	Present	Parasite
2ED0040	Fins	ERS	Absent	
2ED0040	Fins	FRAY	Absent	
2ED0040	Fins	HMR	Absent	
2ED0040	Fins	EMB	Absent	
2ED0041	Gills, Left	FRAY	Absent	
2ED0041	Gills, Left	MRGN	Absent	
2ED0041	Gills, Left	PALE	Absent	
2ED0041	Gills, Right	FRAY	Absent	
2ED0041	Gills, Right	MRGN	Absent	
2ED0041	Gills, Right	PALE	Absent	
2ED0041	Fins	ERS	Absent	
2ED0041	Fins	FRAY	Absent	
2ED0041	Fins	HMR	Absent	
2ED0041	Fins	EMB	Absent	
2ED0041	Fins	OTHER	Present	Lesion
2ED0042	Gills, Left	FRAY	Absent	
2ED0042	Gills, Left	MRGN	Absent	
2ED0042	Gills, Left	PALE	Absent	
2ED0042	Gills, Right	FRAY	Absent	
2ED0042	Gills, Right	MRGN	Absent	
2ED0042	Gills, Right	PALE	Absent	
2ED0042	Fins	ERS	Absent	
2ED0042	Fins	FRAY	Absent	
2ED0042	Fins	HMR	Absent	
2ED0042	Fins	EMB	Absent	
2ED0043	Gills, Left	FRAY	Absent	
2ED0043	Gills, Left	MRGN	Absent	
2ED0043	Gills, Left	PALE	Absent	
2ED0043	Gills, Right	FRAY	Absent	
2ED0043	Gills, Right	MRGN	Absent	
2ED0043	Gills, Right	PALE	Absent	
2ED0043	Fins	ERS	Absent	
2ED0043	Fins	FRAY	Absent	
2ED0043	Fins	HMR	Absent	
2ED0043	Fins	EMB	Absent	
2ED0044	Gills, Left	FRAY	Absent	
2ED0044	Gills, Left	MRGN	Absent	
2ED0044	Gills, Left	PALE	Absent	
2ED0044	Gills, Right	FRAY	Absent	
2ED0044	Gills, Right	MRGN	Absent	
2ED0044	Gills, Right	PALE	Absent	
2ED0044	Fins	ERS	Absent	
2ED0044	Fins	FRAY	Absent	
2ED0044	Fins	HMR	Absent	
2ED0044	Fins	EMB	Absent	
2ED0045	Gills, Left	FRAY	Absent	
2ED0045	Gills, Left	MRGN	Absent	
2ED0045	Gills, Left	PALE	Absent	
2ED0045	Gills, Right	FRAY	Absent	
2ED0045	Gills, Right	MRGN	Absent	
2ED0045	Gills, Right	PALE	Absent	
2ED0045	Fins	ERS	Absent	
2ED0045	Fins	FRAY	Absent	
2ED0045	Fins	HMR	Absent	
2ED0045	Fins	EMB	Absent	
2ED0054W	Gills, Left	FRAY	Absent	
2ED0054W	Gills, Left	MRGN	Absent	
2ED0054W	Gills, Left	PALE	Absent	
2ED0054W	Gills, Right	FRAY	Absent	
2ED0054W	Gills, Right	MRGN	Absent	
2ED0054W	Gills, Right	PALE	Absent	
2ED0054W	Fins	ERS	Absent	
2ED0054W	Fins	FRAY	Absent	
2ED0054W	Fins	HMR	Absent	
2ED0054W	Fins	EMB	Absent	
2ED0055W	Gills, Left	FRAY	Absent	
2ED0055W	Gills, Left	MRGN	Absent	
2ED0055W	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0055W	Gills, Right	FRAY	Absent	
2ED0055W	Gills, Right	MRGN	Absent	
2ED0055W	Gills, Right	PALE	Absent	
2ED0055W	Fins	ERS	Absent	
2ED0055W	Fins	FRAY	Absent	
2ED0055W	Fins	HMR	Absent	
2ED0055W	Fins	EMB	Absent	
2ED0056W	Gills, Left	FRAY	Absent	
2ED0056W	Gills, Left	MRGN	Absent	
2ED0056W	Gills, Left	PALE	Absent	
2ED0056W	Gills, Right	FRAY	Absent	
2ED0056W	Gills, Right	MRGN	Absent	
2ED0056W	Gills, Right	PALE	Absent	
2ED0056W	Fins	ERS	Absent	
2ED0056W	Fins	FRAY	Absent	
2ED0056W	Fins	HMR	Absent	
2ED0056W	Fins	EMB	Absent	
2ED0057W	Gills, Left	FRAY	Absent	
2ED0057W	Gills, Left	MRGN	Absent	
2ED0057W	Gills, Left	PALE	Absent	
2ED0057W	Gills, Right	FRAY	Absent	
2ED0057W	Gills, Right	MRGN	Absent	
2ED0057W	Gills, Right	PALE	Absent	
2ED0057W	Fins	ERS	Absent	
2ED0057W	Fins	FRAY	Present	
2ED0057W	Fins	HMR	Absent	
2ED0057W	Fins	EMB	Absent	
2ED0058W	Gills, Left	FRAY	Absent	
2ED0058W	Gills, Left	MRGN	Absent	
2ED0058W	Gills, Left	PALE	Absent	
2ED0058W	Gills, Right	FRAY	Absent	
2ED0058W	Gills, Right	MRGN	Absent	
2ED0058W	Gills, Right	PALE	Absent	
2ED0058W	Fins	ERS	Absent	
2ED0058W	Fins	FRAY	Absent	
2ED0058W	Fins	HMR	Absent	
2ED0058W	Fins	EMB	Absent	
2ED0063W	Gills, Left	FRAY	Absent	
2ED0063W	Gills, Left	MRGN	Absent	
2ED0063W	Gills, Left	PALE	Absent	
2ED0063W	Gills, Right	FRAY	Absent	
2ED0063W	Gills, Right	MRGN	Absent	
2ED0063W	Gills, Right	PALE	Absent	
2ED0063W	Fins	ERS	Absent	
2ED0063W	Fins	FRAY	Absent	
2ED0063W	Fins	HMR	Absent	
2ED0063W	Fins	EMB	Absent	
2ED0064W	Gills, Left	FRAY	Absent	
2ED0064W	Gills, Left	MRGN	Absent	
2ED0064W	Gills, Left	PALE	Absent	
2ED0064W	Gills, Right	FRAY	Absent	
2ED0064W	Gills, Right	MRGN	Absent	
2ED0064W	Gills, Right	PALE	Absent	
2ED0064W	Fins	ERS	Absent	
2ED0064W	Fins	FRAY	Absent	
2ED0064W	Fins	HMR	Absent	
2ED0064W	Fins	EMB	Absent	
2ED0065W	Gills, Left	FRAY	Absent	
2ED0065W	Gills, Left	MRGN	Absent	
2ED0065W	Gills, Left	PALE	Absent	
2ED0065W	Gills, Right	FRAY	Absent	
2ED0065W	Gills, Right	MRGN	Absent	
2ED0065W	Gills, Right	PALE	Absent	
2ED0065W	Fins	ERS	Absent	
2ED0065W	Fins	FRAY	Absent	
2ED0065W	Fins	HMR	Absent	
2ED0065W	Fins	EMB	Absent	
2ED0066W	Gills, Left	FRAY	Absent	
2ED0066W	Gills, Left	MRGN	Absent	
2ED0066W	Gills, Left	PALE	Absent	
2ED0066W	Gills, Right	FRAY	Absent	
2ED0066W	Gills, Right	MRGN	Absent	
2ED0066W	Gills, Right	PALE	Absent	
2ED0066W	Fins	ERS	Absent	
2ED0066W	Fins	FRAY	Absent	
2ED0066W	Fins	HMR	Absent	
2ED0066W	Fins	EMB	Absent	
2ED0068W	Gills, Left	FRAY	Absent	
2ED0068W	Gills, Left	MRGN	Absent	
2ED0068W	Gills, Left	PALE	Present	
2ED0068W	Gills, Right	FRAY	Absent	
2ED0068W	Gills, Right	MRGN	Absent	
2ED0068W	Gills, Right	PALE	Present	
2ED0068W	Fins	ERS	Absent	
2ED0068W	Fins	FRAY	Absent	
2ED0068W	Fins	HMR	Absent	
2ED0068W	Fins	EMB	Absent	
2ED0069	Gills, Left	FRAY	Absent	
2ED0069	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0069	Gills, Left	PALE	Absent	
2ED0069	Gills, Right	FRAY	Absent	
2ED0069	Gills, Right	MRGN	Absent	
2ED0069	Gills, Right	PALE	Absent	
2ED0069	Fins	ERS	Absent	
2ED0069	Fins	FRAY	Present	
2ED0069	Fins	HMR	Absent	
2ED0069	Fins	EMB	Absent	
2ED0071	Gills, Left	FRAY	Absent	
2ED0071	Gills, Left	MRGN	Absent	
2ED0071	Gills, Left	PALE	Absent	
2ED0071	Gills, Right	FRAY	Absent	
2ED0071	Gills, Right	MRGN	Absent	
2ED0071	Gills, Right	PALE	Absent	
2ED0071	Fins	ERS	Absent	
2ED0071	Fins	FRAY	Absent	
2ED0071	Fins	HMR	Absent	
2ED0071	Fins	EMB	Absent	
2ED0072	Gills, Left	FRAY	Absent	
2ED0072	Gills, Left	MRGN	Absent	
2ED0072	Gills, Left	PALE	Absent	
2ED0072	Gills, Right	FRAY	Absent	
2ED0072	Gills, Right	MRGN	Absent	
2ED0072	Gills, Right	PALE	Absent	
2ED0072	Fins	ERS	Absent	
2ED0072	Fins	FRAY	Absent	
2ED0072	Fins	HMR	Absent	
2ED0072	Fins	EMB	Absent	
2ED0073	Gills, Left	FRAY	Absent	
2ED0073	Gills, Left	MRGN	Absent	
2ED0073	Gills, Left	PALE	Absent	
2ED0073	Gills, Right	FRAY	Absent	
2ED0073	Gills, Right	MRGN	Absent	
2ED0073	Gills, Right	PALE	Absent	
2ED0073	Fins	ERS	Absent	
2ED0073	Fins	FRAY	Absent	
2ED0073	Fins	HMR	Absent	
2ED0073	Fins	EMB	Absent	
2ED0074	Gills, Left	FRAY	Absent	
2ED0074	Gills, Left	MRGN	Absent	
2ED0074	Gills, Left	PALE	Absent	
2ED0074	Gills, Right	FRAY	Absent	
2ED0074	Gills, Right	MRGN	Absent	
2ED0074	Gills, Right	PALE	Absent	
2ED0074	Fins	ERS	Absent	
2ED0074	Fins	FRAY	Absent	
2ED0074	Fins	HMR	Absent	
2ED0074	Fins	EMB	Absent	
2ED0075	Gills, Left	FRAY	Absent	
2ED0075	Gills, Left	MRGN	Absent	
2ED0075	Gills, Left	PALE	Absent	
2ED0075	Gills, Right	FRAY	Absent	
2ED0075	Gills, Right	MRGN	Absent	
2ED0075	Gills, Right	PALE	Absent	
2ED0075	Fins	ERS	Absent	
2ED0075	Fins	FRAY	Absent	
2ED0075	Fins	HMR	Absent	
2ED0075	Fins	EMB	Absent	
2ED0076	Gills, Left	FRAY	Absent	
2ED0076	Gills, Left	MRGN	Absent	
2ED0076	Gills, Left	PALE	Absent	
2ED0076	Gills, Right	FRAY	Absent	
2ED0076	Gills, Right	MRGN	Absent	
2ED0076	Gills, Right	PALE	Absent	
2ED0076	Fins	ERS	Absent	
2ED0076	Fins	FRAY	Absent	
2ED0076	Fins	HMR	Absent	
2ED0076	Fins	EMB	Absent	
2ED0077	Gills, Left	FRAY	Absent	
2ED0077	Gills, Left	MRGN	Absent	
2ED0077	Gills, Left	PALE	Absent	
2ED0077	Gills, Right	FRAY	Absent	
2ED0077	Gills, Right	MRGN	Absent	
2ED0077	Gills, Right	PALE	Absent	
2ED0077	Fins	ERS	Absent	
2ED0077	Fins	FRAY	Absent	
2ED0077	Fins	HMR	Absent	
2ED0077	Fins	EMB	Absent	
2ED0078	Gills, Left	FRAY	Absent	
2ED0078	Gills, Left	MRGN	Absent	
2ED0078	Gills, Left	PALE	Absent	
2ED0078	Gills, Right	FRAY	Absent	
2ED0078	Gills, Right	MRGN	Absent	
2ED0078	Gills, Right	PALE	Absent	
2ED0078	Fins	ERS	Absent	
2ED0078	Fins	FRAY	Absent	
2ED0078	Fins	HMR	Absent	
2ED0078	Fins	EMB	Absent	
2ED0079	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2ED0079	Gills, Left	MRGN	Absent	
2ED0079	Gills, Left	PALE	Absent	
2ED0079	Gills, Right	FRAY	Absent	
2ED0079	Gills, Right	MRGN	Absent	
2ED0079	Gills, Right	PALE	Absent	
2ED0079	Fins	ERS	Absent	
2ED0079	Fins	FRAY	Present	
2ED0079	Fins	HMR	Absent	
2ED0079	Fins	EMB	Absent	
2ED008	Gills, Left	FRAY	Absent	
2ED008	Gills, Left	MRGN	Absent	
2ED008	Gills, Left	PALE	Absent	
2ED008	Gills, Right	FRAY	Absent	
2ED008	Gills, Right	MRGN	Absent	
2ED008	Gills, Right	PALE	Absent	
2ED008	Fins	ERS	Absent	
2ED008	Fins	FRAY	Absent	
2ED008	Fins	HMR	Absent	
2ED008	Fins	EMB	Absent	
2ED0080	Gills, Left	FRAY	Absent	
2ED0080	Gills, Left	MRGN	Absent	
2ED0080	Gills, Left	PALE	Absent	
2ED0080	Gills, Right	FRAY	Absent	
2ED0080	Gills, Right	MRGN	Absent	
2ED0080	Gills, Right	PALE	Absent	
2ED0080	Fins	ERS	Absent	
2ED0080	Fins	FRAY	Absent	
2ED0080	Fins	HMR	Absent	
2ED0080	Fins	EMB	Absent	
2ED0081	Gills, Left	FRAY	Absent	
2ED0081	Gills, Left	MRGN	Absent	
2ED0081	Gills, Left	PALE	Absent	
2ED0081	Gills, Right	FRAY	Absent	
2ED0081	Gills, Right	MRGN	Absent	
2ED0081	Gills, Right	PALE	Absent	
2ED0081	Fins	ERS	Absent	
2ED0081	Fins	FRAY	Absent	
2ED0081	Fins	HMR	Absent	
2ED0081	Fins	EMB	Absent	
2ED0082W	Gills, Left	FRAY	Absent	
2ED0082W	Gills, Left	MRGN	Absent	
2ED0082W	Gills, Left	PALE	Absent	
2ED0082W	Gills, Right	FRAY	Absent	
2ED0082W	Gills, Right	MRGN	Absent	
2ED0082W	Gills, Right	PALE	Absent	
2ED0082W	Fins	ERS	Absent	
2ED0082W	Fins	FRAY	Absent	
2ED0082W	Fins	HMR	Absent	
2ED0082W	Fins	EMB	Absent	
2ED0083	Gills, Left	FRAY	Absent	
2ED0083	Gills, Left	MRGN	Absent	
2ED0083	Gills, Left	PALE	Absent	
2ED0083	Gills, Right	FRAY	Absent	
2ED0083	Gills, Right	MRGN	Absent	
2ED0083	Gills, Right	PALE	Absent	
2ED0083	Fins	ERS	Absent	
2ED0083	Fins	FRAY	Absent	
2ED0083	Fins	HMR	Absent	
2ED0083	Fins	EMB	Absent	
2ED0084	Gills, Left	FRAY	Absent	
2ED0084	Gills, Left	MRGN	Absent	
2ED0084	Gills, Left	PALE	Absent	
2ED0084	Gills, Right	FRAY	Absent	
2ED0084	Gills, Right	MRGN	Absent	
2ED0084	Gills, Right	PALE	Absent	
2ED0084	Fins	ERS	Absent	
2ED0084	Fins	FRAY	Absent	
2ED0084	Fins	HMR	Absent	
2ED0084	Fins	EMB	Absent	
2ED0085	Gills, Left	FRAY	Absent	
2ED0085	Gills, Left	MRGN	Absent	
2ED0085	Gills, Left	PALE	Absent	
2ED0085	Gills, Right	FRAY	Absent	
2ED0085	Gills, Right	MRGN	Absent	
2ED0085	Gills, Right	PALE	Absent	
2ED0085	Fins	ERS	Absent	
2ED0085	Fins	FRAY	Absent	
2ED0085	Fins	HMR	Absent	
2ED0085	Fins	EMB	Absent	
2ED0086	Gills, Left	FRAY	Absent	
2ED0086	Gills, Left	MRGN	Absent	
2ED0086	Gills, Left	PALE	Absent	
2ED0086	Gills, Right	FRAY	Absent	
2ED0086	Gills, Right	MRGN	Absent	
2ED0086	Gills, Right	PALE	Absent	
2ED0086	Fins	ERS	Absent	
2ED0086	Fins	FRAY	Present	
2ED0086	Fins	HMR	Absent	
2ED0086	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0001	Gills, Left	FRAY	Absent	
2GN0001	Gills, Left	MRGN	Absent	
2GN0001	Gills, Left	PALE	Absent	
2GN0001	Gills, Right	FRAY	Absent	
2GN0001	Gills, Right	MRGN	Absent	
2GN0001	Gills, Right	PALE	Absent	
2GN0001	Fins	ERS	Absent	
2GN0001	Fins	FRAY	Absent	
2GN0001	Fins	HMR	Absent	
2GN0001	Fins	EMB	Absent	
2GN0002	Gills, Left	FRAY	Absent	
2GN0002	Gills, Left	MRGN	Absent	
2GN0002	Gills, Left	PALE	Absent	
2GN0002	Gills, Right	FRAY	Absent	
2GN0002	Gills, Right	MRGN	Absent	
2GN0002	Gills, Right	PALE	Absent	
2GN0002	Fins	ERS	Absent	
2GN0002	Fins	FRAY	Absent	
2GN0002	Fins	HMR	Absent	
2GN0002	Fins	EMB	Absent	
2GN0003	Gills, Left	FRAY	Absent	
2GN0003	Gills, Left	MRGN	Absent	
2GN0003	Gills, Left	PALE	Absent	
2GN0003	Gills, Right	FRAY	Absent	
2GN0003	Gills, Right	MRGN	Absent	
2GN0003	Gills, Right	PALE	Absent	
2GN0003	Fins	ERS	Absent	
2GN0003	Fins	FRAY	Absent	
2GN0003	Fins	HMR	Absent	
2GN0003	Fins	EMB	Absent	
2GN0004	Gills, Left	FRAY	Absent	
2GN0004	Gills, Left	MRGN	Absent	
2GN0004	Gills, Left	PALE	Absent	
2GN0004	Gills, Right	FRAY	Absent	
2GN0004	Gills, Right	MRGN	Absent	
2GN0004	Gills, Right	PALE	Absent	
2GN0004	Fins	ERS	Absent	
2GN0004	Fins	FRAY	Absent	
2GN0004	Fins	HMR	Absent	
2GN0004	Fins	EMB	Absent	
2GN0005	Gills, Left	FRAY	Absent	
2GN0005	Gills, Left	MRGN	Absent	
2GN0005	Gills, Left	PALE	Absent	
2GN0005	Gills, Right	FRAY	Absent	
2GN0005	Gills, Right	MRGN	Absent	
2GN0005	Gills, Right	PALE	Absent	
2GN0005	Fins	ERS	Absent	
2GN0005	Fins	FRAY	Present	
2GN0005	Fins	HMR	Absent	
2GN0005	Fins	EMB	Absent	
2GN0006	Gills, Left	FRAY	Absent	
2GN0006	Gills, Left	MRGN	Absent	
2GN0006	Gills, Left	PALE	Absent	
2GN0006	Gills, Right	FRAY	Absent	
2GN0006	Gills, Right	MRGN	Absent	
2GN0006	Gills, Right	PALE	Absent	
2GN0006	Fins	ERS	Absent	
2GN0006	Fins	FRAY	Absent	
2GN0006	Fins	HMR	Absent	
2GN0006	Fins	EMB	Absent	
2GN0007	Gills, Left	FRAY	Absent	
2GN0007	Gills, Left	MRGN	Absent	
2GN0007	Gills, Left	PALE	Absent	
2GN0007	Gills, Right	FRAY	Absent	
2GN0007	Gills, Right	MRGN	Absent	
2GN0007	Gills, Right	PALE	Absent	
2GN0007	Fins	ERS	Absent	
2GN0007	Fins	FRAY	Absent	
2GN0007	Fins	HMR	Absent	
2GN0007	Fins	EMB	Absent	
2GN0063	Gills, Left	FRAY	Absent	
2GN0063	Gills, Left	MRGN	Absent	
2GN0063	Gills, Left	PALE	Absent	
2GN0063	Gills, Right	FRAY	Absent	
2GN0063	Gills, Right	MRGN	Absent	
2GN0063	Gills, Right	PALE	Absent	
2GN0063	Fins	ERS	Absent	
2GN0063	Fins	FRAY	Absent	
2GN0063	Fins	HMR	Absent	
2GN0063	Fins	EMB	Absent	
2GN0063W	Gills, Left	FRAY	Absent	
2GN0063W	Gills, Left	MRGN	Absent	
2GN0063W	Gills, Left	PALE	Absent	
2GN0063W	Gills, Right	FRAY	Absent	
2GN0063W	Gills, Right	MRGN	Absent	
2GN0063W	Gills, Right	PALE	Absent	
2GN0063W	Fins	ERS	Absent	
2GN0063W	Fins	FRAY	Absent	
2GN0063W	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0063W	Fins	EMB	Absent	
2GN0064W	Gills, Left	FRAY	Absent	
2GN0064W	Gills, Left	MRGN	Absent	
2GN0064W	Gills, Left	PALE	Absent	
2GN0064W	Gills, Right	FRAY	Absent	
2GN0064W	Gills, Right	MRGN	Absent	
2GN0064W	Gills, Right	PALE	Absent	
2GN0064W	Fins	ERS	Absent	
2GN0064W	Fins	FRAY	Absent	
2GN0064W	Fins	HMR	Absent	
2GN0064W	Fins	EMB	Absent	
2GN0065W	Gills, Left	FRAY	Absent	
2GN0065W	Gills, Left	MRGN	Absent	
2GN0065W	Gills, Left	PALE	Absent	
2GN0065W	Gills, Right	FRAY	Absent	
2GN0065W	Gills, Right	MRGN	Absent	
2GN0065W	Gills, Right	PALE	Absent	
2GN0065W	Fins	ERS	Absent	
2GN0065W	Fins	FRAY	Absent	
2GN0065W	Fins	HMR	Absent	
2GN0065W	Fins	EMB	Absent	
2GN0066H	Gills, Left	FRAY	Absent	
2GN0066H	Gills, Left	MRGN	Absent	
2GN0066H	Gills, Left	PALE	Absent	
2GN0066H	Gills, Right	FRAY	Absent	
2GN0066H	Gills, Right	MRGN	Absent	
2GN0066H	Gills, Right	PALE	Absent	
2GN0066H	Fins	ERS	Absent	
2GN0066H	Fins	FRAY	Absent	
2GN0066H	Fins	HMR	Absent	
2GN0066H	Fins	EMB	Absent	
2GN0067	Gills, Left	FRAY	Absent	
2GN0067	Gills, Left	MRGN	Absent	
2GN0067	Gills, Left	PALE	Absent	
2GN0067	Gills, Right	FRAY	Absent	
2GN0067	Gills, Right	MRGN	Absent	
2GN0067	Gills, Right	PALE	Absent	
2GN0067	Fins	ERS	Absent	
2GN0067	Fins	FRAY	Present	
2GN0067	Fins	HMR	Absent	
2GN0067	Fins	EMB	Absent	
2GN0067H	Gills, Left	FRAY	Absent	
2GN0067H	Gills, Left	MRGN	Absent	
2GN0067H	Gills, Left	PALE	Absent	
2GN0067H	Gills, Right	FRAY	Absent	
2GN0067H	Gills, Right	MRGN	Absent	
2GN0067H	Gills, Right	PALE	Absent	
2GN0067H	Fins	ERS	Absent	
2GN0067H	Fins	FRAY	Absent	
2GN0067H	Fins	HMR	Absent	
2GN0067H	Fins	EMB	Absent	
2GN0068H	Gills, Left	FRAY	Absent	
2GN0068H	Gills, Left	MRGN	Absent	
2GN0068H	Gills, Left	PALE	Absent	
2GN0068H	Gills, Right	FRAY	Absent	
2GN0068H	Gills, Right	MRGN	Absent	
2GN0068H	Gills, Right	PALE	Absent	
2GN0068H	Fins	ERS	Absent	
2GN0068H	Fins	FRAY	Absent	
2GN0068H	Fins	HMR	Absent	
2GN0068H	Fins	EMB	Absent	
2GN0069H	Gills, Left	FRAY	Absent	
2GN0069H	Gills, Left	MRGN	Absent	
2GN0069H	Gills, Left	PALE	Absent	
2GN0069H	Gills, Right	FRAY	Absent	
2GN0069H	Gills, Right	MRGN	Absent	
2GN0069H	Gills, Right	PALE	Absent	
2GN0069H	Fins	ERS	Absent	
2GN0069H	Fins	FRAY	Absent	
2GN0069H	Fins	HMR	Absent	
2GN0069H	Fins	EMB	Absent	
2GN0070H	Gills, Left	FRAY	Absent	
2GN0070H	Gills, Left	MRGN	Absent	
2GN0070H	Gills, Left	PALE	Absent	
2GN0070H	Gills, Right	FRAY	Absent	
2GN0070H	Gills, Right	MRGN	Absent	
2GN0070H	Gills, Right	PALE	Absent	
2GN0070H	Fins	ERS	Absent	
2GN0070H	Fins	FRAY	Absent	
2GN0070H	Fins	HMR	Absent	
2GN0070H	Fins	EMB	Absent	
2GN0071H	Gills, Left	FRAY	Absent	
2GN0071H	Gills, Left	MRGN	Absent	
2GN0071H	Gills, Left	PALE	Absent	
2GN0071H	Gills, Right	FRAY	Absent	
2GN0071H	Gills, Right	MRGN	Absent	
2GN0071H	Gills, Right	PALE	Absent	
2GN0071H	Fins	ERS	Absent	
2GN0071H	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0071H	Fins	HMR	Absent	
2GN0071H	Fins	EMB	Absent	
2GN0072H	Gills, Left	FRAY	Absent	
2GN0072H	Gills, Left	MRGN	Absent	
2GN0072H	Gills, Left	PALE	Absent	
2GN0072H	Gills, Right	FRAY	Absent	
2GN0072H	Gills, Right	MRGN	Absent	
2GN0072H	Gills, Right	PALE	Absent	
2GN0072H	Fins	ERS	Absent	
2GN0072H	Fins	FRAY	Absent	
2GN0072H	Fins	HMR	Absent	
2GN0072H	Fins	EMB	Absent	
2GN0073H	Gills, Left	FRAY	Absent	
2GN0073H	Gills, Left	MRGN	Absent	
2GN0073H	Gills, Left	PALE	Absent	
2GN0073H	Gills, Right	FRAY	Absent	
2GN0073H	Gills, Right	MRGN	Absent	
2GN0073H	Gills, Right	PALE	Absent	
2GN0073H	Fins	ERS	Absent	
2GN0073H	Fins	FRAY	Absent	
2GN0073H	Fins	HMR	Absent	
2GN0073H	Fins	EMB	Absent	
2GN0074	Gills, Left	FRAY	Absent	
2GN0074	Gills, Left	MRGN	Absent	
2GN0074	Gills, Left	PALE	Absent	
2GN0074	Gills, Right	FRAY	Absent	
2GN0074	Gills, Right	MRGN	Absent	
2GN0074	Gills, Right	PALE	Absent	
2GN0074	Fins	ERS	Absent	
2GN0074	Fins	FRAY	Present	
2GN0074	Fins	HMR	Absent	
2GN0074	Fins	EMB	Absent	
2GN0075	Gills, Left	FRAY	Absent	
2GN0075	Gills, Left	MRGN	Absent	
2GN0075	Gills, Left	PALE	Absent	
2GN0075	Gills, Right	FRAY	Absent	
2GN0075	Gills, Right	MRGN	Absent	
2GN0075	Gills, Right	PALE	Absent	
2GN0075	Fins	ERS	Absent	
2GN0075	Fins	FRAY	Present	
2GN0075	Fins	HMR	Absent	
2GN0075	Fins	EMB	Absent	
2GN0076	Gills, Left	FRAY	Absent	
2GN0076	Gills, Left	MRGN	Absent	
2GN0076	Gills, Left	PALE	Absent	
2GN0076	Gills, Right	FRAY	Absent	
2GN0076	Gills, Right	MRGN	Absent	
2GN0076	Gills, Right	PALE	Absent	
2GN0076	Fins	ERS	Absent	
2GN0076	Fins	FRAY	Present	
2GN0076	Fins	HMR	Absent	
2GN0076	Fins	EMB	Absent	
2GN0077	Gills, Left	FRAY	Absent	
2GN0077	Gills, Left	MRGN	Absent	
2GN0077	Gills, Left	PALE	Absent	
2GN0077	Gills, Right	FRAY	Absent	
2GN0077	Gills, Right	MRGN	Absent	
2GN0077	Gills, Right	PALE	Absent	
2GN0077	Fins	ERS	Absent	
2GN0077	Fins	FRAY	Present	
2GN0077	Fins	HMR	Absent	
2GN0077	Fins	EMB	Absent	
2GN0078	Gills, Left	FRAY	Absent	
2GN0078	Gills, Left	MRGN	Absent	
2GN0078	Gills, Left	PALE	Absent	
2GN0078	Gills, Right	FRAY	Absent	
2GN0078	Gills, Right	MRGN	Absent	
2GN0078	Gills, Right	PALE	Absent	
2GN0078	Fins	ERS	Absent	
2GN0078	Fins	FRAY	Present	
2GN0078	Fins	HMR	Absent	
2GN0078	Fins	EMB	Absent	
2GN0079	Gills, Left	FRAY	Absent	
2GN0079	Gills, Left	MRGN	Absent	
2GN0079	Gills, Left	PALE	Absent	
2GN0079	Gills, Right	FRAY	Absent	
2GN0079	Gills, Right	MRGN	Absent	
2GN0079	Gills, Right	PALE	Absent	
2GN0079	Fins	ERS	Absent	
2GN0079	Fins	FRAY	Present	
2GN0079	Fins	HMR	Absent	
2GN0079	Fins	EMB	Absent	
2GN0080	Gills, Left	FRAY	Absent	
2GN0080	Gills, Left	MRGN	Absent	
2GN0080	Gills, Left	PALE	Absent	
2GN0080	Gills, Right	FRAY	Absent	
2GN0080	Gills, Right	MRGN	Absent	
2GN0080	Gills, Right	PALE	Absent	
2GN0080	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0080	Fins	FRAY	Present	
2GN0080	Fins	HMR	Absent	
2GN0080	Fins	EMB	Absent	
2GN0082H	Gills, Left	FRAY	Absent	
2GN0082H	Gills, Left	MRGN	Absent	
2GN0082H	Gills, Left	PALE	Absent	
2GN0082H	Gills, Right	FRAY	Absent	
2GN0082H	Gills, Right	MRGN	Absent	
2GN0082H	Gills, Right	PALE	Absent	
2GN0082H	Fins	ERS	Absent	
2GN0082H	Fins	FRAY	Absent	
2GN0082H	Fins	HMR	Absent	
2GN0082H	Fins	EMB	Absent	
2GN0083W	Gills, Left	FRAY	Absent	
2GN0083W	Gills, Left	MRGN	Absent	
2GN0083W	Gills, Left	PALE	Absent	
2GN0083W	Gills, Right	FRAY	Absent	
2GN0083W	Gills, Right	MRGN	Absent	
2GN0083W	Gills, Right	PALE	Absent	
2GN0083W	Fins	ERS	Absent	
2GN0083W	Fins	FRAY	Absent	
2GN0083W	Fins	HMR	Absent	
2GN0083W	Fins	EMB	Absent	
2GN0084W	Gills, Left	FRAY	Absent	
2GN0084W	Gills, Left	MRGN	Absent	
2GN0084W	Gills, Left	PALE	Absent	
2GN0084W	Gills, Right	FRAY	Absent	
2GN0084W	Gills, Right	MRGN	Absent	
2GN0084W	Gills, Right	PALE	Absent	
2GN0084W	Fins	ERS	Absent	
2GN0084W	Fins	FRAY	Absent	
2GN0084W	Fins	HMR	Absent	
2GN0084W	Fins	EMB	Absent	
2GN0085W	Gills, Left	FRAY	Absent	
2GN0085W	Gills, Left	MRGN	Absent	
2GN0085W	Gills, Left	PALE	Absent	
2GN0085W	Gills, Right	FRAY	Absent	
2GN0085W	Gills, Right	MRGN	Absent	
2GN0085W	Gills, Right	PALE	Absent	
2GN0085W	Fins	ERS	Absent	
2GN0085W	Fins	FRAY	Absent	
2GN0085W	Fins	HMR	Absent	
2GN0085W	Fins	EMB	Absent	
2GN0086W	Gills, Left	FRAY	Absent	
2GN0086W	Gills, Left	MRGN	Absent	
2GN0086W	Gills, Left	PALE	Absent	
2GN0086W	Gills, Right	FRAY	Absent	
2GN0086W	Gills, Right	MRGN	Absent	
2GN0086W	Gills, Right	PALE	Absent	
2GN0086W	Fins	ERS	Absent	
2GN0086W	Fins	FRAY	Absent	
2GN0086W	Fins	HMR	Absent	
2GN0086W	Fins	EMB	Absent	
2GN0088	Gills, Left	FRAY	Absent	
2GN0088	Gills, Left	MRGN	Absent	
2GN0088	Gills, Left	PALE	Absent	
2GN0088	Gills, Right	FRAY	Absent	
2GN0088	Gills, Right	MRGN	Absent	
2GN0088	Gills, Right	PALE	Absent	
2GN0088	Fins	ERS	Absent	
2GN0088	Fins	FRAY	Present	
2GN0088	Fins	HMR	Absent	
2GN0088	Fins	EMB	Absent	
2GN0089W	Gills, Left	FRAY	Absent	
2GN0089W	Gills, Left	MRGN	Absent	
2GN0089W	Gills, Left	PALE	Absent	
2GN0089W	Gills, Right	FRAY	Absent	
2GN0089W	Gills, Right	MRGN	Absent	
2GN0089W	Gills, Right	PALE	Absent	
2GN0089W	Fins	ERS	Absent	
2GN0089W	Fins	FRAY	Absent	
2GN0089W	Fins	HMR	Absent	
2GN0089W	Fins	EMB	Absent	
2GN0090W	Gills, Left	FRAY	Absent	
2GN0090W	Gills, Left	MRGN	Absent	
2GN0090W	Gills, Left	PALE	Absent	
2GN0090W	Gills, Right	FRAY	Absent	
2GN0090W	Gills, Right	MRGN	Absent	
2GN0090W	Gills, Right	PALE	Absent	
2GN0090W	Fins	ERS	Absent	
2GN0090W	Fins	FRAY	Absent	
2GN0090W	Fins	HMR	Absent	
2GN0090W	Fins	EMB	Absent	
2GN0098H	Gills, Left	FRAY	Absent	
2GN0098H	Gills, Left	MRGN	Absent	
2GN0098H	Gills, Left	PALE	Absent	
2GN0098H	Gills, Right	FRAY	Absent	
2GN0098H	Gills, Right	MRGN	Absent	
2GN0098H	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN0098H	Fins	ERS	Absent	
2GN0098H	Fins	FRAY	Absent	
2GN0098H	Fins	HMR	Absent	
2GN0098H	Fins	EMB	Absent	
2GN100059	Gills, Left	FRAY	Absent	
2GN100059	Gills, Left	MRGN	Absent	
2GN100059	Gills, Left	PALE	Absent	
2GN100059	Gills, Right	FRAY	Absent	
2GN100059	Gills, Right	MRGN	Absent	
2GN100059	Gills, Right	PALE	Absent	
2GN100059	Fins	ERS	Absent	
2GN100059	Fins	FRAY	Absent	
2GN100059	Fins	HMR	Absent	
2GN100059	Fins	EMB	Absent	
2GN100060	Gills, Left	FRAY	Absent	
2GN100060	Gills, Left	MRGN	Absent	
2GN100060	Gills, Left	PALE	Absent	
2GN100060	Gills, Right	FRAY	Absent	
2GN100060	Gills, Right	MRGN	Absent	
2GN100060	Gills, Right	PALE	Absent	
2GN100060	Fins	ERS	Absent	
2GN100060	Fins	FRAY	Present	
2GN100060	Fins	HMR	Absent	
2GN100060	Fins	EMB	Absent	
2GN100061	Gills, Left	FRAY	Absent	
2GN100061	Gills, Left	MRGN	Absent	
2GN100061	Gills, Left	PALE	Absent	
2GN100061	Gills, Right	FRAY	Absent	
2GN100061	Gills, Right	MRGN	Absent	
2GN100061	Gills, Right	PALE	Absent	
2GN100061	Fins	ERS	Absent	
2GN100061	Fins	FRAY	Present	
2GN100061	Fins	HMR	Absent	
2GN100061	Fins	EMB	Absent	
2GN100062	Gills, Left	FRAY	Absent	
2GN100062	Gills, Left	MRGN	Absent	
2GN100062	Gills, Left	PALE	Absent	
2GN100062	Gills, Right	FRAY	Absent	
2GN100062	Gills, Right	MRGN	Absent	
2GN100062	Gills, Right	PALE	Absent	
2GN100062	Fins	ERS	Absent	
2GN100062	Fins	FRAY	Absent	
2GN100062	Fins	HMR	Absent	
2GN100062	Fins	EMB	Absent	
2GN10017	Gills, Left	FRAY	Absent	
2GN10017	Gills, Left	MRGN	Absent	
2GN10017	Gills, Left	PALE	Absent	
2GN10017	Gills, Right	FRAY	Absent	
2GN10017	Gills, Right	MRGN	Absent	
2GN10017	Gills, Right	PALE	Absent	
2GN10017	Fins	ERS	Absent	
2GN10017	Fins	FRAY	Absent	
2GN10017	Fins	HMR	Absent	
2GN10017	Fins	EMB	Absent	
2GN10018	Gills, Left	FRAY	Absent	
2GN10018	Gills, Left	MRGN	Absent	
2GN10018	Gills, Left	PALE	Absent	
2GN10018	Gills, Right	FRAY	Absent	
2GN10018	Gills, Right	MRGN	Absent	
2GN10018	Gills, Right	PALE	Absent	
2GN10018	Fins	ERS	Absent	
2GN10018	Fins	FRAY	Absent	
2GN10018	Fins	HMR	Absent	
2GN10018	Fins	EMB	Absent	
2GN10038H	Gills, Left	FRAY	Absent	
2GN10038H	Gills, Left	MRGN	Absent	
2GN10038H	Gills, Left	PALE	Absent	
2GN10038H	Gills, Right	FRAY	Absent	
2GN10038H	Gills, Right	MRGN	Absent	
2GN10038H	Gills, Right	PALE	Absent	
2GN10038H	Fins	ERS	Absent	
2GN10038H	Fins	FRAY	Absent	
2GN10038H	Fins	HMR	Absent	
2GN10038H	Fins	EMB	Absent	
2GN10039H	Gills, Left	FRAY	Absent	
2GN10039H	Gills, Left	MRGN	Absent	
2GN10039H	Gills, Left	PALE	Absent	
2GN10039H	Gills, Right	FRAY	Absent	
2GN10039H	Gills, Right	MRGN	Absent	
2GN10039H	Gills, Right	PALE	Absent	
2GN10039H	Fins	ERS	Absent	
2GN10039H	Fins	FRAY	Absent	
2GN10039H	Fins	HMR	Absent	
2GN10039H	Fins	EMB	Absent	
2GN10040H	Gills, Left	FRAY	Absent	
2GN10040H	Gills, Left	MRGN	Absent	
2GN10040H	Gills, Left	PALE	Absent	
2GN10040H	Gills, Right	FRAY	Absent	
2GN10040H	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10040H	Gills, Right	PALE	Absent	
2GN10040H	Fins	ERS	Absent	
2GN10040H	Fins	FRAY	Absent	
2GN10040H	Fins	HMR	Absent	
2GN10040H	Fins	EMB	Absent	
2GN10041H	Gills, Left	FRAY	Absent	
2GN10041H	Gills, Left	MRGN	Absent	
2GN10041H	Gills, Left	PALE	Absent	
2GN10041H	Gills, Right	FRAY	Absent	
2GN10041H	Gills, Right	MRGN	Absent	
2GN10041H	Gills, Right	PALE	Absent	
2GN10041H	Fins	ERS	Absent	
2GN10041H	Fins	FRAY	Absent	
2GN10041H	Fins	HMR	Absent	
2GN10041H	Fins	EMB	Absent	
2GN10081	Gills, Left	FRAY	Absent	
2GN10081	Gills, Left	MRGN	Absent	
2GN10081	Gills, Left	PALE	Absent	
2GN10081	Gills, Right	FRAY	Absent	
2GN10081	Gills, Right	MRGN	Absent	
2GN10081	Gills, Right	PALE	Absent	
2GN10081	Fins	ERS	Absent	
2GN10081	Fins	FRAY	Absent	
2GN10081	Fins	HMR	Absent	
2GN10081	Fins	EMB	Absent	
2GN10081	Fins	OTHER	Present	Nodule on anal fin
2GN10091	Gills, Left	FRAY	Absent	
2GN10091	Gills, Left	MRGN	Absent	
2GN10091	Gills, Left	PALE	Absent	
2GN10091	Gills, Right	FRAY	Absent	
2GN10091	Gills, Right	MRGN	Absent	
2GN10091	Gills, Right	PALE	Absent	
2GN10091	Fins	ERS	Absent	
2GN10091	Fins	FRAY	Absent	
2GN10091	Fins	HMR	Absent	
2GN10091	Fins	EMB	Absent	
2GN10092	Gills, Left	FRAY	Absent	
2GN10092	Gills, Left	MRGN	Absent	
2GN10092	Gills, Left	PALE	Absent	
2GN10092	Gills, Right	FRAY	Absent	
2GN10092	Gills, Right	MRGN	Absent	
2GN10092	Gills, Right	PALE	Absent	
2GN10092	Fins	ERS	Absent	
2GN10092	Fins	FRAY	Absent	
2GN10092	Fins	HMR	Absent	
2GN10092	Fins	EMB	Absent	
2GN10093	Gills, Left	FRAY	Absent	
2GN10093	Gills, Left	MRGN	Absent	
2GN10093	Gills, Left	PALE	Absent	
2GN10093	Gills, Right	FRAY	Absent	
2GN10093	Gills, Right	MRGN	Absent	
2GN10093	Gills, Right	PALE	Absent	
2GN10093	Fins	ERS	Absent	
2GN10093	Fins	FRAY	Absent	
2GN10093	Fins	HMR	Absent	
2GN10093	Fins	EMB	Absent	
2GN10094	Gills, Left	FRAY	Absent	
2GN10094	Gills, Left	MRGN	Absent	
2GN10094	Gills, Left	PALE	Absent	
2GN10094	Gills, Right	FRAY	Absent	
2GN10094	Gills, Right	MRGN	Absent	
2GN10094	Gills, Right	PALE	Absent	
2GN10094	Fins	ERS	Absent	
2GN10094	Fins	FRAY	Absent	
2GN10094	Fins	HMR	Absent	
2GN10094	Fins	EMB	Absent	
2GN10095	Gills, Left	FRAY	Absent	
2GN10095	Gills, Left	MRGN	Absent	
2GN10095	Gills, Left	PALE	Absent	
2GN10095	Gills, Right	FRAY	Absent	
2GN10095	Gills, Right	MRGN	Absent	
2GN10095	Gills, Right	PALE	Absent	
2GN10095	Fins	ERS	Absent	
2GN10095	Fins	FRAY	Absent	
2GN10095	Fins	HMR	Absent	
2GN10095	Fins	EMB	Absent	
2GN10096	Gills, Left	FRAY	Absent	
2GN10096	Gills, Left	MRGN	Absent	
2GN10096	Gills, Left	PALE	Absent	
2GN10096	Gills, Right	FRAY	Absent	
2GN10096	Gills, Right	MRGN	Absent	
2GN10096	Gills, Right	PALE	Absent	
2GN10096	Fins	ERS	Absent	
2GN10096	Fins	FRAY	Absent	
2GN10096	Fins	HMR	Absent	
2GN10096	Fins	EMB	Absent	
2GN10097	Gills, Left	FRAY	Absent	
2GN10097	Gills, Left	MRGN	Absent	
2GN10097	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN10097	Gills, Right	FRAY	Absent	
2GN10097	Gills, Right	MRGN	Absent	
2GN10097	Gills, Right	PALE	Absent	
2GN10097	Fins	ERS	Absent	
2GN10097	Fins	FRAY	Absent	
2GN10097	Fins	HMR	Absent	
2GN10097	Fins	EMB	Absent	
2GN10098	Gills, Left	FRAY	Absent	
2GN10098	Gills, Left	MRGN	Absent	
2GN10098	Gills, Left	PALE	Absent	
2GN10098	Gills, Right	FRAY	Absent	
2GN10098	Gills, Right	MRGN	Absent	
2GN10098	Gills, Right	PALE	Absent	
2GN10098	Fins	ERS	Absent	
2GN10098	Fins	FRAY	Absent	
2GN10098	Fins	HMR	Absent	
2GN10098	Fins	EMB	Absent	
2GN10099	Gills, Left	FRAY	Absent	
2GN10099	Gills, Left	MRGN	Absent	
2GN10099	Gills, Left	PALE	Absent	
2GN10099	Gills, Right	FRAY	Absent	
2GN10099	Gills, Right	MRGN	Absent	
2GN10099	Gills, Right	PALE	Absent	
2GN10099	Fins	ERS	Absent	
2GN10099	Fins	FRAY	Absent	
2GN10099	Fins	HMR	Absent	
2GN10099	Fins	EMB	Absent	
2GN10100	Gills, Left	FRAY	Absent	
2GN10100	Gills, Left	MRGN	Absent	
2GN10100	Gills, Left	PALE	Absent	
2GN10100	Gills, Right	FRAY	Absent	
2GN10100	Gills, Right	MRGN	Absent	
2GN10100	Gills, Right	PALE	Absent	
2GN10100	Fins	ERS	Absent	
2GN10100	Fins	FRAY	Absent	
2GN10100	Fins	HMR	Absent	
2GN10100	Fins	EMB	Absent	
2GN10101	Gills, Left	FRAY	Absent	
2GN10101	Gills, Left	MRGN	Absent	
2GN10101	Gills, Left	PALE	Absent	
2GN10101	Gills, Right	FRAY	Absent	
2GN10101	Gills, Right	MRGN	Absent	
2GN10101	Gills, Right	PALE	Absent	
2GN10101	Fins	ERS	Absent	
2GN10101	Fins	FRAY	Absent	
2GN10101	Fins	HMR	Absent	
2GN10101	Fins	EMB	Absent	
2GN10102	Gills, Left	FRAY	Absent	
2GN10102	Gills, Left	MRGN	Absent	
2GN10102	Gills, Left	PALE	Absent	
2GN10102	Gills, Right	FRAY	Absent	
2GN10102	Gills, Right	MRGN	Absent	
2GN10102	Gills, Right	PALE	Absent	
2GN10102	Fins	ERS	Absent	
2GN10102	Fins	FRAY	Absent	
2GN10102	Fins	HMR	Absent	
2GN10102	Fins	EMB	Absent	
2GN110045	Gills, Left	FRAY	Absent	
2GN110045	Gills, Left	MRGN	Absent	
2GN110045	Gills, Left	PALE	Absent	
2GN110045	Gills, Right	FRAY	Absent	
2GN110045	Gills, Right	MRGN	Absent	
2GN110045	Gills, Right	PALE	Absent	
2GN110045	Fins	ERS	Absent	
2GN110045	Fins	FRAY	Present	
2GN110045	Fins	HMR	Absent	
2GN110045	Fins	EMB	Absent	
2GN110046	Gills, Left	FRAY	Absent	
2GN110046	Gills, Left	MRGN	Absent	
2GN110046	Gills, Left	PALE	Absent	
2GN110046	Gills, Right	FRAY	Absent	
2GN110046	Gills, Right	MRGN	Absent	
2GN110046	Gills, Right	PALE	Absent	
2GN110046	Fins	ERS	Absent	
2GN110046	Fins	FRAY	Absent	
2GN110046	Fins	HMR	Absent	
2GN110046	Fins	EMB	Absent	
2GN110047	Gills, Left	FRAY	Absent	
2GN110047	Gills, Left	MRGN	Absent	
2GN110047	Gills, Left	PALE	Absent	
2GN110047	Gills, Right	FRAY	Absent	
2GN110047	Gills, Right	MRGN	Absent	
2GN110047	Gills, Right	PALE	Absent	
2GN110047	Fins	ERS	Absent	
2GN110047	Fins	FRAY	Absent	
2GN110047	Fins	HMR	Absent	
2GN110047	Fins	EMB	Absent	
2GN110048	Gills, Left	FRAY	Absent	
2GN110048	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN110048	Gills, Left	PALE	Absent	
2GN110048	Gills, Right	FRAY	Absent	
2GN110048	Gills, Right	MRGN	Absent	
2GN110048	Gills, Right	PALE	Absent	
2GN110048	Fins	ERS	Absent	
2GN110048	Fins	FRAY	Absent	
2GN110048	Fins	HMR	Absent	
2GN110048	Fins	EMB	Absent	
2GN110049	Gills, Left	FRAY	Absent	
2GN110049	Gills, Left	MRGN	Absent	
2GN110049	Gills, Left	PALE	Absent	
2GN110049	Gills, Right	FRAY	Absent	
2GN110049	Gills, Right	MRGN	Absent	
2GN110049	Gills, Right	PALE	Absent	
2GN110049	Fins	ERS	Absent	
2GN110049	Fins	FRAY	Absent	
2GN110049	Fins	HMR	Absent	
2GN110049	Fins	EMB	Absent	
2GN110050	Gills, Left	FRAY	Absent	
2GN110050	Gills, Left	MRGN	Absent	
2GN110050	Gills, Left	PALE	Absent	
2GN110050	Gills, Right	FRAY	Absent	
2GN110050	Gills, Right	MRGN	Absent	
2GN110050	Gills, Right	PALE	Absent	
2GN110050	Fins	ERS	Absent	
2GN110050	Fins	FRAY	Present	
2GN110050	Fins	HMR	Absent	
2GN110050	Fins	EMB	Absent	
2GN20013	Gills, Left	FRAY	Absent	
2GN20013	Gills, Left	MRGN	Absent	
2GN20013	Gills, Left	PALE	Absent	
2GN20013	Gills, Right	FRAY	Absent	
2GN20013	Gills, Right	MRGN	Absent	
2GN20013	Gills, Right	PALE	Absent	
2GN20013	Fins	ERS	Absent	
2GN20013	Fins	FRAY	Absent	
2GN20013	Fins	HMR	Absent	
2GN20013	Fins	EMB	Absent	
2GN20014	Gills, Left	FRAY	Absent	
2GN20014	Gills, Left	MRGN	Absent	
2GN20014	Gills, Left	PALE	Absent	
2GN20014	Gills, Right	FRAY	Absent	
2GN20014	Gills, Right	MRGN	Absent	
2GN20014	Gills, Right	PALE	Absent	
2GN20014	Fins	ERS	Absent	
2GN20014	Fins	FRAY	Absent	
2GN20014	Fins	HMR	Absent	
2GN20014	Fins	EMB	Absent	
2GN20015	Gills, Left	FRAY	Absent	
2GN20015	Gills, Left	MRGN	Absent	
2GN20015	Gills, Left	PALE	Absent	
2GN20015	Gills, Right	FRAY	Absent	
2GN20015	Gills, Right	MRGN	Absent	
2GN20015	Gills, Right	PALE	Absent	
2GN20015	Fins	ERS	Absent	
2GN20015	Fins	FRAY	Absent	
2GN20015	Fins	HMR	Absent	
2GN20015	Fins	EMB	Absent	
2GN40009	Gills, Left	FRAY	Absent	
2GN40009	Gills, Left	MRGN	Absent	
2GN40009	Gills, Left	PALE	Absent	
2GN40009	Gills, Right	FRAY	Absent	
2GN40009	Gills, Right	MRGN	Absent	
2GN40009	Gills, Right	PALE	Absent	
2GN40009	Fins	ERS	Absent	
2GN40009	Fins	FRAY	Absent	
2GN40009	Fins	HMR	Absent	
2GN40009	Fins	EMB	Absent	
2GN40011	Gills, Left	FRAY	Absent	
2GN40011	Gills, Left	MRGN	Absent	
2GN40011	Gills, Left	PALE	Absent	
2GN40011	Gills, Right	FRAY	Absent	
2GN40011	Gills, Right	MRGN	Absent	
2GN40011	Gills, Right	PALE	Absent	
2GN40011	Fins	ERS	Absent	
2GN40011	Fins	FRAY	Absent	
2GN40011	Fins	HMR	Absent	
2GN40011	Fins	EMB	Absent	
2GN40012	Gills, Left	FRAY	Absent	
2GN40012	Gills, Left	MRGN	Absent	
2GN40012	Gills, Left	PALE	Absent	
2GN40012	Gills, Right	FRAY	Absent	
2GN40012	Gills, Right	MRGN	Absent	
2GN40012	Gills, Right	PALE	Absent	
2GN40012	Fins	ERS	Absent	
2GN40012	Fins	FRAY	Absent	
2GN40012	Fins	HMR	Absent	
2GN40012	Fins	EMB	Absent	
2GN40012a	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN40012a	Gills, Left	MRGN	Absent	
2GN40012a	Gills, Left	PALE	Absent	
2GN40012a	Gills, Right	FRAY	Absent	
2GN40012a	Gills, Right	MRGN	Absent	
2GN40012a	Gills, Right	PALE	Absent	
2GN40012a	Gills, Right	OTHER	Present	Hemorrhagic
2GN40012a	Fins	ERS	Absent	
2GN40012a	Fins	FRAY	Absent	
2GN40012a	Fins	HMR	Absent	
2GN40012a	Fins	EMB	Absent	
2GN40016	Gills, Left	FRAY	Absent	
2GN40016	Gills, Left	MRGN	Absent	
2GN40016	Gills, Left	PALE	Absent	
2GN40016	Gills, Right	FRAY	Absent	
2GN40016	Gills, Right	MRGN	Absent	
2GN40016	Gills, Right	PALE	Absent	
2GN40016	Fins	ERS	Absent	
2GN40016	Fins	FRAY	Absent	
2GN40016	Fins	HMR	Absent	
2GN40016	Fins	EMB	Absent	
2GN40020H	Gills, Left	FRAY	Absent	
2GN40020H	Gills, Left	MRGN	Absent	
2GN40020H	Gills, Left	PALE	Absent	
2GN40020H	Gills, Right	FRAY	Absent	
2GN40020H	Gills, Right	MRGN	Absent	
2GN40020H	Gills, Right	PALE	Absent	
2GN40020H	Fins	ERS	Absent	
2GN40020H	Fins	FRAY	Absent	
2GN40020H	Fins	HMR	Absent	
2GN40020H	Fins	EMB	Absent	
2GN50030	Gills, Left	FRAY	Absent	
2GN50030	Gills, Left	MRGN	Absent	
2GN50030	Gills, Left	PALE	Absent	
2GN50030	Gills, Right	FRAY	Absent	
2GN50030	Gills, Right	MRGN	Absent	
2GN50030	Gills, Right	PALE	Absent	
2GN50030	Fins	ERS	Absent	
2GN50030	Fins	FRAY	Absent	
2GN50030	Fins	HMR	Absent	
2GN50030	Fins	EMB	Absent	
2GN50031	Gills, Left	FRAY	Absent	
2GN50031	Gills, Left	MRGN	Absent	
2GN50031	Gills, Left	PALE	Absent	
2GN50031	Gills, Right	FRAY	Absent	
2GN50031	Gills, Right	MRGN	Absent	
2GN50031	Gills, Right	PALE	Absent	
2GN50031	Fins	ERS	Absent	
2GN50031	Fins	FRAY	Absent	
2GN50031	Fins	HMR	Absent	
2GN50031	Fins	EMB	Absent	
2GN50032	Gills, Left	FRAY	Absent	
2GN50032	Gills, Left	MRGN	Absent	
2GN50032	Gills, Left	PALE	Absent	
2GN50032	Gills, Right	FRAY	Absent	
2GN50032	Gills, Right	MRGN	Absent	
2GN50032	Gills, Right	PALE	Absent	
2GN50032	Fins	ERS	Absent	
2GN50032	Fins	FRAY	Absent	
2GN50032	Fins	HMR	Absent	
2GN50032	Fins	EMB	Absent	
2GN50033	Gills, Left	FRAY	Absent	
2GN50033	Gills, Left	MRGN	Absent	
2GN50033	Gills, Left	PALE	Absent	
2GN50033	Gills, Right	FRAY	Absent	
2GN50033	Gills, Right	MRGN	Absent	
2GN50033	Gills, Right	PALE	Absent	
2GN50033	Fins	ERS	Absent	
2GN50033	Fins	FRAY	Absent	
2GN50033	Fins	HMR	Absent	
2GN50033	Fins	EMB	Absent	
2GN50034	Gills, Left	FRAY	Absent	
2GN50034	Gills, Left	MRGN	Absent	
2GN50034	Gills, Left	PALE	Absent	
2GN50034	Gills, Right	FRAY	Absent	
2GN50034	Gills, Right	MRGN	Absent	
2GN50034	Gills, Right	PALE	Absent	
2GN50034	Fins	ERS	Absent	
2GN50034	Fins	FRAY	Absent	
2GN50034	Fins	HMR	Absent	
2GN50034	Fins	EMB	Absent	
2GN50035	Gills, Left	FRAY	Absent	
2GN50035	Gills, Left	MRGN	Absent	
2GN50035	Gills, Left	PALE	Absent	
2GN50035	Gills, Right	FRAY	Absent	
2GN50035	Gills, Right	MRGN	Absent	
2GN50035	Gills, Right	PALE	Absent	
2GN50035	Fins	ERS	Absent	
2GN50035	Fins	FRAY	Absent	
2GN50035	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN50035	Fins	EMB	Absent	
2GN50036	Gills, Left	FRAY	Absent	
2GN50036	Gills, Left	MRGN	Absent	
2GN50036	Gills, Left	PALE	Absent	
2GN50036	Gills, Right	FRAY	Absent	
2GN50036	Gills, Right	MRGN	Absent	
2GN50036	Gills, Right	PALE	Absent	
2GN50036	Fins	ERS	Absent	
2GN50036	Fins	FRAY	Absent	
2GN50036	Fins	HMR	Absent	
2GN50036	Fins	EMB	Absent	
2GN60025	Gills, Left	FRAY	Absent	
2GN60025	Gills, Left	MRGN	Absent	
2GN60025	Gills, Left	PALE	Absent	
2GN60025	Gills, Right	FRAY	Absent	
2GN60025	Gills, Right	MRGN	Absent	
2GN60025	Gills, Right	PALE	Absent	
2GN60025	Fins	ERS	Absent	
2GN60025	Fins	FRAY	Absent	
2GN60025	Fins	HMR	Absent	
2GN60025	Fins	EMB	Absent	
2GN60026	Gills, Left	FRAY	Absent	
2GN60026	Gills, Left	MRGN	Absent	
2GN60026	Gills, Left	PALE	Absent	
2GN60026	Gills, Right	FRAY	Absent	
2GN60026	Gills, Right	MRGN	Absent	
2GN60026	Gills, Right	PALE	Absent	
2GN60026	Fins	ERS	Absent	
2GN60026	Fins	FRAY	Absent	
2GN60026	Fins	HMR	Absent	
2GN60026	Fins	EMB	Absent	
2GN60027	Gills, Left	FRAY	Absent	
2GN60027	Gills, Left	MRGN	Absent	
2GN60027	Gills, Left	PALE	Absent	
2GN60027	Gills, Right	FRAY	Absent	
2GN60027	Gills, Right	MRGN	Absent	
2GN60027	Gills, Right	PALE	Absent	
2GN60027	Fins	ERS	Absent	
2GN60027	Fins	FRAY	Absent	
2GN60027	Fins	HMR	Absent	
2GN60027	Fins	EMB	Absent	
2GN60028	Gills, Left	FRAY	Absent	
2GN60028	Gills, Left	MRGN	Absent	
2GN60028	Gills, Left	PALE	Absent	
2GN60028	Gills, Right	FRAY	Absent	
2GN60028	Gills, Right	MRGN	Absent	
2GN60028	Gills, Right	PALE	Absent	
2GN60028	Fins	ERS	Absent	
2GN60028	Fins	FRAY	Absent	
2GN60028	Fins	HMR	Absent	
2GN60028	Fins	EMB	Absent	
2GN60053b	Gills, Left	FRAY	Absent	
2GN60053b	Gills, Left	MRGN	Absent	
2GN60053b	Gills, Left	PALE	Absent	
2GN60053b	Gills, Right	FRAY	Absent	
2GN60053b	Gills, Right	MRGN	Absent	
2GN60053b	Gills, Right	PALE	Absent	
2GN60053b	Fins	ERS	Absent	
2GN60053b	Fins	FRAY	Absent	
2GN60053b	Fins	HMR	Absent	
2GN60053b	Fins	EMB	Absent	
2GN60054	Gills, Left	FRAY	Absent	
2GN60054	Gills, Left	MRGN	Absent	
2GN60054	Gills, Left	PALE	Absent	
2GN60054	Gills, Right	FRAY	Absent	
2GN60054	Gills, Right	MRGN	Absent	
2GN60054	Gills, Right	PALE	Absent	
2GN60054	Fins	ERS	Absent	
2GN60054	Fins	FRAY	Absent	
2GN60054	Fins	HMR	Absent	
2GN60054	Fins	EMB	Absent	
2GN80064W	Gills, Left	FRAY	Absent	
2GN80064W	Gills, Left	MRGN	Absent	
2GN80064W	Gills, Left	PALE	Absent	
2GN80064W	Gills, Right	FRAY	Absent	
2GN80064W	Gills, Right	MRGN	Absent	
2GN80064W	Gills, Right	PALE	Absent	
2GN80064W	Fins	ERS	Absent	
2GN80064W	Fins	FRAY	Absent	
2GN80064W	Fins	HMR	Absent	
2GN80064W	Fins	EMB	Absent	
2GN80065W	Gills, Left	FRAY	Absent	
2GN80065W	Gills, Left	MRGN	Absent	
2GN80065W	Gills, Left	PALE	Absent	
2GN80065W	Gills, Right	FRAY	Absent	
2GN80065W	Gills, Right	MRGN	Absent	
2GN80065W	Gills, Right	PALE	Absent	
2GN80065W	Fins	ERS	Absent	
2GN80065W	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GN80065W	Fins	HMR	Absent	
2GN80065W	Fins	EMB	Absent	
2GN90068	Gills, Left	FRAY	Absent	
2GN90068	Gills, Left	MRGN	Absent	
2GN90068	Gills, Left	PALE	Absent	
2GN90068	Gills, Right	FRAY	Absent	
2GN90068	Gills, Right	MRGN	Absent	
2GN90068	Gills, Right	PALE	Absent	
2GN90068	Fins	ERS	Absent	
2GN90068	Fins	FRAY	Present	
2GN90068	Fins	HMR	Absent	
2GN90068	Fins	EMB	Absent	
2GN90069	Gills, Left	FRAY	Absent	
2GN90069	Gills, Left	MRGN	Absent	
2GN90069	Gills, Left	PALE	Absent	
2GN90069	Gills, Right	FRAY	Absent	
2GN90069	Gills, Right	MRGN	Absent	
2GN90069	Gills, Right	PALE	Absent	
2GN90069	Fins	ERS	Absent	
2GN90069	Fins	FRAY	Absent	
2GN90069	Fins	HMR	Absent	
2GN90069	Fins	EMB	Absent	
2GN90070	Gills, Left	FRAY	Absent	
2GN90070	Gills, Left	MRGN	Absent	
2GN90070	Gills, Left	PALE	Absent	
2GN90070	Gills, Right	FRAY	Absent	
2GN90070	Gills, Right	MRGN	Absent	
2GN90070	Gills, Right	PALE	Absent	
2GN90070	Fins	ERS	Absent	
2GN90070	Fins	FRAY	Present	
2GN90070	Fins	HMR	Absent	
2GN90070	Fins	EMB	Absent	
2GN90071	Gills, Left	FRAY	Absent	
2GN90071	Gills, Left	MRGN	Absent	
2GN90071	Gills, Left	PALE	Absent	
2GN90071	Gills, Right	FRAY	Absent	
2GN90071	Gills, Right	MRGN	Absent	
2GN90071	Gills, Right	PALE	Absent	
2GN90071	Fins	ERS	Absent	
2GN90071	Fins	FRAY	Present	
2GN90071	Fins	HMR	Absent	
2GN90071	Fins	EMB	Absent	
2GN90072	Gills, Left	FRAY	Absent	
2GN90072	Gills, Left	MRGN	Absent	
2GN90072	Gills, Left	PALE	Absent	
2GN90072	Gills, Right	FRAY	Absent	
2GN90072	Gills, Right	MRGN	Absent	
2GN90072	Gills, Right	PALE	Absent	
2GN90072	Fins	ERS	Absent	
2GN90072	Fins	FRAY	Absent	
2GN90072	Fins	HMR	Absent	
2GN90072	Fins	EMB	Absent	
2GNA0073H	Gills, Left	FRAY	Absent	
2GNA0073H	Gills, Left	MRGN	Absent	
2GNA0073H	Gills, Left	PALE	Absent	
2GNA0073H	Gills, Right	FRAY	Absent	
2GNA0073H	Gills, Right	MRGN	Absent	
2GNA0073H	Gills, Right	PALE	Absent	
2GNA0073H	Fins	ERS	Absent	
2GNA0073H	Fins	FRAY	Absent	
2GNA0073H	Fins	HMR	Absent	
2GNA0073H	Fins	EMB	Absent	
2GNA0074H	Gills, Left	FRAY	Absent	
2GNA0074H	Gills, Left	MRGN	Absent	
2GNA0074H	Gills, Left	PALE	Absent	
2GNA0074H	Gills, Right	FRAY	Absent	
2GNA0074H	Gills, Right	MRGN	Absent	
2GNA0074H	Gills, Right	PALE	Absent	
2GNA0074H	Fins	ERS	Absent	
2GNA0074H	Fins	FRAY	Absent	
2GNA0074H	Fins	HMR	Absent	
2GNA0074H	Fins	EMB	Absent	
2GNA0075H	Gills, Left	FRAY	Absent	
2GNA0075H	Gills, Left	MRGN	Absent	
2GNA0075H	Gills, Left	PALE	Absent	
2GNA0075H	Gills, Right	FRAY	Absent	
2GNA0075H	Gills, Right	MRGN	Absent	
2GNA0075H	Gills, Right	PALE	Absent	
2GNA0075H	Fins	ERS	Absent	
2GNA0075H	Fins	FRAY	Absent	
2GNA0075H	Fins	HMR	Absent	
2GNA0075H	Fins	EMB	Absent	
2GNA0075H	Fins	OTHER	Present	Missing pelvic fin
2GNA0076H	Gills, Left	FRAY	Absent	
2GNA0076H	Gills, Left	MRGN	Absent	
2GNA0076H	Gills, Left	PALE	Absent	
2GNA0076H	Gills, Right	FRAY	Absent	
2GNA0076H	Gills, Right	MRGN	Absent	
2GNA0076H	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
2GNA0076H	Fins	ERS	Absent	
2GNA0076H	Fins	FRAY	Absent	
2GNA0076H	Fins	HMR	Absent	
2GNA0076H	Fins	EMB	Absent	
2GNA0077H	Gills, Left	FRAY	Absent	
2GNA0077H	Gills, Left	MRGN	Absent	
2GNA0077H	Gills, Left	PALE	Absent	
2GNA0077H	Gills, Right	FRAY	Absent	
2GNA0077H	Gills, Right	MRGN	Absent	
2GNA0077H	Gills, Right	PALE	Absent	
2GNA0077H	Fins	ERS	Absent	
2GNA0077H	Fins	FRAY	Absent	
2GNA0077H	Fins	HMR	Absent	
2GNA0077H	Fins	EMB	Absent	
2GNA0078W	Gills, Left	FRAY	Absent	
2GNA0078W	Gills, Left	MRGN	Absent	
2GNA0078W	Gills, Left	PALE	Absent	
2GNA0078W	Gills, Right	FRAY	Absent	
2GNA0078W	Gills, Right	MRGN	Absent	
2GNA0078W	Gills, Right	PALE	Absent	
2GNA0078W	Fins	ERS	Absent	
2GNA0078W	Fins	FRAY	Absent	
2GNA0078W	Fins	HMR	Absent	
2GNA0078W	Fins	EMB	Absent	
2GNA0079	Gills, Left	FRAY	Absent	
2GNA0079	Gills, Left	MRGN	Absent	
2GNA0079	Gills, Left	PALE	Absent	
2GNA0079	Gills, Right	FRAY	Absent	
2GNA0079	Gills, Right	MRGN	Absent	
2GNA0079	Gills, Right	PALE	Absent	
2GNA0079	Fins	ERS	Absent	
2GNA0079	Fins	FRAY	Absent	
2GNA0079	Fins	HMR	Absent	
2GNA0079	Fins	EMB	Absent	
2GNA0080W	Gills, Left	FRAY	Absent	
2GNA0080W	Gills, Left	MRGN	Absent	
2GNA0080W	Gills, Left	PALE	Absent	
2GNA0080W	Gills, Right	FRAY	Absent	
2GNA0080W	Gills, Right	MRGN	Absent	
2GNA0080W	Gills, Right	PALE	Absent	
2GNA0080W	Fins	ERS	Absent	
2GNA0080W	Fins	FRAY	Present	
2GNA0080W	Fins	HMR	Absent	
2GNA0080W	Fins	EMB	Absent	
3BTC0005	Gills, Left	FRAY	Absent	
3BTC0005	Gills, Left	MRGN	Absent	
3BTC0005	Gills, Left	PALE	Absent	
3BTC0005	Gills, Right	FRAY	Absent	
3BTC0005	Gills, Right	MRGN	Absent	
3BTC0005	Gills, Right	PALE	Absent	
3BTC0005	Fins	ERS	Absent	
3BTC0005	Fins	FRAY	Absent	
3BTC0005	Fins	HMR	Absent	
3BTC0005	Fins	EMB	Absent	
3BTC0006	Gills, Left	FRAY	Absent	
3BTC0006	Gills, Left	MRGN	Absent	
3BTC0006	Gills, Left	PALE	Absent	
3BTC0006	Gills, Right	FRAY	Absent	
3BTC0006	Gills, Right	MRGN	Absent	
3BTC0006	Gills, Right	PALE	Absent	
3BTC0006	Fins	ERS	Absent	
3BTC0006	Fins	FRAY	Absent	
3BTC0006	Fins	HMR	Absent	
3BTC0006	Fins	EMB	Absent	
3BTC0007	Gills, Left	FRAY	Absent	
3BTC0007	Gills, Left	MRGN	Absent	
3BTC0007	Gills, Left	PALE	Absent	
3BTC0007	Gills, Right	FRAY	Absent	
3BTC0007	Gills, Right	MRGN	Absent	
3BTC0007	Gills, Right	PALE	Absent	
3BTC0007	Fins	ERS	Absent	
3BTC0007	Fins	FRAY	Absent	
3BTC0007	Fins	HMR	Absent	
3BTC0007	Fins	EMB	Absent	
3BTC0008	Gills, Left	FRAY	Absent	
3BTC0008	Gills, Left	MRGN	Absent	
3BTC0008	Gills, Left	PALE	Absent	
3BTC0008	Gills, Right	FRAY	Absent	
3BTC0008	Gills, Right	MRGN	Absent	
3BTC0008	Gills, Right	PALE	Absent	
3BTC0008	Fins	ERS	Absent	
3BTC0008	Fins	FRAY	Absent	
3BTC0008	Fins	HMR	Absent	
3BTC0008	Fins	EMB	Absent	
3BTC0008	Fins	OTHER	Present	Lesion
3BTC0009	Gills, Left	FRAY	Absent	
3BTC0009	Gills, Left	MRGN	Absent	
3BTC0009	Gills, Left	PALE	Absent	
3BTC0009	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3BTC0009	Gills, Right	MRGN	Absent	
3BTC0009	Gills, Right	PALE	Absent	
3BTC0009	Fins	ERS	Absent	
3BTC0009	Fins	FRAY	Absent	
3BTC0009	Fins	HMR	Absent	
3BTC0009	Fins	EMB	Absent	
3BTC0010	Gills, Left	FRAY	Absent	
3BTC0010	Gills, Left	MRGN	Absent	
3BTC0010	Gills, Left	PALE	Absent	
3BTC0010	Gills, Right	FRAY	Absent	
3BTC0010	Gills, Right	MRGN	Absent	
3BTC0010	Gills, Right	PALE	Absent	
3BTC0010	Fins	ERS	Absent	
3BTC0010	Fins	FRAY	Absent	
3BTC0010	Fins	HMR	Absent	
3BTC0010	Fins	EMB	Absent	
3EB0036H	Gills, Left	FRAY	Absent	
3EB0036H	Gills, Left	MRGN	Absent	
3EB0036H	Gills, Left	PALE	Absent	
3EB0036H	Gills, Right	FRAY	Absent	
3EB0036H	Gills, Right	MRGN	Absent	
3EB0036H	Gills, Right	PALE	Absent	
3EB0036H	Fins	ERS	Absent	
3EB0036H	Fins	FRAY	Absent	
3EB0036H	Fins	HMR	Absent	
3EB0036H	Fins	EMB	Absent	
3EB0037H	Gills, Left	FRAY	Absent	
3EB0037H	Gills, Left	MRGN	Absent	
3EB0037H	Gills, Left	PALE	Absent	
3EB0037H	Gills, Right	FRAY	Absent	
3EB0037H	Gills, Right	MRGN	Absent	
3EB0037H	Gills, Right	PALE	Absent	
3EB0037H	Fins	ERS	Absent	
3EB0037H	Fins	FRAY	Absent	
3EB0037H	Fins	HMR	Absent	
3EB0037H	Fins	EMB	Absent	
3EB0038H	Gills, Left	FRAY	Absent	
3EB0038H	Gills, Left	MRGN	Absent	
3EB0038H	Gills, Left	PALE	Absent	
3EB0038H	Gills, Right	FRAY	Absent	
3EB0038H	Gills, Right	MRGN	Absent	
3EB0038H	Gills, Right	PALE	Absent	
3EB0038H	Fins	ERS	Absent	
3EB0038H	Fins	FRAY	Absent	
3EB0038H	Fins	HMR	Absent	
3EB0038H	Fins	EMB	Absent	
3EB0039	Gills, Left	FRAY	Absent	
3EB0039	Gills, Left	MRGN	Absent	
3EB0039	Gills, Left	PALE	Absent	
3EB0039	Gills, Right	FRAY	Absent	
3EB0039	Gills, Right	MRGN	Absent	
3EB0039	Gills, Right	PALE	Absent	
3EB0039	Fins	ERS	Absent	
3EB0039	Fins	FRAY	Absent	
3EB0039	Fins	HMR	Absent	
3EB0039	Fins	EMB	Absent	
3EB0040	Gills, Left	FRAY	Absent	
3EB0040	Gills, Left	MRGN	Absent	
3EB0040	Gills, Left	PALE	Absent	
3EB0040	Gills, Right	FRAY	Absent	
3EB0040	Gills, Right	MRGN	Absent	
3EB0040	Gills, Right	PALE	Absent	
3EB0040	Fins	ERS	Absent	
3EB0040	Fins	FRAY	Absent	
3EB0040	Fins	HMR	Absent	
3EB0040	Fins	EMB	Absent	
3EB0041	Gills, Left	FRAY	Absent	
3EB0041	Gills, Left	MRGN	Absent	
3EB0041	Gills, Left	PALE	Absent	
3EB0041	Gills, Right	FRAY	Absent	
3EB0041	Gills, Right	MRGN	Absent	
3EB0041	Gills, Right	PALE	Absent	
3EB0041	Fins	ERS	Absent	
3EB0041	Fins	FRAY	Absent	
3EB0041	Fins	HMR	Absent	
3EB0041	Fins	EMB	Absent	
3EB0042	Gills, Left	FRAY	Absent	
3EB0042	Gills, Left	MRGN	Absent	
3EB0042	Gills, Left	PALE	Absent	
3EB0042	Gills, Right	FRAY	Absent	
3EB0042	Gills, Right	MRGN	Absent	
3EB0042	Gills, Right	PALE	Absent	
3EB0042	Fins	ERS	Absent	
3EB0042	Fins	FRAY	Absent	
3EB0042	Fins	HMR	Absent	
3EB0042	Fins	EMB	Absent	
3EB0043	Gills, Left	FRAY	Absent	
3EB0043	Gills, Left	MRGN	Absent	
3EB0043	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0043	Gills, Right	FRAY	Absent	
3EB0043	Gills, Right	MRGN	Absent	
3EB0043	Gills, Right	PALE	Absent	
3EB0043	Fins	ERS	Absent	
3EB0043	Fins	FRAY	Present	
3EB0043	Fins	HMR	Absent	
3EB0043	Fins	EMB	Absent	
3EB0044	Gills, Left	FRAY	Absent	
3EB0044	Gills, Left	MRGN	Absent	
3EB0044	Gills, Left	PALE	Absent	
3EB0044	Gills, Right	FRAY	Absent	
3EB0044	Gills, Right	MRGN	Absent	
3EB0044	Gills, Right	PALE	Absent	
3EB0044	Fins	ERS	Absent	
3EB0044	Fins	FRAY	Absent	
3EB0044	Fins	HMR	Absent	
3EB0044	Fins	EMB	Absent	
3EB0045	Gills, Left	FRAY	Absent	
3EB0045	Gills, Left	MRGN	Absent	
3EB0045	Gills, Left	PALE	Absent	
3EB0045	Gills, Right	FRAY	Absent	
3EB0045	Gills, Right	MRGN	Absent	
3EB0045	Gills, Right	PALE	Absent	
3EB0045	Fins	ERS	Absent	
3EB0045	Fins	FRAY	Absent	
3EB0045	Fins	HMR	Absent	
3EB0045	Fins	EMB	Absent	
3EB0046	Gills, Left	FRAY	Absent	
3EB0046	Gills, Left	MRGN	Absent	
3EB0046	Gills, Left	PALE	Absent	
3EB0046	Gills, Right	FRAY	Absent	
3EB0046	Gills, Right	MRGN	Absent	
3EB0046	Gills, Right	PALE	Absent	
3EB0046	Fins	ERS	Absent	
3EB0046	Fins	FRAY	Absent	
3EB0046	Fins	HMR	Absent	
3EB0046	Fins	EMB	Absent	
3EB0047	Gills, Left	FRAY	Absent	
3EB0047	Gills, Left	MRGN	Absent	
3EB0047	Gills, Left	PALE	Absent	
3EB0047	Gills, Right	FRAY	Absent	
3EB0047	Gills, Right	MRGN	Absent	
3EB0047	Gills, Right	PALE	Absent	
3EB0047	Fins	ERS	Absent	
3EB0047	Fins	FRAY	Present	
3EB0047	Fins	HMR	Absent	
3EB0047	Fins	EMB	Absent	
3EB0048	Gills, Left	FRAY	Absent	
3EB0048	Gills, Left	MRGN	Absent	
3EB0048	Gills, Left	PALE	Absent	
3EB0048	Gills, Right	FRAY	Absent	
3EB0048	Gills, Right	MRGN	Absent	
3EB0048	Gills, Right	PALE	Absent	
3EB0048	Fins	ERS	Absent	
3EB0048	Fins	FRAY	Absent	
3EB0048	Fins	HMR	Absent	
3EB0048	Fins	EMB	Absent	
3EB0049	Gills, Left	FRAY	Absent	
3EB0049	Gills, Left	MRGN	Absent	
3EB0049	Gills, Left	PALE	Absent	
3EB0049	Gills, Right	FRAY	Absent	
3EB0049	Gills, Right	MRGN	Absent	
3EB0049	Gills, Right	PALE	Absent	
3EB0049	Fins	ERS	Absent	
3EB0049	Fins	FRAY	Absent	
3EB0049	Fins	HMR	Absent	
3EB0049	Fins	EMB	Absent	
3EB0050	Gills, Left	FRAY	Absent	
3EB0050	Gills, Left	MRGN	Absent	
3EB0050	Gills, Left	PALE	Absent	
3EB0050	Gills, Right	FRAY	Absent	
3EB0050	Gills, Right	MRGN	Absent	
3EB0050	Gills, Right	PALE	Absent	
3EB0050	Fins	ERS	Absent	
3EB0050	Fins	FRAY	Absent	
3EB0050	Fins	HMR	Absent	
3EB0050	Fins	EMB	Absent	
3EB0053	Gills, Left	FRAY	Absent	
3EB0053	Gills, Left	MRGN	Absent	
3EB0053	Gills, Left	PALE	Absent	
3EB0053	Gills, Right	FRAY	Absent	
3EB0053	Gills, Right	MRGN	Absent	
3EB0053	Gills, Right	PALE	Absent	
3EB0053	Fins	ERS	Absent	
3EB0053	Fins	FRAY	Absent	
3EB0053	Fins	HMR	Absent	
3EB0053	Fins	EMB	Absent	
3EB0056	Gills, Left	FRAY	Absent	
3EB0056	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EB0056	Gills, Left	PALE	Absent	
3EB0056	Gills, Right	FRAY	Absent	
3EB0056	Gills, Right	MRGN	Absent	
3EB0056	Gills, Right	PALE	Absent	
3EB0056	Fins	ERS	Absent	
3EB0056	Fins	FRAY	Present	
3EB0056	Fins	HMR	Absent	
3EB0056	Fins	EMB	Absent	
3EB0057	Gills, Left	FRAY	Absent	
3EB0057	Gills, Left	MRGN	Absent	
3EB0057	Gills, Left	PALE	Absent	
3EB0057	Gills, Right	FRAY	Absent	
3EB0057	Gills, Right	MRGN	Absent	
3EB0057	Gills, Right	PALE	Absent	
3EB0057	Fins	ERS	Absent	
3EB0057	Fins	FRAY	Absent	
3EB0057	Fins	HMR	Absent	
3EB0057	Fins	EMB	Absent	
3EB0059	Gills, Left	FRAY	Absent	
3EB0059	Gills, Left	MRGN	Absent	
3EB0059	Gills, Left	PALE	Absent	
3EB0059	Gills, Right	FRAY	Absent	
3EB0059	Gills, Right	MRGN	Absent	
3EB0059	Gills, Right	PALE	Absent	
3EB0059	Fins	ERS	Absent	
3EB0059	Fins	FRAY	Absent	
3EB0059	Fins	HMR	Absent	
3EB0059	Fins	EMB	Absent	
3EB0060	Gills, Left	FRAY	Absent	
3EB0060	Gills, Left	MRGN	Absent	
3EB0060	Gills, Left	PALE	Absent	
3EB0060	Gills, Right	FRAY	Absent	
3EB0060	Gills, Right	MRGN	Absent	
3EB0060	Gills, Right	PALE	Absent	
3EB0060	Fins	ERS	Absent	
3EB0060	Fins	FRAY	Absent	
3EB0060	Fins	HMR	Absent	
3EB0060	Fins	EMB	Absent	
3EB0061	Gills, Left	FRAY	Absent	
3EB0061	Gills, Left	MRGN	Absent	
3EB0061	Gills, Left	PALE	Absent	
3EB0061	Gills, Right	FRAY	Absent	
3EB0061	Gills, Right	MRGN	Absent	
3EB0061	Gills, Right	PALE	Absent	
3EB0061	Fins	ERS	Absent	
3EB0061	Fins	FRAY	Absent	
3EB0061	Fins	HMR	Absent	
3EB0061	Fins	EMB	Absent	
3EB0063W	Gills, Left	FRAY	Absent	
3EB0063W	Gills, Left	MRGN	Absent	
3EB0063W	Gills, Left	PALE	Absent	
3EB0063W	Gills, Right	FRAY	Absent	
3EB0063W	Gills, Right	MRGN	Absent	
3EB0063W	Gills, Right	PALE	Absent	
3EB0063W	Fins	ERS	Absent	
3EB0063W	Fins	FRAY	Absent	
3EB0063W	Fins	HMR	Absent	
3EB0063W	Fins	EMB	Absent	
3EB0066	Gills, Left	FRAY	Absent	
3EB0066	Gills, Left	MRGN	Absent	
3EB0066	Gills, Left	PALE	Absent	
3EB0066	Gills, Right	FRAY	Absent	
3EB0066	Gills, Right	MRGN	Absent	
3EB0066	Gills, Right	PALE	Absent	
3EB0066	Fins	ERS	Absent	
3EB0066	Fins	FRAY	Absent	
3EB0066	Fins	HMR	Absent	
3EB0066	Fins	EMB	Absent	
3ED0028	Gills, Left	FRAY	Absent	
3ED0028	Gills, Left	MRGN	Absent	
3ED0028	Gills, Left	PALE	Absent	
3ED0028	Gills, Right	FRAY	Absent	
3ED0028	Gills, Right	MRGN	Absent	
3ED0028	Gills, Right	PALE	Absent	
3ED0028	Fins	ERS	Absent	
3ED0028	Fins	FRAY	Absent	
3ED0028	Fins	HMR	Absent	
3ED0028	Fins	EMB	Absent	
3ED0034	Gills, Left	FRAY	Absent	
3ED0034	Gills, Left	MRGN	Absent	
3ED0034	Gills, Left	PALE	Absent	
3ED0034	Gills, Right	FRAY	Absent	
3ED0034	Gills, Right	MRGN	Absent	
3ED0034	Gills, Right	PALE	Absent	
3ED0034	Fins	ERS	Absent	
3ED0034	Fins	FRAY	Absent	
3ED0034	Fins	HMR	Absent	
3ED0034	Fins	EMB	Absent	
3ED0100H	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0100H	Gills, Left	MRGN	Absent	
3ED0100H	Gills, Left	PALE	Absent	
3ED0100H	Gills, Right	FRAY	Absent	
3ED0100H	Gills, Right	MRGN	Absent	
3ED0100H	Gills, Right	PALE	Absent	
3ED0100H	Fins	ERS	Absent	
3ED0100H	Fins	FRAY	Absent	
3ED0100H	Fins	HMR	Absent	
3ED0100H	Fins	EMB	Absent	
3ED0101W	Gills, Left	FRAY	Absent	
3ED0101W	Gills, Left	MRGN	Absent	
3ED0101W	Gills, Left	PALE	Absent	
3ED0101W	Gills, Right	FRAY	Absent	
3ED0101W	Gills, Right	MRGN	Absent	
3ED0101W	Gills, Right	PALE	Absent	
3ED0101W	Fins	ERS	Absent	
3ED0101W	Fins	FRAY	Absent	
3ED0101W	Fins	HMR	Absent	
3ED0101W	Fins	EMB	Absent	
3ED0102H	Gills, Left	FRAY	Absent	
3ED0102H	Gills, Left	MRGN	Absent	
3ED0102H	Gills, Left	PALE	Absent	
3ED0102H	Gills, Right	FRAY	Absent	
3ED0102H	Gills, Right	MRGN	Absent	
3ED0102H	Gills, Right	PALE	Absent	
3ED0102H	Fins	ERS	Absent	
3ED0102H	Fins	FRAY	Absent	
3ED0102H	Fins	HMR	Absent	
3ED0102H	Fins	EMB	Absent	
3ED0103W	Gills, Left	FRAY	Absent	
3ED0103W	Gills, Left	MRGN	Absent	
3ED0103W	Gills, Left	PALE	Absent	
3ED0103W	Gills, Right	FRAY	Absent	
3ED0103W	Gills, Right	MRGN	Absent	
3ED0103W	Gills, Right	PALE	Absent	
3ED0103W	Fins	ERS	Absent	
3ED0103W	Fins	FRAY	Absent	
3ED0103W	Fins	HMR	Absent	
3ED0103W	Fins	EMB	Absent	
3ED0104	Gills, Left	FRAY	Absent	
3ED0104	Gills, Left	MRGN	Absent	
3ED0104	Gills, Left	PALE	Absent	
3ED0104	Gills, Right	FRAY	Absent	
3ED0104	Gills, Right	MRGN	Absent	
3ED0104	Gills, Right	PALE	Absent	
3ED0104	Fins	ERS	Absent	
3ED0104	Fins	FRAY	Absent	
3ED0104	Fins	HMR	Absent	
3ED0104	Fins	EMB	Absent	
3ED0105	Gills, Left	FRAY	Absent	
3ED0105	Gills, Left	MRGN	Absent	
3ED0105	Gills, Left	PALE	Absent	
3ED0105	Gills, Right	FRAY	Absent	
3ED0105	Gills, Right	MRGN	Absent	
3ED0105	Gills, Right	PALE	Absent	
3ED0105	Fins	ERS	Absent	
3ED0105	Fins	FRAY	Absent	
3ED0105	Fins	HMR	Absent	
3ED0105	Fins	EMB	Absent	
3ED0106H	Gills, Left	FRAY	Absent	
3ED0106H	Gills, Left	MRGN	Absent	
3ED0106H	Gills, Left	PALE	Absent	
3ED0106H	Gills, Right	FRAY	Absent	
3ED0106H	Gills, Right	MRGN	Absent	
3ED0106H	Gills, Right	PALE	Absent	
3ED0106H	Fins	ERS	Absent	
3ED0106H	Fins	FRAY	Absent	
3ED0106H	Fins	HMR	Absent	
3ED0106H	Fins	EMB	Absent	
3ED0107	Gills, Left	FRAY	Absent	
3ED0107	Gills, Left	MRGN	Absent	
3ED0107	Gills, Left	PALE	Absent	
3ED0107	Gills, Right	FRAY	Absent	
3ED0107	Gills, Right	MRGN	Absent	
3ED0107	Gills, Right	PALE	Absent	
3ED0107	Fins	ERS	Absent	
3ED0107	Fins	FRAY	Absent	
3ED0107	Fins	HMR	Absent	
3ED0107	Fins	EMB	Absent	
3ED0108	Gills, Left	FRAY	Absent	
3ED0108	Gills, Left	MRGN	Absent	
3ED0108	Gills, Left	PALE	Absent	
3ED0108	Gills, Right	FRAY	Absent	
3ED0108	Gills, Right	MRGN	Absent	
3ED0108	Gills, Right	PALE	Absent	
3ED0108	Fins	ERS	Absent	
3ED0108	Fins	FRAY	Absent	
3ED0108	Fins	HMR	Absent	
3ED0108	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0109	Gills, Left	FRAY	Absent	
3ED0109	Gills, Left	MRGN	Absent	
3ED0109	Gills, Left	PALE	Absent	
3ED0109	Gills, Right	FRAY	Absent	
3ED0109	Gills, Right	MRGN	Absent	
3ED0109	Gills, Right	PALE	Absent	
3ED0109	Fins	ERS	Absent	
3ED0109	Fins	FRAY	Absent	
3ED0109	Fins	HMR	Absent	
3ED0109	Fins	EMB	Absent	
3ED0110	Gills, Left	FRAY	Absent	
3ED0110	Gills, Left	MRGN	Absent	
3ED0110	Gills, Left	PALE	Absent	
3ED0110	Gills, Right	FRAY	Absent	
3ED0110	Gills, Right	MRGN	Absent	
3ED0110	Gills, Right	PALE	Absent	
3ED0110	Fins	ERS	Absent	
3ED0110	Fins	FRAY	Absent	
3ED0110	Fins	HMR	Absent	
3ED0110	Fins	EMB	Absent	
3ED0111	Gills, Left	FRAY	Absent	
3ED0111	Gills, Left	MRGN	Absent	
3ED0111	Gills, Left	PALE	Absent	
3ED0111	Gills, Right	FRAY	Absent	
3ED0111	Gills, Right	MRGN	Absent	
3ED0111	Gills, Right	PALE	Absent	
3ED0111	Fins	ERS	Absent	
3ED0111	Fins	FRAY	Absent	
3ED0111	Fins	HMR	Absent	
3ED0111	Fins	EMB	Absent	
3ED0112	Gills, Left	FRAY	Absent	
3ED0112	Gills, Left	MRGN	Absent	
3ED0112	Gills, Left	PALE	Absent	
3ED0112	Gills, Right	FRAY	Absent	
3ED0112	Gills, Right	MRGN	Absent	
3ED0112	Gills, Right	PALE	Absent	
3ED0112	Fins	ERS	Absent	
3ED0112	Fins	FRAY	Present	
3ED0112	Fins	HMR	Absent	
3ED0112	Fins	EMB	Absent	
3ED0113	Gills, Left	FRAY	Absent	
3ED0113	Gills, Left	MRGN	Absent	
3ED0113	Gills, Left	PALE	Absent	
3ED0113	Gills, Right	FRAY	Absent	
3ED0113	Gills, Right	MRGN	Absent	
3ED0113	Gills, Right	PALE	Absent	
3ED0113	Fins	ERS	Absent	
3ED0113	Fins	FRAY	Absent	
3ED0113	Fins	HMR	Absent	
3ED0113	Fins	EMB	Absent	
3ED0114	Gills, Left	FRAY	Absent	
3ED0114	Gills, Left	MRGN	Absent	
3ED0114	Gills, Left	PALE	Absent	
3ED0114	Gills, Right	FRAY	Absent	
3ED0114	Gills, Right	MRGN	Absent	
3ED0114	Gills, Right	PALE	Absent	
3ED0114	Fins	ERS	Absent	
3ED0114	Fins	FRAY	Absent	
3ED0114	Fins	HMR	Absent	
3ED0114	Fins	EMB	Absent	
3ED0115	Gills, Left	FRAY	Absent	
3ED0115	Gills, Left	MRGN	Absent	
3ED0115	Gills, Left	PALE	Absent	
3ED0115	Gills, Right	FRAY	Absent	
3ED0115	Gills, Right	MRGN	Absent	
3ED0115	Gills, Right	PALE	Absent	
3ED0115	Fins	ERS	Absent	
3ED0115	Fins	FRAY	Absent	
3ED0115	Fins	HMR	Absent	
3ED0115	Fins	EMB	Absent	
3ED0116	Gills, Left	FRAY	Absent	
3ED0116	Gills, Left	MRGN	Absent	
3ED0116	Gills, Left	PALE	Absent	
3ED0116	Gills, Right	FRAY	Absent	
3ED0116	Gills, Right	MRGN	Absent	
3ED0116	Gills, Right	PALE	Absent	
3ED0116	Fins	ERS	Absent	
3ED0116	Fins	FRAY	Absent	
3ED0116	Fins	HMR	Absent	
3ED0116	Fins	EMB	Absent	
3ED0117	Gills, Left	FRAY	Absent	
3ED0117	Gills, Left	MRGN	Absent	
3ED0117	Gills, Left	PALE	Absent	
3ED0117	Gills, Right	FRAY	Absent	
3ED0117	Gills, Right	MRGN	Absent	
3ED0117	Gills, Right	PALE	Absent	
3ED0117	Fins	ERS	Absent	
3ED0117	Fins	FRAY	Absent	
3ED0117	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0117	Fins	EMB	Absent	
3ED0118	Gills, Left	FRAY	Absent	
3ED0118	Gills, Left	MRGN	Absent	
3ED0118	Gills, Left	PALE	Absent	
3ED0118	Gills, Right	FRAY	Absent	
3ED0118	Gills, Right	MRGN	Absent	
3ED0118	Gills, Right	PALE	Absent	
3ED0118	Fins	ERS	Absent	
3ED0118	Fins	FRAY	Absent	
3ED0118	Fins	HMR	Absent	
3ED0118	Fins	EMB	Absent	
3ED0119	Gills, Left	FRAY	Absent	
3ED0119	Gills, Left	MRGN	Absent	
3ED0119	Gills, Left	PALE	Absent	
3ED0119	Gills, Right	FRAY	Absent	
3ED0119	Gills, Right	MRGN	Absent	
3ED0119	Gills, Right	PALE	Absent	
3ED0119	Fins	ERS	Absent	
3ED0119	Fins	FRAY	Absent	
3ED0119	Fins	HMR	Absent	
3ED0119	Fins	EMB	Absent	
3ED0120	Gills, Left	FRAY	Absent	
3ED0120	Gills, Left	MRGN	Absent	
3ED0120	Gills, Left	PALE	Absent	
3ED0120	Gills, Right	FRAY	Absent	
3ED0120	Gills, Right	MRGN	Absent	
3ED0120	Gills, Right	PALE	Absent	
3ED0120	Fins	ERS	Absent	
3ED0120	Fins	FRAY	Absent	
3ED0120	Fins	HMR	Absent	
3ED0120	Fins	EMB	Absent	
3ED0122	Gills, Left	FRAY	Absent	
3ED0122	Gills, Left	MRGN	Absent	
3ED0122	Gills, Left	PALE	Absent	
3ED0122	Gills, Right	FRAY	Absent	
3ED0122	Gills, Right	MRGN	Absent	
3ED0122	Gills, Right	PALE	Absent	
3ED0122	Fins	ERS	Absent	
3ED0122	Fins	FRAY	Absent	
3ED0122	Fins	HMR	Absent	
3ED0122	Fins	EMB	Absent	
3ED0123	Gills, Left	FRAY	Absent	
3ED0123	Gills, Left	MRGN	Absent	
3ED0123	Gills, Left	PALE	Absent	
3ED0123	Gills, Right	FRAY	Absent	
3ED0123	Gills, Right	MRGN	Absent	
3ED0123	Gills, Right	PALE	Absent	
3ED0123	Fins	ERS	Absent	
3ED0123	Fins	FRAY	Absent	
3ED0123	Fins	HMR	Absent	
3ED0123	Fins	EMB	Absent	
3ED0124	Gills, Left	FRAY	Absent	
3ED0124	Gills, Left	FRAY	Absent	
3ED0124	Gills, Left	MRGN	Absent	
3ED0124	Gills, Left	MRGN	Absent	
3ED0124	Gills, Left	PALE	Absent	
3ED0124	Gills, Left	PALE	Absent	
3ED0124	Gills, Right	FRAY	Absent	
3ED0124	Gills, Right	FRAY	Absent	
3ED0124	Gills, Right	MRGN	Absent	
3ED0124	Gills, Right	MRGN	Absent	
3ED0124	Gills, Right	PALE	Absent	
3ED0124	Gills, Right	PALE	Absent	
3ED0124	Fins	ERS	Absent	
3ED0124	Fins	ERS	Absent	
3ED0124	Fins	FRAY	Absent	
3ED0124	Fins	FRAY	Absent	
3ED0124	Fins	HMR	Absent	
3ED0124	Fins	HMR	Absent	
3ED0124	Fins	EMB	Absent	
3ED0124	Fins	EMB	Absent	
3ED0125	Gills, Left	FRAY	Absent	
3ED0125	Gills, Left	MRGN	Absent	
3ED0125	Gills, Left	PALE	Absent	
3ED0125	Gills, Right	FRAY	Absent	
3ED0125	Gills, Right	MRGN	Absent	
3ED0125	Gills, Right	PALE	Absent	
3ED0125	Fins	ERS	Absent	
3ED0125	Fins	FRAY	Absent	
3ED0125	Fins	HMR	Absent	
3ED0125	Fins	EMB	Absent	
3ED0126	Gills, Left	FRAY	Absent	
3ED0126	Gills, Left	MRGN	Absent	
3ED0126	Gills, Left	PALE	Absent	
3ED0126	Gills, Right	FRAY	Absent	
3ED0126	Gills, Right	MRGN	Absent	
3ED0126	Gills, Right	PALE	Absent	
3ED0126	Fins	ERS	Absent	
3ED0126	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0126	Fins	HMR	Absent	
3ED0126	Fins	EMB	Absent	
3ED0127	Gills, Left	FRAY	Absent	
3ED0127	Gills, Left	MRGN	Absent	
3ED0127	Gills, Left	PALE	Absent	
3ED0127	Gills, Right	FRAY	Absent	
3ED0127	Gills, Right	MRGN	Absent	
3ED0127	Gills, Right	PALE	Absent	
3ED0127	Fins	ERS	Absent	
3ED0127	Fins	FRAY	Absent	
3ED0127	Fins	HMR	Absent	
3ED0127	Fins	EMB	Absent	
3ED0128	Gills, Left	FRAY	Absent	
3ED0128	Gills, Left	MRGN	Absent	
3ED0128	Gills, Left	PALE	Absent	
3ED0128	Gills, Right	FRAY	Absent	
3ED0128	Gills, Right	MRGN	Absent	
3ED0128	Gills, Right	PALE	Absent	
3ED0128	Fins	ERS	Absent	
3ED0128	Fins	FRAY	Absent	
3ED0128	Fins	HMR	Absent	
3ED0128	Fins	EMB	Absent	
3ED0129	Gills, Left	FRAY	Absent	
3ED0129	Gills, Left	MRGN	Absent	
3ED0129	Gills, Left	PALE	Absent	
3ED0129	Gills, Right	FRAY	Absent	
3ED0129	Gills, Right	MRGN	Absent	
3ED0129	Gills, Right	PALE	Absent	
3ED0129	Fins	ERS	Absent	
3ED0129	Fins	FRAY	Absent	
3ED0129	Fins	HMR	Absent	
3ED0129	Fins	EMB	Absent	
3ED0130	Gills, Left	FRAY	Absent	
3ED0130	Gills, Left	MRGN	Absent	
3ED0130	Gills, Left	PALE	Absent	
3ED0130	Gills, Right	FRAY	Absent	
3ED0130	Gills, Right	MRGN	Absent	
3ED0130	Gills, Right	PALE	Absent	
3ED0130	Fins	ERS	Absent	
3ED0130	Fins	FRAY	Absent	
3ED0130	Fins	HMR	Absent	
3ED0130	Fins	EMB	Absent	
3ED0131	Gills, Left	FRAY	Absent	
3ED0131	Gills, Left	MRGN	Absent	
3ED0131	Gills, Left	PALE	Absent	
3ED0131	Gills, Right	FRAY	Absent	
3ED0131	Gills, Right	MRGN	Absent	
3ED0131	Gills, Right	PALE	Absent	
3ED0131	Fins	ERS	Absent	
3ED0131	Fins	FRAY	Absent	
3ED0131	Fins	HMR	Present	
3ED0131	Fins	EMB	Absent	
3ED0132	Gills, Left	FRAY	Absent	
3ED0132	Gills, Left	MRGN	Absent	
3ED0132	Gills, Left	PALE	Absent	
3ED0132	Gills, Right	FRAY	Absent	
3ED0132	Gills, Right	MRGN	Absent	
3ED0132	Gills, Right	PALE	Absent	
3ED0132	Fins	ERS	Absent	
3ED0132	Fins	FRAY	Absent	
3ED0132	Fins	HMR	Absent	
3ED0132	Fins	EMB	Absent	
3ED0133	Gills, Left	FRAY	Absent	
3ED0133	Gills, Left	MRGN	Absent	
3ED0133	Gills, Left	PALE	Absent	
3ED0133	Gills, Right	FRAY	Absent	
3ED0133	Gills, Right	MRGN	Absent	
3ED0133	Gills, Right	PALE	Absent	
3ED0133	Fins	ERS	Absent	
3ED0133	Fins	FRAY	Absent	
3ED0133	Fins	HMR	Absent	
3ED0133	Fins	EMB	Absent	
3ED0134	Gills, Left	FRAY	Absent	
3ED0134	Gills, Left	MRGN	Absent	
3ED0134	Gills, Left	PALE	Absent	
3ED0134	Gills, Right	FRAY	Absent	
3ED0134	Gills, Right	MRGN	Absent	
3ED0134	Gills, Right	PALE	Absent	
3ED0134	Fins	ERS	Absent	
3ED0134	Fins	FRAY	Present	
3ED0134	Fins	HMR	Absent	
3ED0134	Fins	EMB	Absent	
3ED0135	Gills, Left	FRAY	Absent	
3ED0135	Gills, Left	MRGN	Absent	
3ED0135	Gills, Left	PALE	Absent	
3ED0135	Gills, Right	FRAY	Absent	
3ED0135	Gills, Right	MRGN	Absent	
3ED0135	Gills, Right	PALE	Absent	
3ED0135	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0135	Fins	FRAY	Absent	
3ED0135	Fins	HMR	Absent	
3ED0135	Fins	EMB	Absent	
3ED0136	Gills, Left	FRAY	Absent	
3ED0136	Gills, Left	MRGN	Absent	
3ED0136	Gills, Left	PALE	Absent	
3ED0136	Gills, Right	FRAY	Absent	
3ED0136	Gills, Right	MRGN	Absent	
3ED0136	Gills, Right	PALE	Absent	
3ED0136	Fins	ERS	Absent	
3ED0136	Fins	FRAY	Absent	
3ED0136	Fins	HMR	Absent	
3ED0136	Fins	EMB	Absent	
3ED0137	Gills, Left	FRAY	Absent	
3ED0137	Gills, Left	MRGN	Absent	
3ED0137	Gills, Left	PALE	Absent	
3ED0137	Gills, Right	FRAY	Absent	
3ED0137	Gills, Right	MRGN	Absent	
3ED0137	Gills, Right	PALE	Absent	
3ED0137	Fins	ERS	Absent	
3ED0137	Fins	FRAY	Absent	
3ED0137	Fins	HMR	Absent	
3ED0137	Fins	EMB	Absent	
3ED0138	Gills, Left	FRAY	Absent	
3ED0138	Gills, Left	MRGN	Absent	
3ED0138	Gills, Left	PALE	Absent	
3ED0138	Gills, Right	FRAY	Absent	
3ED0138	Gills, Right	MRGN	Absent	
3ED0138	Gills, Right	PALE	Absent	
3ED0138	Fins	ERS	Absent	
3ED0138	Fins	FRAY	Absent	
3ED0138	Fins	HMR	Absent	
3ED0138	Fins	EMB	Absent	
3ED0139	Gills, Left	FRAY	Absent	
3ED0139	Gills, Left	MRGN	Absent	
3ED0139	Gills, Left	PALE	Absent	
3ED0139	Gills, Right	FRAY	Absent	
3ED0139	Gills, Right	MRGN	Absent	
3ED0139	Gills, Right	PALE	Absent	
3ED0139	Fins	ERS	Absent	
3ED0139	Fins	FRAY	Absent	
3ED0139	Fins	HMR	Absent	
3ED0139	Fins	EMB	Absent	
3ED0140	Gills, Left	FRAY	Absent	
3ED0140	Gills, Left	MRGN	Absent	
3ED0140	Gills, Left	PALE	Absent	
3ED0140	Gills, Right	FRAY	Absent	
3ED0140	Gills, Right	MRGN	Absent	
3ED0140	Gills, Right	PALE	Absent	
3ED0140	Fins	ERS	Absent	
3ED0140	Fins	FRAY	Absent	
3ED0140	Fins	HMR	Absent	
3ED0140	Fins	EMB	Absent	
3ED0141	Gills, Left	FRAY	Absent	
3ED0141	Gills, Left	MRGN	Absent	
3ED0141	Gills, Left	PALE	Absent	
3ED0141	Gills, Right	FRAY	Absent	
3ED0141	Gills, Right	MRGN	Absent	
3ED0141	Gills, Right	PALE	Absent	
3ED0141	Fins	ERS	Absent	
3ED0141	Fins	FRAY	Absent	
3ED0141	Fins	HMR	Absent	
3ED0141	Fins	EMB	Absent	
3ED0142	Gills, Left	FRAY	Absent	
3ED0142	Gills, Left	MRGN	Absent	
3ED0142	Gills, Left	PALE	Absent	
3ED0142	Gills, Right	FRAY	Absent	
3ED0142	Gills, Right	MRGN	Absent	
3ED0142	Gills, Right	PALE	Absent	
3ED0142	Fins	ERS	Absent	
3ED0142	Fins	FRAY	Absent	
3ED0142	Fins	HMR	Absent	
3ED0142	Fins	EMB	Absent	
3ED0143	Gills, Left	FRAY	Absent	
3ED0143	Gills, Left	MRGN	Absent	
3ED0143	Gills, Left	PALE	Absent	
3ED0143	Gills, Right	FRAY	Absent	
3ED0143	Gills, Right	MRGN	Absent	
3ED0143	Gills, Right	PALE	Absent	
3ED0143	Fins	ERS	Absent	
3ED0143	Fins	FRAY	Absent	
3ED0143	Fins	HMR	Absent	
3ED0143	Fins	EMB	Absent	
3ED0144	Gills, Left	FRAY	Absent	
3ED0144	Gills, Left	MRGN	Absent	
3ED0144	Gills, Left	PALE	Absent	
3ED0144	Gills, Right	FRAY	Absent	
3ED0144	Gills, Right	MRGN	Absent	
3ED0144	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0144	Fins	ERS	Absent	
3ED0144	Fins	FRAY	Absent	
3ED0144	Fins	HMR	Absent	
3ED0144	Fins	EMB	Absent	
3ED0145W	Gills, Left	FRAY	Absent	
3ED0145W	Gills, Left	MRGN	Absent	
3ED0145W	Gills, Left	PALE	Absent	
3ED0145W	Gills, Right	FRAY	Absent	
3ED0145W	Gills, Right	MRGN	Absent	
3ED0145W	Gills, Right	PALE	Absent	
3ED0145W	Fins	ERS	Absent	
3ED0145W	Fins	FRAY	Absent	
3ED0145W	Fins	HMR	Absent	
3ED0145W	Fins	EMB	Absent	
3ED0146	Gills, Left	FRAY	Absent	
3ED0146	Gills, Left	MRGN	Absent	
3ED0146	Gills, Left	PALE	Absent	
3ED0146	Gills, Right	FRAY	Absent	
3ED0146	Gills, Right	MRGN	Absent	
3ED0146	Gills, Right	PALE	Absent	
3ED0146	Fins	ERS	Absent	
3ED0146	Fins	FRAY	Absent	
3ED0146	Fins	HMR	Absent	
3ED0146	Fins	EMB	Absent	
3ED0147	Gills, Left	FRAY	Absent	
3ED0147	Gills, Left	MRGN	Absent	
3ED0147	Gills, Left	PALE	Absent	
3ED0147	Gills, Right	FRAY	Absent	
3ED0147	Gills, Right	MRGN	Absent	
3ED0147	Gills, Right	PALE	Absent	
3ED0147	Fins	ERS	Absent	
3ED0147	Fins	FRAY	Absent	
3ED0147	Fins	HMR	Absent	
3ED0147	Fins	EMB	Absent	
3ED0148	Gills, Left	FRAY	Absent	
3ED0148	Gills, Left	MRGN	Absent	
3ED0148	Gills, Left	PALE	Absent	
3ED0148	Gills, Right	FRAY	Absent	
3ED0148	Gills, Right	MRGN	Absent	
3ED0148	Gills, Right	PALE	Absent	
3ED0148	Fins	ERS	Absent	
3ED0148	Fins	FRAY	Absent	
3ED0148	Fins	HMR	Absent	
3ED0148	Fins	EMB	Absent	
3ED0149W	Gills, Left	FRAY	Absent	
3ED0149W	Gills, Left	MRGN	Absent	
3ED0149W	Gills, Left	PALE	Absent	
3ED0149W	Gills, Right	FRAY	Absent	
3ED0149W	Gills, Right	MRGN	Absent	
3ED0149W	Gills, Right	PALE	Absent	
3ED0149W	Fins	ERS	Absent	
3ED0149W	Fins	FRAY	Absent	
3ED0149W	Fins	HMR	Absent	
3ED0149W	Fins	EMB	Absent	
3ED0150	Gills, Left	FRAY	Absent	
3ED0150	Gills, Left	MRGN	Absent	
3ED0150	Gills, Left	PALE	Absent	
3ED0150	Gills, Right	FRAY	Absent	
3ED0150	Gills, Right	MRGN	Absent	
3ED0150	Gills, Right	PALE	Absent	
3ED0150	Fins	ERS	Absent	
3ED0150	Fins	FRAY	Absent	
3ED0150	Fins	HMR	Absent	
3ED0150	Fins	EMB	Absent	
3ED0151	Gills, Left	FRAY	Absent	
3ED0151	Gills, Left	MRGN	Absent	
3ED0151	Gills, Left	PALE	Absent	
3ED0151	Gills, Right	FRAY	Absent	
3ED0151	Gills, Right	MRGN	Absent	
3ED0151	Gills, Right	PALE	Absent	
3ED0151	Fins	ERS	Absent	
3ED0151	Fins	FRAY	Absent	
3ED0151	Fins	HMR	Absent	
3ED0151	Fins	EMB	Absent	
3ED0152	Gills, Left	FRAY	Absent	
3ED0152	Gills, Left	MRGN	Absent	
3ED0152	Gills, Left	PALE	Absent	
3ED0152	Gills, Right	FRAY	Absent	
3ED0152	Gills, Right	MRGN	Absent	
3ED0152	Gills, Right	PALE	Absent	
3ED0152	Fins	ERS	Absent	
3ED0152	Fins	FRAY	Absent	
3ED0152	Fins	HMR	Absent	
3ED0152	Fins	EMB	Absent	
3ED0153	Gills, Left	FRAY	Absent	
3ED0153	Gills, Left	MRGN	Absent	
3ED0153	Gills, Left	PALE	Absent	
3ED0153	Gills, Right	FRAY	Absent	
3ED0153	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0153	Gills, Right	PALE	Absent	
3ED0153	Fins	ERS	Absent	
3ED0153	Fins	FRAY	Absent	
3ED0153	Fins	HMR	Absent	
3ED0153	Fins	EMB	Absent	
3ED0154	Gills, Left	FRAY	Absent	
3ED0154	Gills, Left	MRGN	Absent	
3ED0154	Gills, Left	PALE	Absent	
3ED0154	Gills, Right	FRAY	Absent	
3ED0154	Gills, Right	MRGN	Absent	
3ED0154	Gills, Right	PALE	Absent	
3ED0154	Fins	ERS	Absent	
3ED0154	Fins	FRAY	Absent	
3ED0154	Fins	HMR	Present	
3ED0154	Fins	EMB	Absent	
3ED0155	Gills, Left	FRAY	Absent	
3ED0155	Gills, Left	MRGN	Absent	
3ED0155	Gills, Left	PALE	Absent	
3ED0155	Gills, Right	FRAY	Absent	
3ED0155	Gills, Right	MRGN	Absent	
3ED0155	Gills, Right	PALE	Absent	
3ED0155	Fins	ERS	Absent	
3ED0155	Fins	FRAY	Absent	
3ED0155	Fins	HMR	Absent	
3ED0155	Fins	EMB	Absent	
3ED0156	Gills, Left	FRAY	Absent	
3ED0156	Gills, Left	MRGN	Absent	
3ED0156	Gills, Left	PALE	Absent	
3ED0156	Gills, Right	FRAY	Absent	
3ED0156	Gills, Right	MRGN	Absent	
3ED0156	Gills, Right	PALE	Absent	
3ED0156	Fins	ERS	Absent	
3ED0156	Fins	FRAY	Absent	
3ED0156	Fins	HMR	Present	
3ED0156	Fins	EMB	Absent	
3ED0157	Gills, Left	FRAY	Absent	
3ED0157	Gills, Left	MRGN	Absent	
3ED0157	Gills, Left	PALE	Absent	
3ED0157	Gills, Right	FRAY	Absent	
3ED0157	Gills, Right	MRGN	Absent	
3ED0157	Gills, Right	PALE	Absent	
3ED0157	Fins	ERS	Absent	
3ED0157	Fins	FRAY	Absent	
3ED0157	Fins	HMR	Absent	
3ED0157	Fins	EMB	Absent	
3ED0158	Gills, Left	FRAY	Absent	
3ED0158	Gills, Left	MRGN	Absent	
3ED0158	Gills, Left	PALE	Absent	
3ED0158	Gills, Right	FRAY	Absent	
3ED0158	Gills, Right	MRGN	Absent	
3ED0158	Gills, Right	PALE	Absent	
3ED0158	Fins	ERS	Absent	
3ED0158	Fins	FRAY	Absent	
3ED0158	Fins	HMR	Absent	
3ED0158	Fins	EMB	Absent	
3ED0159	Gills, Left	FRAY	Absent	
3ED0159	Gills, Left	MRGN	Absent	
3ED0159	Gills, Left	PALE	Absent	
3ED0159	Gills, Right	FRAY	Absent	
3ED0159	Gills, Right	MRGN	Absent	
3ED0159	Gills, Right	PALE	Absent	
3ED0159	Fins	ERS	Absent	
3ED0159	Fins	FRAY	Absent	
3ED0159	Fins	HMR	Absent	
3ED0159	Fins	EMB	Absent	
3ED0160	Gills, Left	FRAY	Absent	
3ED0160	Gills, Left	MRGN	Absent	
3ED0160	Gills, Left	PALE	Absent	
3ED0160	Gills, Right	FRAY	Absent	
3ED0160	Gills, Right	MRGN	Absent	
3ED0160	Gills, Right	PALE	Absent	
3ED0160	Fins	ERS	Absent	
3ED0160	Fins	FRAY	Absent	
3ED0160	Fins	HMR	Absent	
3ED0160	Fins	EMB	Absent	
3ED0161	Gills, Left	FRAY	Absent	
3ED0161	Gills, Left	MRGN	Absent	
3ED0161	Gills, Left	PALE	Absent	
3ED0161	Gills, Right	FRAY	Absent	
3ED0161	Gills, Right	MRGN	Absent	
3ED0161	Gills, Right	PALE	Absent	
3ED0161	Fins	ERS	Absent	
3ED0161	Fins	FRAY	Present	
3ED0161	Fins	HMR	Absent	
3ED0161	Fins	EMB	Absent	
3ED0162	Gills, Left	FRAY	Absent	
3ED0162	Gills, Left	MRGN	Absent	
3ED0162	Gills, Left	PALE	Absent	
3ED0162	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0162	Gills, Right	MRGN	Absent	
3ED0162	Gills, Right	PALE	Absent	
3ED0162	Fins	ERS	Absent	
3ED0162	Fins	FRAY	Present	
3ED0162	Fins	HMR	Absent	
3ED0162	Fins	EMB	Absent	
3ED0163	Gills, Left	FRAY	Absent	
3ED0163	Gills, Left	MRGN	Absent	
3ED0163	Gills, Left	PALE	Absent	
3ED0163	Gills, Right	FRAY	Absent	
3ED0163	Gills, Right	MRGN	Absent	
3ED0163	Gills, Right	PALE	Absent	
3ED0163	Fins	ERS	Absent	
3ED0163	Fins	FRAY	Present	
3ED0163	Fins	HMR	Absent	
3ED0163	Fins	EMB	Absent	
3ED0164	Gills, Left	FRAY	Absent	
3ED0164	Gills, Left	MRGN	Absent	
3ED0164	Gills, Left	PALE	Absent	
3ED0164	Gills, Right	FRAY	Absent	
3ED0164	Gills, Right	MRGN	Absent	
3ED0164	Gills, Right	PALE	Absent	
3ED0164	Fins	ERS	Absent	
3ED0164	Fins	FRAY	Absent	
3ED0164	Fins	HMR	Absent	
3ED0164	Fins	EMB	Absent	
3ED0165	Gills, Left	FRAY	Absent	
3ED0165	Gills, Left	MRGN	Absent	
3ED0165	Gills, Left	PALE	Absent	
3ED0165	Gills, Right	FRAY	Absent	
3ED0165	Gills, Right	MRGN	Absent	
3ED0165	Gills, Right	PALE	Absent	
3ED0165	Fins	ERS	Absent	
3ED0165	Fins	FRAY	Absent	
3ED0165	Fins	HMR	Absent	
3ED0165	Fins	EMB	Absent	
3ED0166	Gills, Left	FRAY	Absent	
3ED0166	Gills, Left	MRGN	Absent	
3ED0166	Gills, Left	PALE	Absent	
3ED0166	Gills, Right	FRAY	Absent	
3ED0166	Gills, Right	MRGN	Absent	
3ED0166	Gills, Right	PALE	Absent	
3ED0166	Fins	ERS	Absent	
3ED0166	Fins	FRAY	Present	
3ED0166	Fins	HMR	Absent	
3ED0166	Fins	EMB	Absent	
3ED0167	Gills, Left	FRAY	Absent	
3ED0167	Gills, Left	MRGN	Absent	
3ED0167	Gills, Left	PALE	Absent	
3ED0167	Gills, Right	FRAY	Absent	
3ED0167	Gills, Right	MRGN	Absent	
3ED0167	Gills, Right	PALE	Absent	
3ED0167	Fins	ERS	Absent	
3ED0167	Fins	FRAY	Absent	
3ED0167	Fins	HMR	Absent	
3ED0167	Fins	EMB	Absent	
3ED0168	Gills, Left	FRAY	Absent	
3ED0168	Gills, Left	MRGN	Absent	
3ED0168	Gills, Left	PALE	Absent	
3ED0168	Gills, Right	FRAY	Absent	
3ED0168	Gills, Right	MRGN	Absent	
3ED0168	Gills, Right	PALE	Absent	
3ED0168	Fins	ERS	Absent	
3ED0168	Fins	FRAY	Absent	
3ED0168	Fins	HMR	Absent	
3ED0168	Fins	EMB	Absent	
3ED0169	Gills, Left	FRAY	Absent	
3ED0169	Gills, Left	MRGN	Absent	
3ED0169	Gills, Left	PALE	Absent	
3ED0169	Gills, Right	FRAY	Absent	
3ED0169	Gills, Right	MRGN	Absent	
3ED0169	Gills, Right	PALE	Absent	
3ED0169	Fins	ERS	Absent	
3ED0169	Fins	FRAY	Absent	
3ED0169	Fins	HMR	Absent	
3ED0169	Fins	EMB	Absent	
3ED0170	Gills, Left	FRAY	Absent	
3ED0170	Gills, Left	MRGN	Absent	
3ED0170	Gills, Left	PALE	Absent	
3ED0170	Gills, Right	FRAY	Absent	
3ED0170	Gills, Right	MRGN	Absent	
3ED0170	Gills, Right	PALE	Absent	
3ED0170	Fins	ERS	Absent	
3ED0170	Fins	FRAY	Absent	
3ED0170	Fins	HMR	Absent	
3ED0170	Fins	EMB	Absent	
3ED0171	Gills, Left	FRAY	Absent	
3ED0171	Gills, Left	MRGN	Absent	
3ED0171	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0171	Gills, Right	FRAY	Absent	
3ED0171	Gills, Right	MRGN	Absent	
3ED0171	Gills, Right	PALE	Absent	
3ED0171	Fins	ERS	Absent	
3ED0171	Fins	FRAY	Absent	
3ED0171	Fins	HMR	Absent	
3ED0171	Fins	EMB	Absent	
3ED0172	Gills, Left	FRAY	Absent	
3ED0172	Gills, Left	MRGN	Absent	
3ED0172	Gills, Left	PALE	Absent	
3ED0172	Gills, Right	FRAY	Absent	
3ED0172	Gills, Right	MRGN	Absent	
3ED0172	Gills, Right	PALE	Absent	
3ED0172	Fins	ERS	Absent	
3ED0172	Fins	FRAY	Absent	
3ED0172	Fins	HMR	Absent	
3ED0172	Fins	EMB	Absent	
3ED0173	Gills, Left	FRAY	Absent	
3ED0173	Gills, Left	MRGN	Absent	
3ED0173	Gills, Left	PALE	Absent	
3ED0173	Gills, Right	FRAY	Absent	
3ED0173	Gills, Right	MRGN	Absent	
3ED0173	Gills, Right	PALE	Absent	
3ED0173	Fins	ERS	Absent	
3ED0173	Fins	FRAY	Absent	
3ED0173	Fins	HMR	Absent	
3ED0173	Fins	EMB	Absent	
3ED0174	Gills, Left	FRAY	Absent	
3ED0174	Gills, Left	MRGN	Absent	
3ED0174	Gills, Left	PALE	Absent	
3ED0174	Gills, Right	FRAY	Absent	
3ED0174	Gills, Right	MRGN	Absent	
3ED0174	Gills, Right	PALE	Absent	
3ED0174	Fins	ERS	Absent	
3ED0174	Fins	FRAY	Absent	
3ED0174	Fins	HMR	Absent	
3ED0174	Fins	EMB	Absent	
3ED0175	Gills, Left	FRAY	Absent	
3ED0175	Gills, Left	MRGN	Absent	
3ED0175	Gills, Left	PALE	Absent	
3ED0175	Gills, Right	FRAY	Absent	
3ED0175	Gills, Right	MRGN	Absent	
3ED0175	Gills, Right	PALE	Absent	
3ED0175	Fins	ERS	Absent	
3ED0175	Fins	FRAY	Absent	
3ED0175	Fins	HMR	Absent	
3ED0175	Fins	EMB	Absent	
3ED0176	Gills, Left	FRAY	Absent	
3ED0176	Gills, Left	MRGN	Absent	
3ED0176	Gills, Left	PALE	Absent	
3ED0176	Gills, Right	FRAY	Absent	
3ED0176	Gills, Right	MRGN	Absent	
3ED0176	Gills, Right	PALE	Absent	
3ED0176	Fins	ERS	Absent	
3ED0176	Fins	FRAY	Absent	
3ED0176	Fins	HMR	Absent	
3ED0176	Fins	EMB	Absent	
3ED0177	Gills, Left	FRAY	Absent	
3ED0177	Gills, Left	MRGN	Absent	
3ED0177	Gills, Left	PALE	Absent	
3ED0177	Gills, Right	FRAY	Absent	
3ED0177	Gills, Right	MRGN	Absent	
3ED0177	Gills, Right	PALE	Absent	
3ED0177	Fins	ERS	Absent	
3ED0177	Fins	FRAY	Absent	
3ED0177	Fins	HMR	Absent	
3ED0177	Fins	EMB	Absent	
3ED0178	Gills, Left	FRAY	Absent	
3ED0178	Gills, Left	MRGN	Absent	
3ED0178	Gills, Left	PALE	Absent	
3ED0178	Gills, Right	FRAY	Absent	
3ED0178	Gills, Right	MRGN	Absent	
3ED0178	Gills, Right	PALE	Absent	
3ED0178	Fins	ERS	Absent	
3ED0178	Fins	FRAY	Absent	
3ED0178	Fins	HMR	Absent	
3ED0178	Fins	EMB	Absent	
3ED0179	Gills, Left	FRAY	Absent	
3ED0179	Gills, Left	MRGN	Absent	
3ED0179	Gills, Left	PALE	Absent	
3ED0179	Gills, Right	FRAY	Absent	
3ED0179	Gills, Right	MRGN	Absent	
3ED0179	Gills, Right	PALE	Absent	
3ED0179	Fins	ERS	Absent	
3ED0179	Fins	FRAY	Absent	
3ED0179	Fins	HMR	Absent	
3ED0179	Fins	EMB	Absent	
3ED0180	Gills, Left	FRAY	Absent	
3ED0180	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0180	Gills, Left	PALE	Absent	
3ED0180	Gills, Right	FRAY	Absent	
3ED0180	Gills, Right	MRGN	Absent	
3ED0180	Gills, Right	PALE	Absent	
3ED0180	Fins	ERS	Absent	
3ED0180	Fins	FRAY	Absent	
3ED0180	Fins	HMR	Absent	
3ED0180	Fins	EMB	Absent	
3ED0181	Gills, Left	FRAY	Absent	
3ED0181	Gills, Left	MRGN	Absent	
3ED0181	Gills, Left	PALE	Absent	
3ED0181	Gills, Right	FRAY	Absent	
3ED0181	Gills, Right	MRGN	Absent	
3ED0181	Gills, Right	PALE	Absent	
3ED0181	Fins	ERS	Absent	
3ED0181	Fins	FRAY	Absent	
3ED0181	Fins	HMR	Absent	
3ED0181	Fins	EMB	Absent	
3ED0182	Gills, Left	FRAY	Absent	
3ED0182	Gills, Left	MRGN	Absent	
3ED0182	Gills, Left	PALE	Absent	
3ED0182	Gills, Right	FRAY	Absent	
3ED0182	Gills, Right	MRGN	Absent	
3ED0182	Gills, Right	PALE	Absent	
3ED0182	Fins	ERS	Absent	
3ED0182	Fins	FRAY	Absent	
3ED0182	Fins	HMR	Absent	
3ED0182	Fins	EMB	Absent	
3ED0183	Gills, Left	FRAY	Absent	
3ED0183	Gills, Left	MRGN	Absent	
3ED0183	Gills, Left	PALE	Absent	
3ED0183	Gills, Right	FRAY	Absent	
3ED0183	Gills, Right	MRGN	Absent	
3ED0183	Gills, Right	PALE	Absent	
3ED0183	Fins	ERS	Absent	
3ED0183	Fins	FRAY	Absent	
3ED0183	Fins	HMR	Absent	
3ED0183	Fins	EMB	Absent	
3ED0184	Gills, Left	FRAY	Absent	
3ED0184	Gills, Left	MRGN	Absent	
3ED0184	Gills, Left	PALE	Absent	
3ED0184	Gills, Right	FRAY	Absent	
3ED0184	Gills, Right	MRGN	Absent	
3ED0184	Gills, Right	PALE	Absent	
3ED0184	Fins	ERS	Absent	
3ED0184	Fins	FRAY	Absent	
3ED0184	Fins	HMR	Absent	
3ED0184	Fins	EMB	Absent	
3ED0185	Gills, Left	FRAY	Absent	
3ED0185	Gills, Left	MRGN	Absent	
3ED0185	Gills, Left	PALE	Absent	
3ED0185	Gills, Right	FRAY	Absent	
3ED0185	Gills, Right	MRGN	Absent	
3ED0185	Gills, Right	PALE	Absent	
3ED0185	Fins	ERS	Absent	
3ED0185	Fins	FRAY	Absent	
3ED0185	Fins	HMR	Absent	
3ED0185	Fins	EMB	Absent	
3ED0186	Gills, Left	FRAY	Absent	
3ED0186	Gills, Left	MRGN	Absent	
3ED0186	Gills, Left	PALE	Absent	
3ED0186	Gills, Right	FRAY	Absent	
3ED0186	Gills, Right	MRGN	Absent	
3ED0186	Gills, Right	PALE	Absent	
3ED0186	Fins	ERS	Absent	
3ED0186	Fins	FRAY	Absent	
3ED0186	Fins	HMR	Absent	
3ED0186	Fins	EMB	Absent	
3ED0187	Gills, Left	FRAY	Absent	
3ED0187	Gills, Left	MRGN	Absent	
3ED0187	Gills, Left	PALE	Absent	
3ED0187	Gills, Right	FRAY	Absent	
3ED0187	Gills, Right	MRGN	Absent	
3ED0187	Gills, Right	PALE	Absent	
3ED0187	Fins	ERS	Absent	
3ED0187	Fins	FRAY	Absent	
3ED0187	Fins	HMR	Absent	
3ED0187	Fins	EMB	Absent	
3ED0188	Gills, Left	FRAY	Absent	
3ED0188	Gills, Left	MRGN	Absent	
3ED0188	Gills, Left	PALE	Absent	
3ED0188	Gills, Right	FRAY	Absent	
3ED0188	Gills, Right	MRGN	Absent	
3ED0188	Gills, Right	PALE	Absent	
3ED0188	Fins	ERS	Absent	
3ED0188	Fins	FRAY	Absent	
3ED0188	Fins	HMR	Absent	
3ED0188	Fins	EMB	Absent	
3ED0189	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0189	Gills, Left	MRGN	Absent	
3ED0189	Gills, Left	PALE	Absent	
3ED0189	Gills, Right	FRAY	Absent	
3ED0189	Gills, Right	MRGN	Absent	
3ED0189	Gills, Right	PALE	Absent	
3ED0189	Fins	ERS	Absent	
3ED0189	Fins	FRAY	Absent	
3ED0189	Fins	HMR	Absent	
3ED0189	Fins	EMB	Absent	
3ED0190	Gills, Left	FRAY	Absent	
3ED0190	Gills, Left	MRGN	Absent	
3ED0190	Gills, Left	PALE	Absent	
3ED0190	Gills, Right	FRAY	Absent	
3ED0190	Gills, Right	MRGN	Absent	
3ED0190	Gills, Right	PALE	Absent	
3ED0190	Fins	ERS	Absent	
3ED0190	Fins	FRAY	Absent	
3ED0190	Fins	HMR	Absent	
3ED0190	Fins	EMB	Absent	
3ED0191	Gills, Left	FRAY	Absent	
3ED0191	Gills, Left	MRGN	Absent	
3ED0191	Gills, Left	PALE	Absent	
3ED0191	Gills, Right	FRAY	Absent	
3ED0191	Gills, Right	MRGN	Absent	
3ED0191	Gills, Right	PALE	Absent	
3ED0191	Fins	ERS	Absent	
3ED0191	Fins	FRAY	Absent	
3ED0191	Fins	HMR	Absent	
3ED0191	Fins	EMB	Absent	
3ED0192	Gills, Left	FRAY	Absent	
3ED0192	Gills, Left	MRGN	Absent	
3ED0192	Gills, Left	PALE	Absent	
3ED0192	Gills, Right	FRAY	Absent	
3ED0192	Gills, Right	MRGN	Absent	
3ED0192	Gills, Right	PALE	Absent	
3ED0192	Fins	ERS	Absent	
3ED0192	Fins	FRAY	Absent	
3ED0192	Fins	HMR	Absent	
3ED0192	Fins	EMB	Absent	
3ED0193	Gills, Left	FRAY	Absent	
3ED0193	Gills, Left	MRGN	Absent	
3ED0193	Gills, Left	PALE	Absent	
3ED0193	Gills, Right	FRAY	Absent	
3ED0193	Gills, Right	MRGN	Absent	
3ED0193	Gills, Right	PALE	Absent	
3ED0193	Fins	ERS	Absent	
3ED0193	Fins	FRAY	Absent	
3ED0193	Fins	HMR	Absent	
3ED0193	Fins	EMB	Absent	
3ED0194	Gills, Left	FRAY	Absent	
3ED0194	Gills, Left	MRGN	Absent	
3ED0194	Gills, Left	PALE	Absent	
3ED0194	Gills, Right	FRAY	Absent	
3ED0194	Gills, Right	MRGN	Absent	
3ED0194	Gills, Right	PALE	Absent	
3ED0194	Fins	ERS	Absent	
3ED0194	Fins	FRAY	Absent	
3ED0194	Fins	HMR	Absent	
3ED0194	Fins	EMB	Absent	
3ED0195	Gills, Left	FRAY	Absent	
3ED0195	Gills, Left	MRGN	Absent	
3ED0195	Gills, Left	PALE	Absent	
3ED0195	Gills, Right	FRAY	Absent	
3ED0195	Gills, Right	MRGN	Absent	
3ED0195	Gills, Right	PALE	Absent	
3ED0195	Fins	ERS	Absent	
3ED0195	Fins	FRAY	Absent	
3ED0195	Fins	HMR	Absent	
3ED0195	Fins	EMB	Absent	
3ED0196	Gills, Left	FRAY	Absent	
3ED0196	Gills, Left	MRGN	Absent	
3ED0196	Gills, Left	PALE	Absent	
3ED0196	Gills, Right	FRAY	Absent	
3ED0196	Gills, Right	MRGN	Absent	
3ED0196	Gills, Right	PALE	Absent	
3ED0196	Fins	ERS	Absent	
3ED0196	Fins	FRAY	Absent	
3ED0196	Fins	HMR	Absent	
3ED0196	Fins	EMB	Absent	
3ED0197	Gills, Left	FRAY	Absent	
3ED0197	Gills, Left	MRGN	Absent	
3ED0197	Gills, Left	PALE	Absent	
3ED0197	Gills, Right	FRAY	Absent	
3ED0197	Gills, Right	MRGN	Absent	
3ED0197	Gills, Right	PALE	Absent	
3ED0197	Fins	ERS	Absent	
3ED0197	Fins	FRAY	Absent	
3ED0197	Fins	HMR	Absent	
3ED0197	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0198W	Gills, Left	FRAY	Absent	
3ED0198W	Gills, Left	MRGN	Absent	
3ED0198W	Gills, Left	PALE	Present	
3ED0198W	Gills, Right	FRAY	Absent	
3ED0198W	Gills, Right	MRGN	Absent	
3ED0198W	Gills, Right	PALE	Present	
3ED0198W	Fins	ERS	Absent	
3ED0198W	Fins	FRAY	Absent	
3ED0198W	Fins	HMR	Absent	
3ED0198W	Fins	EMB	Absent	
3ED0199	Gills, Left	FRAY	Absent	
3ED0199	Gills, Left	MRGN	Absent	
3ED0199	Gills, Left	PALE	Absent	
3ED0199	Gills, Right	FRAY	Absent	
3ED0199	Gills, Right	MRGN	Absent	
3ED0199	Gills, Right	PALE	Absent	
3ED0199	Fins	ERS	Absent	
3ED0199	Fins	FRAY	Absent	
3ED0199	Fins	HMR	Absent	
3ED0199	Fins	EMB	Absent	
3ED0200	Gills, Left	FRAY	Absent	
3ED0200	Gills, Left	MRGN	Absent	
3ED0200	Gills, Left	PALE	Absent	
3ED0200	Gills, Right	FRAY	Absent	
3ED0200	Gills, Right	MRGN	Absent	
3ED0200	Gills, Right	PALE	Absent	
3ED0200	Fins	ERS	Absent	
3ED0200	Fins	FRAY	Absent	
3ED0200	Fins	HMR	Absent	
3ED0200	Fins	EMB	Absent	
3ED0201	Gills, Left	FRAY	Absent	
3ED0201	Gills, Left	MRGN	Absent	
3ED0201	Gills, Left	PALE	Absent	
3ED0201	Gills, Right	FRAY	Absent	
3ED0201	Gills, Right	MRGN	Absent	
3ED0201	Gills, Right	PALE	Absent	
3ED0201	Fins	ERS	Absent	
3ED0201	Fins	FRAY	Absent	
3ED0201	Fins	HMR	Absent	
3ED0201	Fins	EMB	Absent	
3ED0202	Gills, Left	FRAY	Absent	
3ED0202	Gills, Left	MRGN	Absent	
3ED0202	Gills, Left	PALE	Absent	
3ED0202	Gills, Right	FRAY	Absent	
3ED0202	Gills, Right	MRGN	Absent	
3ED0202	Gills, Right	PALE	Absent	
3ED0202	Fins	ERS	Absent	
3ED0202	Fins	FRAY	Absent	
3ED0202	Fins	HMR	Absent	
3ED0202	Fins	EMB	Absent	
3ED0203	Gills, Left	FRAY	Absent	
3ED0203	Gills, Left	MRGN	Absent	
3ED0203	Gills, Left	PALE	Absent	
3ED0203	Gills, Right	FRAY	Absent	
3ED0203	Gills, Right	MRGN	Absent	
3ED0203	Gills, Right	PALE	Absent	
3ED0203	Fins	ERS	Absent	
3ED0203	Fins	FRAY	Absent	
3ED0203	Fins	HMR	Absent	
3ED0203	Fins	EMB	Absent	
3ED0204	Gills, Left	FRAY	Absent	
3ED0204	Gills, Left	MRGN	Absent	
3ED0204	Gills, Left	PALE	Absent	
3ED0204	Gills, Right	FRAY	Absent	
3ED0204	Gills, Right	MRGN	Absent	
3ED0204	Gills, Right	PALE	Absent	
3ED0204	Fins	ERS	Absent	
3ED0204	Fins	FRAY	Absent	
3ED0204	Fins	HMR	Absent	
3ED0204	Fins	EMB	Absent	
3ED0205	Gills, Left	FRAY	Absent	
3ED0205	Gills, Left	MRGN	Absent	
3ED0205	Gills, Left	PALE	Absent	
3ED0205	Gills, Right	FRAY	Absent	
3ED0205	Gills, Right	MRGN	Absent	
3ED0205	Gills, Right	PALE	Absent	
3ED0205	Fins	ERS	Absent	
3ED0205	Fins	FRAY	Absent	
3ED0205	Fins	HMR	Absent	
3ED0205	Fins	EMB	Absent	
3ED0206	Gills, Left	FRAY	Absent	
3ED0206	Gills, Left	MRGN	Absent	
3ED0206	Gills, Left	PALE	Absent	
3ED0206	Gills, Right	FRAY	Absent	
3ED0206	Gills, Right	MRGN	Absent	
3ED0206	Gills, Right	PALE	Absent	
3ED0206	Fins	ERS	Absent	
3ED0206	Fins	FRAY	Absent	
3ED0206	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0206	Fins	EMB	Absent	
3ED0207	Gills, Left	FRAY	Absent	
3ED0207	Gills, Left	MRGN	Absent	
3ED0207	Gills, Left	PALE	Absent	
3ED0207	Gills, Right	FRAY	Absent	
3ED0207	Gills, Right	MRGN	Absent	
3ED0207	Gills, Right	PALE	Absent	
3ED0207	Fins	ERS	Absent	
3ED0207	Fins	FRAY	Absent	
3ED0207	Fins	HMR	Absent	
3ED0207	Fins	EMB	Absent	
3ED0208	Gills, Left	FRAY	Absent	
3ED0208	Gills, Left	MRGN	Absent	
3ED0208	Gills, Left	PALE	Absent	
3ED0208	Gills, Right	FRAY	Absent	
3ED0208	Gills, Right	MRGN	Absent	
3ED0208	Gills, Right	PALE	Absent	
3ED0208	Fins	ERS	Absent	
3ED0208	Fins	FRAY	Absent	
3ED0208	Fins	HMR	Absent	
3ED0208	Fins	EMB	Absent	
3ED0209	Gills, Left	FRAY	Absent	
3ED0209	Gills, Left	MRGN	Absent	
3ED0209	Gills, Left	PALE	Absent	
3ED0209	Gills, Right	FRAY	Absent	
3ED0209	Gills, Right	MRGN	Absent	
3ED0209	Gills, Right	PALE	Absent	
3ED0209	Fins	ERS	Absent	
3ED0209	Fins	FRAY	Absent	
3ED0209	Fins	HMR	Absent	
3ED0209	Fins	EMB	Absent	
3ED0210	Gills, Left	FRAY	Absent	
3ED0210	Gills, Left	MRGN	Absent	
3ED0210	Gills, Left	PALE	Absent	
3ED0210	Gills, Right	FRAY	Absent	
3ED0210	Gills, Right	MRGN	Absent	
3ED0210	Gills, Right	PALE	Absent	
3ED0210	Fins	ERS	Absent	
3ED0210	Fins	FRAY	Absent	
3ED0210	Fins	HMR	Absent	
3ED0210	Fins	EMB	Absent	
3ED0211	Gills, Left	FRAY	Absent	
3ED0211	Gills, Left	MRGN	Absent	
3ED0211	Gills, Left	PALE	Absent	
3ED0211	Gills, Right	FRAY	Absent	
3ED0211	Gills, Right	MRGN	Absent	
3ED0211	Gills, Right	PALE	Absent	
3ED0211	Fins	ERS	Absent	
3ED0211	Fins	FRAY	Absent	
3ED0211	Fins	HMR	Absent	
3ED0211	Fins	EMB	Absent	
3ED0212	Gills, Left	FRAY	Absent	
3ED0212	Gills, Left	MRGN	Absent	
3ED0212	Gills, Left	PALE	Absent	
3ED0212	Gills, Right	FRAY	Absent	
3ED0212	Gills, Right	MRGN	Absent	
3ED0212	Gills, Right	PALE	Absent	
3ED0212	Fins	ERS	Absent	
3ED0212	Fins	FRAY	Absent	
3ED0212	Fins	HMR	Present	
3ED0212	Fins	EMB	Absent	
3ED0213	Gills, Left	FRAY	Absent	
3ED0213	Gills, Left	MRGN	Absent	
3ED0213	Gills, Left	PALE	Absent	
3ED0213	Gills, Right	FRAY	Absent	
3ED0213	Gills, Right	MRGN	Absent	
3ED0213	Gills, Right	PALE	Absent	
3ED0213	Fins	ERS	Absent	
3ED0213	Fins	FRAY	Absent	
3ED0213	Fins	HMR	Absent	
3ED0213	Fins	EMB	Absent	
3ED0214	Gills, Left	FRAY	Absent	
3ED0214	Gills, Left	MRGN	Absent	
3ED0214	Gills, Left	PALE	Absent	
3ED0214	Gills, Right	FRAY	Absent	
3ED0214	Gills, Right	MRGN	Absent	
3ED0214	Gills, Right	PALE	Absent	
3ED0214	Fins	ERS	Absent	
3ED0214	Fins	FRAY	Absent	
3ED0214	Fins	HMR	Absent	
3ED0214	Fins	EMB	Absent	
3ED0215	Gills, Left	FRAY	Absent	
3ED0215	Gills, Left	MRGN	Absent	
3ED0215	Gills, Left	PALE	Absent	
3ED0215	Gills, Right	FRAY	Absent	
3ED0215	Gills, Right	MRGN	Absent	
3ED0215	Gills, Right	PALE	Absent	
3ED0215	Fins	ERS	Absent	
3ED0215	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0215	Fins	HMR	Absent	
3ED0215	Fins	EMB	Absent	
3ED0216	Gills, Left	FRAY	Absent	
3ED0216	Gills, Left	MRGN	Absent	
3ED0216	Gills, Left	PALE	Absent	
3ED0216	Gills, Right	FRAY	Absent	
3ED0216	Gills, Right	MRGN	Absent	
3ED0216	Gills, Right	PALE	Absent	
3ED0216	Fins	ERS	Absent	
3ED0216	Fins	FRAY	Absent	
3ED0216	Fins	HMR	Absent	
3ED0216	Fins	EMB	Absent	
3ED0217	Gills, Left	FRAY	Absent	
3ED0217	Gills, Left	MRGN	Absent	
3ED0217	Gills, Left	PALE	Absent	
3ED0217	Gills, Right	FRAY	Absent	
3ED0217	Gills, Right	MRGN	Absent	
3ED0217	Gills, Right	PALE	Absent	
3ED0217	Fins	ERS	Absent	
3ED0217	Fins	FRAY	Absent	
3ED0217	Fins	HMR	Absent	
3ED0217	Fins	EMB	Absent	
3ED0218	Gills, Left	FRAY	Absent	
3ED0218	Gills, Left	MRGN	Absent	
3ED0218	Gills, Left	PALE	Absent	
3ED0218	Gills, Right	FRAY	Absent	
3ED0218	Gills, Right	MRGN	Absent	
3ED0218	Gills, Right	PALE	Absent	
3ED0218	Fins	ERS	Absent	
3ED0218	Fins	FRAY	Absent	
3ED0218	Fins	HMR	Absent	
3ED0218	Fins	EMB	Absent	
3ED0219	Gills, Left	FRAY	Absent	
3ED0219	Gills, Left	MRGN	Absent	
3ED0219	Gills, Left	PALE	Absent	
3ED0219	Gills, Right	FRAY	Absent	
3ED0219	Gills, Right	MRGN	Absent	
3ED0219	Gills, Right	PALE	Absent	
3ED0219	Fins	ERS	Absent	
3ED0219	Fins	FRAY	Absent	
3ED0219	Fins	HMR	Absent	
3ED0219	Fins	EMB	Absent	
3ED0220	Gills, Left	FRAY	Absent	
3ED0220	Gills, Left	MRGN	Absent	
3ED0220	Gills, Left	PALE	Absent	
3ED0220	Gills, Right	FRAY	Absent	
3ED0220	Gills, Right	MRGN	Absent	
3ED0220	Gills, Right	PALE	Absent	
3ED0220	Fins	ERS	Absent	
3ED0220	Fins	FRAY	Absent	
3ED0220	Fins	HMR	Absent	
3ED0220	Fins	EMB	Absent	
3ED0221	Gills, Left	FRAY	Absent	
3ED0221	Gills, Left	MRGN	Absent	
3ED0221	Gills, Left	PALE	Absent	
3ED0221	Gills, Right	FRAY	Absent	
3ED0221	Gills, Right	MRGN	Absent	
3ED0221	Gills, Right	PALE	Absent	
3ED0221	Fins	ERS	Absent	
3ED0221	Fins	FRAY	Absent	
3ED0221	Fins	HMR	Absent	
3ED0221	Fins	EMB	Absent	
3ED0222	Gills, Left	FRAY	Absent	
3ED0222	Gills, Left	MRGN	Absent	
3ED0222	Gills, Left	PALE	Absent	
3ED0222	Gills, Right	FRAY	Absent	
3ED0222	Gills, Right	MRGN	Absent	
3ED0222	Gills, Right	PALE	Absent	
3ED0222	Fins	ERS	Absent	
3ED0222	Fins	FRAY	Absent	
3ED0222	Fins	HMR	Absent	
3ED0222	Fins	EMB	Absent	
3ED0223	Gills, Left	FRAY	Absent	
3ED0223	Gills, Left	MRGN	Absent	
3ED0223	Gills, Left	PALE	Absent	
3ED0223	Gills, Right	FRAY	Absent	
3ED0223	Gills, Right	MRGN	Absent	
3ED0223	Gills, Right	PALE	Absent	
3ED0223	Fins	ERS	Absent	
3ED0223	Fins	FRAY	Absent	
3ED0223	Fins	HMR	Absent	
3ED0223	Fins	EMB	Absent	
3ED0224	Gills, Left	FRAY	Absent	
3ED0224	Gills, Left	MRGN	Absent	
3ED0224	Gills, Left	PALE	Absent	
3ED0224	Gills, Right	FRAY	Absent	
3ED0224	Gills, Right	MRGN	Absent	
3ED0224	Gills, Right	PALE	Absent	
3ED0224	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0224	Fins	FRAY	Absent	
3ED0224	Fins	HMR	Absent	
3ED0224	Fins	EMB	Absent	
3ED0225	Gills, Left	FRAY	Absent	
3ED0225	Gills, Left	MRGN	Absent	
3ED0225	Gills, Left	PALE	Absent	
3ED0225	Gills, Right	FRAY	Absent	
3ED0225	Gills, Right	MRGN	Absent	
3ED0225	Gills, Right	PALE	Absent	
3ED0225	Fins	ERS	Absent	
3ED0225	Fins	FRAY	Present	
3ED0225	Fins	HMR	Absent	
3ED0225	Fins	EMB	Absent	
3ED0226	Gills, Left	FRAY	Absent	
3ED0226	Gills, Left	MRGN	Absent	
3ED0226	Gills, Left	PALE	Absent	
3ED0226	Gills, Right	FRAY	Absent	
3ED0226	Gills, Right	MRGN	Absent	
3ED0226	Gills, Right	PALE	Absent	
3ED0226	Fins	ERS	Absent	
3ED0226	Fins	FRAY	Present	
3ED0226	Fins	HMR	Absent	
3ED0226	Fins	EMB	Absent	
3ED0227	Gills, Left	FRAY	Absent	
3ED0227	Gills, Left	MRGN	Absent	
3ED0227	Gills, Left	PALE	Absent	
3ED0227	Gills, Right	FRAY	Absent	
3ED0227	Gills, Right	MRGN	Absent	
3ED0227	Gills, Right	PALE	Absent	
3ED0227	Fins	ERS	Absent	
3ED0227	Fins	FRAY	Absent	
3ED0227	Fins	HMR	Absent	
3ED0227	Fins	EMB	Absent	
3ED0229	Gills, Left	FRAY	Absent	
3ED0229	Gills, Left	MRGN	Absent	
3ED0229	Gills, Left	PALE	Absent	
3ED0229	Gills, Right	FRAY	Absent	
3ED0229	Gills, Right	MRGN	Absent	
3ED0229	Gills, Right	PALE	Absent	
3ED0229	Fins	ERS	Absent	
3ED0229	Fins	FRAY	Absent	
3ED0229	Fins	HMR	Absent	
3ED0229	Fins	EMB	Absent	
3ED0230	Gills, Left	FRAY	Absent	
3ED0230	Gills, Left	MRGN	Absent	
3ED0230	Gills, Left	PALE	Absent	
3ED0230	Gills, Right	FRAY	Absent	
3ED0230	Gills, Right	MRGN	Absent	
3ED0230	Gills, Right	PALE	Absent	
3ED0230	Fins	ERS	Absent	
3ED0230	Fins	FRAY	Absent	
3ED0230	Fins	HMR	Absent	
3ED0230	Fins	EMB	Absent	
3ED0231	Gills, Left	FRAY	Absent	
3ED0231	Gills, Left	MRGN	Absent	
3ED0231	Gills, Left	PALE	Absent	
3ED0231	Gills, Right	FRAY	Absent	
3ED0231	Gills, Right	MRGN	Absent	
3ED0231	Gills, Right	PALE	Absent	
3ED0231	Fins	ERS	Absent	
3ED0231	Fins	FRAY	Absent	
3ED0231	Fins	HMR	Absent	
3ED0231	Fins	EMB	Absent	
3ED0232	Gills, Left	FRAY	Absent	
3ED0232	Gills, Left	MRGN	Absent	
3ED0232	Gills, Left	PALE	Absent	
3ED0232	Gills, Right	FRAY	Absent	
3ED0232	Gills, Right	MRGN	Absent	
3ED0232	Gills, Right	PALE	Absent	
3ED0232	Fins	ERS	Absent	
3ED0232	Fins	FRAY	Absent	
3ED0232	Fins	HMR	Absent	
3ED0232	Fins	EMB	Absent	
3ED0233	Gills, Left	FRAY	Absent	
3ED0233	Gills, Left	MRGN	Absent	
3ED0233	Gills, Left	PALE	Absent	
3ED0233	Gills, Right	FRAY	Absent	
3ED0233	Gills, Right	MRGN	Absent	
3ED0233	Gills, Right	PALE	Absent	
3ED0233	Fins	ERS	Absent	
3ED0233	Fins	FRAY	Absent	
3ED0233	Fins	HMR	Absent	
3ED0233	Fins	EMB	Absent	
3ED0234	Gills, Left	FRAY	Absent	
3ED0234	Gills, Left	MRGN	Absent	
3ED0234	Gills, Left	PALE	Absent	
3ED0234	Gills, Right	FRAY	Absent	
3ED0234	Gills, Right	MRGN	Absent	
3ED0234	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0234	Fins	ERS	Absent	
3ED0234	Fins	FRAY	Absent	
3ED0234	Fins	HMR	Absent	
3ED0234	Fins	EMB	Absent	
3ED0235	Gills, Left	FRAY	Absent	
3ED0235	Gills, Left	MRGN	Absent	
3ED0235	Gills, Left	PALE	Absent	
3ED0235	Gills, Right	FRAY	Absent	
3ED0235	Gills, Right	MRGN	Absent	
3ED0235	Gills, Right	PALE	Absent	
3ED0235	Fins	ERS	Absent	
3ED0235	Fins	FRAY	Absent	
3ED0235	Fins	HMR	Absent	
3ED0235	Fins	EMB	Absent	
3ED0236	Gills, Left	FRAY	Absent	
3ED0236	Gills, Left	MRGN	Absent	
3ED0236	Gills, Left	PALE	Absent	
3ED0236	Gills, Right	FRAY	Absent	
3ED0236	Gills, Right	MRGN	Absent	
3ED0236	Gills, Right	PALE	Absent	
3ED0236	Fins	ERS	Absent	
3ED0236	Fins	FRAY	Absent	
3ED0236	Fins	HMR	Absent	
3ED0236	Fins	EMB	Absent	
3ED0236	Fins	OTHER	Present	Damage to caudal fin
3ED0237	Gills, Left	FRAY	Absent	
3ED0237	Gills, Left	MRGN	Absent	
3ED0237	Gills, Left	PALE	Absent	
3ED0237	Gills, Right	FRAY	Absent	
3ED0237	Gills, Right	MRGN	Absent	
3ED0237	Gills, Right	PALE	Absent	
3ED0237	Fins	ERS	Absent	
3ED0237	Fins	FRAY	Absent	
3ED0237	Fins	HMR	Absent	
3ED0237	Fins	EMB	Absent	
3ED0238	Gills, Left	FRAY	Absent	
3ED0238	Gills, Left	MRGN	Absent	
3ED0238	Gills, Left	PALE	Absent	
3ED0238	Gills, Right	FRAY	Absent	
3ED0238	Gills, Right	MRGN	Absent	
3ED0238	Gills, Right	PALE	Absent	
3ED0238	Fins	ERS	Absent	
3ED0238	Fins	FRAY	Absent	
3ED0238	Fins	HMR	Absent	
3ED0238	Fins	EMB	Absent	
3ED0239	Gills, Left	FRAY	Absent	
3ED0239	Gills, Left	MRGN	Absent	
3ED0239	Gills, Left	PALE	Absent	
3ED0239	Gills, Right	FRAY	Absent	
3ED0239	Gills, Right	MRGN	Absent	
3ED0239	Gills, Right	PALE	Absent	
3ED0239	Fins	ERS	Absent	
3ED0239	Fins	FRAY	Absent	
3ED0239	Fins	HMR	Absent	
3ED0239	Fins	EMB	Absent	
3ED0240	Gills, Left	FRAY	Absent	
3ED0240	Gills, Left	MRGN	Absent	
3ED0240	Gills, Left	PALE	Absent	
3ED0240	Gills, Right	FRAY	Absent	
3ED0240	Gills, Right	MRGN	Absent	
3ED0240	Gills, Right	PALE	Absent	
3ED0240	Fins	ERS	Absent	
3ED0240	Fins	FRAY	Absent	
3ED0240	Fins	HMR	Absent	
3ED0240	Fins	EMB	Absent	
3ED0241	Gills, Left	FRAY	Absent	
3ED0241	Gills, Left	MRGN	Absent	
3ED0241	Gills, Left	PALE	Absent	
3ED0241	Gills, Right	FRAY	Absent	
3ED0241	Gills, Right	MRGN	Absent	
3ED0241	Gills, Right	PALE	Absent	
3ED0241	Fins	ERS	Absent	
3ED0241	Fins	FRAY	Absent	
3ED0241	Fins	HMR	Absent	
3ED0241	Fins	EMB	Absent	
3ED0242	Gills, Left	FRAY	Absent	
3ED0242	Gills, Left	MRGN	Absent	
3ED0242	Gills, Left	PALE	Absent	
3ED0242	Gills, Right	FRAY	Absent	
3ED0242	Gills, Right	MRGN	Absent	
3ED0242	Gills, Right	PALE	Absent	
3ED0242	Fins	ERS	Absent	
3ED0242	Fins	FRAY	Absent	
3ED0242	Fins	HMR	Absent	
3ED0242	Fins	EMB	Absent	
3ED0243	Gills, Left	FRAY	Absent	
3ED0243	Gills, Left	MRGN	Absent	
3ED0243	Gills, Left	PALE	Absent	
3ED0243	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0243	Gills, Right	MRGN	Absent	
3ED0243	Gills, Right	PALE	Absent	
3ED0243	Fins	ERS	Absent	
3ED0243	Fins	FRAY	Absent	
3ED0243	Fins	HMR	Absent	
3ED0243	Fins	EMB	Absent	
3ED0244	Gills, Left	FRAY	Absent	
3ED0244	Gills, Left	MRGN	Absent	
3ED0244	Gills, Left	PALE	Absent	
3ED0244	Gills, Right	FRAY	Absent	
3ED0244	Gills, Right	MRGN	Absent	
3ED0244	Gills, Right	PALE	Absent	
3ED0244	Fins	ERS	Absent	
3ED0244	Fins	FRAY	Absent	
3ED0244	Fins	HMR	Absent	
3ED0244	Fins	EMB	Absent	
3ED0245	Gills, Left	FRAY	Absent	
3ED0245	Gills, Left	MRGN	Absent	
3ED0245	Gills, Left	PALE	Absent	
3ED0245	Gills, Right	FRAY	Absent	
3ED0245	Gills, Right	MRGN	Absent	
3ED0245	Gills, Right	PALE	Absent	
3ED0245	Fins	ERS	Absent	
3ED0245	Fins	FRAY	Absent	
3ED0245	Fins	HMR	Absent	
3ED0245	Fins	EMB	Absent	
3ED0246	Gills, Left	FRAY	Absent	
3ED0246	Gills, Left	MRGN	Absent	
3ED0246	Gills, Left	PALE	Absent	
3ED0246	Gills, Right	FRAY	Absent	
3ED0246	Gills, Right	MRGN	Absent	
3ED0246	Gills, Right	PALE	Absent	
3ED0246	Fins	ERS	Absent	
3ED0246	Fins	FRAY	Absent	
3ED0246	Fins	HMR	Absent	
3ED0246	Fins	EMB	Absent	
3ED0247	Gills, Left	FRAY	Absent	
3ED0247	Gills, Left	MRGN	Absent	
3ED0247	Gills, Left	PALE	Absent	
3ED0247	Gills, Right	FRAY	Absent	
3ED0247	Gills, Right	MRGN	Absent	
3ED0247	Gills, Right	PALE	Absent	
3ED0247	Fins	ERS	Absent	
3ED0247	Fins	FRAY	Absent	
3ED0247	Fins	HMR	Absent	
3ED0247	Fins	EMB	Absent	
3ED0248	Gills, Left	FRAY	Absent	
3ED0248	Gills, Left	MRGN	Absent	
3ED0248	Gills, Left	PALE	Absent	
3ED0248	Gills, Right	FRAY	Absent	
3ED0248	Gills, Right	MRGN	Absent	
3ED0248	Gills, Right	PALE	Absent	
3ED0248	Fins	ERS	Absent	
3ED0248	Fins	FRAY	Absent	
3ED0248	Fins	HMR	Absent	
3ED0248	Fins	EMB	Absent	
3ED0249	Gills, Left	FRAY	Absent	
3ED0249	Gills, Left	MRGN	Absent	
3ED0249	Gills, Left	PALE	Absent	
3ED0249	Gills, Right	FRAY	Absent	
3ED0249	Gills, Right	MRGN	Absent	
3ED0249	Gills, Right	PALE	Absent	
3ED0249	Fins	ERS	Absent	
3ED0249	Fins	FRAY	Absent	
3ED0249	Fins	HMR	Absent	
3ED0249	Fins	EMB	Absent	
3ED0250	Gills, Left	FRAY	Absent	
3ED0250	Gills, Left	MRGN	Absent	
3ED0250	Gills, Left	PALE	Absent	
3ED0250	Gills, Right	FRAY	Absent	
3ED0250	Gills, Right	MRGN	Absent	
3ED0250	Gills, Right	PALE	Absent	
3ED0250	Fins	ERS	Absent	
3ED0250	Fins	FRAY	Absent	
3ED0250	Fins	HMR	Absent	
3ED0250	Fins	EMB	Absent	
3ED0251	Gills, Left	FRAY	Absent	
3ED0251	Gills, Left	MRGN	Absent	
3ED0251	Gills, Left	PALE	Absent	
3ED0251	Gills, Right	FRAY	Absent	
3ED0251	Gills, Right	MRGN	Absent	
3ED0251	Gills, Right	PALE	Absent	
3ED0251	Fins	ERS	Absent	
3ED0251	Fins	FRAY	Absent	
3ED0251	Fins	HMR	Absent	
3ED0251	Fins	EMB	Absent	
3ED0252W	Gills, Left	FRAY	Absent	
3ED0252W	Gills, Left	MRGN	Absent	
3ED0252W	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0252W	Gills, Right	FRAY	Absent	
3ED0252W	Gills, Right	MRGN	Absent	
3ED0252W	Gills, Right	PALE	Absent	
3ED0252W	Fins	ERS	Absent	
3ED0252W	Fins	FRAY	Absent	
3ED0252W	Fins	HMR	Absent	
3ED0252W	Fins	EMB	Absent	
3ED0253	Gills, Left	FRAY	Absent	
3ED0253	Gills, Left	MRGN	Absent	
3ED0253	Gills, Left	PALE	Absent	
3ED0253	Gills, Right	FRAY	Absent	
3ED0253	Gills, Right	MRGN	Absent	
3ED0253	Gills, Right	PALE	Absent	
3ED0253	Fins	ERS	Absent	
3ED0253	Fins	FRAY	Absent	
3ED0253	Fins	HMR	Absent	
3ED0253	Fins	EMB	Absent	
3ED0254	Gills, Left	FRAY	Absent	
3ED0254	Gills, Left	MRGN	Absent	
3ED0254	Gills, Left	PALE	Absent	
3ED0254	Gills, Right	FRAY	Absent	
3ED0254	Gills, Right	MRGN	Absent	
3ED0254	Gills, Right	PALE	Absent	
3ED0254	Fins	ERS	Absent	
3ED0254	Fins	FRAY	Absent	
3ED0254	Fins	HMR	Absent	
3ED0254	Fins	EMB	Absent	
3ED0255	Gills, Left	FRAY	Absent	
3ED0255	Gills, Left	MRGN	Absent	
3ED0255	Gills, Left	PALE	Absent	
3ED0255	Gills, Right	FRAY	Absent	
3ED0255	Gills, Right	MRGN	Absent	
3ED0255	Gills, Right	PALE	Absent	
3ED0255	Fins	ERS	Absent	
3ED0255	Fins	FRAY	Absent	
3ED0255	Fins	HMR	Present	
3ED0255	Fins	EMB	Absent	
3ED0256	Gills, Left	FRAY	Absent	
3ED0256	Gills, Left	MRGN	Absent	
3ED0256	Gills, Left	PALE	Absent	
3ED0256	Gills, Right	FRAY	Absent	
3ED0256	Gills, Right	MRGN	Absent	
3ED0256	Gills, Right	PALE	Absent	
3ED0256	Fins	ERS	Absent	
3ED0256	Fins	FRAY	Absent	
3ED0256	Fins	HMR	Absent	
3ED0256	Fins	EMB	Absent	
3ED0257	Gills, Left	FRAY	Absent	
3ED0257	Gills, Left	MRGN	Absent	
3ED0257	Gills, Left	PALE	Absent	
3ED0257	Gills, Right	FRAY	Absent	
3ED0257	Gills, Right	MRGN	Absent	
3ED0257	Gills, Right	PALE	Absent	
3ED0257	Fins	ERS	Absent	
3ED0257	Fins	FRAY	Absent	
3ED0257	Fins	HMR	Present	
3ED0257	Fins	EMB	Absent	
3ED0258	Gills, Left	FRAY	Absent	
3ED0258	Gills, Left	MRGN	Absent	
3ED0258	Gills, Left	PALE	Absent	
3ED0258	Gills, Right	FRAY	Absent	
3ED0258	Gills, Right	MRGN	Absent	
3ED0258	Gills, Right	PALE	Absent	
3ED0258	Fins	ERS	Absent	
3ED0258	Fins	FRAY	Absent	
3ED0258	Fins	HMR	Absent	
3ED0258	Fins	EMB	Absent	
3ED0259	Gills, Left	FRAY	Absent	
3ED0259	Gills, Left	MRGN	Absent	
3ED0259	Gills, Left	PALE	Absent	
3ED0259	Gills, Right	FRAY	Absent	
3ED0259	Gills, Right	MRGN	Absent	
3ED0259	Gills, Right	PALE	Absent	
3ED0259	Fins	ERS	Absent	
3ED0259	Fins	FRAY	Absent	
3ED0259	Fins	HMR	Absent	
3ED0259	Fins	EMB	Absent	
3ED0260	Gills, Left	FRAY	Absent	
3ED0260	Gills, Left	MRGN	Absent	
3ED0260	Gills, Left	PALE	Absent	
3ED0260	Gills, Right	FRAY	Absent	
3ED0260	Gills, Right	MRGN	Absent	
3ED0260	Gills, Right	PALE	Absent	
3ED0260	Fins	ERS	Absent	
3ED0260	Fins	FRAY	Absent	
3ED0260	Fins	HMR	Absent	
3ED0260	Fins	EMB	Absent	
3ED0261	Gills, Left	FRAY	Absent	
3ED0261	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0261	Gills, Left	PALE	Absent	
3ED0261	Gills, Right	FRAY	Absent	
3ED0261	Gills, Right	MRGN	Absent	
3ED0261	Gills, Right	PALE	Absent	
3ED0261	Fins	ERS	Absent	
3ED0261	Fins	FRAY	Absent	
3ED0261	Fins	HMR	Absent	
3ED0261	Fins	EMB	Absent	
3ED0262	Gills, Left	FRAY	Absent	
3ED0262	Gills, Left	MRGN	Absent	
3ED0262	Gills, Left	PALE	Absent	
3ED0262	Gills, Right	FRAY	Absent	
3ED0262	Gills, Right	MRGN	Absent	
3ED0262	Gills, Right	PALE	Absent	
3ED0262	Fins	ERS	Absent	
3ED0262	Fins	FRAY	Absent	
3ED0262	Fins	HMR	Absent	
3ED0262	Fins	EMB	Absent	
3ED0263	Gills, Left	FRAY	Absent	
3ED0263	Gills, Left	MRGN	Absent	
3ED0263	Gills, Left	PALE	Absent	
3ED0263	Gills, Right	FRAY	Absent	
3ED0263	Gills, Right	MRGN	Absent	
3ED0263	Gills, Right	PALE	Absent	
3ED0263	Fins	ERS	Absent	
3ED0263	Fins	FRAY	Absent	
3ED0263	Fins	HMR	Absent	
3ED0263	Fins	EMB	Absent	
3ED0264	Gills, Left	FRAY	Absent	
3ED0264	Gills, Left	MRGN	Absent	
3ED0264	Gills, Left	PALE	Absent	
3ED0264	Gills, Right	FRAY	Absent	
3ED0264	Gills, Right	MRGN	Absent	
3ED0264	Gills, Right	PALE	Absent	
3ED0264	Fins	ERS	Absent	
3ED0264	Fins	FRAY	Absent	
3ED0264	Fins	HMR	Absent	
3ED0264	Fins	EMB	Absent	
3ED0265	Gills, Left	FRAY	Absent	
3ED0265	Gills, Left	MRGN	Absent	
3ED0265	Gills, Left	PALE	Absent	
3ED0265	Gills, Right	FRAY	Absent	
3ED0265	Gills, Right	MRGN	Absent	
3ED0265	Gills, Right	PALE	Absent	
3ED0265	Fins	ERS	Absent	
3ED0265	Fins	FRAY	Absent	
3ED0265	Fins	HMR	Absent	
3ED0265	Fins	EMB	Absent	
3ED0266	Gills, Left	FRAY	Absent	
3ED0266	Gills, Left	MRGN	Absent	
3ED0266	Gills, Left	PALE	Absent	
3ED0266	Gills, Right	FRAY	Absent	
3ED0266	Gills, Right	MRGN	Absent	
3ED0266	Gills, Right	PALE	Absent	
3ED0266	Fins	ERS	Absent	
3ED0266	Fins	FRAY	Absent	
3ED0266	Fins	HMR	Absent	
3ED0266	Fins	EMB	Absent	
3ED0267	Gills, Left	FRAY	Absent	
3ED0267	Gills, Left	MRGN	Absent	
3ED0267	Gills, Left	PALE	Absent	
3ED0267	Gills, Right	FRAY	Absent	
3ED0267	Gills, Right	MRGN	Absent	
3ED0267	Gills, Right	PALE	Absent	
3ED0267	Fins	ERS	Absent	
3ED0267	Fins	FRAY	Absent	
3ED0267	Fins	HMR	Absent	
3ED0267	Fins	EMB	Absent	
3ED0267	Fins	OTHER	Present	Abrasion
3ED0268	Gills, Left	FRAY	Absent	
3ED0268	Gills, Left	MRGN	Absent	
3ED0268	Gills, Left	PALE	Absent	
3ED0268	Gills, Right	FRAY	Absent	
3ED0268	Gills, Right	MRGN	Absent	
3ED0268	Gills, Right	PALE	Absent	
3ED0268	Fins	ERS	Absent	
3ED0268	Fins	FRAY	Absent	
3ED0268	Fins	HMR	Absent	
3ED0268	Fins	EMB	Absent	
3ED0269	Gills, Left	FRAY	Absent	
3ED0269	Gills, Left	MRGN	Absent	
3ED0269	Gills, Left	PALE	Absent	
3ED0269	Gills, Right	FRAY	Absent	
3ED0269	Gills, Right	MRGN	Absent	
3ED0269	Gills, Right	PALE	Absent	
3ED0269	Fins	ERS	Absent	
3ED0269	Fins	FRAY	Absent	
3ED0269	Fins	HMR	Absent	
3ED0269	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0270	Gills, Left	FRAY	Absent	
3ED0270	Gills, Left	MRGN	Absent	
3ED0270	Gills, Left	PALE	Absent	
3ED0270	Gills, Right	FRAY	Absent	
3ED0270	Gills, Right	MRGN	Absent	
3ED0270	Gills, Right	PALE	Absent	
3ED0270	Fins	ERS	Absent	
3ED0270	Fins	FRAY	Absent	
3ED0270	Fins	HMR	Absent	
3ED0270	Fins	EMB	Absent	
3ED0271	Gills, Left	FRAY	Absent	
3ED0271	Gills, Left	MRGN	Absent	
3ED0271	Gills, Left	PALE	Absent	
3ED0271	Gills, Right	FRAY	Absent	
3ED0271	Gills, Right	MRGN	Absent	
3ED0271	Gills, Right	PALE	Absent	
3ED0271	Fins	ERS	Absent	
3ED0271	Fins	FRAY	Absent	
3ED0271	Fins	HMR	Absent	
3ED0271	Fins	EMB	Absent	
3ED0272	Gills, Left	FRAY	Absent	
3ED0272	Gills, Left	MRGN	Absent	
3ED0272	Gills, Left	PALE	Absent	
3ED0272	Gills, Right	FRAY	Absent	
3ED0272	Gills, Right	MRGN	Absent	
3ED0272	Gills, Right	PALE	Absent	
3ED0272	Fins	ERS	Absent	
3ED0272	Fins	FRAY	Absent	
3ED0272	Fins	HMR	Absent	
3ED0272	Fins	EMB	Absent	
3ED0272	Fins	OTHER	Present	Lesion
3ED0273	Gills, Left	FRAY	Absent	
3ED0273	Gills, Left	MRGN	Absent	
3ED0273	Gills, Left	PALE	Absent	
3ED0273	Gills, Right	FRAY	Absent	
3ED0273	Gills, Right	MRGN	Absent	
3ED0273	Gills, Right	PALE	Absent	
3ED0273	Fins	ERS	Absent	
3ED0273	Fins	FRAY	Absent	
3ED0273	Fins	HMR	Absent	
3ED0273	Fins	EMB	Absent	
3ED0274	Gills, Left	FRAY	Absent	
3ED0274	Gills, Left	MRGN	Absent	
3ED0274	Gills, Left	PALE	Absent	
3ED0274	Gills, Right	FRAY	Absent	
3ED0274	Gills, Right	MRGN	Absent	
3ED0274	Gills, Right	PALE	Absent	
3ED0274	Fins	ERS	Absent	
3ED0274	Fins	FRAY	Absent	
3ED0274	Fins	HMR	Absent	
3ED0274	Fins	EMB	Absent	
3ED0275	Gills, Left	FRAY	Absent	
3ED0275	Gills, Left	MRGN	Absent	
3ED0275	Gills, Left	PALE	Absent	
3ED0275	Gills, Right	FRAY	Absent	
3ED0275	Gills, Right	MRGN	Absent	
3ED0275	Gills, Right	PALE	Absent	
3ED0275	Fins	ERS	Absent	
3ED0275	Fins	FRAY	Absent	
3ED0275	Fins	HMR	Absent	
3ED0275	Fins	EMB	Absent	
3ED0276	Gills, Left	FRAY	Absent	
3ED0276	Gills, Left	MRGN	Absent	
3ED0276	Gills, Left	PALE	Absent	
3ED0276	Gills, Right	FRAY	Absent	
3ED0276	Gills, Right	MRGN	Absent	
3ED0276	Gills, Right	PALE	Absent	
3ED0276	Fins	ERS	Absent	
3ED0276	Fins	FRAY	Absent	
3ED0276	Fins	HMR	Absent	
3ED0276	Fins	EMB	Absent	
3ED0277	Gills, Left	FRAY	Absent	
3ED0277	Gills, Left	MRGN	Absent	
3ED0277	Gills, Left	PALE	Absent	
3ED0277	Gills, Right	FRAY	Absent	
3ED0277	Gills, Right	MRGN	Absent	
3ED0277	Gills, Right	PALE	Absent	
3ED0277	Fins	ERS	Absent	
3ED0277	Fins	FRAY	Absent	
3ED0277	Fins	HMR	Absent	
3ED0277	Fins	EMB	Absent	
3ED0278	Gills, Left	FRAY	Absent	
3ED0278	Gills, Left	MRGN	Absent	
3ED0278	Gills, Left	PALE	Absent	
3ED0278	Gills, Right	FRAY	Absent	
3ED0278	Gills, Right	MRGN	Absent	
3ED0278	Gills, Right	PALE	Absent	
3ED0278	Fins	ERS	Absent	
3ED0278	Fins	FRAY	Present	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0278	Fins	HMR	Absent	
3ED0278	Fins	EMB	Absent	
3ED0279W	Gills, Left	FRAY	Absent	
3ED0279W	Gills, Left	MRGN	Absent	
3ED0279W	Gills, Left	PALE	Absent	
3ED0279W	Gills, Right	FRAY	Absent	
3ED0279W	Gills, Right	MRGN	Absent	
3ED0279W	Gills, Right	PALE	Absent	
3ED0279W	Fins	ERS	Absent	
3ED0279W	Fins	FRAY	Absent	
3ED0279W	Fins	HMR	Absent	
3ED0279W	Fins	EMB	Absent	
3ED0280	Gills, Left	FRAY	Absent	
3ED0280	Gills, Left	MRGN	Absent	
3ED0280	Gills, Left	PALE	Absent	
3ED0280	Gills, Right	FRAY	Absent	
3ED0280	Gills, Right	MRGN	Absent	
3ED0280	Gills, Right	PALE	Absent	
3ED0280	Fins	ERS	Absent	
3ED0280	Fins	FRAY	Absent	
3ED0280	Fins	HMR	Absent	
3ED0280	Fins	EMB	Absent	
3ED0281	Gills, Left	FRAY	Absent	
3ED0281	Gills, Left	MRGN	Absent	
3ED0281	Gills, Left	PALE	Absent	
3ED0281	Gills, Right	FRAY	Absent	
3ED0281	Gills, Right	MRGN	Absent	
3ED0281	Gills, Right	PALE	Absent	
3ED0281	Fins	ERS	Absent	
3ED0281	Fins	FRAY	Absent	
3ED0281	Fins	HMR	Absent	
3ED0281	Fins	EMB	Absent	
3ED0282	Gills, Left	FRAY	Absent	
3ED0282	Gills, Left	MRGN	Absent	
3ED0282	Gills, Left	PALE	Absent	
3ED0282	Gills, Right	FRAY	Absent	
3ED0282	Gills, Right	MRGN	Absent	
3ED0282	Gills, Right	PALE	Absent	
3ED0282	Fins	ERS	Absent	
3ED0282	Fins	FRAY	Absent	
3ED0282	Fins	HMR	Absent	
3ED0282	Fins	EMB	Absent	
3ED0283	Gills, Left	FRAY	Absent	
3ED0283	Gills, Left	MRGN	Absent	
3ED0283	Gills, Left	PALE	Absent	
3ED0283	Gills, Right	FRAY	Absent	
3ED0283	Gills, Right	MRGN	Absent	
3ED0283	Gills, Right	PALE	Absent	
3ED0283	Fins	ERS	Absent	
3ED0283	Fins	FRAY	Absent	
3ED0283	Fins	HMR	Absent	
3ED0283	Fins	EMB	Absent	
3ED0284	Gills, Left	FRAY	Absent	
3ED0284	Gills, Left	MRGN	Absent	
3ED0284	Gills, Left	PALE	Absent	
3ED0284	Gills, Right	FRAY	Absent	
3ED0284	Gills, Right	MRGN	Absent	
3ED0284	Gills, Right	PALE	Absent	
3ED0284	Fins	ERS	Absent	
3ED0284	Fins	FRAY	Absent	
3ED0284	Fins	HMR	Absent	
3ED0284	Fins	EMB	Absent	
3ED0285	Gills, Left	FRAY	Absent	
3ED0285	Gills, Left	MRGN	Absent	
3ED0285	Gills, Left	PALE	Absent	
3ED0285	Gills, Right	FRAY	Absent	
3ED0285	Gills, Right	MRGN	Absent	
3ED0285	Gills, Right	PALE	Absent	
3ED0285	Fins	ERS	Absent	
3ED0285	Fins	FRAY	Absent	
3ED0285	Fins	HMR	Absent	
3ED0285	Fins	EMB	Absent	
3ED0286	Gills, Left	FRAY	Absent	
3ED0286	Gills, Left	MRGN	Absent	
3ED0286	Gills, Left	PALE	Absent	
3ED0286	Gills, Right	FRAY	Absent	
3ED0286	Gills, Right	MRGN	Absent	
3ED0286	Gills, Right	PALE	Absent	
3ED0286	Fins	ERS	Absent	
3ED0286	Fins	FRAY	Absent	
3ED0286	Fins	HMR	Absent	
3ED0286	Fins	EMB	Absent	
3ED0287	Gills, Left	FRAY	Absent	
3ED0287	Gills, Left	MRGN	Absent	
3ED0287	Gills, Left	PALE	Absent	
3ED0287	Gills, Right	FRAY	Absent	
3ED0287	Gills, Right	MRGN	Absent	
3ED0287	Gills, Right	PALE	Absent	
3ED0287	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0287	Fins	FRAY	Absent	
3ED0287	Fins	HMR	Absent	
3ED0287	Fins	EMB	Absent	
3ED0288	Gills, Left	FRAY	Absent	
3ED0288	Gills, Left	MRGN	Absent	
3ED0288	Gills, Left	PALE	Absent	
3ED0288	Gills, Right	FRAY	Absent	
3ED0288	Gills, Right	MRGN	Absent	
3ED0288	Gills, Right	PALE	Absent	
3ED0288	Fins	ERS	Absent	
3ED0288	Fins	FRAY	Absent	
3ED0288	Fins	HMR	Absent	
3ED0288	Fins	EMB	Absent	
3ED0289	Gills, Left	FRAY	Absent	
3ED0289	Gills, Left	MRGN	Absent	
3ED0289	Gills, Left	PALE	Absent	
3ED0289	Gills, Right	FRAY	Absent	
3ED0289	Gills, Right	MRGN	Absent	
3ED0289	Gills, Right	PALE	Absent	
3ED0289	Fins	ERS	Absent	
3ED0289	Fins	FRAY	Absent	
3ED0289	Fins	HMR	Absent	
3ED0289	Fins	EMB	Absent	
3ED0290	Gills, Left	FRAY	Absent	
3ED0290	Gills, Left	MRGN	Absent	
3ED0290	Gills, Left	PALE	Absent	
3ED0290	Gills, Right	FRAY	Absent	
3ED0290	Gills, Right	MRGN	Absent	
3ED0290	Gills, Right	PALE	Absent	
3ED0290	Fins	ERS	Absent	
3ED0290	Fins	FRAY	Absent	
3ED0290	Fins	HMR	Absent	
3ED0290	Fins	EMB	Absent	
3ED0291	Gills, Left	FRAY	Absent	
3ED0291	Gills, Left	MRGN	Absent	
3ED0291	Gills, Left	PALE	Absent	
3ED0291	Gills, Right	FRAY	Absent	
3ED0291	Gills, Right	MRGN	Absent	
3ED0291	Gills, Right	PALE	Absent	
3ED0291	Fins	ERS	Absent	
3ED0291	Fins	FRAY	Absent	
3ED0291	Fins	HMR	Absent	
3ED0291	Fins	EMB	Absent	
3ED0292	Gills, Left	FRAY	Absent	
3ED0292	Gills, Left	MRGN	Absent	
3ED0292	Gills, Left	PALE	Absent	
3ED0292	Gills, Right	FRAY	Absent	
3ED0292	Gills, Right	MRGN	Absent	
3ED0292	Gills, Right	PALE	Absent	
3ED0292	Fins	ERS	Absent	
3ED0292	Fins	FRAY	Absent	
3ED0292	Fins	HMR	Absent	
3ED0292	Fins	EMB	Absent	
3ED0293	Gills, Left	FRAY	Absent	
3ED0293	Gills, Left	MRGN	Absent	
3ED0293	Gills, Left	PALE	Absent	
3ED0293	Gills, Right	FRAY	Absent	
3ED0293	Gills, Right	MRGN	Absent	
3ED0293	Gills, Right	PALE	Absent	
3ED0293	Fins	ERS	Absent	
3ED0293	Fins	FRAY	Absent	
3ED0293	Fins	HMR	Absent	
3ED0293	Fins	EMB	Absent	
3ED0294	Gills, Left	FRAY	Absent	
3ED0294	Gills, Left	MRGN	Absent	
3ED0294	Gills, Left	PALE	Absent	
3ED0294	Gills, Right	FRAY	Absent	
3ED0294	Gills, Right	MRGN	Absent	
3ED0294	Gills, Right	PALE	Absent	
3ED0294	Fins	ERS	Absent	
3ED0294	Fins	FRAY	Absent	
3ED0294	Fins	HMR	Absent	
3ED0294	Fins	EMB	Absent	
3ED0295	Gills, Left	FRAY	Absent	
3ED0295	Gills, Left	MRGN	Absent	
3ED0295	Gills, Left	PALE	Absent	
3ED0295	Gills, Right	FRAY	Absent	
3ED0295	Gills, Right	MRGN	Absent	
3ED0295	Gills, Right	PALE	Absent	
3ED0295	Fins	ERS	Absent	
3ED0295	Fins	FRAY	Absent	
3ED0295	Fins	HMR	Absent	
3ED0295	Fins	EMB	Absent	
3ED0296	Gills, Left	FRAY	Absent	
3ED0296	Gills, Left	MRGN	Absent	
3ED0296	Gills, Left	PALE	Absent	
3ED0296	Gills, Right	FRAY	Absent	
3ED0296	Gills, Right	MRGN	Absent	
3ED0296	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0296	Fins	ERS	Absent	
3ED0296	Fins	FRAY	Absent	
3ED0296	Fins	HMR	Absent	
3ED0296	Fins	EMB	Absent	
3ED0297	Gills, Left	FRAY	Absent	
3ED0297	Gills, Left	MRGN	Absent	
3ED0297	Gills, Left	PALE	Absent	
3ED0297	Gills, Right	FRAY	Absent	
3ED0297	Gills, Right	MRGN	Absent	
3ED0297	Gills, Right	PALE	Absent	
3ED0297	Fins	ERS	Absent	
3ED0297	Fins	FRAY	Absent	
3ED0297	Fins	HMR	Absent	
3ED0297	Fins	EMB	Absent	
3ED0298H	Gills, Left	FRAY	Absent	
3ED0298H	Gills, Left	MRGN	Absent	
3ED0298H	Gills, Left	PALE	Absent	
3ED0298H	Gills, Right	FRAY	Absent	
3ED0298H	Gills, Right	MRGN	Absent	
3ED0298H	Gills, Right	PALE	Absent	
3ED0298H	Fins	ERS	Absent	
3ED0298H	Fins	FRAY	Absent	
3ED0298H	Fins	HMR	Absent	
3ED0298H	Fins	EMB	Absent	
3ED0299	Gills, Left	FRAY	Absent	
3ED0299	Gills, Left	MRGN	Absent	
3ED0299	Gills, Left	PALE	Absent	
3ED0299	Gills, Right	FRAY	Absent	
3ED0299	Gills, Right	MRGN	Absent	
3ED0299	Gills, Right	PALE	Absent	
3ED0299	Fins	ERS	Absent	
3ED0299	Fins	FRAY	Absent	
3ED0299	Fins	HMR	Absent	
3ED0299	Fins	EMB	Absent	
3ED0300	Gills, Left	FRAY	Absent	
3ED0300	Gills, Left	MRGN	Absent	
3ED0300	Gills, Left	PALE	Absent	
3ED0300	Gills, Right	FRAY	Absent	
3ED0300	Gills, Right	MRGN	Absent	
3ED0300	Gills, Right	PALE	Absent	
3ED0300	Fins	ERS	Absent	
3ED0300	Fins	FRAY	Absent	
3ED0300	Fins	HMR	Absent	
3ED0300	Fins	EMB	Absent	
3ED0301	Gills, Left	FRAY	Absent	
3ED0301	Gills, Left	MRGN	Absent	
3ED0301	Gills, Left	PALE	Absent	
3ED0301	Gills, Right	FRAY	Absent	
3ED0301	Gills, Right	MRGN	Absent	
3ED0301	Gills, Right	PALE	Absent	
3ED0301	Fins	ERS	Absent	
3ED0301	Fins	FRAY	Absent	
3ED0301	Fins	HMR	Absent	
3ED0301	Fins	EMB	Absent	
3ED0302	Gills, Left	FRAY	Absent	
3ED0302	Gills, Left	MRGN	Absent	
3ED0302	Gills, Left	PALE	Absent	
3ED0302	Gills, Right	FRAY	Absent	
3ED0302	Gills, Right	MRGN	Absent	
3ED0302	Gills, Right	PALE	Absent	
3ED0302	Fins	ERS	Absent	
3ED0302	Fins	FRAY	Absent	
3ED0302	Fins	HMR	Absent	
3ED0302	Fins	EMB	Absent	
3ED0303	Gills, Left	FRAY	Absent	
3ED0303	Gills, Left	MRGN	Absent	
3ED0303	Gills, Left	PALE	Absent	
3ED0303	Gills, Right	FRAY	Absent	
3ED0303	Gills, Right	MRGN	Absent	
3ED0303	Gills, Right	PALE	Absent	
3ED0303	Fins	ERS	Absent	
3ED0303	Fins	FRAY	Absent	
3ED0303	Fins	HMR	Absent	
3ED0303	Fins	EMB	Absent	
3ED0304	Gills, Left	FRAY	Absent	
3ED0304	Gills, Left	MRGN	Absent	
3ED0304	Gills, Left	PALE	Absent	
3ED0304	Gills, Right	FRAY	Absent	
3ED0304	Gills, Right	MRGN	Absent	
3ED0304	Gills, Right	PALE	Absent	
3ED0304	Fins	ERS	Absent	
3ED0304	Fins	FRAY	Absent	
3ED0304	Fins	HMR	Absent	
3ED0304	Fins	EMB	Absent	
3ED0305	Gills, Left	FRAY	Absent	
3ED0305	Gills, Left	MRGN	Absent	
3ED0305	Gills, Left	PALE	Absent	
3ED0305	Gills, Right	FRAY	Absent	
3ED0305	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0305	Gills, Right	PALE	Absent	
3ED0305	Fins	ERS	Absent	
3ED0305	Fins	FRAY	Absent	
3ED0305	Fins	HMR	Absent	
3ED0305	Fins	EMB	Absent	
3ED0306	Gills, Left	FRAY	Absent	
3ED0306	Gills, Left	MRGN	Absent	
3ED0306	Gills, Left	PALE	Absent	
3ED0306	Gills, Right	FRAY	Absent	
3ED0306	Gills, Right	MRGN	Absent	
3ED0306	Gills, Right	PALE	Absent	
3ED0306	Fins	ERS	Absent	
3ED0306	Fins	FRAY	Absent	
3ED0306	Fins	HMR	Absent	
3ED0306	Fins	EMB	Absent	
3ED0307	Gills, Left	FRAY	Absent	
3ED0307	Gills, Left	MRGN	Absent	
3ED0307	Gills, Left	PALE	Absent	
3ED0307	Gills, Right	FRAY	Absent	
3ED0307	Gills, Right	MRGN	Absent	
3ED0307	Gills, Right	PALE	Absent	
3ED0307	Fins	ERS	Absent	
3ED0307	Fins	FRAY	Absent	
3ED0307	Fins	HMR	Absent	
3ED0307	Fins	EMB	Absent	
3ED0308	Gills, Left	FRAY	Absent	
3ED0308	Gills, Left	MRGN	Absent	
3ED0308	Gills, Left	PALE	Absent	
3ED0308	Gills, Right	FRAY	Absent	
3ED0308	Gills, Right	MRGN	Absent	
3ED0308	Gills, Right	PALE	Absent	
3ED0308	Fins	ERS	Absent	
3ED0308	Fins	FRAY	Absent	
3ED0308	Fins	HMR	Absent	
3ED0308	Fins	EMB	Absent	
3ED0310	Gills, Left	FRAY	Absent	
3ED0310	Gills, Left	MRGN	Absent	
3ED0310	Gills, Left	PALE	Absent	
3ED0310	Gills, Right	FRAY	Absent	
3ED0310	Gills, Right	MRGN	Absent	
3ED0310	Gills, Right	PALE	Absent	
3ED0310	Fins	ERS	Absent	
3ED0310	Fins	FRAY	Absent	
3ED0310	Fins	HMR	Absent	
3ED0310	Fins	EMB	Absent	
3ED0311	Gills, Left	FRAY	Absent	
3ED0311	Gills, Left	MRGN	Absent	
3ED0311	Gills, Left	PALE	Absent	
3ED0311	Gills, Right	FRAY	Absent	
3ED0311	Gills, Right	MRGN	Absent	
3ED0311	Gills, Right	PALE	Absent	
3ED0311	Fins	ERS	Absent	
3ED0311	Fins	FRAY	Absent	
3ED0311	Fins	HMR	Absent	
3ED0311	Fins	EMB	Absent	
3ED0312	Gills, Left	FRAY	Absent	
3ED0312	Gills, Left	MRGN	Absent	
3ED0312	Gills, Left	PALE	Absent	
3ED0312	Gills, Left	OTHER	Present	Damage from zip tie
3ED0312	Gills, Right	FRAY	Absent	
3ED0312	Gills, Right	MRGN	Absent	
3ED0312	Gills, Right	PALE	Absent	
3ED0312	Gills, Right	OTHER	Present	Damage from zip tie
3ED0312	Fins	ERS	Absent	
3ED0312	Fins	FRAY	Absent	
3ED0312	Fins	HMR	Absent	
3ED0312	Fins	EMB	Absent	
3ED0314	Gills, Left	FRAY	Absent	
3ED0314	Gills, Left	MRGN	Absent	
3ED0314	Gills, Left	PALE	Absent	
3ED0314	Gills, Right	FRAY	Absent	
3ED0314	Gills, Right	MRGN	Absent	
3ED0314	Gills, Right	PALE	Absent	
3ED0314	Fins	ERS	Absent	
3ED0314	Fins	FRAY	Present	
3ED0314	Fins	HMR	Absent	
3ED0314	Fins	EMB	Absent	
3ED0315	Gills, Left	FRAY	Absent	
3ED0315	Gills, Left	MRGN	Absent	
3ED0315	Gills, Left	PALE	Absent	
3ED0315	Gills, Left	OTHER	Present	Damage from zip tie
3ED0315	Gills, Right	FRAY	Absent	
3ED0315	Gills, Right	MRGN	Absent	
3ED0315	Gills, Right	PALE	Absent	
3ED0315	Gills, Right	OTHER	Present	Damage from zip tie
3ED0315	Fins	ERS	Absent	
3ED0315	Fins	FRAY	Absent	
3ED0315	Fins	HMR	Absent	
3ED0315	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0316	Gills, Left	FRAY	Absent	
3ED0316	Gills, Left	MRGN	Absent	
3ED0316	Gills, Left	PALE	Absent	
3ED0316	Gills, Left	OTHER	Present	Damage from zip tie
3ED0316	Gills, Right	FRAY	Absent	
3ED0316	Gills, Right	MRGN	Absent	
3ED0316	Gills, Right	PALE	Absent	
3ED0316	Gills, Right	OTHER	Present	Damage from zip tie
3ED0316	Fins	ERS	Absent	
3ED0316	Fins	FRAY	Absent	
3ED0316	Fins	HMR	Absent	
3ED0316	Fins	EMB	Absent	
3ED0317	Gills, Left	FRAY	Absent	
3ED0317	Gills, Left	MRGN	Absent	
3ED0317	Gills, Left	PALE	Absent	
3ED0317	Gills, Right	FRAY	Absent	
3ED0317	Gills, Right	MRGN	Absent	
3ED0317	Gills, Right	PALE	Absent	
3ED0317	Fins	ERS	Absent	
3ED0317	Fins	FRAY	Absent	
3ED0317	Fins	HMR	Absent	
3ED0317	Fins	EMB	Absent	
3ED0318	Gills, Left	FRAY	Absent	
3ED0318	Gills, Left	MRGN	Absent	
3ED0318	Gills, Left	PALE	Absent	
3ED0318	Gills, Right	FRAY	Absent	
3ED0318	Gills, Right	MRGN	Absent	
3ED0318	Gills, Right	PALE	Absent	
3ED0318	Fins	ERS	Absent	
3ED0318	Fins	FRAY	Absent	
3ED0318	Fins	HMR	Absent	
3ED0318	Fins	EMB	Absent	
3ED0319	Gills, Left	FRAY	Absent	
3ED0319	Gills, Left	MRGN	Absent	
3ED0319	Gills, Left	PALE	Absent	
3ED0319	Gills, Right	FRAY	Absent	
3ED0319	Gills, Right	MRGN	Absent	
3ED0319	Gills, Right	PALE	Absent	
3ED0319	Fins	ERS	Absent	
3ED0319	Fins	FRAY	Absent	
3ED0319	Fins	HMR	Absent	
3ED0319	Fins	EMB	Absent	
3ED0320	Gills, Left	FRAY	Absent	
3ED0320	Gills, Left	MRGN	Absent	
3ED0320	Gills, Left	PALE	Absent	
3ED0320	Gills, Right	FRAY	Absent	
3ED0320	Gills, Right	MRGN	Absent	
3ED0320	Gills, Right	PALE	Absent	
3ED0320	Fins	ERS	Absent	
3ED0320	Fins	FRAY	Absent	
3ED0320	Fins	HMR	Absent	
3ED0320	Fins	EMB	Absent	
3ED0321	Gills, Left	FRAY	Absent	
3ED0321	Gills, Left	MRGN	Absent	
3ED0321	Gills, Left	PALE	Absent	
3ED0321	Gills, Right	FRAY	Absent	
3ED0321	Gills, Right	MRGN	Absent	
3ED0321	Gills, Right	PALE	Absent	
3ED0321	Fins	ERS	Absent	
3ED0321	Fins	FRAY	Absent	
3ED0321	Fins	HMR	Absent	
3ED0321	Fins	EMB	Absent	
3ED0323	Gills, Left	FRAY	Absent	
3ED0323	Gills, Left	MRGN	Absent	
3ED0323	Gills, Left	PALE	Absent	
3ED0323	Gills, Right	FRAY	Absent	
3ED0323	Gills, Right	MRGN	Absent	
3ED0323	Gills, Right	PALE	Absent	
3ED0323	Fins	ERS	Absent	
3ED0323	Fins	FRAY	Absent	
3ED0323	Fins	HMR	Absent	
3ED0323	Fins	EMB	Absent	
3ED0324	Gills, Left	FRAY	Absent	
3ED0324	Gills, Left	MRGN	Absent	
3ED0324	Gills, Left	PALE	Absent	
3ED0324	Gills, Right	FRAY	Absent	
3ED0324	Gills, Right	MRGN	Absent	
3ED0324	Gills, Right	PALE	Absent	
3ED0324	Fins	ERS	Absent	
3ED0324	Fins	FRAY	Present	
3ED0324	Fins	HMR	Absent	
3ED0324	Fins	EMB	Absent	
3ED0325	Gills, Left	FRAY	Absent	
3ED0325	Gills, Left	MRGN	Absent	
3ED0325	Gills, Left	PALE	Absent	
3ED0325	Gills, Right	FRAY	Absent	
3ED0325	Gills, Right	MRGN	Absent	
3ED0325	Gills, Right	PALE	Absent	
3ED0325	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0325	Fins	FRAY	Absent	
3ED0325	Fins	HMR	Absent	
3ED0325	Fins	EMB	Absent	
3ED0326	Gills, Left	FRAY	Absent	
3ED0326	Gills, Left	MRGN	Absent	
3ED0326	Gills, Left	PALE	Absent	
3ED0326	Gills, Right	FRAY	Absent	
3ED0326	Gills, Right	MRGN	Absent	
3ED0326	Gills, Right	PALE	Absent	
3ED0326	Fins	ERS	Absent	
3ED0326	Fins	FRAY	Absent	
3ED0326	Fins	HMR	Absent	
3ED0326	Fins	EMB	Absent	
3ED0327W	Gills, Left	FRAY	Absent	
3ED0327W	Gills, Left	MRGN	Absent	
3ED0327W	Gills, Left	PALE	Absent	
3ED0327W	Gills, Right	FRAY	Absent	
3ED0327W	Gills, Right	MRGN	Absent	
3ED0327W	Gills, Right	PALE	Absent	
3ED0327W	Fins	ERS	Absent	
3ED0327W	Fins	FRAY	Absent	
3ED0327W	Fins	HMR	Absent	
3ED0327W	Fins	EMB	Absent	
3ED0328W	Gills, Left	FRAY	Absent	
3ED0328W	Gills, Left	MRGN	Absent	
3ED0328W	Gills, Left	PALE	Absent	
3ED0328W	Gills, Right	FRAY	Absent	
3ED0328W	Gills, Right	MRGN	Absent	
3ED0328W	Gills, Right	PALE	Absent	
3ED0328W	Fins	ERS	Absent	
3ED0328W	Fins	FRAY	Absent	
3ED0328W	Fins	HMR	Absent	
3ED0328W	Fins	EMB	Absent	
3ED0329	Gills, Left	FRAY	Absent	
3ED0329	Gills, Left	MRGN	Absent	
3ED0329	Gills, Left	PALE	Absent	
3ED0329	Gills, Right	FRAY	Absent	
3ED0329	Gills, Right	MRGN	Absent	
3ED0329	Gills, Right	PALE	Absent	
3ED0329	Fins	ERS	Absent	
3ED0329	Fins	FRAY	Absent	
3ED0329	Fins	HMR	Absent	
3ED0329	Fins	EMB	Absent	
3ED0330H	Gills, Left	FRAY	Absent	
3ED0330H	Gills, Left	MRGN	Absent	
3ED0330H	Gills, Left	PALE	Absent	
3ED0330H	Gills, Right	FRAY	Absent	
3ED0330H	Gills, Right	MRGN	Absent	
3ED0330H	Gills, Right	PALE	Absent	
3ED0330H	Fins	ERS	Absent	
3ED0330H	Fins	FRAY	Absent	
3ED0330H	Fins	HMR	Absent	
3ED0330H	Fins	EMB	Absent	
3ED0330H	Fins	OTHER	Present	Fungus
3ED0331	Gills, Left	FRAY	Absent	
3ED0331	Gills, Left	MRGN	Absent	
3ED0331	Gills, Left	PALE	Absent	
3ED0331	Gills, Right	FRAY	Absent	
3ED0331	Gills, Right	MRGN	Absent	
3ED0331	Gills, Right	PALE	Absent	
3ED0331	Fins	ERS	Absent	
3ED0331	Fins	FRAY	Absent	
3ED0331	Fins	HMR	Absent	
3ED0331	Fins	EMB	Absent	
3ED0332	Gills, Left	FRAY	Absent	
3ED0332	Gills, Left	MRGN	Absent	
3ED0332	Gills, Left	PALE	Absent	
3ED0332	Gills, Right	FRAY	Absent	
3ED0332	Gills, Right	MRGN	Absent	
3ED0332	Gills, Right	PALE	Absent	
3ED0332	Fins	ERS	Absent	
3ED0332	Fins	FRAY	Absent	
3ED0332	Fins	HMR	Absent	
3ED0332	Fins	EMB	Absent	
3ED0333	Gills, Left	FRAY	Absent	
3ED0333	Gills, Left	MRGN	Absent	
3ED0333	Gills, Left	PALE	Absent	
3ED0333	Gills, Right	FRAY	Absent	
3ED0333	Gills, Right	MRGN	Absent	
3ED0333	Gills, Right	PALE	Absent	
3ED0333	Fins	ERS	Absent	
3ED0333	Fins	FRAY	Absent	
3ED0333	Fins	HMR	Absent	
3ED0333	Fins	EMB	Absent	
3ED0335	Gills, Left	FRAY	Absent	
3ED0335	Gills, Left	MRGN	Absent	
3ED0335	Gills, Left	PALE	Absent	
3ED0335	Gills, Right	FRAY	Absent	
3ED0335	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0335	Gills, Right	PALE	Absent	
3ED0335	Fins	ERS	Absent	
3ED0335	Fins	FRAY	Absent	
3ED0335	Fins	HMR	Absent	
3ED0335	Fins	EMB	Absent	
3ED0336W	Gills, Left	FRAY	Absent	
3ED0336W	Gills, Left	MRGN	Absent	
3ED0336W	Gills, Left	PALE	Absent	
3ED0336W	Gills, Right	FRAY	Absent	
3ED0336W	Gills, Right	MRGN	Absent	
3ED0336W	Gills, Right	PALE	Absent	
3ED0336W	Fins	ERS	Absent	
3ED0336W	Fins	FRAY	Absent	
3ED0336W	Fins	HMR	Absent	
3ED0336W	Fins	EMB	Absent	
3ED0337	Gills, Left	FRAY	Absent	
3ED0337	Gills, Left	MRGN	Absent	
3ED0337	Gills, Left	PALE	Absent	
3ED0337	Gills, Right	FRAY	Absent	
3ED0337	Gills, Right	MRGN	Absent	
3ED0337	Gills, Right	PALE	Absent	
3ED0337	Fins	ERS	Absent	
3ED0337	Fins	FRAY	Absent	
3ED0337	Fins	HMR	Absent	
3ED0337	Fins	EMB	Absent	
3ED0338	Gills, Left	FRAY	Absent	
3ED0338	Gills, Left	MRGN	Absent	
3ED0338	Gills, Left	PALE	Absent	
3ED0338	Gills, Right	FRAY	Absent	
3ED0338	Gills, Right	MRGN	Absent	
3ED0338	Gills, Right	PALE	Absent	
3ED0338	Fins	ERS	Absent	
3ED0338	Fins	FRAY	Absent	
3ED0338	Fins	HMR	Absent	
3ED0338	Fins	EMB	Absent	
3ED0339	Gills, Left	FRAY	Absent	
3ED0339	Gills, Left	MRGN	Absent	
3ED0339	Gills, Left	PALE	Absent	
3ED0339	Gills, Right	FRAY	Absent	
3ED0339	Gills, Right	MRGN	Absent	
3ED0339	Gills, Right	PALE	Absent	
3ED0339	Fins	ERS	Absent	
3ED0339	Fins	FRAY	Absent	
3ED0339	Fins	HMR	Absent	
3ED0339	Fins	EMB	Absent	
3ED0340	Gills, Left	FRAY	Absent	
3ED0340	Gills, Left	MRGN	Absent	
3ED0340	Gills, Left	PALE	Absent	
3ED0340	Gills, Right	FRAY	Absent	
3ED0340	Gills, Right	MRGN	Absent	
3ED0340	Gills, Right	PALE	Absent	
3ED0340	Fins	ERS	Absent	
3ED0340	Fins	FRAY	Absent	
3ED0340	Fins	HMR	Absent	
3ED0340	Fins	EMB	Absent	
3ED0341	Gills, Left	FRAY	Absent	
3ED0341	Gills, Left	MRGN	Absent	
3ED0341	Gills, Left	PALE	Absent	
3ED0341	Gills, Right	FRAY	Absent	
3ED0341	Gills, Right	MRGN	Absent	
3ED0341	Gills, Right	PALE	Absent	
3ED0341	Fins	ERS	Absent	
3ED0341	Fins	FRAY	Absent	
3ED0341	Fins	HMR	Absent	
3ED0341	Fins	EMB	Absent	
3ED0342	Gills, Left	FRAY	Absent	
3ED0342	Gills, Left	MRGN	Absent	
3ED0342	Gills, Left	PALE	Absent	
3ED0342	Gills, Right	FRAY	Absent	
3ED0342	Gills, Right	MRGN	Absent	
3ED0342	Gills, Right	PALE	Absent	
3ED0342	Fins	ERS	Absent	
3ED0342	Fins	FRAY	Absent	
3ED0342	Fins	HMR	Absent	
3ED0342	Fins	EMB	Absent	
3ED0343W	Gills, Left	FRAY	Absent	
3ED0343W	Gills, Left	MRGN	Absent	
3ED0343W	Gills, Left	PALE	Absent	
3ED0343W	Gills, Right	FRAY	Absent	
3ED0343W	Gills, Right	MRGN	Absent	
3ED0343W	Gills, Right	PALE	Absent	
3ED0343W	Fins	ERS	Absent	
3ED0343W	Fins	FRAY	Absent	
3ED0343W	Fins	HMR	Absent	
3ED0343W	Fins	EMB	Absent	
3ED0344	Gills, Left	FRAY	Absent	
3ED0344	Gills, Left	MRGN	Absent	
3ED0344	Gills, Left	PALE	Absent	
3ED0344	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0344	Gills, Right	MRGN	Absent	
3ED0344	Gills, Right	PALE	Absent	
3ED0344	Fins	ERS	Absent	
3ED0344	Fins	FRAY	Absent	
3ED0344	Fins	HMR	Absent	
3ED0344	Fins	EMB	Absent	
3ED0345	Gills, Left	FRAY	Absent	
3ED0345	Gills, Left	MRGN	Absent	
3ED0345	Gills, Left	PALE	Absent	
3ED0345	Gills, Right	FRAY	Absent	
3ED0345	Gills, Right	MRGN	Absent	
3ED0345	Gills, Right	PALE	Absent	
3ED0345	Fins	ERS	Absent	
3ED0345	Fins	FRAY	Absent	
3ED0345	Fins	HMR	Absent	
3ED0345	Fins	EMB	Absent	
3ED0346	Gills, Left	FRAY	Absent	
3ED0346	Gills, Left	MRGN	Absent	
3ED0346	Gills, Left	PALE	Absent	
3ED0346	Gills, Right	FRAY	Absent	
3ED0346	Gills, Right	MRGN	Absent	
3ED0346	Gills, Right	PALE	Absent	
3ED0346	Fins	ERS	Absent	
3ED0346	Fins	FRAY	Absent	
3ED0346	Fins	HMR	Absent	
3ED0346	Fins	EMB	Absent	
3ED0347	Gills, Left	FRAY	Absent	
3ED0347	Gills, Left	MRGN	Absent	
3ED0347	Gills, Left	PALE	Absent	
3ED0347	Gills, Right	FRAY	Absent	
3ED0347	Gills, Right	MRGN	Absent	
3ED0347	Gills, Right	PALE	Absent	
3ED0347	Fins	ERS	Absent	
3ED0347	Fins	FRAY	Absent	
3ED0347	Fins	HMR	Absent	
3ED0347	Fins	EMB	Absent	
3ED0348	Gills, Left	FRAY	Absent	
3ED0348	Gills, Left	MRGN	Absent	
3ED0348	Gills, Left	PALE	Absent	
3ED0348	Gills, Right	FRAY	Absent	
3ED0348	Gills, Right	MRGN	Absent	
3ED0348	Gills, Right	PALE	Absent	
3ED0348	Fins	ERS	Absent	
3ED0348	Fins	FRAY	Absent	
3ED0348	Fins	HMR	Absent	
3ED0348	Fins	EMB	Absent	
3ED0349	Gills, Left	FRAY	Absent	
3ED0349	Gills, Left	MRGN	Absent	
3ED0349	Gills, Left	PALE	Absent	
3ED0349	Gills, Right	FRAY	Absent	
3ED0349	Gills, Right	MRGN	Absent	
3ED0349	Gills, Right	PALE	Absent	
3ED0349	Fins	ERS	Absent	
3ED0349	Fins	FRAY	Present	
3ED0349	Fins	HMR	Absent	
3ED0349	Fins	EMB	Absent	
3ED0350	Gills, Left	FRAY	Absent	
3ED0350	Gills, Left	MRGN	Absent	
3ED0350	Gills, Left	PALE	Absent	
3ED0350	Gills, Right	FRAY	Absent	
3ED0350	Gills, Right	MRGN	Absent	
3ED0350	Gills, Right	PALE	Absent	
3ED0350	Fins	ERS	Absent	
3ED0350	Fins	FRAY	Absent	
3ED0350	Fins	HMR	Absent	
3ED0350	Fins	EMB	Absent	
3ED0352	Gills, Left	FRAY	Absent	
3ED0352	Gills, Left	MRGN	Absent	
3ED0352	Gills, Left	PALE	Absent	
3ED0352	Gills, Right	FRAY	Absent	
3ED0352	Gills, Right	MRGN	Absent	
3ED0352	Gills, Right	PALE	Absent	
3ED0352	Fins	ERS	Absent	
3ED0352	Fins	FRAY	Absent	
3ED0352	Fins	HMR	Absent	
3ED0352	Fins	EMB	Absent	
3ED0353	Gills, Left	FRAY	Absent	
3ED0353	Gills, Left	MRGN	Absent	
3ED0353	Gills, Left	PALE	Absent	
3ED0353	Gills, Right	FRAY	Absent	
3ED0353	Gills, Right	MRGN	Absent	
3ED0353	Gills, Right	PALE	Absent	
3ED0353	Fins	ERS	Absent	
3ED0353	Fins	FRAY	Absent	
3ED0353	Fins	HMR	Absent	
3ED0353	Fins	EMB	Absent	
3ED0354	Gills, Left	FRAY	Absent	
3ED0354	Gills, Left	MRGN	Absent	
3ED0354	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0354	Gills, Right	FRAY	Absent	
3ED0354	Gills, Right	MRGN	Absent	
3ED0354	Gills, Right	PALE	Absent	
3ED0354	Fins	ERS	Absent	
3ED0354	Fins	FRAY	Absent	
3ED0354	Fins	HMR	Absent	
3ED0354	Fins	EMB	Absent	
3ED0355	Gills, Left	FRAY	Absent	
3ED0355	Gills, Left	MRGN	Absent	
3ED0355	Gills, Left	PALE	Absent	
3ED0355	Gills, Right	FRAY	Absent	
3ED0355	Gills, Right	MRGN	Absent	
3ED0355	Gills, Right	PALE	Absent	
3ED0355	Fins	ERS	Absent	
3ED0355	Fins	FRAY	Absent	
3ED0355	Fins	HMR	Absent	
3ED0355	Fins	EMB	Absent	
3ED0356	Gills, Left	FRAY	Absent	
3ED0356	Gills, Left	MRGN	Absent	
3ED0356	Gills, Left	PALE	Absent	
3ED0356	Gills, Right	FRAY	Absent	
3ED0356	Gills, Right	MRGN	Absent	
3ED0356	Gills, Right	PALE	Absent	
3ED0356	Fins	ERS	Absent	
3ED0356	Fins	FRAY	Absent	
3ED0356	Fins	HMR	Absent	
3ED0356	Fins	EMB	Absent	
3ED0357W	Gills, Left	FRAY	Absent	
3ED0357W	Gills, Left	MRGN	Absent	
3ED0357W	Gills, Left	PALE	Absent	
3ED0357W	Gills, Right	FRAY	Absent	
3ED0357W	Gills, Right	MRGN	Absent	
3ED0357W	Gills, Right	PALE	Absent	
3ED0357W	Fins	ERS	Absent	
3ED0357W	Fins	FRAY	Absent	
3ED0357W	Fins	HMR	Absent	
3ED0357W	Fins	EMB	Absent	
3ED0358W	Gills, Left	FRAY	Absent	
3ED0358W	Gills, Left	MRGN	Absent	
3ED0358W	Gills, Left	PALE	Absent	
3ED0358W	Gills, Right	FRAY	Absent	
3ED0358W	Gills, Right	MRGN	Absent	
3ED0358W	Gills, Right	PALE	Absent	
3ED0358W	Fins	ERS	Absent	
3ED0358W	Fins	FRAY	Absent	
3ED0358W	Fins	HMR	Absent	
3ED0358W	Fins	EMB	Absent	
3ED0359	Gills, Left	FRAY	Absent	
3ED0359	Gills, Left	MRGN	Absent	
3ED0359	Gills, Left	PALE	Absent	
3ED0359	Gills, Right	FRAY	Absent	
3ED0359	Gills, Right	MRGN	Absent	
3ED0359	Gills, Right	PALE	Absent	
3ED0359	Fins	ERS	Absent	
3ED0359	Fins	FRAY	Absent	
3ED0359	Fins	HMR	Absent	
3ED0359	Fins	EMB	Absent	
3ED0360	Gills, Left	FRAY	Absent	
3ED0360	Gills, Left	MRGN	Absent	
3ED0360	Gills, Left	PALE	Absent	
3ED0360	Gills, Right	FRAY	Absent	
3ED0360	Gills, Right	MRGN	Absent	
3ED0360	Gills, Right	PALE	Absent	
3ED0360	Fins	ERS	Absent	
3ED0360	Fins	FRAY	Absent	
3ED0360	Fins	HMR	Absent	
3ED0360	Fins	EMB	Absent	
3ED0362	Gills, Left	FRAY	Absent	
3ED0362	Gills, Left	MRGN	Absent	
3ED0362	Gills, Left	PALE	Absent	
3ED0362	Gills, Right	FRAY	Absent	
3ED0362	Gills, Right	MRGN	Absent	
3ED0362	Gills, Right	PALE	Absent	
3ED0362	Fins	ERS	Absent	
3ED0362	Fins	FRAY	Absent	
3ED0362	Fins	HMR	Absent	
3ED0362	Fins	EMB	Absent	
3ED0363	Gills, Left	FRAY	Absent	
3ED0363	Gills, Left	MRGN	Absent	
3ED0363	Gills, Left	PALE	Absent	
3ED0363	Gills, Right	FRAY	Absent	
3ED0363	Gills, Right	MRGN	Absent	
3ED0363	Gills, Right	PALE	Absent	
3ED0363	Fins	ERS	Absent	
3ED0363	Fins	FRAY	Absent	
3ED0363	Fins	HMR	Absent	
3ED0363	Fins	EMB	Absent	
3ED0364	Gills, Left	FRAY	Absent	
3ED0364	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0364	Gills, Left	PALE	Absent	
3ED0364	Gills, Right	FRAY	Absent	
3ED0364	Gills, Right	MRGN	Absent	
3ED0364	Gills, Right	PALE	Absent	
3ED0364	Fins	ERS	Absent	
3ED0364	Fins	FRAY	Absent	
3ED0364	Fins	HMR	Absent	
3ED0364	Fins	EMB	Absent	
3ED0365	Gills, Left	FRAY	Absent	
3ED0365	Gills, Left	MRGN	Absent	
3ED0365	Gills, Left	PALE	Absent	
3ED0365	Gills, Right	FRAY	Absent	
3ED0365	Gills, Right	MRGN	Absent	
3ED0365	Gills, Right	PALE	Absent	
3ED0365	Fins	ERS	Absent	
3ED0365	Fins	FRAY	Absent	
3ED0365	Fins	HMR	Absent	
3ED0365	Fins	EMB	Absent	
3ED0366	Gills, Left	FRAY	Absent	
3ED0366	Gills, Left	MRGN	Absent	
3ED0366	Gills, Left	PALE	Absent	
3ED0366	Gills, Right	FRAY	Absent	
3ED0366	Gills, Right	MRGN	Absent	
3ED0366	Gills, Right	PALE	Absent	
3ED0366	Fins	ERS	Absent	
3ED0366	Fins	FRAY	Absent	
3ED0366	Fins	HMR	Absent	
3ED0366	Fins	EMB	Absent	
3ED0367	Gills, Left	FRAY	Absent	
3ED0367	Gills, Left	MRGN	Absent	
3ED0367	Gills, Left	PALE	Absent	
3ED0367	Gills, Right	FRAY	Absent	
3ED0367	Gills, Right	MRGN	Absent	
3ED0367	Gills, Right	PALE	Absent	
3ED0367	Fins	ERS	Absent	
3ED0367	Fins	FRAY	Absent	
3ED0367	Fins	HMR	Absent	
3ED0367	Fins	EMB	Absent	
3ED0368	Gills, Left	FRAY	Absent	
3ED0368	Gills, Left	MRGN	Absent	
3ED0368	Gills, Left	PALE	Absent	
3ED0368	Gills, Right	FRAY	Absent	
3ED0368	Gills, Right	MRGN	Absent	
3ED0368	Gills, Right	PALE	Absent	
3ED0368	Fins	ERS	Absent	
3ED0368	Fins	FRAY	Absent	
3ED0368	Fins	HMR	Absent	
3ED0368	Fins	EMB	Absent	
3ED0369	Gills, Left	FRAY	Absent	
3ED0369	Gills, Left	MRGN	Absent	
3ED0369	Gills, Left	PALE	Absent	
3ED0369	Gills, Right	FRAY	Absent	
3ED0369	Gills, Right	MRGN	Absent	
3ED0369	Gills, Right	PALE	Absent	
3ED0369	Fins	ERS	Absent	
3ED0369	Fins	FRAY	Absent	
3ED0369	Fins	HMR	Absent	
3ED0369	Fins	EMB	Absent	
3ED0370	Gills, Left	FRAY	Absent	
3ED0370	Gills, Left	MRGN	Absent	
3ED0370	Gills, Left	PALE	Present	
3ED0370	Gills, Right	FRAY	Absent	
3ED0370	Gills, Right	MRGN	Absent	
3ED0370	Gills, Right	PALE	Present	
3ED0370	Fins	ERS	Absent	
3ED0370	Fins	FRAY	Absent	
3ED0370	Fins	HMR	Absent	
3ED0370	Fins	EMB	Absent	
3ED0371	Gills, Left	FRAY	Absent	
3ED0371	Gills, Left	MRGN	Absent	
3ED0371	Gills, Left	PALE	Absent	
3ED0371	Gills, Right	FRAY	Absent	
3ED0371	Gills, Right	MRGN	Absent	
3ED0371	Gills, Right	PALE	Absent	
3ED0371	Fins	ERS	Absent	
3ED0371	Fins	FRAY	Absent	
3ED0371	Fins	HMR	Absent	
3ED0371	Fins	EMB	Absent	
3ED0372	Gills, Left	FRAY	Absent	
3ED0372	Gills, Left	MRGN	Absent	
3ED0372	Gills, Left	PALE	Absent	
3ED0372	Gills, Right	FRAY	Absent	
3ED0372	Gills, Right	MRGN	Absent	
3ED0372	Gills, Right	PALE	Absent	
3ED0372	Fins	ERS	Absent	
3ED0372	Fins	FRAY	Absent	
3ED0372	Fins	HMR	Absent	
3ED0372	Fins	EMB	Absent	
3ED0373	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0373	Gills, Left	MRGN	Absent	
3ED0373	Gills, Left	PALE	Absent	
3ED0373	Gills, Right	FRAY	Absent	
3ED0373	Gills, Right	MRGN	Absent	
3ED0373	Gills, Right	PALE	Absent	
3ED0373	Fins	ERS	Absent	
3ED0373	Fins	FRAY	Absent	
3ED0373	Fins	HMR	Absent	
3ED0373	Fins	EMB	Absent	
3ED0374	Gills, Left	FRAY	Absent	
3ED0374	Gills, Left	FRAY	Absent	
3ED0374	Gills, Left	MRGN	Absent	
3ED0374	Gills, Left	MRGN	Absent	
3ED0374	Gills, Left	PALE	Absent	
3ED0374	Gills, Left	PALE	Absent	
3ED0374	Gills, Right	FRAY	Absent	
3ED0374	Gills, Right	FRAY	Absent	
3ED0374	Gills, Right	MRGN	Absent	
3ED0374	Gills, Right	MRGN	Absent	
3ED0374	Gills, Right	PALE	Absent	
3ED0374	Gills, Right	PALE	Absent	
3ED0374	Fins	ERS	Absent	
3ED0374	Fins	ERS	Absent	
3ED0374	Fins	FRAY	Present	
3ED0374	Fins	FRAY	Absent	
3ED0374	Fins	HMR	Absent	
3ED0374	Fins	HMR	Absent	
3ED0374	Fins	EMB	Absent	
3ED0374	Fins	EMB	Absent	
3ED0376	Gills, Left	FRAY	Absent	
3ED0376	Gills, Left	MRGN	Absent	
3ED0376	Gills, Left	PALE	Absent	
3ED0376	Gills, Right	FRAY	Absent	
3ED0376	Gills, Right	MRGN	Absent	
3ED0376	Gills, Right	PALE	Absent	
3ED0376	Fins	ERS	Absent	
3ED0376	Fins	FRAY	Absent	
3ED0376	Fins	HMR	Absent	
3ED0376	Fins	EMB	Absent	
3ED0378	Gills, Left	FRAY	Absent	
3ED0378	Gills, Left	MRGN	Absent	
3ED0378	Gills, Left	PALE	Absent	
3ED0378	Gills, Right	FRAY	Absent	
3ED0378	Gills, Right	MRGN	Absent	
3ED0378	Gills, Right	PALE	Absent	
3ED0378	Fins	ERS	Absent	
3ED0378	Fins	FRAY	Absent	
3ED0378	Fins	HMR	Absent	
3ED0378	Fins	EMB	Absent	
3ED0379	Gills, Left	FRAY	Absent	
3ED0379	Gills, Left	MRGN	Absent	
3ED0379	Gills, Left	PALE	Absent	
3ED0379	Gills, Right	FRAY	Absent	
3ED0379	Gills, Right	MRGN	Absent	
3ED0379	Gills, Right	PALE	Absent	
3ED0379	Fins	ERS	Absent	
3ED0379	Fins	FRAY	Absent	
3ED0379	Fins	HMR	Absent	
3ED0379	Fins	EMB	Absent	
3ED0380	Gills, Left	FRAY	Absent	
3ED0380	Gills, Left	MRGN	Absent	
3ED0380	Gills, Left	PALE	Absent	
3ED0380	Gills, Right	FRAY	Absent	
3ED0380	Gills, Right	MRGN	Absent	
3ED0380	Gills, Right	PALE	Absent	
3ED0380	Fins	ERS	Absent	
3ED0380	Fins	FRAY	Absent	
3ED0380	Fins	HMR	Absent	
3ED0380	Fins	EMB	Absent	
3ED0381	Gills, Left	FRAY	Absent	
3ED0381	Gills, Left	MRGN	Absent	
3ED0381	Gills, Left	PALE	Absent	
3ED0381	Gills, Right	FRAY	Absent	
3ED0381	Gills, Right	MRGN	Absent	
3ED0381	Gills, Right	PALE	Absent	
3ED0381	Fins	ERS	Absent	
3ED0381	Fins	FRAY	Absent	
3ED0381	Fins	HMR	Absent	
3ED0381	Fins	EMB	Absent	
3ED0382	Gills, Left	FRAY	Absent	
3ED0382	Gills, Left	MRGN	Absent	
3ED0382	Gills, Left	PALE	Absent	
3ED0382	Gills, Right	FRAY	Absent	
3ED0382	Gills, Right	MRGN	Absent	
3ED0382	Gills, Right	PALE	Absent	
3ED0382	Fins	ERS	Absent	
3ED0382	Fins	FRAY	Absent	
3ED0382	Fins	HMR	Absent	
3ED0382	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0383	Gills, Left	FRAY	Absent	
3ED0383	Gills, Left	MRGN	Absent	
3ED0383	Gills, Left	PALE	Absent	
3ED0383	Gills, Right	FRAY	Absent	
3ED0383	Gills, Right	MRGN	Absent	
3ED0383	Gills, Right	PALE	Absent	
3ED0383	Fins	ERS	Absent	
3ED0383	Fins	FRAY	Absent	
3ED0383	Fins	HMR	Absent	
3ED0383	Fins	EMB	Absent	
3ED0384	Gills, Left	FRAY	Absent	
3ED0384	Gills, Left	MRGN	Absent	
3ED0384	Gills, Left	PALE	Absent	
3ED0384	Gills, Right	FRAY	Absent	
3ED0384	Gills, Right	MRGN	Absent	
3ED0384	Gills, Right	PALE	Absent	
3ED0384	Fins	ERS	Absent	
3ED0384	Fins	FRAY	Absent	
3ED0384	Fins	HMR	Absent	
3ED0384	Fins	EMB	Absent	
3ED0385	Gills, Left	FRAY	Absent	
3ED0385	Gills, Left	FRAY	Absent	
3ED0385	Gills, Left	MRGN	Absent	
3ED0385	Gills, Left	MRGN	Absent	
3ED0385	Gills, Left	PALE	Absent	
3ED0385	Gills, Left	PALE	Absent	
3ED0385	Gills, Right	FRAY	Absent	
3ED0385	Gills, Right	FRAY	Absent	
3ED0385	Gills, Right	MRGN	Absent	
3ED0385	Gills, Right	MRGN	Absent	
3ED0385	Gills, Right	PALE	Absent	
3ED0385	Gills, Right	PALE	Absent	
3ED0385	Fins	ERS	Absent	
3ED0385	Fins	ERS	Absent	
3ED0385	Fins	FRAY	Absent	
3ED0385	Fins	FRAY	Present	
3ED0385	Fins	HMR	Absent	
3ED0385	Fins	HMR	Absent	
3ED0385	Fins	EMB	Absent	
3ED0385	Fins	EMB	Absent	
3ED0386	Gills, Left	FRAY	Absent	
3ED0386	Gills, Left	MRGN	Absent	
3ED0386	Gills, Left	PALE	Absent	
3ED0386	Gills, Right	FRAY	Absent	
3ED0386	Gills, Right	MRGN	Absent	
3ED0386	Gills, Right	PALE	Absent	
3ED0386	Fins	ERS	Absent	
3ED0386	Fins	FRAY	Absent	
3ED0386	Fins	HMR	Absent	
3ED0386	Fins	EMB	Absent	
3ED0388	Gills, Left	FRAY	Absent	
3ED0388	Gills, Left	MRGN	Absent	
3ED0388	Gills, Left	PALE	Absent	
3ED0388	Gills, Right	FRAY	Absent	
3ED0388	Gills, Right	MRGN	Absent	
3ED0388	Gills, Right	PALE	Absent	
3ED0388	Fins	ERS	Absent	
3ED0388	Fins	FRAY	Absent	
3ED0388	Fins	HMR	Absent	
3ED0388	Fins	EMB	Absent	
3ED0389	Gills, Left	FRAY	Absent	
3ED0389	Gills, Left	MRGN	Absent	
3ED0389	Gills, Left	PALE	Absent	
3ED0389	Gills, Right	FRAY	Absent	
3ED0389	Gills, Right	MRGN	Absent	
3ED0389	Gills, Right	PALE	Absent	
3ED0389	Fins	ERS	Absent	
3ED0389	Fins	FRAY	Absent	
3ED0389	Fins	HMR	Absent	
3ED0389	Fins	EMB	Absent	
3ED0390	Gills, Left	FRAY	Absent	
3ED0390	Gills, Left	MRGN	Absent	
3ED0390	Gills, Left	PALE	Absent	
3ED0390	Gills, Right	FRAY	Absent	
3ED0390	Gills, Right	MRGN	Absent	
3ED0390	Gills, Right	PALE	Absent	
3ED0390	Fins	ERS	Absent	
3ED0390	Fins	FRAY	Absent	
3ED0390	Fins	HMR	Absent	
3ED0390	Fins	EMB	Absent	
3ED0391	Gills, Left	FRAY	Absent	
3ED0391	Gills, Left	MRGN	Absent	
3ED0391	Gills, Left	PALE	Absent	
3ED0391	Gills, Right	FRAY	Absent	
3ED0391	Gills, Right	MRGN	Absent	
3ED0391	Gills, Right	PALE	Absent	
3ED0391	Fins	ERS	Absent	
3ED0391	Fins	FRAY	Absent	
3ED0391	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3ED0391	Fins	EMB	Absent	
3ED0392	Gills, Left	FRAY	Absent	
3ED0392	Gills, Left	MRGN	Absent	
3ED0392	Gills, Left	PALE	Present	
3ED0392	Gills, Right	FRAY	Absent	
3ED0392	Gills, Right	MRGN	Absent	
3ED0392	Gills, Right	PALE	Present	
3ED0392	Fins	ERS	Absent	
3ED0392	Fins	FRAY	Present	
3ED0392	Fins	HMR	Absent	
3ED0392	Fins	EMB	Absent	
3ED0393	Gills, Left	FRAY	Absent	
3ED0393	Gills, Left	MRGN	Absent	
3ED0393	Gills, Left	PALE	Absent	
3ED0393	Gills, Right	FRAY	Absent	
3ED0393	Gills, Right	MRGN	Absent	
3ED0393	Gills, Right	PALE	Absent	
3ED0393	Fins	ERS	Absent	
3ED0393	Fins	FRAY	Absent	
3ED0393	Fins	HMR	Absent	
3ED0393	Fins	EMB	Absent	
3ED0394	Gills, Left	FRAY	Absent	
3ED0394	Gills, Left	MRGN	Absent	
3ED0394	Gills, Left	PALE	Absent	
3ED0394	Gills, Right	FRAY	Absent	
3ED0394	Gills, Right	MRGN	Absent	
3ED0394	Gills, Right	PALE	Absent	
3ED0394	Fins	ERS	Absent	
3ED0394	Fins	FRAY	Absent	
3ED0394	Fins	HMR	Absent	
3ED0394	Fins	EMB	Absent	
3ED0395	Gills, Left	FRAY	Absent	
3ED0395	Gills, Left	MRGN	Absent	
3ED0395	Gills, Left	PALE	Absent	
3ED0395	Gills, Right	FRAY	Absent	
3ED0395	Gills, Right	MRGN	Absent	
3ED0395	Gills, Right	PALE	Absent	
3ED0395	Fins	ERS	Absent	
3ED0395	Fins	FRAY	Absent	
3ED0395	Fins	HMR	Absent	
3ED0395	Fins	EMB	Absent	
3EF0001W	Gills, Left	FRAY	Absent	
3EF0001W	Gills, Left	MRGN	Absent	
3EF0001W	Gills, Left	PALE	Absent	
3EF0001W	Gills, Right	FRAY	Absent	
3EF0001W	Gills, Right	MRGN	Absent	
3EF0001W	Gills, Right	PALE	Absent	
3EF0001W	Fins	ERS	Absent	
3EF0001W	Fins	FRAY	Absent	
3EF0001W	Fins	HMR	Absent	
3EF0001W	Fins	EMB	Absent	
3EF0002W	Gills, Left	FRAY	Absent	
3EF0002W	Gills, Left	MRGN	Absent	
3EF0002W	Gills, Left	PALE	Absent	
3EF0002W	Gills, Right	FRAY	Absent	
3EF0002W	Gills, Right	MRGN	Absent	
3EF0002W	Gills, Right	PALE	Absent	
3EF0002W	Fins	ERS	Absent	
3EF0002W	Fins	FRAY	Absent	
3EF0002W	Fins	HMR	Present	
3EF0002W	Fins	EMB	Absent	
3EF0003W	Gills, Left	FRAY	Absent	
3EF0003W	Gills, Left	MRGN	Absent	
3EF0003W	Gills, Left	PALE	Absent	
3EF0003W	Gills, Right	FRAY	Absent	
3EF0003W	Gills, Right	MRGN	Absent	
3EF0003W	Gills, Right	PALE	Absent	
3EF0003W	Fins	ERS	Absent	
3EF0003W	Fins	FRAY	Absent	
3EF0003W	Fins	HMR	Absent	
3EF0003W	Fins	EMB	Absent	
3EF0004W	Gills, Left	FRAY	Absent	
3EF0004W	Gills, Left	MRGN	Absent	
3EF0004W	Gills, Left	PALE	Absent	
3EF0004W	Gills, Right	FRAY	Absent	
3EF0004W	Gills, Right	MRGN	Absent	
3EF0004W	Gills, Right	PALE	Absent	
3EF0004W	Fins	ERS	Absent	
3EF0004W	Fins	FRAY	Absent	
3EF0004W	Fins	HMR	Absent	
3EF0004W	Fins	EMB	Absent	
3EF0005	Gills, Left	FRAY	Absent	
3EF0005	Gills, Left	MRGN	Absent	
3EF0005	Gills, Left	PALE	Absent	
3EF0005	Gills, Right	FRAY	Absent	
3EF0005	Gills, Right	MRGN	Absent	
3EF0005	Gills, Right	PALE	Absent	
3EF0005	Fins	ERS	Absent	
3EF0005	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0005	Fins	HMR	Absent	
3EF0005	Fins	EMB	Absent	
3EF0006	Gills, Left	FRAY	Absent	
3EF0006	Gills, Left	MRGN	Absent	
3EF0006	Gills, Left	PALE	Absent	
3EF0006	Gills, Right	FRAY	Absent	
3EF0006	Gills, Right	MRGN	Absent	
3EF0006	Gills, Right	PALE	Absent	
3EF0006	Fins	ERS	Absent	
3EF0006	Fins	FRAY	Absent	
3EF0006	Fins	HMR	Absent	
3EF0006	Fins	EMB	Absent	
3EF0007	Gills, Left	FRAY	Absent	
3EF0007	Gills, Left	MRGN	Absent	
3EF0007	Gills, Left	PALE	Absent	
3EF0007	Gills, Right	FRAY	Absent	
3EF0007	Gills, Right	MRGN	Absent	
3EF0007	Gills, Right	PALE	Absent	
3EF0007	Fins	ERS	Absent	
3EF0007	Fins	FRAY	Absent	
3EF0007	Fins	HMR	Absent	
3EF0007	Fins	EMB	Absent	
3EF0008	Gills, Left	FRAY	Absent	
3EF0008	Gills, Left	MRGN	Absent	
3EF0008	Gills, Left	PALE	Absent	
3EF0008	Gills, Right	FRAY	Absent	
3EF0008	Gills, Right	MRGN	Absent	
3EF0008	Gills, Right	PALE	Absent	
3EF0008	Fins	ERS	Absent	
3EF0008	Fins	FRAY	Absent	
3EF0008	Fins	HMR	Absent	
3EF0008	Fins	EMB	Absent	
3EF0009	Gills, Left	FRAY	Absent	
3EF0009	Gills, Left	MRGN	Absent	
3EF0009	Gills, Left	PALE	Absent	
3EF0009	Gills, Right	FRAY	Absent	
3EF0009	Gills, Right	MRGN	Absent	
3EF0009	Gills, Right	PALE	Absent	
3EF0009	Fins	ERS	Absent	
3EF0009	Fins	FRAY	Absent	
3EF0009	Fins	HMR	Absent	
3EF0009	Fins	EMB	Absent	
3EF0010H	Gills, Left	FRAY	Absent	
3EF0010H	Gills, Left	MRGN	Absent	
3EF0010H	Gills, Left	PALE	Absent	
3EF0010H	Gills, Right	FRAY	Absent	
3EF0010H	Gills, Right	MRGN	Absent	
3EF0010H	Gills, Right	PALE	Absent	
3EF0010H	Fins	ERS	Absent	
3EF0010H	Fins	FRAY	Absent	
3EF0010H	Fins	HMR	Absent	
3EF0010H	Fins	EMB	Absent	
3EF0011	Gills, Left	FRAY	Absent	
3EF0011	Gills, Left	MRGN	Absent	
3EF0011	Gills, Left	PALE	Absent	
3EF0011	Gills, Right	FRAY	Absent	
3EF0011	Gills, Right	MRGN	Absent	
3EF0011	Gills, Right	PALE	Absent	
3EF0011	Fins	ERS	Absent	
3EF0011	Fins	FRAY	Absent	
3EF0011	Fins	HMR	Absent	
3EF0011	Fins	EMB	Absent	
3EF0011	Fins	OTHER	Present	Red spots on tail fin
3EF0012W	Gills, Left	FRAY	Absent	
3EF0012W	Gills, Left	MRGN	Absent	
3EF0012W	Gills, Left	PALE	Absent	
3EF0012W	Gills, Right	FRAY	Absent	
3EF0012W	Gills, Right	MRGN	Absent	
3EF0012W	Gills, Right	PALE	Absent	
3EF0012W	Fins	ERS	Absent	
3EF0012W	Fins	FRAY	Absent	
3EF0012W	Fins	HMR	Absent	
3EF0012W	Fins	EMB	Absent	
3EF0013	Gills, Left	FRAY	Absent	
3EF0013	Gills, Left	MRGN	Absent	
3EF0013	Gills, Left	PALE	Absent	
3EF0013	Gills, Right	FRAY	Absent	
3EF0013	Gills, Right	MRGN	Absent	
3EF0013	Gills, Right	PALE	Absent	
3EF0013	Fins	ERS	Absent	
3EF0013	Fins	FRAY	Absent	
3EF0013	Fins	HMR	Absent	
3EF0013	Fins	EMB	Absent	
3EF0014	Gills, Left	FRAY	Absent	
3EF0014	Gills, Left	MRGN	Absent	
3EF0014	Gills, Left	PALE	Absent	
3EF0014	Gills, Right	FRAY	Absent	
3EF0014	Gills, Right	MRGN	Absent	
3EF0014	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0014	Fins	ERS	Absent	
3EF0014	Fins	FRAY	Absent	
3EF0014	Fins	HMR	Absent	
3EF0014	Fins	EMB	Absent	
3EF0015	Gills, Left	FRAY	Absent	
3EF0015	Gills, Left	MRGN	Absent	
3EF0015	Gills, Left	PALE	Absent	
3EF0015	Gills, Right	FRAY	Absent	
3EF0015	Gills, Right	MRGN	Absent	
3EF0015	Gills, Right	PALE	Absent	
3EF0015	Fins	ERS	Absent	
3EF0015	Fins	FRAY	Absent	
3EF0015	Fins	HMR	Absent	
3EF0015	Fins	EMB	Absent	
3EF0016	Gills, Left	FRAY	Absent	
3EF0016	Gills, Left	MRGN	Absent	
3EF0016	Gills, Left	PALE	Absent	
3EF0016	Gills, Right	FRAY	Absent	
3EF0016	Gills, Right	MRGN	Absent	
3EF0016	Gills, Right	PALE	Absent	
3EF0016	Fins	ERS	Absent	
3EF0016	Fins	FRAY	Absent	
3EF0016	Fins	HMR	Absent	
3EF0016	Fins	EMB	Absent	
3EF0017	Gills, Left	FRAY	Absent	
3EF0017	Gills, Left	MRGN	Absent	
3EF0017	Gills, Left	PALE	Absent	
3EF0017	Gills, Right	FRAY	Absent	
3EF0017	Gills, Right	MRGN	Absent	
3EF0017	Gills, Right	PALE	Absent	
3EF0017	Fins	ERS	Absent	
3EF0017	Fins	FRAY	Absent	
3EF0017	Fins	HMR	Absent	
3EF0017	Fins	EMB	Absent	
3EF0018	Gills, Left	FRAY	Absent	
3EF0018	Gills, Left	MRGN	Absent	
3EF0018	Gills, Left	PALE	Absent	
3EF0018	Gills, Right	FRAY	Absent	
3EF0018	Gills, Right	MRGN	Absent	
3EF0018	Gills, Right	PALE	Absent	
3EF0018	Fins	ERS	Absent	
3EF0018	Fins	FRAY	Present	
3EF0018	Fins	HMR	Absent	
3EF0018	Fins	EMB	Absent	
3EF0019	Gills, Left	FRAY	Absent	
3EF0019	Gills, Left	MRGN	Absent	
3EF0019	Gills, Left	PALE	Absent	
3EF0019	Gills, Right	FRAY	Absent	
3EF0019	Gills, Right	MRGN	Absent	
3EF0019	Gills, Right	PALE	Absent	
3EF0019	Fins	ERS	Absent	
3EF0019	Fins	FRAY	Present	
3EF0019	Fins	HMR	Absent	
3EF0019	Fins	EMB	Absent	
3EF0020	Gills, Left	FRAY	Absent	
3EF0020	Gills, Left	MRGN	Absent	
3EF0020	Gills, Left	PALE	Absent	
3EF0020	Gills, Right	FRAY	Absent	
3EF0020	Gills, Right	MRGN	Absent	
3EF0020	Gills, Right	PALE	Absent	
3EF0020	Fins	ERS	Absent	
3EF0020	Fins	FRAY	Absent	
3EF0020	Fins	HMR	Absent	
3EF0020	Fins	EMB	Absent	
3EF0021	Gills, Left	FRAY	Absent	
3EF0021	Gills, Left	MRGN	Absent	
3EF0021	Gills, Left	PALE	Absent	
3EF0021	Gills, Right	FRAY	Absent	
3EF0021	Gills, Right	MRGN	Absent	
3EF0021	Gills, Right	PALE	Absent	
3EF0021	Fins	ERS	Absent	
3EF0021	Fins	FRAY	Absent	
3EF0021	Fins	HMR	Absent	
3EF0021	Fins	EMB	Absent	
3EF0022	Gills, Left	FRAY	Absent	
3EF0022	Gills, Left	MRGN	Absent	
3EF0022	Gills, Left	PALE	Absent	
3EF0022	Gills, Right	FRAY	Absent	
3EF0022	Gills, Right	MRGN	Absent	
3EF0022	Gills, Right	PALE	Absent	
3EF0022	Fins	ERS	Absent	
3EF0022	Fins	FRAY	Absent	
3EF0022	Fins	HMR	Absent	
3EF0022	Fins	EMB	Absent	
3EF0023	Gills, Left	FRAY	Absent	
3EF0023	Gills, Left	MRGN	Absent	
3EF0023	Gills, Left	PALE	Absent	
3EF0023	Gills, Right	FRAY	Absent	
3EF0023	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0023	Gills, Right	PALE	Absent	
3EF0023	Fins	ERS	Absent	
3EF0023	Fins	FRAY	Absent	
3EF0023	Fins	HMR	Absent	
3EF0023	Fins	EMB	Absent	
3EF0024	Gills, Left	FRAY	Absent	
3EF0024	Gills, Left	MRGN	Absent	
3EF0024	Gills, Left	PALE	Absent	
3EF0024	Gills, Right	FRAY	Absent	
3EF0024	Gills, Right	MRGN	Absent	
3EF0024	Gills, Right	PALE	Absent	
3EF0024	Fins	ERS	Absent	
3EF0024	Fins	FRAY	Absent	
3EF0024	Fins	HMR	Absent	
3EF0024	Fins	EMB	Absent	
3EF0025	Gills, Left	FRAY	Absent	
3EF0025	Gills, Left	MRGN	Absent	
3EF0025	Gills, Left	PALE	Absent	
3EF0025	Gills, Right	FRAY	Absent	
3EF0025	Gills, Right	MRGN	Absent	
3EF0025	Gills, Right	PALE	Absent	
3EF0025	Fins	ERS	Absent	
3EF0025	Fins	FRAY	Present	
3EF0025	Fins	HMR	Absent	
3EF0025	Fins	EMB	Absent	
3EF0026	Gills, Left	FRAY	Absent	
3EF0026	Gills, Left	MRGN	Absent	
3EF0026	Gills, Left	PALE	Absent	
3EF0026	Gills, Right	FRAY	Absent	
3EF0026	Gills, Right	MRGN	Absent	
3EF0026	Gills, Right	PALE	Absent	
3EF0026	Fins	ERS	Absent	
3EF0026	Fins	FRAY	Present	
3EF0026	Fins	HMR	Absent	
3EF0026	Fins	EMB	Absent	
3EF0027	Gills, Left	FRAY	Absent	
3EF0027	Gills, Left	MRGN	Absent	
3EF0027	Gills, Left	PALE	Absent	
3EF0027	Gills, Right	FRAY	Absent	
3EF0027	Gills, Right	MRGN	Absent	
3EF0027	Gills, Right	PALE	Absent	
3EF0027	Fins	ERS	Absent	
3EF0027	Fins	FRAY	Absent	
3EF0027	Fins	HMR	Absent	
3EF0027	Fins	EMB	Absent	
3EF0028	Gills, Left	FRAY	Absent	
3EF0028	Gills, Left	MRGN	Absent	
3EF0028	Gills, Left	PALE	Absent	
3EF0028	Gills, Right	FRAY	Absent	
3EF0028	Gills, Right	MRGN	Absent	
3EF0028	Gills, Right	PALE	Absent	
3EF0028	Fins	ERS	Absent	
3EF0028	Fins	FRAY	Absent	
3EF0028	Fins	HMR	Absent	
3EF0028	Fins	EMB	Absent	
3EF0029	Gills, Left	FRAY	Absent	
3EF0029	Gills, Left	MRGN	Absent	
3EF0029	Gills, Left	PALE	Absent	
3EF0029	Gills, Right	FRAY	Absent	
3EF0029	Gills, Right	MRGN	Absent	
3EF0029	Gills, Right	PALE	Absent	
3EF0029	Fins	ERS	Absent	
3EF0029	Fins	FRAY	Absent	
3EF0029	Fins	HMR	Absent	
3EF0029	Fins	EMB	Absent	
3EF0030	Gills, Left	FRAY	Absent	
3EF0030	Gills, Left	MRGN	Absent	
3EF0030	Gills, Left	PALE	Absent	
3EF0030	Gills, Right	FRAY	Absent	
3EF0030	Gills, Right	MRGN	Absent	
3EF0030	Gills, Right	PALE	Absent	
3EF0030	Fins	ERS	Absent	
3EF0030	Fins	FRAY	Absent	
3EF0030	Fins	HMR	Absent	
3EF0030	Fins	EMB	Absent	
3EF0031	Gills, Left	FRAY	Absent	
3EF0031	Gills, Left	MRGN	Absent	
3EF0031	Gills, Left	PALE	Absent	
3EF0031	Gills, Right	FRAY	Absent	
3EF0031	Gills, Right	MRGN	Absent	
3EF0031	Gills, Right	PALE	Absent	
3EF0031	Fins	ERS	Absent	
3EF0031	Fins	FRAY	Present	
3EF0031	Fins	HMR	Absent	
3EF0031	Fins	EMB	Absent	
3EF0032	Gills, Left	FRAY	Absent	
3EF0032	Gills, Left	MRGN	Absent	
3EF0032	Gills, Left	PALE	Absent	
3EF0032	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3EF0032	Gills, Right	MRGN	Absent	
3EF0032	Gills, Right	PALE	Absent	
3EF0032	Fins	ERS	Absent	
3EF0032	Fins	FRAY	Absent	
3EF0032	Fins	HMR	Absent	
3EF0032	Fins	EMB	Absent	
3EF0033	Gills, Left	FRAY	Absent	
3EF0033	Gills, Left	MRGN	Absent	
3EF0033	Gills, Left	PALE	Absent	
3EF0033	Gills, Right	FRAY	Absent	
3EF0033	Gills, Right	MRGN	Absent	
3EF0033	Gills, Right	PALE	Absent	
3EF0033	Fins	ERS	Absent	
3EF0033	Fins	FRAY	Absent	
3EF0033	Fins	HMR	Absent	
3EF0033	Fins	EMB	Absent	
3EF0035	Gills, Left	FRAY	Absent	
3EF0035	Gills, Left	MRGN	Absent	
3EF0035	Gills, Left	PALE	Absent	
3EF0035	Gills, Right	FRAY	Absent	
3EF0035	Gills, Right	MRGN	Absent	
3EF0035	Gills, Right	PALE	Absent	
3EF0035	Fins	ERS	Absent	
3EF0035	Fins	FRAY	Absent	
3EF0035	Fins	HMR	Absent	
3EF0035	Fins	EMB	Absent	
3GNA0001W	Gills, Left	FRAY	Absent	
3GNA0001W	Gills, Left	MRGN	Absent	
3GNA0001W	Gills, Left	PALE	Absent	
3GNA0001W	Gills, Right	FRAY	Absent	
3GNA0001W	Gills, Right	MRGN	Absent	
3GNA0001W	Gills, Right	PALE	Absent	
3GNA0001W	Fins	ERS	Absent	
3GNA0001W	Fins	FRAY	Absent	
3GNA0001W	Fins	HMR	Absent	
3GNA0001W	Fins	EMB	Absent	
3GNA0002W	Gills, Left	FRAY	Absent	
3GNA0002W	Gills, Left	MRGN	Absent	
3GNA0002W	Gills, Left	PALE	Absent	
3GNA0002W	Gills, Right	FRAY	Absent	
3GNA0002W	Gills, Right	MRGN	Absent	
3GNA0002W	Gills, Right	PALE	Absent	
3GNA0002W	Fins	ERS	Absent	
3GNA0002W	Fins	FRAY	Absent	
3GNA0002W	Fins	HMR	Absent	
3GNA0002W	Fins	EMB	Absent	
3GNA0003H	Gills, Left	FRAY	Absent	
3GNA0003H	Gills, Left	MRGN	Absent	
3GNA0003H	Gills, Left	PALE	Absent	
3GNA0003H	Gills, Right	FRAY	Absent	
3GNA0003H	Gills, Right	MRGN	Absent	
3GNA0003H	Gills, Right	PALE	Absent	
3GNA0003H	Fins	ERS	Absent	
3GNA0003H	Fins	FRAY	Absent	
3GNA0003H	Fins	HMR	Absent	
3GNA0003H	Fins	EMB	Absent	
3GNA0004	Gills, Left	FRAY	Absent	
3GNA0004	Gills, Left	MRGN	Absent	
3GNA0004	Gills, Left	PALE	Absent	
3GNA0004	Gills, Right	FRAY	Absent	
3GNA0004	Gills, Right	MRGN	Absent	
3GNA0004	Gills, Right	PALE	Absent	
3GNA0004	Fins	ERS	Absent	
3GNA0004	Fins	FRAY	Absent	
3GNA0004	Fins	HMR	Absent	
3GNA0004	Fins	EMB	Absent	
3GNA0005	Gills, Left	FRAY	Absent	
3GNA0005	Gills, Left	FRAY	Absent	
3GNA0005	Gills, Left	MRGN	Absent	
3GNA0005	Gills, Left	MRGN	Absent	
3GNA0005	Gills, Left	PALE	Absent	
3GNA0005	Gills, Left	PALE	Absent	
3GNA0005	Gills, Right	FRAY	Absent	
3GNA0005	Gills, Right	FRAY	Absent	
3GNA0005	Gills, Right	MRGN	Absent	
3GNA0005	Gills, Right	MRGN	Absent	
3GNA0005	Gills, Right	PALE	Absent	
3GNA0005	Gills, Right	PALE	Absent	
3GNA0005	Fins	ERS	Absent	
3GNA0005	Fins	ERS	Absent	
3GNA0005	Fins	FRAY	Present	
3GNA0005	Fins	FRAY	Present	
3GNA0005	Fins	HMR	Absent	
3GNA0005	Fins	HMR	Absent	
3GNA0005	Fins	EMB	Absent	
3GNA0005	Fins	EMB	Absent	
3GNA0006H	Gills, Left	FRAY	Absent	
3GNA0006H	Gills, Left	MRGN	Absent	
3GNA0006H	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0006H	Gills, Right	FRAY	Absent	
3GNA0006H	Gills, Right	MRGN	Absent	
3GNA0006H	Gills, Right	PALE	Absent	
3GNA0006H	Fins	ERS	Absent	
3GNA0006H	Fins	FRAY	Present	
3GNA0006H	Fins	HMR	Absent	
3GNA0006H	Fins	EMB	Absent	
3GNA0007	Gills, Left	FRAY	Absent	
3GNA0007	Gills, Left	MRGN	Absent	
3GNA0007	Gills, Left	PALE	Absent	
3GNA0007	Gills, Right	FRAY	Absent	
3GNA0007	Gills, Right	MRGN	Absent	
3GNA0007	Gills, Right	PALE	Absent	
3GNA0007	Fins	ERS	Absent	
3GNA0007	Fins	FRAY	Absent	
3GNA0007	Fins	HMR	Absent	
3GNA0007	Fins	EMB	Absent	
3GNA0008	Gills, Left	FRAY	Absent	
3GNA0008	Gills, Left	MRGN	Absent	
3GNA0008	Gills, Left	PALE	Absent	
3GNA0008	Gills, Right	FRAY	Absent	
3GNA0008	Gills, Right	MRGN	Absent	
3GNA0008	Gills, Right	PALE	Absent	
3GNA0008	Fins	ERS	Absent	
3GNA0008	Fins	FRAY	Absent	
3GNA0008	Fins	HMR	Absent	
3GNA0008	Fins	EMB	Absent	
3GNA0009	Gills, Left	FRAY	Absent	
3GNA0009	Gills, Left	MRGN	Absent	
3GNA0009	Gills, Left	PALE	Absent	
3GNA0009	Gills, Right	FRAY	Absent	
3GNA0009	Gills, Right	MRGN	Absent	
3GNA0009	Gills, Right	PALE	Absent	
3GNA0009	Fins	ERS	Absent	
3GNA0009	Fins	FRAY	Absent	
3GNA0009	Fins	HMR	Absent	
3GNA0009	Fins	EMB	Absent	
3GNA0010	Gills, Left	FRAY	Absent	
3GNA0010	Gills, Left	MRGN	Absent	
3GNA0010	Gills, Left	PALE	Absent	
3GNA0010	Gills, Right	FRAY	Absent	
3GNA0010	Gills, Right	MRGN	Absent	
3GNA0010	Gills, Right	PALE	Absent	
3GNA0010	Fins	ERS	Absent	
3GNA0010	Fins	FRAY	Absent	
3GNA0010	Fins	HMR	Absent	
3GNA0010	Fins	EMB	Absent	
3GNA0011	Gills, Left	FRAY	Absent	
3GNA0011	Gills, Left	MRGN	Absent	
3GNA0011	Gills, Left	PALE	Absent	
3GNA0011	Gills, Right	FRAY	Absent	
3GNA0011	Gills, Right	MRGN	Absent	
3GNA0011	Gills, Right	PALE	Absent	
3GNA0011	Fins	ERS	Absent	
3GNA0011	Fins	FRAY	Absent	
3GNA0011	Fins	HMR	Absent	
3GNA0011	Fins	EMB	Absent	
3GNA0012	Gills, Left	FRAY	Absent	
3GNA0012	Gills, Left	MRGN	Absent	
3GNA0012	Gills, Left	PALE	Absent	
3GNA0012	Gills, Right	FRAY	Absent	
3GNA0012	Gills, Right	MRGN	Absent	
3GNA0012	Gills, Right	PALE	Absent	
3GNA0012	Fins	ERS	Absent	
3GNA0012	Fins	FRAY	Absent	
3GNA0012	Fins	HMR	Absent	
3GNA0012	Fins	EMB	Absent	
3GNA0013	Gills, Left	FRAY	Absent	
3GNA0013	Gills, Left	MRGN	Absent	
3GNA0013	Gills, Left	PALE	Absent	
3GNA0013	Gills, Right	FRAY	Absent	
3GNA0013	Gills, Right	MRGN	Absent	
3GNA0013	Gills, Right	PALE	Absent	
3GNA0013	Fins	ERS	Absent	
3GNA0013	Fins	FRAY	Present	
3GNA0013	Fins	HMR	Absent	
3GNA0013	Fins	EMB	Absent	
3GNA0014	Gills, Left	FRAY	Absent	
3GNA0014	Gills, Left	MRGN	Absent	
3GNA0014	Gills, Left	PALE	Absent	
3GNA0014	Gills, Right	FRAY	Absent	
3GNA0014	Gills, Right	MRGN	Absent	
3GNA0014	Gills, Right	PALE	Absent	
3GNA0014	Fins	ERS	Absent	
3GNA0014	Fins	FRAY	Present	
3GNA0014	Fins	HMR	Absent	
3GNA0014	Fins	EMB	Absent	
3GNA0015	Gills, Left	FRAY	Absent	
3GNA0015	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0015	Gills, Left	PALE	Absent	
3GNA0015	Gills, Right	FRAY	Absent	
3GNA0015	Gills, Right	MRGN	Absent	
3GNA0015	Gills, Right	PALE	Absent	
3GNA0015	Fins	ERS	Absent	
3GNA0015	Fins	FRAY	Absent	
3GNA0015	Fins	HMR	Absent	
3GNA0015	Fins	EMB	Absent	
3GNA0016	Gills, Left	FRAY	Absent	
3GNA0016	Gills, Left	MRGN	Absent	
3GNA0016	Gills, Left	PALE	Absent	
3GNA0016	Gills, Right	FRAY	Absent	
3GNA0016	Gills, Right	MRGN	Absent	
3GNA0016	Gills, Right	PALE	Absent	
3GNA0016	Fins	ERS	Absent	
3GNA0016	Fins	FRAY	Absent	
3GNA0016	Fins	HMR	Absent	
3GNA0016	Fins	EMB	Absent	
3GNA0017	Gills, Left	FRAY	Absent	
3GNA0017	Gills, Left	MRGN	Absent	
3GNA0017	Gills, Left	PALE	Absent	
3GNA0017	Gills, Right	FRAY	Absent	
3GNA0017	Gills, Right	MRGN	Absent	
3GNA0017	Gills, Right	PALE	Absent	
3GNA0017	Fins	ERS	Absent	
3GNA0017	Fins	FRAY	Absent	
3GNA0017	Fins	HMR	Absent	
3GNA0017	Fins	EMB	Absent	
3GNA0018	Gills, Left	FRAY	Absent	
3GNA0018	Gills, Left	MRGN	Absent	
3GNA0018	Gills, Left	PALE	Absent	
3GNA0018	Gills, Left	OTHER	Present	Damage from zip tie
3GNA0018	Gills, Right	FRAY	Absent	
3GNA0018	Gills, Right	MRGN	Absent	
3GNA0018	Gills, Right	PALE	Absent	
3GNA0018	Gills, Right	OTHER	Present	Damage from zip tie
3GNA0018	Fins	ERS	Absent	
3GNA0018	Fins	FRAY	Absent	
3GNA0018	Fins	HMR	Absent	
3GNA0018	Fins	EMB	Absent	
3GNA0019	Gills, Left	FRAY	Absent	
3GNA0019	Gills, Left	MRGN	Absent	
3GNA0019	Gills, Left	PALE	Absent	
3GNA0019	Gills, Right	FRAY	Absent	
3GNA0019	Gills, Right	MRGN	Absent	
3GNA0019	Gills, Right	PALE	Absent	
3GNA0019	Fins	ERS	Absent	
3GNA0019	Fins	FRAY	Absent	
3GNA0019	Fins	HMR	Absent	
3GNA0019	Fins	EMB	Absent	
3GNA0020	Gills, Left	FRAY	Absent	
3GNA0020	Gills, Left	MRGN	Absent	
3GNA0020	Gills, Left	PALE	Absent	
3GNA0020	Gills, Right	FRAY	Absent	
3GNA0020	Gills, Right	MRGN	Absent	
3GNA0020	Gills, Right	PALE	Absent	
3GNA0020	Fins	ERS	Absent	
3GNA0020	Fins	FRAY	Absent	
3GNA0020	Fins	HMR	Absent	
3GNA0020	Fins	EMB	Absent	
3GNA0021	Gills, Left	FRAY	Absent	
3GNA0021	Gills, Left	MRGN	Absent	
3GNA0021	Gills, Left	PALE	Absent	
3GNA0021	Gills, Right	FRAY	Absent	
3GNA0021	Gills, Right	MRGN	Absent	
3GNA0021	Gills, Right	PALE	Absent	
3GNA0021	Fins	ERS	Absent	
3GNA0021	Fins	FRAY	Absent	
3GNA0021	Fins	HMR	Absent	
3GNA0021	Fins	EMB	Absent	
3GNA0022	Gills, Left	FRAY	Absent	
3GNA0022	Gills, Left	MRGN	Absent	
3GNA0022	Gills, Left	PALE	Absent	
3GNA0022	Gills, Right	FRAY	Absent	
3GNA0022	Gills, Right	MRGN	Absent	
3GNA0022	Gills, Right	PALE	Absent	
3GNA0022	Fins	ERS	Absent	
3GNA0022	Fins	FRAY	Absent	
3GNA0022	Fins	HMR	Absent	
3GNA0022	Fins	EMB	Absent	
3GNA0023	Gills, Left	FRAY	Absent	
3GNA0023	Gills, Left	MRGN	Absent	
3GNA0023	Gills, Left	PALE	Absent	
3GNA0023	Gills, Right	FRAY	Absent	
3GNA0023	Gills, Right	MRGN	Absent	
3GNA0023	Gills, Right	PALE	Absent	
3GNA0023	Fins	ERS	Absent	
3GNA0023	Fins	FRAY	Absent	
3GNA0023	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0023	Fins	EMB	Absent	
3GNA0024	Gills, Left	FRAY	Absent	
3GNA0024	Gills, Left	MRGN	Absent	
3GNA0024	Gills, Left	PALE	Absent	
3GNA0024	Gills, Right	FRAY	Absent	
3GNA0024	Gills, Right	MRGN	Absent	
3GNA0024	Gills, Right	PALE	Absent	
3GNA0024	Fins	ERS	Absent	
3GNA0024	Fins	FRAY	Absent	
3GNA0024	Fins	HMR	Absent	
3GNA0024	Fins	EMB	Absent	
3GNA0025	Gills, Left	FRAY	Absent	
3GNA0025	Gills, Left	MRGN	Absent	
3GNA0025	Gills, Left	PALE	Absent	
3GNA0025	Gills, Right	FRAY	Absent	
3GNA0025	Gills, Right	MRGN	Absent	
3GNA0025	Gills, Right	PALE	Absent	
3GNA0025	Fins	ERS	Absent	
3GNA0025	Fins	FRAY	Absent	
3GNA0025	Fins	HMR	Absent	
3GNA0025	Fins	EMB	Absent	
3GNA0026	Gills, Left	FRAY	Absent	
3GNA0026	Gills, Left	MRGN	Absent	
3GNA0026	Gills, Left	PALE	Absent	
3GNA0026	Gills, Right	FRAY	Absent	
3GNA0026	Gills, Right	MRGN	Absent	
3GNA0026	Gills, Right	PALE	Absent	
3GNA0026	Fins	ERS	Absent	
3GNA0026	Fins	FRAY	Absent	
3GNA0026	Fins	HMR	Absent	
3GNA0026	Fins	EMB	Absent	
3GNA0027	Gills, Left	FRAY	Absent	
3GNA0027	Gills, Left	MRGN	Absent	
3GNA0027	Gills, Left	PALE	Absent	
3GNA0027	Gills, Right	FRAY	Absent	
3GNA0027	Gills, Right	MRGN	Absent	
3GNA0027	Gills, Right	PALE	Absent	
3GNA0027	Fins	ERS	Absent	
3GNA0027	Fins	FRAY	Present	
3GNA0027	Fins	HMR	Absent	
3GNA0027	Fins	EMB	Absent	
3GNA0028	Gills, Left	FRAY	Absent	
3GNA0028	Gills, Left	MRGN	Absent	
3GNA0028	Gills, Left	PALE	Absent	
3GNA0028	Gills, Right	FRAY	Absent	
3GNA0028	Gills, Right	MRGN	Absent	
3GNA0028	Gills, Right	PALE	Absent	
3GNA0028	Fins	ERS	Absent	
3GNA0028	Fins	FRAY	Present	
3GNA0028	Fins	HMR	Absent	
3GNA0028	Fins	EMB	Absent	
3GNA0029	Gills, Left	FRAY	Absent	
3GNA0029	Gills, Left	MRGN	Absent	
3GNA0029	Gills, Left	PALE	Absent	
3GNA0029	Gills, Right	FRAY	Absent	
3GNA0029	Gills, Right	MRGN	Absent	
3GNA0029	Gills, Right	PALE	Absent	
3GNA0029	Fins	ERS	Absent	
3GNA0029	Fins	FRAY	Absent	
3GNA0029	Fins	HMR	Absent	
3GNA0029	Fins	EMB	Absent	
3GNA0030	Gills, Left	FRAY	Absent	
3GNA0030	Gills, Left	MRGN	Absent	
3GNA0030	Gills, Left	PALE	Absent	
3GNA0030	Gills, Right	FRAY	Absent	
3GNA0030	Gills, Right	MRGN	Absent	
3GNA0030	Gills, Right	PALE	Absent	
3GNA0030	Fins	ERS	Absent	
3GNA0030	Fins	FRAY	Absent	
3GNA0030	Fins	HMR	Absent	
3GNA0030	Fins	EMB	Absent	
3GNA0031	Gills, Left	FRAY	Absent	
3GNA0031	Gills, Left	MRGN	Absent	
3GNA0031	Gills, Left	PALE	Absent	
3GNA0031	Gills, Right	FRAY	Absent	
3GNA0031	Gills, Right	MRGN	Absent	
3GNA0031	Gills, Right	PALE	Absent	
3GNA0031	Fins	ERS	Absent	
3GNA0031	Fins	FRAY	Absent	
3GNA0031	Fins	HMR	Absent	
3GNA0031	Fins	EMB	Absent	
3GNA0032	Gills, Left	FRAY	Absent	
3GNA0032	Gills, Left	MRGN	Absent	
3GNA0032	Gills, Left	PALE	Absent	
3GNA0032	Gills, Right	FRAY	Absent	
3GNA0032	Gills, Right	MRGN	Absent	
3GNA0032	Gills, Right	PALE	Absent	
3GNA0032	Fins	ERS	Absent	
3GNA0032	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0032	Fins	HMR	Absent	
3GNA0032	Fins	EMB	Absent	
3GNA0033	Gills, Left	FRAY	Absent	
3GNA0033	Gills, Left	MRGN	Absent	
3GNA0033	Gills, Left	PALE	Absent	
3GNA0033	Gills, Right	FRAY	Absent	
3GNA0033	Gills, Right	MRGN	Absent	
3GNA0033	Gills, Right	PALE	Absent	
3GNA0033	Fins	ERS	Absent	
3GNA0033	Fins	FRAY	Absent	
3GNA0033	Fins	HMR	Absent	
3GNA0033	Fins	EMB	Absent	
3GNA0034	Gills, Left	FRAY	Absent	
3GNA0034	Gills, Left	MRGN	Absent	
3GNA0034	Gills, Left	PALE	Absent	
3GNA0034	Gills, Right	FRAY	Absent	
3GNA0034	Gills, Right	MRGN	Absent	
3GNA0034	Gills, Right	PALE	Absent	
3GNA0034	Fins	ERS	Absent	
3GNA0034	Fins	FRAY	Absent	
3GNA0034	Fins	HMR	Absent	
3GNA0034	Fins	EMB	Absent	
3GNA0035	Gills, Left	FRAY	Absent	
3GNA0035	Gills, Left	MRGN	Absent	
3GNA0035	Gills, Left	PALE	Absent	
3GNA0035	Gills, Left	OTHER	Present	Growth
3GNA0035	Gills, Right	FRAY	Absent	
3GNA0035	Gills, Right	MRGN	Absent	
3GNA0035	Gills, Right	PALE	Absent	
3GNA0035	Fins	ERS	Absent	
3GNA0035	Fins	FRAY	Absent	
3GNA0035	Fins	HMR	Absent	
3GNA0035	Fins	EMB	Absent	
3GNA0036	Gills, Left	FRAY	Absent	
3GNA0036	Gills, Left	MRGN	Absent	
3GNA0036	Gills, Left	PALE	Absent	
3GNA0036	Gills, Right	FRAY	Absent	
3GNA0036	Gills, Right	MRGN	Absent	
3GNA0036	Gills, Right	PALE	Absent	
3GNA0036	Fins	ERS	Absent	
3GNA0036	Fins	FRAY	Absent	
3GNA0036	Fins	HMR	Absent	
3GNA0036	Fins	EMB	Absent	
3GNA0037	Gills, Left	FRAY	Absent	
3GNA0037	Gills, Left	MRGN	Absent	
3GNA0037	Gills, Left	PALE	Absent	
3GNA0037	Gills, Right	FRAY	Absent	
3GNA0037	Gills, Right	MRGN	Absent	
3GNA0037	Gills, Right	PALE	Absent	
3GNA0037	Fins	ERS	Absent	
3GNA0037	Fins	FRAY	Absent	
3GNA0037	Fins	HMR	Absent	
3GNA0037	Fins	EMB	Absent	
3GNA0038	Gills, Left	FRAY	Absent	
3GNA0038	Gills, Left	MRGN	Absent	
3GNA0038	Gills, Left	PALE	Absent	
3GNA0038	Gills, Right	FRAY	Absent	
3GNA0038	Gills, Right	MRGN	Absent	
3GNA0038	Gills, Right	PALE	Absent	
3GNA0038	Fins	ERS	Absent	
3GNA0038	Fins	FRAY	Absent	
3GNA0038	Fins	HMR	Absent	
3GNA0038	Fins	EMB	Absent	
3GNA0039H	Gills, Left	FRAY	Absent	
3GNA0039H	Gills, Left	MRGN	Absent	
3GNA0039H	Gills, Left	PALE	Absent	
3GNA0039H	Gills, Right	FRAY	Absent	
3GNA0039H	Gills, Right	MRGN	Absent	
3GNA0039H	Gills, Right	PALE	Absent	
3GNA0039H	Fins	ERS	Absent	
3GNA0039H	Fins	FRAY	Absent	
3GNA0039H	Fins	HMR	Absent	
3GNA0039H	Fins	EMB	Absent	
3GNA0040H	Gills, Left	FRAY	Absent	
3GNA0040H	Gills, Left	MRGN	Absent	
3GNA0040H	Gills, Left	PALE	Absent	
3GNA0040H	Gills, Right	FRAY	Absent	
3GNA0040H	Gills, Right	MRGN	Absent	
3GNA0040H	Gills, Right	PALE	Absent	
3GNA0040H	Fins	ERS	Absent	
3GNA0040H	Fins	FRAY	Absent	
3GNA0040H	Fins	HMR	Absent	
3GNA0040H	Fins	EMB	Absent	
3GNA0041H	Gills, Left	FRAY	Absent	
3GNA0041H	Gills, Left	MRGN	Absent	
3GNA0041H	Gills, Left	PALE	Absent	
3GNA0041H	Gills, Right	FRAY	Absent	
3GNA0041H	Gills, Right	MRGN	Absent	
3GNA0041H	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0041H	Fins	ERS	Absent	
3GNA0041H	Fins	FRAY	Absent	
3GNA0041H	Fins	HMR	Absent	
3GNA0041H	Fins	EMB	Absent	
3GNA0042H	Gills, Left	FRAY	Absent	
3GNA0042H	Gills, Left	MRGN	Absent	
3GNA0042H	Gills, Left	PALE	Absent	
3GNA0042H	Gills, Right	FRAY	Absent	
3GNA0042H	Gills, Right	MRGN	Absent	
3GNA0042H	Gills, Right	PALE	Absent	
3GNA0042H	Fins	ERS	Absent	
3GNA0042H	Fins	FRAY	Absent	
3GNA0042H	Fins	HMR	Absent	
3GNA0042H	Fins	EMB	Absent	
3GNA0043H	Gills, Left	FRAY	Absent	
3GNA0043H	Gills, Left	MRGN	Absent	
3GNA0043H	Gills, Left	PALE	Absent	
3GNA0043H	Gills, Right	FRAY	Absent	
3GNA0043H	Gills, Right	MRGN	Absent	
3GNA0043H	Gills, Right	PALE	Absent	
3GNA0043H	Fins	ERS	Absent	
3GNA0043H	Fins	FRAY	Absent	
3GNA0043H	Fins	HMR	Absent	
3GNA0043H	Fins	EMB	Absent	
3GNA0044H	Gills, Left	FRAY	Absent	
3GNA0044H	Gills, Left	MRGN	Absent	
3GNA0044H	Gills, Left	PALE	Absent	
3GNA0044H	Gills, Right	FRAY	Absent	
3GNA0044H	Gills, Right	MRGN	Absent	
3GNA0044H	Gills, Right	PALE	Absent	
3GNA0044H	Fins	ERS	Absent	
3GNA0044H	Fins	FRAY	Absent	
3GNA0044H	Fins	HMR	Absent	
3GNA0044H	Fins	EMB	Absent	
3GNA0045H	Gills, Left	FRAY	Absent	
3GNA0045H	Gills, Left	MRGN	Absent	
3GNA0045H	Gills, Left	PALE	Absent	
3GNA0045H	Gills, Right	FRAY	Absent	
3GNA0045H	Gills, Right	MRGN	Absent	
3GNA0045H	Gills, Right	PALE	Absent	
3GNA0045H	Fins	ERS	Absent	
3GNA0045H	Fins	FRAY	Absent	
3GNA0045H	Fins	HMR	Absent	
3GNA0045H	Fins	EMB	Absent	
3GNA0046H	Gills, Left	FRAY	Absent	
3GNA0046H	Gills, Left	MRGN	Absent	
3GNA0046H	Gills, Left	PALE	Absent	
3GNA0046H	Gills, Right	FRAY	Absent	
3GNA0046H	Gills, Right	MRGN	Absent	
3GNA0046H	Gills, Right	PALE	Absent	
3GNA0046H	Fins	ERS	Absent	
3GNA0046H	Fins	FRAY	Absent	
3GNA0046H	Fins	HMR	Absent	
3GNA0046H	Fins	EMB	Absent	
3GNA0046H	Fins	OTHER	Present	Fungus
3GNA0047H	Gills, Left	FRAY	Absent	
3GNA0047H	Gills, Left	MRGN	Absent	
3GNA0047H	Gills, Left	PALE	Absent	
3GNA0047H	Gills, Right	FRAY	Absent	
3GNA0047H	Gills, Right	MRGN	Absent	
3GNA0047H	Gills, Right	PALE	Absent	
3GNA0047H	Fins	ERS	Absent	
3GNA0047H	Fins	FRAY	Absent	
3GNA0047H	Fins	HMR	Absent	
3GNA0047H	Fins	EMB	Absent	
3GNA0048	Gills, Left	FRAY	Absent	
3GNA0048	Gills, Left	MRGN	Absent	
3GNA0048	Gills, Left	PALE	Absent	
3GNA0048	Gills, Right	FRAY	Absent	
3GNA0048	Gills, Right	MRGN	Absent	
3GNA0048	Gills, Right	PALE	Absent	
3GNA0048	Fins	ERS	Absent	
3GNA0048	Fins	FRAY	Absent	
3GNA0048	Fins	HMR	Absent	
3GNA0048	Fins	EMB	Absent	
3GNA0049	Gills, Left	FRAY	Absent	
3GNA0049	Gills, Left	MRGN	Absent	
3GNA0049	Gills, Left	PALE	Absent	
3GNA0049	Gills, Right	FRAY	Absent	
3GNA0049	Gills, Right	MRGN	Absent	
3GNA0049	Gills, Right	PALE	Absent	
3GNA0049	Fins	ERS	Absent	
3GNA0049	Fins	FRAY	Present	
3GNA0049	Fins	HMR	Absent	
3GNA0049	Fins	EMB	Absent	
3GNA0051	Gills, Left	FRAY	Absent	
3GNA0051	Gills, Left	MRGN	Absent	
3GNA0051	Gills, Left	PALE	Absent	
3GNA0051	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0051	Gills, Right	MRGN	Absent	
3GNA0051	Gills, Right	PALE	Absent	
3GNA0051	Fins	ERS	Absent	
3GNA0051	Fins	FRAY	Present	
3GNA0051	Fins	HMR	Absent	
3GNA0051	Fins	EMB	Absent	
3GNA0052	Gills, Left	FRAY	Absent	
3GNA0052	Gills, Left	MRGN	Absent	
3GNA0052	Gills, Left	PALE	Absent	
3GNA0052	Gills, Right	FRAY	Absent	
3GNA0052	Gills, Right	MRGN	Absent	
3GNA0052	Gills, Right	PALE	Absent	
3GNA0052	Fins	ERS	Absent	
3GNA0052	Fins	FRAY	Present	
3GNA0052	Fins	HMR	Absent	
3GNA0052	Fins	EMB	Absent	
3GNA0053	Gills, Left	FRAY	Absent	
3GNA0053	Gills, Left	MRGN	Absent	
3GNA0053	Gills, Left	PALE	Absent	
3GNA0053	Gills, Right	FRAY	Absent	
3GNA0053	Gills, Right	MRGN	Absent	
3GNA0053	Gills, Right	PALE	Absent	
3GNA0053	Fins	ERS	Absent	
3GNA0053	Fins	FRAY	Present	
3GNA0053	Fins	HMR	Absent	
3GNA0053	Fins	EMB	Absent	
3GNA0054	Gills, Left	FRAY	Absent	
3GNA0054	Gills, Left	MRGN	Absent	
3GNA0054	Gills, Left	PALE	Absent	
3GNA0054	Gills, Right	FRAY	Absent	
3GNA0054	Gills, Right	MRGN	Absent	
3GNA0054	Gills, Right	PALE	Absent	
3GNA0054	Fins	ERS	Absent	
3GNA0054	Fins	FRAY	Absent	
3GNA0054	Fins	HMR	Absent	
3GNA0054	Fins	EMB	Absent	
3GNA0055	Gills, Left	FRAY	Absent	
3GNA0055	Gills, Left	MRGN	Absent	
3GNA0055	Gills, Left	PALE	Absent	
3GNA0055	Gills, Right	FRAY	Absent	
3GNA0055	Gills, Right	MRGN	Absent	
3GNA0055	Gills, Right	PALE	Absent	
3GNA0055	Fins	ERS	Absent	
3GNA0055	Fins	FRAY	Present	
3GNA0055	Fins	HMR	Absent	
3GNA0055	Fins	EMB	Absent	
3GNA0056	Gills, Left	FRAY	Absent	
3GNA0056	Gills, Left	MRGN	Absent	
3GNA0056	Gills, Left	PALE	Absent	
3GNA0056	Gills, Right	FRAY	Absent	
3GNA0056	Gills, Right	MRGN	Absent	
3GNA0056	Gills, Right	PALE	Absent	
3GNA0056	Fins	ERS	Absent	
3GNA0056	Fins	FRAY	Present	
3GNA0056	Fins	HMR	Absent	
3GNA0056	Fins	EMB	Absent	
3GNA0057	Gills, Left	FRAY	Absent	
3GNA0057	Gills, Left	MRGN	Absent	
3GNA0057	Gills, Left	PALE	Absent	
3GNA0057	Gills, Right	FRAY	Absent	
3GNA0057	Gills, Right	MRGN	Absent	
3GNA0057	Gills, Right	PALE	Absent	
3GNA0057	Fins	ERS	Absent	
3GNA0057	Fins	FRAY	Present	
3GNA0057	Fins	HMR	Absent	
3GNA0057	Fins	EMB	Absent	
3GNA0058	Gills, Left	FRAY	Absent	
3GNA0058	Gills, Left	MRGN	Absent	
3GNA0058	Gills, Left	PALE	Absent	
3GNA0058	Gills, Right	FRAY	Absent	
3GNA0058	Gills, Right	MRGN	Absent	
3GNA0058	Gills, Right	PALE	Absent	
3GNA0058	Fins	ERS	Absent	
3GNA0058	Fins	FRAY	Present	
3GNA0058	Fins	HMR	Absent	
3GNA0058	Fins	EMB	Absent	
3GNA0059	Gills, Left	FRAY	Absent	
3GNA0059	Gills, Left	MRGN	Absent	
3GNA0059	Gills, Left	PALE	Absent	
3GNA0059	Gills, Right	FRAY	Absent	
3GNA0059	Gills, Right	MRGN	Absent	
3GNA0059	Gills, Right	PALE	Absent	
3GNA0059	Fins	ERS	Absent	
3GNA0059	Fins	FRAY	Present	
3GNA0059	Fins	HMR	Absent	
3GNA0059	Fins	EMB	Absent	
3GNA0060	Gills, Left	FRAY	Absent	
3GNA0060	Gills, Left	MRGN	Absent	
3GNA0060	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0060	Gills, Right	FRAY	Absent	
3GNA0060	Gills, Right	MRGN	Absent	
3GNA0060	Gills, Right	PALE	Absent	
3GNA0060	Fins	ERS	Absent	
3GNA0060	Fins	FRAY	Absent	
3GNA0060	Fins	HMR	Absent	
3GNA0060	Fins	EMB	Absent	
3GNA0061	Gills, Left	FRAY	Absent	
3GNA0061	Gills, Left	MRGN	Absent	
3GNA0061	Gills, Left	PALE	Absent	
3GNA0061	Gills, Right	FRAY	Absent	
3GNA0061	Gills, Right	MRGN	Absent	
3GNA0061	Gills, Right	PALE	Absent	
3GNA0061	Fins	ERS	Absent	
3GNA0061	Fins	FRAY	Absent	
3GNA0061	Fins	HMR	Absent	
3GNA0061	Fins	EMB	Absent	
3GNA0062	Gills, Left	FRAY	Absent	
3GNA0062	Gills, Left	MRGN	Absent	
3GNA0062	Gills, Left	PALE	Absent	
3GNA0062	Gills, Right	FRAY	Absent	
3GNA0062	Gills, Right	MRGN	Absent	
3GNA0062	Gills, Right	PALE	Absent	
3GNA0062	Fins	ERS	Absent	
3GNA0062	Fins	FRAY	Absent	
3GNA0062	Fins	HMR	Absent	
3GNA0062	Fins	EMB	Absent	
3GNA0063	Gills, Left	FRAY	Absent	
3GNA0063	Gills, Left	MRGN	Absent	
3GNA0063	Gills, Left	PALE	Absent	
3GNA0063	Gills, Right	FRAY	Absent	
3GNA0063	Gills, Right	MRGN	Absent	
3GNA0063	Gills, Right	PALE	Absent	
3GNA0063	Fins	ERS	Absent	
3GNA0063	Fins	FRAY	Absent	
3GNA0063	Fins	HMR	Absent	
3GNA0063	Fins	EMB	Absent	
3GNA0064	Gills, Left	FRAY	Absent	
3GNA0064	Gills, Left	MRGN	Absent	
3GNA0064	Gills, Left	PALE	Absent	
3GNA0064	Gills, Right	FRAY	Absent	
3GNA0064	Gills, Right	MRGN	Absent	
3GNA0064	Gills, Right	PALE	Absent	
3GNA0064	Fins	ERS	Absent	
3GNA0064	Fins	FRAY	Present	
3GNA0064	Fins	HMR	Absent	
3GNA0064	Fins	EMB	Absent	
3GNA0065	Gills, Left	FRAY	Absent	
3GNA0065	Gills, Left	MRGN	Absent	
3GNA0065	Gills, Left	PALE	Absent	
3GNA0065	Gills, Right	FRAY	Absent	
3GNA0065	Gills, Right	MRGN	Absent	
3GNA0065	Gills, Right	PALE	Absent	
3GNA0065	Fins	ERS	Absent	
3GNA0065	Fins	FRAY	Absent	
3GNA0065	Fins	HMR	Absent	
3GNA0065	Fins	EMB	Absent	
3GNA0066	Gills, Left	FRAY	Absent	
3GNA0066	Gills, Left	MRGN	Absent	
3GNA0066	Gills, Left	PALE	Absent	
3GNA0066	Gills, Right	FRAY	Absent	
3GNA0066	Gills, Right	MRGN	Absent	
3GNA0066	Gills, Right	PALE	Absent	
3GNA0066	Fins	ERS	Absent	
3GNA0066	Fins	FRAY	Absent	
3GNA0066	Fins	HMR	Absent	
3GNA0066	Fins	EMB	Absent	
3GNA0067	Gills, Left	FRAY	Absent	
3GNA0067	Gills, Left	MRGN	Absent	
3GNA0067	Gills, Left	PALE	Absent	
3GNA0067	Gills, Right	FRAY	Absent	
3GNA0067	Gills, Right	MRGN	Absent	
3GNA0067	Gills, Right	PALE	Absent	
3GNA0067	Fins	ERS	Absent	
3GNA0067	Fins	FRAY	Absent	
3GNA0067	Fins	HMR	Absent	
3GNA0067	Fins	EMB	Absent	
3GNA0068	Gills, Left	FRAY	Absent	
3GNA0068	Gills, Left	MRGN	Absent	
3GNA0068	Gills, Left	PALE	Absent	
3GNA0068	Gills, Right	FRAY	Absent	
3GNA0068	Gills, Right	MRGN	Absent	
3GNA0068	Gills, Right	PALE	Absent	
3GNA0068	Fins	ERS	Absent	
3GNA0068	Fins	FRAY	Absent	
3GNA0068	Fins	HMR	Absent	
3GNA0068	Fins	EMB	Absent	
3GNA0069	Gills, Left	FRAY	Absent	
3GNA0069	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0069	Gills, Left	PALE	Absent	
3GNA0069	Gills, Right	FRAY	Absent	
3GNA0069	Gills, Right	MRGN	Absent	
3GNA0069	Gills, Right	PALE	Absent	
3GNA0069	Fins	ERS	Absent	
3GNA0069	Fins	FRAY	Absent	
3GNA0069	Fins	HMR	Absent	
3GNA0069	Fins	EMB	Absent	
3GNA0070	Gills, Left	FRAY	Absent	
3GNA0070	Gills, Left	MRGN	Absent	
3GNA0070	Gills, Left	PALE	Absent	
3GNA0070	Gills, Right	FRAY	Absent	
3GNA0070	Gills, Right	MRGN	Absent	
3GNA0070	Gills, Right	PALE	Absent	
3GNA0070	Fins	ERS	Absent	
3GNA0070	Fins	FRAY	Absent	
3GNA0070	Fins	HMR	Absent	
3GNA0070	Fins	EMB	Absent	
3GNA0071	Gills, Left	FRAY	Absent	
3GNA0071	Gills, Left	MRGN	Absent	
3GNA0071	Gills, Left	PALE	Absent	
3GNA0071	Gills, Right	FRAY	Absent	
3GNA0071	Gills, Right	MRGN	Absent	
3GNA0071	Gills, Right	PALE	Absent	
3GNA0071	Fins	ERS	Absent	
3GNA0071	Fins	FRAY	Absent	
3GNA0071	Fins	HMR	Absent	
3GNA0071	Fins	EMB	Absent	
3GNA0072	Gills, Left	FRAY	Absent	
3GNA0072	Gills, Left	MRGN	Absent	
3GNA0072	Gills, Left	PALE	Absent	
3GNA0072	Gills, Right	FRAY	Absent	
3GNA0072	Gills, Right	MRGN	Absent	
3GNA0072	Gills, Right	PALE	Absent	
3GNA0072	Fins	ERS	Absent	
3GNA0072	Fins	FRAY	Absent	
3GNA0072	Fins	HMR	Absent	
3GNA0072	Fins	EMB	Absent	
3GNA0073	Gills, Left	FRAY	Absent	
3GNA0073	Gills, Left	MRGN	Absent	
3GNA0073	Gills, Left	PALE	Absent	
3GNA0073	Gills, Right	FRAY	Absent	
3GNA0073	Gills, Right	MRGN	Absent	
3GNA0073	Gills, Right	PALE	Absent	
3GNA0073	Fins	ERS	Absent	
3GNA0073	Fins	FRAY	Absent	
3GNA0073	Fins	HMR	Absent	
3GNA0073	Fins	EMB	Absent	
3GNA0074	Gills, Left	FRAY	Absent	
3GNA0074	Gills, Left	MRGN	Absent	
3GNA0074	Gills, Left	PALE	Absent	
3GNA0074	Gills, Right	FRAY	Absent	
3GNA0074	Gills, Right	MRGN	Absent	
3GNA0074	Gills, Right	PALE	Absent	
3GNA0074	Fins	ERS	Absent	
3GNA0074	Fins	FRAY	Present	
3GNA0074	Fins	HMR	Absent	
3GNA0074	Fins	EMB	Absent	
3GNA0075	Gills, Left	FRAY	Absent	
3GNA0075	Gills, Left	MRGN	Absent	
3GNA0075	Gills, Left	PALE	Absent	
3GNA0075	Gills, Right	FRAY	Absent	
3GNA0075	Gills, Right	MRGN	Absent	
3GNA0075	Gills, Right	PALE	Absent	
3GNA0075	Fins	ERS	Absent	
3GNA0075	Fins	FRAY	Absent	
3GNA0075	Fins	HMR	Absent	
3GNA0075	Fins	EMB	Absent	
3GNA0076	Gills, Left	FRAY	Absent	
3GNA0076	Gills, Left	MRGN	Absent	
3GNA0076	Gills, Left	PALE	Absent	
3GNA0076	Gills, Right	FRAY	Absent	
3GNA0076	Gills, Right	MRGN	Absent	
3GNA0076	Gills, Right	PALE	Absent	
3GNA0076	Fins	ERS	Absent	
3GNA0076	Fins	FRAY	Absent	
3GNA0076	Fins	HMR	Absent	
3GNA0076	Fins	EMB	Absent	
3GNA0077	Gills, Left	FRAY	Absent	
3GNA0077	Gills, Left	MRGN	Absent	
3GNA0077	Gills, Left	PALE	Absent	
3GNA0077	Gills, Right	FRAY	Absent	
3GNA0077	Gills, Right	MRGN	Absent	
3GNA0077	Gills, Right	PALE	Absent	
3GNA0077	Fins	ERS	Absent	
3GNA0077	Fins	FRAY	Absent	
3GNA0077	Fins	HMR	Absent	
3GNA0077	Fins	EMB	Absent	
3GNA0078	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0078	Gills, Left	MRGN	Absent	
3GNA0078	Gills, Left	PALE	Absent	
3GNA0078	Gills, Right	FRAY	Absent	
3GNA0078	Gills, Right	MRGN	Absent	
3GNA0078	Gills, Right	PALE	Absent	
3GNA0078	Fins	ERS	Absent	
3GNA0078	Fins	FRAY	Absent	
3GNA0078	Fins	HMR	Absent	
3GNA0078	Fins	EMB	Absent	
3GNA0079	Gills, Left	FRAY	Absent	
3GNA0079	Gills, Left	MRGN	Absent	
3GNA0079	Gills, Left	PALE	Absent	
3GNA0079	Gills, Right	FRAY	Absent	
3GNA0079	Gills, Right	MRGN	Absent	
3GNA0079	Gills, Right	PALE	Absent	
3GNA0079	Fins	ERS	Absent	
3GNA0079	Fins	FRAY	Absent	
3GNA0079	Fins	HMR	Absent	
3GNA0079	Fins	EMB	Absent	
3GNA0080	Gills, Left	FRAY	Absent	
3GNA0080	Gills, Left	MRGN	Absent	
3GNA0080	Gills, Left	PALE	Absent	
3GNA0080	Gills, Right	FRAY	Absent	
3GNA0080	Gills, Right	MRGN	Absent	
3GNA0080	Gills, Right	PALE	Absent	
3GNA0080	Fins	ERS	Absent	
3GNA0080	Fins	FRAY	Absent	
3GNA0080	Fins	HMR	Absent	
3GNA0080	Fins	EMB	Absent	
3GNA0081	Gills, Left	FRAY	Absent	
3GNA0081	Gills, Left	MRGN	Absent	
3GNA0081	Gills, Left	PALE	Absent	
3GNA0081	Gills, Right	FRAY	Absent	
3GNA0081	Gills, Right	MRGN	Absent	
3GNA0081	Gills, Right	PALE	Absent	
3GNA0081	Fins	ERS	Absent	
3GNA0081	Fins	FRAY	Absent	
3GNA0081	Fins	HMR	Absent	
3GNA0081	Fins	EMB	Absent	
3GNA0082	Gills, Left	FRAY	Absent	
3GNA0082	Gills, Left	MRGN	Absent	
3GNA0082	Gills, Left	PALE	Absent	
3GNA0082	Gills, Right	FRAY	Absent	
3GNA0082	Gills, Right	MRGN	Absent	
3GNA0082	Gills, Right	PALE	Absent	
3GNA0082	Fins	ERS	Absent	
3GNA0082	Fins	FRAY	Absent	
3GNA0082	Fins	HMR	Absent	
3GNA0082	Fins	EMB	Absent	
3GNA0083	Gills, Left	FRAY	Absent	
3GNA0083	Gills, Left	MRGN	Absent	
3GNA0083	Gills, Left	PALE	Absent	
3GNA0083	Gills, Right	FRAY	Absent	
3GNA0083	Gills, Right	MRGN	Absent	
3GNA0083	Gills, Right	PALE	Absent	
3GNA0083	Fins	ERS	Absent	
3GNA0083	Fins	FRAY	Absent	
3GNA0083	Fins	HMR	Absent	
3GNA0083	Fins	EMB	Absent	
3GNA0084	Gills, Left	FRAY	Absent	
3GNA0084	Gills, Left	MRGN	Absent	
3GNA0084	Gills, Left	PALE	Absent	
3GNA0084	Gills, Right	FRAY	Absent	
3GNA0084	Gills, Right	MRGN	Absent	
3GNA0084	Gills, Right	PALE	Absent	
3GNA0084	Fins	ERS	Absent	
3GNA0084	Fins	FRAY	Absent	
3GNA0084	Fins	HMR	Absent	
3GNA0084	Fins	EMB	Absent	
3GNA0085	Gills, Left	FRAY	Absent	
3GNA0085	Gills, Left	MRGN	Absent	
3GNA0085	Gills, Left	PALE	Absent	
3GNA0085	Gills, Right	FRAY	Absent	
3GNA0085	Gills, Right	MRGN	Absent	
3GNA0085	Gills, Right	PALE	Absent	
3GNA0085	Fins	ERS	Absent	
3GNA0085	Fins	FRAY	Absent	
3GNA0085	Fins	HMR	Absent	
3GNA0085	Fins	EMB	Absent	
3GNA0086	Gills, Left	FRAY	Absent	
3GNA0086	Gills, Left	MRGN	Absent	
3GNA0086	Gills, Left	PALE	Absent	
3GNA0086	Gills, Right	FRAY	Absent	
3GNA0086	Gills, Right	MRGN	Absent	
3GNA0086	Gills, Right	PALE	Absent	
3GNA0086	Fins	ERS	Absent	
3GNA0086	Fins	FRAY	Absent	
3GNA0086	Fins	HMR	Absent	
3GNA0086	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0087	Gills, Left	FRAY	Absent	
3GNA0087	Gills, Left	MRGN	Absent	
3GNA0087	Gills, Left	PALE	Absent	
3GNA0087	Gills, Right	FRAY	Absent	
3GNA0087	Gills, Right	MRGN	Absent	
3GNA0087	Gills, Right	PALE	Absent	
3GNA0087	Fins	ERS	Absent	
3GNA0087	Fins	FRAY	Absent	
3GNA0087	Fins	HMR	Absent	
3GNA0087	Fins	EMB	Absent	
3GNA0088	Gills, Left	FRAY	Absent	
3GNA0088	Gills, Left	MRGN	Absent	
3GNA0088	Gills, Left	PALE	Absent	
3GNA0088	Gills, Right	FRAY	Absent	
3GNA0088	Gills, Right	MRGN	Absent	
3GNA0088	Gills, Right	PALE	Absent	
3GNA0088	Fins	ERS	Absent	
3GNA0088	Fins	FRAY	Absent	
3GNA0088	Fins	HMR	Absent	
3GNA0088	Fins	EMB	Absent	
3GNA0089	Gills, Left	FRAY	Absent	
3GNA0089	Gills, Left	MRGN	Absent	
3GNA0089	Gills, Left	PALE	Absent	
3GNA0089	Gills, Right	FRAY	Absent	
3GNA0089	Gills, Right	MRGN	Absent	
3GNA0089	Gills, Right	PALE	Absent	
3GNA0089	Fins	ERS	Absent	
3GNA0089	Fins	FRAY	Absent	
3GNA0089	Fins	HMR	Absent	
3GNA0089	Fins	EMB	Absent	
3GNA0090	Gills, Left	FRAY	Absent	
3GNA0090	Gills, Left	MRGN	Absent	
3GNA0090	Gills, Left	PALE	Absent	
3GNA0090	Gills, Right	FRAY	Absent	
3GNA0090	Gills, Right	MRGN	Absent	
3GNA0090	Gills, Right	PALE	Absent	
3GNA0090	Fins	ERS	Absent	
3GNA0090	Fins	FRAY	Absent	
3GNA0090	Fins	HMR	Absent	
3GNA0090	Fins	EMB	Absent	
3GNA0091	Gills, Left	FRAY	Absent	
3GNA0091	Gills, Left	MRGN	Absent	
3GNA0091	Gills, Left	PALE	Absent	
3GNA0091	Gills, Right	FRAY	Absent	
3GNA0091	Gills, Right	MRGN	Absent	
3GNA0091	Gills, Right	PALE	Absent	
3GNA0091	Fins	ERS	Absent	
3GNA0091	Fins	FRAY	Absent	
3GNA0091	Fins	HMR	Absent	
3GNA0091	Fins	EMB	Absent	
3GNA0092	Gills, Left	FRAY	Absent	
3GNA0092	Gills, Left	MRGN	Absent	
3GNA0092	Gills, Left	PALE	Present	
3GNA0092	Gills, Right	FRAY	Absent	
3GNA0092	Gills, Right	MRGN	Absent	
3GNA0092	Gills, Right	PALE	Absent	
3GNA0092	Fins	ERS	Absent	
3GNA0092	Fins	FRAY	Absent	
3GNA0092	Fins	HMR	Absent	
3GNA0092	Fins	EMB	Absent	
3GNA0093	Gills, Left	FRAY	Absent	
3GNA0093	Gills, Left	MRGN	Absent	
3GNA0093	Gills, Left	PALE	Absent	
3GNA0093	Gills, Right	FRAY	Absent	
3GNA0093	Gills, Right	MRGN	Absent	
3GNA0093	Gills, Right	PALE	Absent	
3GNA0093	Fins	ERS	Absent	
3GNA0093	Fins	FRAY	Absent	
3GNA0093	Fins	HMR	Absent	
3GNA0093	Fins	EMB	Absent	
3GNA0094	Gills, Left	FRAY	Absent	
3GNA0094	Gills, Left	MRGN	Absent	
3GNA0094	Gills, Left	PALE	Absent	
3GNA0094	Gills, Right	FRAY	Absent	
3GNA0094	Gills, Right	MRGN	Absent	
3GNA0094	Gills, Right	PALE	Absent	
3GNA0094	Fins	ERS	Absent	
3GNA0094	Fins	FRAY	Absent	
3GNA0094	Fins	HMR	Absent	
3GNA0094	Fins	EMB	Absent	
3GNA0095	Gills, Left	FRAY	Absent	
3GNA0095	Gills, Left	MRGN	Absent	
3GNA0095	Gills, Left	PALE	Absent	
3GNA0095	Gills, Right	FRAY	Absent	
3GNA0095	Gills, Right	MRGN	Absent	
3GNA0095	Gills, Right	PALE	Absent	
3GNA0095	Fins	ERS	Absent	
3GNA0095	Fins	FRAY	Absent	
3GNA0095	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0095	Fins	EMB	Absent	
3GNA0096	Gills, Left	FRAY	Absent	
3GNA0096	Gills, Left	MRGN	Absent	
3GNA0096	Gills, Left	PALE	Absent	
3GNA0096	Gills, Right	FRAY	Absent	
3GNA0096	Gills, Right	MRGN	Absent	
3GNA0096	Gills, Right	PALE	Absent	
3GNA0096	Fins	ERS	Absent	
3GNA0096	Fins	FRAY	Present	
3GNA0096	Fins	HMR	Absent	
3GNA0096	Fins	EMB	Absent	
3GNA0097	Gills, Left	FRAY	Absent	
3GNA0097	Gills, Left	MRGN	Absent	
3GNA0097	Gills, Left	PALE	Absent	
3GNA0097	Gills, Right	FRAY	Absent	
3GNA0097	Gills, Right	MRGN	Absent	
3GNA0097	Gills, Right	PALE	Absent	
3GNA0097	Fins	ERS	Absent	
3GNA0097	Fins	FRAY	Present	
3GNA0097	Fins	HMR	Absent	
3GNA0097	Fins	EMB	Absent	
3GNA0098	Gills, Left	FRAY	Absent	
3GNA0098	Gills, Left	MRGN	Absent	
3GNA0098	Gills, Left	PALE	Absent	
3GNA0098	Gills, Right	FRAY	Absent	
3GNA0098	Gills, Right	MRGN	Absent	
3GNA0098	Gills, Right	PALE	Absent	
3GNA0098	Fins	ERS	Absent	
3GNA0098	Fins	FRAY	Present	
3GNA0098	Fins	HMR	Absent	
3GNA0098	Fins	EMB	Absent	
3GNA0099	Gills, Left	FRAY	Absent	
3GNA0099	Gills, Left	MRGN	Absent	
3GNA0099	Gills, Left	PALE	Present	
3GNA0099	Gills, Right	FRAY	Absent	
3GNA0099	Gills, Right	MRGN	Absent	
3GNA0099	Gills, Right	PALE	Present	
3GNA0099	Fins	ERS	Absent	
3GNA0099	Fins	FRAY	Present	
3GNA0099	Fins	HMR	Absent	
3GNA0099	Fins	EMB	Absent	
3GNA0100	Gills, Left	FRAY	Absent	
3GNA0100	Gills, Left	MRGN	Absent	
3GNA0100	Gills, Left	PALE	Absent	
3GNA0100	Gills, Right	FRAY	Absent	
3GNA0100	Gills, Right	MRGN	Absent	
3GNA0100	Gills, Right	PALE	Absent	
3GNA0100	Fins	ERS	Absent	
3GNA0100	Fins	FRAY	Absent	
3GNA0100	Fins	HMR	Absent	
3GNA0100	Fins	EMB	Absent	
3GNA0101	Gills, Left	FRAY	Absent	
3GNA0101	Gills, Left	MRGN	Absent	
3GNA0101	Gills, Left	PALE	Absent	
3GNA0101	Gills, Right	FRAY	Absent	
3GNA0101	Gills, Right	MRGN	Absent	
3GNA0101	Gills, Right	PALE	Absent	
3GNA0101	Fins	ERS	Absent	
3GNA0101	Fins	FRAY	Absent	
3GNA0101	Fins	HMR	Absent	
3GNA0101	Fins	EMB	Absent	
3GNA0102	Gills, Left	FRAY	Absent	
3GNA0102	Gills, Left	MRGN	Absent	
3GNA0102	Gills, Left	PALE	Absent	
3GNA0102	Gills, Right	FRAY	Absent	
3GNA0102	Gills, Right	MRGN	Absent	
3GNA0102	Gills, Right	PALE	Absent	
3GNA0102	Fins	ERS	Absent	
3GNA0102	Fins	FRAY	Present	
3GNA0102	Fins	HMR	Absent	
3GNA0102	Fins	EMB	Absent	
3GNA0103	Gills, Left	FRAY	Absent	
3GNA0103	Gills, Left	MRGN	Absent	
3GNA0103	Gills, Left	PALE	Absent	
3GNA0103	Gills, Right	FRAY	Absent	
3GNA0103	Gills, Right	MRGN	Absent	
3GNA0103	Gills, Right	PALE	Absent	
3GNA0103	Fins	ERS	Absent	
3GNA0103	Fins	FRAY	Present	
3GNA0103	Fins	HMR	Absent	
3GNA0103	Fins	EMB	Absent	
3GNA0104	Gills, Left	FRAY	Absent	
3GNA0104	Gills, Left	MRGN	Absent	
3GNA0104	Gills, Left	PALE	Absent	
3GNA0104	Gills, Right	FRAY	Absent	
3GNA0104	Gills, Right	MRGN	Absent	
3GNA0104	Gills, Right	PALE	Absent	
3GNA0104	Fins	ERS	Absent	
3GNA0104	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0104	Fins	HMR	Absent	
3GNA0104	Fins	EMB	Absent	
3GNA0105	Gills, Left	FRAY	Absent	
3GNA0105	Gills, Left	MRGN	Absent	
3GNA0105	Gills, Left	PALE	Absent	
3GNA0105	Gills, Right	FRAY	Absent	
3GNA0105	Gills, Right	MRGN	Absent	
3GNA0105	Gills, Right	PALE	Absent	
3GNA0105	Fins	ERS	Absent	
3GNA0105	Fins	FRAY	Present	
3GNA0105	Fins	HMR	Absent	
3GNA0105	Fins	EMB	Absent	
3GNA0106	Gills, Left	FRAY	Absent	
3GNA0106	Gills, Left	MRGN	Absent	
3GNA0106	Gills, Left	PALE	Absent	
3GNA0106	Gills, Right	FRAY	Absent	
3GNA0106	Gills, Right	MRGN	Absent	
3GNA0106	Gills, Right	PALE	Absent	
3GNA0106	Fins	ERS	Absent	
3GNA0106	Fins	FRAY	Present	
3GNA0106	Fins	HMR	Absent	
3GNA0106	Fins	EMB	Absent	
3GNA0107	Gills, Left	FRAY	Absent	
3GNA0107	Gills, Left	MRGN	Absent	
3GNA0107	Gills, Left	PALE	Absent	
3GNA0107	Gills, Right	FRAY	Absent	
3GNA0107	Gills, Right	MRGN	Absent	
3GNA0107	Gills, Right	PALE	Absent	
3GNA0107	Fins	ERS	Absent	
3GNA0107	Fins	FRAY	Present	
3GNA0107	Fins	HMR	Absent	
3GNA0107	Fins	EMB	Absent	
3GNA0108	Gills, Left	FRAY	Absent	
3GNA0108	Gills, Left	MRGN	Absent	
3GNA0108	Gills, Left	PALE	Absent	
3GNA0108	Gills, Right	FRAY	Absent	
3GNA0108	Gills, Right	MRGN	Absent	
3GNA0108	Gills, Right	PALE	Absent	
3GNA0108	Fins	ERS	Absent	
3GNA0108	Fins	FRAY	Present	
3GNA0108	Fins	HMR	Absent	
3GNA0108	Fins	EMB	Absent	
3GNA0109	Gills, Left	FRAY	Absent	
3GNA0109	Gills, Left	MRGN	Absent	
3GNA0109	Gills, Left	PALE	Absent	
3GNA0109	Gills, Right	FRAY	Absent	
3GNA0109	Gills, Right	MRGN	Absent	
3GNA0109	Gills, Right	PALE	Absent	
3GNA0109	Fins	ERS	Absent	
3GNA0109	Fins	FRAY	Absent	
3GNA0109	Fins	HMR	Absent	
3GNA0109	Fins	EMB	Absent	
3GNA0110	Gills, Left	FRAY	Absent	
3GNA0110	Gills, Left	MRGN	Absent	
3GNA0110	Gills, Left	PALE	Absent	
3GNA0110	Gills, Right	FRAY	Absent	
3GNA0110	Gills, Right	MRGN	Absent	
3GNA0110	Gills, Right	PALE	Absent	
3GNA0110	Fins	ERS	Absent	
3GNA0110	Fins	FRAY	Absent	
3GNA0110	Fins	HMR	Absent	
3GNA0110	Fins	EMB	Absent	
3GNA0111	Gills, Left	FRAY	Absent	
3GNA0111	Gills, Left	MRGN	Absent	
3GNA0111	Gills, Left	PALE	Absent	
3GNA0111	Gills, Left	OTHER	Present	Fungus
3GNA0111	Gills, Right	FRAY	Present	
3GNA0111	Gills, Right	MRGN	Absent	
3GNA0111	Gills, Right	PALE	Absent	
3GNA0111	Fins	ERS	Absent	
3GNA0111	Fins	FRAY	Absent	
3GNA0111	Fins	HMR	Absent	
3GNA0111	Fins	EMB	Absent	
3GNA0112	Gills, Left	FRAY	Absent	
3GNA0112	Gills, Left	MRGN	Absent	
3GNA0112	Gills, Left	PALE	Absent	
3GNA0112	Gills, Right	FRAY	Absent	
3GNA0112	Gills, Right	MRGN	Absent	
3GNA0112	Gills, Right	PALE	Absent	
3GNA0112	Fins	ERS	Absent	
3GNA0112	Fins	FRAY	Absent	
3GNA0112	Fins	HMR	Absent	
3GNA0112	Fins	EMB	Absent	
3GNA0113	Gills, Left	FRAY	Absent	
3GNA0113	Gills, Left	MRGN	Absent	
3GNA0113	Gills, Left	PALE	Absent	
3GNA0113	Gills, Right	FRAY	Absent	
3GNA0113	Gills, Right	MRGN	Absent	
3GNA0113	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0113	Fins	ERS	Absent	
3GNA0113	Fins	FRAY	Absent	
3GNA0113	Fins	HMR	Absent	
3GNA0113	Fins	EMB	Absent	
3GNA0114	Gills, Left	FRAY	Absent	
3GNA0114	Gills, Left	MRGN	Absent	
3GNA0114	Gills, Left	PALE	Absent	
3GNA0114	Gills, Right	FRAY	Absent	
3GNA0114	Gills, Right	MRGN	Absent	
3GNA0114	Gills, Right	PALE	Absent	
3GNA0114	Fins	ERS	Absent	
3GNA0114	Fins	FRAY	Present	
3GNA0114	Fins	HMR	Absent	
3GNA0114	Fins	EMB	Absent	
3GNA0115	Gills, Left	FRAY	Absent	
3GNA0115	Gills, Left	MRGN	Absent	
3GNA0115	Gills, Left	PALE	Absent	
3GNA0115	Gills, Left	OTHER	Present	Fungus
3GNA0115	Gills, Right	FRAY	Absent	
3GNA0115	Gills, Right	MRGN	Absent	
3GNA0115	Gills, Right	PALE	Absent	
3GNA0115	Gills, Right	OTHER	Present	Fungus
3GNA0115	Fins	ERS	Absent	
3GNA0115	Fins	FRAY	Present	
3GNA0115	Fins	HMR	Absent	
3GNA0115	Fins	EMB	Absent	
3GNA0116	Gills, Left	FRAY	Absent	
3GNA0116	Gills, Left	MRGN	Absent	
3GNA0116	Gills, Left	PALE	Absent	
3GNA0116	Gills, Left	OTHER	Present	Dark spots
3GNA0116	Gills, Right	FRAY	Absent	
3GNA0116	Gills, Right	MRGN	Absent	
3GNA0116	Gills, Right	PALE	Absent	
3GNA0116	Gills, Right	OTHER	Present	Dark spots
3GNA0116	Fins	ERS	Absent	
3GNA0116	Fins	FRAY	Present	
3GNA0116	Fins	HMR	Absent	
3GNA0116	Fins	EMB	Absent	
3GNA0117	Gills, Left	FRAY	Absent	
3GNA0117	Gills, Left	MRGN	Absent	
3GNA0117	Gills, Left	PALE	Absent	
3GNA0117	Gills, Right	FRAY	Absent	
3GNA0117	Gills, Right	MRGN	Absent	
3GNA0117	Gills, Right	PALE	Absent	
3GNA0117	Fins	ERS	Absent	
3GNA0117	Fins	FRAY	Present	
3GNA0117	Fins	HMR	Absent	
3GNA0117	Fins	EMB	Absent	
3GNA0118H	Gills, Left	FRAY	Absent	
3GNA0118H	Gills, Left	MRGN	Absent	
3GNA0118H	Gills, Left	PALE	Absent	
3GNA0118H	Gills, Right	FRAY	Absent	
3GNA0118H	Gills, Right	MRGN	Absent	
3GNA0118H	Gills, Right	PALE	Absent	
3GNA0118H	Fins	ERS	Absent	
3GNA0118H	Fins	FRAY	Absent	
3GNA0118H	Fins	HMR	Absent	
3GNA0118H	Fins	EMB	Absent	
3GNA0119H	Gills, Left	FRAY	Absent	
3GNA0119H	Gills, Left	MRGN	Absent	
3GNA0119H	Gills, Left	PALE	Absent	
3GNA0119H	Gills, Right	FRAY	Absent	
3GNA0119H	Gills, Right	MRGN	Absent	
3GNA0119H	Gills, Right	PALE	Absent	
3GNA0119H	Fins	ERS	Absent	
3GNA0119H	Fins	FRAY	Absent	
3GNA0119H	Fins	HMR	Absent	
3GNA0119H	Fins	EMB	Absent	
3GNA0120H	Gills, Left	FRAY	Absent	
3GNA0120H	Gills, Left	MRGN	Absent	
3GNA0120H	Gills, Left	PALE	Absent	
3GNA0120H	Gills, Right	FRAY	Absent	
3GNA0120H	Gills, Right	MRGN	Absent	
3GNA0120H	Gills, Right	PALE	Absent	
3GNA0120H	Fins	ERS	Absent	
3GNA0120H	Fins	FRAY	Absent	
3GNA0120H	Fins	HMR	Absent	
3GNA0120H	Fins	EMB	Absent	
3GNA0121H	Gills, Left	FRAY	Absent	
3GNA0121H	Gills, Left	MRGN	Absent	
3GNA0121H	Gills, Left	PALE	Absent	
3GNA0121H	Gills, Right	FRAY	Absent	
3GNA0121H	Gills, Right	MRGN	Absent	
3GNA0121H	Gills, Right	PALE	Absent	
3GNA0121H	Fins	ERS	Absent	
3GNA0121H	Fins	FRAY	Absent	
3GNA0121H	Fins	HMR	Absent	
3GNA0121H	Fins	EMB	Absent	
3GNA0122H	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0122H	Gills, Left	MRGN	Absent	
3GNA0122H	Gills, Left	PALE	Absent	
3GNA0122H	Gills, Right	FRAY	Absent	
3GNA0122H	Gills, Right	MRGN	Absent	
3GNA0122H	Gills, Right	PALE	Absent	
3GNA0122H	Fins	ERS	Absent	
3GNA0122H	Fins	FRAY	Absent	
3GNA0122H	Fins	HMR	Absent	
3GNA0122H	Fins	EMB	Absent	
3GNA0123H	Gills, Left	FRAY	Absent	
3GNA0123H	Gills, Left	MRGN	Absent	
3GNA0123H	Gills, Left	PALE	Absent	
3GNA0123H	Gills, Right	FRAY	Absent	
3GNA0123H	Gills, Right	MRGN	Absent	
3GNA0123H	Gills, Right	PALE	Absent	
3GNA0123H	Fins	ERS	Absent	
3GNA0123H	Fins	FRAY	Absent	
3GNA0123H	Fins	HMR	Absent	
3GNA0123H	Fins	EMB	Absent	
3GNA0124	Gills, Left	FRAY	Absent	
3GNA0124	Gills, Left	MRGN	Absent	
3GNA0124	Gills, Left	PALE	Absent	
3GNA0124	Gills, Right	FRAY	Absent	
3GNA0124	Gills, Right	MRGN	Absent	
3GNA0124	Gills, Right	PALE	Absent	
3GNA0124	Fins	ERS	Absent	
3GNA0124	Fins	FRAY	Absent	
3GNA0124	Fins	HMR	Absent	
3GNA0124	Fins	EMB	Absent	
3GNA0125H	Gills, Left	FRAY	Absent	
3GNA0125H	Gills, Left	MRGN	Absent	
3GNA0125H	Gills, Left	PALE	Absent	
3GNA0125H	Gills, Right	FRAY	Absent	
3GNA0125H	Gills, Right	MRGN	Absent	
3GNA0125H	Gills, Right	PALE	Absent	
3GNA0125H	Fins	ERS	Absent	
3GNA0125H	Fins	FRAY	Absent	
3GNA0125H	Fins	HMR	Absent	
3GNA0125H	Fins	EMB	Absent	
3GNA0126H	Gills, Left	FRAY	Absent	
3GNA0126H	Gills, Left	MRGN	Absent	
3GNA0126H	Gills, Left	PALE	Absent	
3GNA0126H	Gills, Right	FRAY	Absent	
3GNA0126H	Gills, Right	MRGN	Absent	
3GNA0126H	Gills, Right	PALE	Absent	
3GNA0126H	Fins	ERS	Absent	
3GNA0126H	Fins	FRAY	Absent	
3GNA0126H	Fins	HMR	Absent	
3GNA0126H	Fins	EMB	Absent	
3GNA0127	Gills, Left	FRAY	Absent	
3GNA0127	Gills, Left	MRGN	Absent	
3GNA0127	Gills, Left	PALE	Absent	
3GNA0127	Gills, Right	FRAY	Absent	
3GNA0127	Gills, Right	MRGN	Absent	
3GNA0127	Gills, Right	PALE	Absent	
3GNA0127	Fins	ERS	Absent	
3GNA0127	Fins	FRAY	Absent	
3GNA0127	Fins	HMR	Absent	
3GNA0127	Fins	EMB	Absent	
3GNA0128	Gills, Left	FRAY	Absent	
3GNA0128	Gills, Left	MRGN	Absent	
3GNA0128	Gills, Left	PALE	Absent	
3GNA0128	Gills, Right	FRAY	Absent	
3GNA0128	Gills, Right	MRGN	Absent	
3GNA0128	Gills, Right	PALE	Absent	
3GNA0128	Fins	ERS	Absent	
3GNA0128	Fins	FRAY	Absent	
3GNA0128	Fins	HMR	Absent	
3GNA0128	Fins	EMB	Absent	
3GNA0128	Fins	OTHER	Present	Lesion
3GNA0129	Gills, Left	FRAY	Absent	
3GNA0129	Gills, Left	MRGN	Absent	
3GNA0129	Gills, Left	PALE	Absent	
3GNA0129	Gills, Right	FRAY	Absent	
3GNA0129	Gills, Right	MRGN	Absent	
3GNA0129	Gills, Right	PALE	Absent	
3GNA0129	Fins	ERS	Absent	
3GNA0129	Fins	FRAY	Absent	
3GNA0129	Fins	HMR	Absent	
3GNA0129	Fins	EMB	Absent	
3GNA0130H	Gills, Left	FRAY	Absent	
3GNA0130H	Gills, Left	MRGN	Absent	
3GNA0130H	Gills, Left	PALE	Absent	
3GNA0130H	Gills, Right	FRAY	Absent	
3GNA0130H	Gills, Right	MRGN	Absent	
3GNA0130H	Gills, Right	PALE	Absent	
3GNA0130H	Fins	ERS	Absent	
3GNA0130H	Fins	FRAY	Absent	
3GNA0130H	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0130H	Fins	EMB	Absent	
3GNA0131H	Gills, Left	FRAY	Absent	
3GNA0131H	Gills, Left	MRGN	Absent	
3GNA0131H	Gills, Left	PALE	Absent	
3GNA0131H	Gills, Right	FRAY	Absent	
3GNA0131H	Gills, Right	MRGN	Absent	
3GNA0131H	Gills, Right	PALE	Absent	
3GNA0131H	Fins	ERS	Absent	
3GNA0131H	Fins	FRAY	Absent	
3GNA0131H	Fins	HMR	Absent	
3GNA0131H	Fins	EMB	Absent	
3GNA0132H	Gills, Left	FRAY	Absent	
3GNA0132H	Gills, Left	MRGN	Absent	
3GNA0132H	Gills, Left	PALE	Absent	
3GNA0132H	Gills, Right	FRAY	Absent	
3GNA0132H	Gills, Right	MRGN	Absent	
3GNA0132H	Gills, Right	PALE	Absent	
3GNA0132H	Fins	ERS	Absent	
3GNA0132H	Fins	FRAY	Present	
3GNA0132H	Fins	HMR	Absent	
3GNA0132H	Fins	EMB	Absent	
3GNA0133H	Gills, Left	FRAY	Absent	
3GNA0133H	Gills, Left	MRGN	Absent	
3GNA0133H	Gills, Left	PALE	Absent	
3GNA0133H	Gills, Right	FRAY	Absent	
3GNA0133H	Gills, Right	MRGN	Absent	
3GNA0133H	Gills, Right	PALE	Absent	
3GNA0133H	Fins	ERS	Absent	
3GNA0133H	Fins	FRAY	Absent	
3GNA0133H	Fins	HMR	Absent	
3GNA0133H	Fins	EMB	Absent	
3GNA0134H	Gills, Left	FRAY	Absent	
3GNA0134H	Gills, Left	MRGN	Absent	
3GNA0134H	Gills, Left	PALE	Absent	
3GNA0134H	Gills, Right	FRAY	Absent	
3GNA0134H	Gills, Right	MRGN	Absent	
3GNA0134H	Gills, Right	PALE	Absent	
3GNA0134H	Fins	ERS	Absent	
3GNA0134H	Fins	FRAY	Absent	
3GNA0134H	Fins	HMR	Absent	
3GNA0134H	Fins	EMB	Absent	
3GNA0135H	Gills, Left	FRAY	Absent	
3GNA0135H	Gills, Left	MRGN	Absent	
3GNA0135H	Gills, Left	PALE	Absent	
3GNA0135H	Gills, Right	FRAY	Absent	
3GNA0135H	Gills, Right	MRGN	Absent	
3GNA0135H	Gills, Right	PALE	Absent	
3GNA0135H	Fins	ERS	Absent	
3GNA0135H	Fins	FRAY	Absent	
3GNA0135H	Fins	HMR	Absent	
3GNA0135H	Fins	EMB	Absent	
3GNA0136H	Gills, Left	FRAY	Absent	
3GNA0136H	Gills, Left	MRGN	Absent	
3GNA0136H	Gills, Left	PALE	Absent	
3GNA0136H	Gills, Right	FRAY	Absent	
3GNA0136H	Gills, Right	MRGN	Absent	
3GNA0136H	Gills, Right	PALE	Absent	
3GNA0136H	Fins	ERS	Absent	
3GNA0136H	Fins	FRAY	Absent	
3GNA0136H	Fins	HMR	Absent	
3GNA0136H	Fins	EMB	Absent	
3GNA0136H	Fins	OTHER	Present	Tear on caudal fin
3GNA0137H	Gills, Left	FRAY	Absent	
3GNA0137H	Gills, Left	MRGN	Absent	
3GNA0137H	Gills, Left	PALE	Absent	
3GNA0137H	Gills, Right	FRAY	Absent	
3GNA0137H	Gills, Right	MRGN	Absent	
3GNA0137H	Gills, Right	PALE	Absent	
3GNA0137H	Fins	ERS	Absent	
3GNA0137H	Fins	FRAY	Absent	
3GNA0137H	Fins	HMR	Absent	
3GNA0137H	Fins	EMB	Absent	
3GNA0137H	Fins	OTHER	Present	Tear on caudal fin
3GNA0138	Gills, Left	FRAY	Absent	
3GNA0138	Gills, Left	MRGN	Absent	
3GNA0138	Gills, Left	PALE	Absent	
3GNA0138	Gills, Right	FRAY	Absent	
3GNA0138	Gills, Right	MRGN	Absent	
3GNA0138	Gills, Right	PALE	Absent	
3GNA0138	Fins	ERS	Absent	
3GNA0138	Fins	FRAY	Present	
3GNA0138	Fins	HMR	Absent	
3GNA0138	Fins	EMB	Absent	
3GNA0139	Gills, Left	FRAY	Absent	
3GNA0139	Gills, Left	MRGN	Absent	
3GNA0139	Gills, Left	PALE	Absent	
3GNA0139	Gills, Right	FRAY	Absent	
3GNA0139	Gills, Right	MRGN	Absent	
3GNA0139	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNA0139	Fins	ERS	Absent	
3GNA0139	Fins	FRAY	Present	
3GNA0139	Fins	HMR	Absent	
3GNA0139	Fins	EMB	Absent	
3GNA0140	Gills, Left	FRAY	Absent	
3GNA0140	Gills, Left	MRGN	Absent	
3GNA0140	Gills, Left	PALE	Absent	
3GNA0140	Gills, Right	FRAY	Absent	
3GNA0140	Gills, Right	MRGN	Absent	
3GNA0140	Gills, Right	PALE	Absent	
3GNA0140	Fins	ERS	Absent	
3GNA0140	Fins	FRAY	Absent	
3GNA0140	Fins	HMR	Absent	
3GNA0140	Fins	EMB	Absent	
3GNA0141	Gills, Left	FRAY	Absent	
3GNA0141	Gills, Left	MRGN	Absent	
3GNA0141	Gills, Left	PALE	Absent	
3GNA0141	Gills, Right	FRAY	Absent	
3GNA0141	Gills, Right	MRGN	Absent	
3GNA0141	Gills, Right	PALE	Absent	
3GNA0141	Fins	ERS	Absent	
3GNA0141	Fins	FRAY	Absent	
3GNA0141	Fins	HMR	Absent	
3GNA0141	Fins	EMB	Absent	
3GNC0025W	Gills, Left	FRAY	Absent	
3GNC0025W	Gills, Left	MRGN	Absent	
3GNC0025W	Gills, Left	PALE	Absent	
3GNC0025W	Gills, Right	FRAY	Absent	
3GNC0025W	Gills, Right	MRGN	Absent	
3GNC0025W	Gills, Right	PALE	Absent	
3GNC0025W	Fins	ERS	Absent	
3GNC0025W	Fins	FRAY	Absent	
3GNC0025W	Fins	HMR	Absent	
3GNC0025W	Fins	EMB	Absent	
3GNC0025W	Fins	OTHER	Present	Tear on caudal fin
3GNC0027W	Gills, Left	FRAY	Absent	
3GNC0027W	Gills, Left	MRGN	Absent	
3GNC0027W	Gills, Left	PALE	Absent	
3GNC0027W	Gills, Right	FRAY	Absent	
3GNC0027W	Gills, Right	MRGN	Absent	
3GNC0027W	Gills, Right	PALE	Absent	
3GNC0027W	Fins	ERS	Absent	
3GNC0027W	Fins	FRAY	Absent	
3GNC0027W	Fins	HMR	Absent	
3GNC0027W	Fins	EMB	Absent	
3GNC0029	Gills, Left	FRAY	Absent	
3GNC0029	Gills, Left	MRGN	Absent	
3GNC0029	Gills, Left	PALE	Absent	
3GNC0029	Gills, Right	FRAY	Absent	
3GNC0029	Gills, Right	MRGN	Absent	
3GNC0029	Gills, Right	PALE	Absent	
3GNC0029	Fins	ERS	Absent	
3GNC0029	Fins	FRAY	Absent	
3GNC0029	Fins	HMR	Absent	
3GNC0029	Fins	EMB	Absent	
3GNC0039	Gills, Left	FRAY	Absent	
3GNC0039	Gills, Left	MRGN	Absent	
3GNC0039	Gills, Left	PALE	Absent	
3GNC0039	Gills, Right	FRAY	Absent	
3GNC0039	Gills, Right	MRGN	Absent	
3GNC0039	Gills, Right	PALE	Absent	
3GNC0039	Fins	ERS	Absent	
3GNC0039	Fins	FRAY	Absent	
3GNC0039	Fins	HMR	Absent	
3GNC0039	Fins	EMB	Absent	
3GNC0040	Gills, Left	FRAY	Absent	
3GNC0040	Gills, Left	MRGN	Absent	
3GNC0040	Gills, Left	PALE	Absent	
3GNC0040	Gills, Right	FRAY	Absent	
3GNC0040	Gills, Right	MRGN	Absent	
3GNC0040	Gills, Right	PALE	Absent	
3GNC0040	Fins	ERS	Absent	
3GNC0040	Fins	FRAY	Absent	
3GNC0040	Fins	HMR	Absent	
3GNC0040	Fins	EMB	Absent	
3GNE0001H	Gills, Left	FRAY	Absent	
3GNE0001H	Gills, Left	MRGN	Absent	
3GNE0001H	Gills, Left	PALE	Absent	
3GNE0001H	Gills, Right	FRAY	Absent	
3GNE0001H	Gills, Right	MRGN	Absent	
3GNE0001H	Gills, Right	PALE	Absent	
3GNE0001H	Fins	ERS	Absent	
3GNE0001H	Fins	FRAY	Absent	
3GNE0001H	Fins	HMR	Absent	
3GNE0001H	Fins	EMB	Absent	
3GNE0002H	Gills, Left	FRAY	Absent	
3GNE0002H	Gills, Left	MRGN	Absent	
3GNE0002H	Gills, Left	PALE	Absent	
3GNE0002H	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0002H	Gills, Right	MRGN	Absent	
3GNE0002H	Gills, Right	PALE	Absent	
3GNE0002H	Fins	ERS	Absent	
3GNE0002H	Fins	FRAY	Absent	
3GNE0002H	Fins	HMR	Absent	
3GNE0002H	Fins	EMB	Absent	
3GNE0003H	Gills, Left	FRAY	Absent	
3GNE0003H	Gills, Left	MRGN	Absent	
3GNE0003H	Gills, Left	PALE	Absent	
3GNE0003H	Gills, Right	FRAY	Absent	
3GNE0003H	Gills, Right	MRGN	Absent	
3GNE0003H	Gills, Right	PALE	Absent	
3GNE0003H	Fins	ERS	Absent	
3GNE0003H	Fins	FRAY	Absent	
3GNE0003H	Fins	HMR	Absent	
3GNE0003H	Fins	EMB	Absent	
3GNE0004H	Gills, Left	FRAY	Absent	
3GNE0004H	Gills, Left	MRGN	Absent	
3GNE0004H	Gills, Left	PALE	Absent	
3GNE0004H	Gills, Right	FRAY	Absent	
3GNE0004H	Gills, Right	MRGN	Absent	
3GNE0004H	Gills, Right	PALE	Absent	
3GNE0004H	Fins	ERS	Absent	
3GNE0004H	Fins	FRAY	Absent	
3GNE0004H	Fins	HMR	Absent	
3GNE0004H	Fins	EMB	Absent	
3GNE0005H	Gills, Left	FRAY	Absent	
3GNE0005H	Gills, Left	MRGN	Absent	
3GNE0005H	Gills, Left	PALE	Absent	
3GNE0005H	Gills, Right	FRAY	Absent	
3GNE0005H	Gills, Right	MRGN	Absent	
3GNE0005H	Gills, Right	PALE	Absent	
3GNE0005H	Fins	ERS	Absent	
3GNE0005H	Fins	FRAY	Absent	
3GNE0005H	Fins	HMR	Absent	
3GNE0005H	Fins	EMB	Absent	
3GNE0006H	Gills, Left	FRAY	Absent	
3GNE0006H	Gills, Left	MRGN	Absent	
3GNE0006H	Gills, Left	PALE	Absent	
3GNE0006H	Gills, Right	FRAY	Absent	
3GNE0006H	Gills, Right	MRGN	Absent	
3GNE0006H	Gills, Right	PALE	Absent	
3GNE0006H	Fins	ERS	Absent	
3GNE0006H	Fins	FRAY	Absent	
3GNE0006H	Fins	HMR	Absent	
3GNE0006H	Fins	EMB	Absent	
3GNE0007W	Gills, Left	FRAY	Absent	
3GNE0007W	Gills, Left	MRGN	Absent	
3GNE0007W	Gills, Left	PALE	Absent	
3GNE0007W	Gills, Right	FRAY	Absent	
3GNE0007W	Gills, Right	MRGN	Absent	
3GNE0007W	Gills, Right	PALE	Absent	
3GNE0007W	Fins	ERS	Absent	
3GNE0007W	Fins	FRAY	Absent	
3GNE0007W	Fins	HMR	Absent	
3GNE0007W	Fins	EMB	Absent	
3GNE0008W	Gills, Left	FRAY	Absent	
3GNE0008W	Gills, Left	MRGN	Absent	
3GNE0008W	Gills, Left	PALE	Absent	
3GNE0008W	Gills, Right	FRAY	Absent	
3GNE0008W	Gills, Right	MRGN	Absent	
3GNE0008W	Gills, Right	PALE	Absent	
3GNE0008W	Fins	ERS	Absent	
3GNE0008W	Fins	FRAY	Absent	
3GNE0008W	Fins	HMR	Absent	
3GNE0008W	Fins	EMB	Absent	
3GNE0009H	Gills, Left	FRAY	Absent	
3GNE0009H	Gills, Left	MRGN	Absent	
3GNE0009H	Gills, Left	PALE	Absent	
3GNE0009H	Gills, Right	FRAY	Absent	
3GNE0009H	Gills, Right	MRGN	Absent	
3GNE0009H	Gills, Right	PALE	Absent	
3GNE0009H	Fins	ERS	Absent	
3GNE0009H	Fins	FRAY	Absent	
3GNE0009H	Fins	HMR	Absent	
3GNE0009H	Fins	EMB	Absent	
3GNE0010H	Gills, Left	FRAY	Absent	
3GNE0010H	Gills, Left	MRGN	Absent	
3GNE0010H	Gills, Left	PALE	Absent	
3GNE0010H	Gills, Right	FRAY	Absent	
3GNE0010H	Gills, Right	MRGN	Absent	
3GNE0010H	Gills, Right	PALE	Absent	
3GNE0010H	Fins	ERS	Absent	
3GNE0010H	Fins	FRAY	Absent	
3GNE0010H	Fins	HMR	Absent	
3GNE0010H	Fins	EMB	Absent	
3GNE0011W	Gills, Left	FRAY	Absent	
3GNE0011W	Gills, Left	MRGN	Absent	
3GNE0011W	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0011W	Gills, Right	FRAY	Absent	
3GNE0011W	Gills, Right	MRGN	Absent	
3GNE0011W	Gills, Right	PALE	Absent	
3GNE0011W	Fins	ERS	Absent	
3GNE0011W	Fins	FRAY	Absent	
3GNE0011W	Fins	HMR	Absent	
3GNE0011W	Fins	EMB	Absent	
3GNE0012H	Gills, Left	FRAY	Absent	
3GNE0012H	Gills, Left	MRGN	Absent	
3GNE0012H	Gills, Left	PALE	Absent	
3GNE0012H	Gills, Right	FRAY	Absent	
3GNE0012H	Gills, Right	MRGN	Absent	
3GNE0012H	Gills, Right	PALE	Absent	
3GNE0012H	Fins	ERS	Absent	
3GNE0012H	Fins	FRAY	Absent	
3GNE0012H	Fins	HMR	Absent	
3GNE0012H	Fins	EMB	Absent	
3GNE0013W	Gills, Left	FRAY	Absent	
3GNE0013W	Gills, Left	MRGN	Absent	
3GNE0013W	Gills, Left	PALE	Absent	
3GNE0013W	Gills, Right	FRAY	Absent	
3GNE0013W	Gills, Right	MRGN	Absent	
3GNE0013W	Gills, Right	PALE	Absent	
3GNE0013W	Fins	ERS	Absent	
3GNE0013W	Fins	FRAY	Absent	
3GNE0013W	Fins	HMR	Absent	
3GNE0013W	Fins	EMB	Absent	
3GNE0014W	Gills, Left	FRAY	Absent	
3GNE0014W	Gills, Left	MRGN	Absent	
3GNE0014W	Gills, Left	PALE	Absent	
3GNE0014W	Gills, Right	FRAY	Absent	
3GNE0014W	Gills, Right	MRGN	Absent	
3GNE0014W	Gills, Right	PALE	Absent	
3GNE0014W	Fins	ERS	Absent	
3GNE0014W	Fins	FRAY	Absent	
3GNE0014W	Fins	HMR	Absent	
3GNE0014W	Fins	EMB	Absent	
3GNE0015W	Gills, Left	FRAY	Absent	
3GNE0015W	Gills, Left	MRGN	Absent	
3GNE0015W	Gills, Left	PALE	Absent	
3GNE0015W	Gills, Right	FRAY	Absent	
3GNE0015W	Gills, Right	MRGN	Absent	
3GNE0015W	Gills, Right	PALE	Absent	
3GNE0015W	Fins	ERS	Absent	
3GNE0015W	Fins	FRAY	Absent	
3GNE0015W	Fins	HMR	Absent	
3GNE0015W	Fins	EMB	Absent	
3GNE0015W	Fins	OTHER	Present	Deformed adipose fin
3GNE0016H	Gills, Left	FRAY	Absent	
3GNE0016H	Gills, Left	MRGN	Absent	
3GNE0016H	Gills, Left	PALE	Absent	
3GNE0016H	Gills, Right	FRAY	Absent	
3GNE0016H	Gills, Right	MRGN	Absent	
3GNE0016H	Gills, Right	PALE	Absent	
3GNE0016H	Fins	ERS	Absent	
3GNE0016H	Fins	FRAY	Absent	
3GNE0016H	Fins	HMR	Absent	
3GNE0016H	Fins	EMB	Absent	
3GNE0017	Gills, Left	FRAY	Absent	
3GNE0017	Gills, Left	MRGN	Absent	
3GNE0017	Gills, Left	PALE	Absent	
3GNE0017	Gills, Right	FRAY	Absent	
3GNE0017	Gills, Right	MRGN	Absent	
3GNE0017	Gills, Right	PALE	Absent	
3GNE0017	Fins	ERS	Absent	
3GNE0017	Fins	FRAY	Absent	
3GNE0017	Fins	HMR	Absent	
3GNE0017	Fins	EMB	Absent	
3GNE0018	Gills, Left	FRAY	Absent	
3GNE0018	Gills, Left	MRGN	Absent	
3GNE0018	Gills, Left	PALE	Absent	
3GNE0018	Gills, Right	FRAY	Absent	
3GNE0018	Gills, Right	MRGN	Absent	
3GNE0018	Gills, Right	PALE	Absent	
3GNE0018	Fins	ERS	Minor	
3GNE0018	Fins	FRAY	Absent	
3GNE0018	Fins	HMR	Absent	
3GNE0018	Fins	EMB	Absent	
3GNE0019W	Gills, Left	FRAY	Absent	
3GNE0019W	Gills, Left	MRGN	Absent	
3GNE0019W	Gills, Left	PALE	Absent	
3GNE0019W	Gills, Right	FRAY	Absent	
3GNE0019W	Gills, Right	MRGN	Absent	
3GNE0019W	Gills, Right	PALE	Absent	
3GNE0019W	Fins	ERS	Absent	
3GNE0019W	Fins	FRAY	Absent	
3GNE0019W	Fins	HMR	Absent	
3GNE0019W	Fins	EMB	Absent	
3GNE0020	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0020	Gills, Left	MRGN	Absent	
3GNE0020	Gills, Left	PALE	Absent	
3GNE0020	Gills, Right	FRAY	Absent	
3GNE0020	Gills, Right	MRGN	Absent	
3GNE0020	Gills, Right	PALE	Absent	
3GNE0020	Fins	ERS	Absent	
3GNE0020	Fins	FRAY	Absent	
3GNE0020	Fins	HMR	Absent	
3GNE0020	Fins	EMB	Absent	
3GNE0021	Gills, Left	FRAY	Absent	
3GNE0021	Gills, Left	MRGN	Absent	
3GNE0021	Gills, Left	PALE	Absent	
3GNE0021	Gills, Right	FRAY	Absent	
3GNE0021	Gills, Right	MRGN	Absent	
3GNE0021	Gills, Right	PALE	Absent	
3GNE0021	Fins	ERS	Minor	
3GNE0021	Fins	FRAY	Absent	
3GNE0021	Fins	HMR	Absent	
3GNE0021	Fins	EMB	Absent	
3GNE0022	Gills, Left	FRAY	Absent	
3GNE0022	Gills, Left	MRGN	Absent	
3GNE0022	Gills, Left	PALE	Absent	
3GNE0022	Gills, Right	FRAY	Absent	
3GNE0022	Gills, Right	MRGN	Absent	
3GNE0022	Gills, Right	PALE	Absent	
3GNE0022	Fins	ERS	Absent	
3GNE0022	Fins	FRAY	Absent	
3GNE0022	Fins	HMR	Absent	
3GNE0022	Fins	EMB	Absent	
3GNE0023	Gills, Left	FRAY	Absent	
3GNE0023	Gills, Left	MRGN	Absent	
3GNE0023	Gills, Left	PALE	Absent	
3GNE0023	Gills, Right	FRAY	Absent	
3GNE0023	Gills, Right	MRGN	Absent	
3GNE0023	Gills, Right	PALE	Absent	
3GNE0023	Fins	ERS	Absent	
3GNE0023	Fins	FRAY	Absent	
3GNE0023	Fins	HMR	Absent	
3GNE0023	Fins	EMB	Absent	
3GNE0024H	Gills, Left	FRAY	Absent	
3GNE0024H	Gills, Left	MRGN	Absent	
3GNE0024H	Gills, Left	PALE	Absent	
3GNE0024H	Gills, Right	FRAY	Absent	
3GNE0024H	Gills, Right	MRGN	Absent	
3GNE0024H	Gills, Right	PALE	Absent	
3GNE0024H	Fins	ERS	Absent	
3GNE0024H	Fins	FRAY	Absent	
3GNE0024H	Fins	HMR	Absent	
3GNE0024H	Fins	EMB	Absent	
3GNE0025	Gills, Left	FRAY	Absent	
3GNE0025	Gills, Left	MRGN	Absent	
3GNE0025	Gills, Left	PALE	Absent	
3GNE0025	Gills, Right	FRAY	Absent	
3GNE0025	Gills, Right	MRGN	Absent	
3GNE0025	Gills, Right	PALE	Absent	
3GNE0025	Fins	ERS	Absent	
3GNE0025	Fins	FRAY	Absent	
3GNE0025	Fins	HMR	Absent	
3GNE0025	Fins	EMB	Absent	
3GNE0025	Fins	OTHER	Present	Damage to caudal fin
3GNE0026H	Gills, Left	FRAY	Absent	
3GNE0026H	Gills, Left	MRGN	Absent	
3GNE0026H	Gills, Left	PALE	Absent	
3GNE0026H	Gills, Right	FRAY	Absent	
3GNE0026H	Gills, Right	MRGN	Absent	
3GNE0026H	Gills, Right	PALE	Absent	
3GNE0026H	Fins	ERS	Absent	
3GNE0026H	Fins	FRAY	Absent	
3GNE0026H	Fins	HMR	Absent	
3GNE0026H	Fins	EMB	Absent	
3GNE0026H	Fins	OTHER	Present	Deformed dorsal fin
3GNE0027	Gills, Left	FRAY	Absent	
3GNE0027	Gills, Left	MRGN	Absent	
3GNE0027	Gills, Left	PALE	Absent	
3GNE0027	Gills, Right	FRAY	Absent	
3GNE0027	Gills, Right	MRGN	Absent	
3GNE0027	Gills, Right	PALE	Absent	
3GNE0027	Fins	ERS	Absent	
3GNE0027	Fins	FRAY	Absent	
3GNE0027	Fins	HMR	Present	
3GNE0027	Fins	EMB	Absent	
3GNE0028	Gills, Left	FRAY	Absent	
3GNE0028	Gills, Left	MRGN	Absent	
3GNE0028	Gills, Left	PALE	Absent	
3GNE0028	Gills, Right	FRAY	Absent	
3GNE0028	Gills, Right	MRGN	Absent	
3GNE0028	Gills, Right	PALE	Absent	
3GNE0028	Fins	ERS	Absent	
3GNE0028	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0028	Fins	HMR	Absent	
3GNE0028	Fins	EMB	Absent	
3GNE0029H	Gills, Left	FRAY	Absent	
3GNE0029H	Gills, Left	MRGN	Absent	
3GNE0029H	Gills, Left	PALE	Absent	
3GNE0029H	Gills, Right	FRAY	Absent	
3GNE0029H	Gills, Right	MRGN	Absent	
3GNE0029H	Gills, Right	PALE	Absent	
3GNE0029H	Fins	ERS	Absent	
3GNE0029H	Fins	FRAY	Absent	
3GNE0029H	Fins	HMR	Absent	
3GNE0029H	Fins	EMB	Absent	
3GNE0030H	Gills, Left	FRAY	Absent	
3GNE0030H	Gills, Left	MRGN	Absent	
3GNE0030H	Gills, Left	PALE	Absent	
3GNE0030H	Gills, Right	FRAY	Absent	
3GNE0030H	Gills, Right	MRGN	Absent	
3GNE0030H	Gills, Right	PALE	Absent	
3GNE0030H	Fins	ERS	Absent	
3GNE0030H	Fins	FRAY	Absent	
3GNE0030H	Fins	HMR	Absent	
3GNE0030H	Fins	EMB	Absent	
3GNE0031H	Gills, Left	FRAY	Absent	
3GNE0031H	Gills, Left	MRGN	Absent	
3GNE0031H	Gills, Left	PALE	Absent	
3GNE0031H	Gills, Right	FRAY	Absent	
3GNE0031H	Gills, Right	MRGN	Absent	
3GNE0031H	Gills, Right	PALE	Absent	
3GNE0031H	Fins	ERS	Absent	
3GNE0031H	Fins	FRAY	Absent	
3GNE0031H	Fins	HMR	Absent	
3GNE0031H	Fins	EMB	Absent	
3GNE0032H	Gills, Left	FRAY	Absent	
3GNE0032H	Gills, Left	MRGN	Absent	
3GNE0032H	Gills, Left	PALE	Absent	
3GNE0032H	Gills, Right	FRAY	Absent	
3GNE0032H	Gills, Right	MRGN	Absent	
3GNE0032H	Gills, Right	PALE	Absent	
3GNE0032H	Fins	ERS	Absent	
3GNE0032H	Fins	FRAY	Absent	
3GNE0032H	Fins	HMR	Absent	
3GNE0032H	Fins	EMB	Absent	
3GNE0033H	Gills, Left	FRAY	Absent	
3GNE0033H	Gills, Left	MRGN	Absent	
3GNE0033H	Gills, Left	PALE	Absent	
3GNE0033H	Gills, Right	FRAY	Absent	
3GNE0033H	Gills, Right	MRGN	Absent	
3GNE0033H	Gills, Right	PALE	Absent	
3GNE0033H	Fins	ERS	Absent	
3GNE0033H	Fins	FRAY	Absent	
3GNE0033H	Fins	HMR	Absent	
3GNE0033H	Fins	EMB	Absent	
3GNE0034	Gills, Left	FRAY	Absent	
3GNE0034	Gills, Left	MRGN	Absent	
3GNE0034	Gills, Left	PALE	Absent	
3GNE0034	Gills, Right	FRAY	Absent	
3GNE0034	Gills, Right	MRGN	Absent	
3GNE0034	Gills, Right	PALE	Absent	
3GNE0034	Fins	ERS	Absent	
3GNE0034	Fins	FRAY	Absent	
3GNE0034	Fins	HMR	Absent	
3GNE0034	Fins	EMB	Absent	
3GNE0035H	Gills, Left	FRAY	Absent	
3GNE0035H	Gills, Left	MRGN	Absent	
3GNE0035H	Gills, Left	PALE	Absent	
3GNE0035H	Gills, Right	FRAY	Absent	
3GNE0035H	Gills, Right	MRGN	Absent	
3GNE0035H	Gills, Right	PALE	Absent	
3GNE0035H	Fins	ERS	Absent	
3GNE0035H	Fins	FRAY	Absent	
3GNE0035H	Fins	HMR	Absent	
3GNE0035H	Fins	EMB	Absent	
3GNE0036H	Gills, Left	FRAY	Absent	
3GNE0036H	Gills, Left	MRGN	Absent	
3GNE0036H	Gills, Left	PALE	Absent	
3GNE0036H	Gills, Right	FRAY	Absent	
3GNE0036H	Gills, Right	MRGN	Absent	
3GNE0036H	Gills, Right	PALE	Absent	
3GNE0036H	Fins	ERS	Absent	
3GNE0036H	Fins	FRAY	Absent	
3GNE0036H	Fins	HMR	Absent	
3GNE0036H	Fins	EMB	Absent	
3GNE0037W	Gills, Left	FRAY	Absent	
3GNE0037W	Gills, Left	MRGN	Absent	
3GNE0037W	Gills, Left	PALE	Absent	
3GNE0037W	Gills, Right	FRAY	Absent	
3GNE0037W	Gills, Right	MRGN	Absent	
3GNE0037W	Gills, Right	PALE	Absent	
3GNE0037W	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0037W	Fins	FRAY	Absent	
3GNE0037W	Fins	HMR	Absent	
3GNE0037W	Fins	EMB	Absent	
3GNE0038	Gills, Left	FRAY	Absent	
3GNE0038	Gills, Left	MRGN	Absent	
3GNE0038	Gills, Left	PALE	Absent	
3GNE0038	Gills, Right	FRAY	Absent	
3GNE0038	Gills, Right	MRGN	Absent	
3GNE0038	Gills, Right	PALE	Absent	
3GNE0038	Fins	ERS	Absent	
3GNE0038	Fins	FRAY	Absent	
3GNE0038	Fins	HMR	Absent	
3GNE0038	Fins	EMB	Absent	
3GNE0039	Gills, Left	FRAY	Absent	
3GNE0039	Gills, Left	MRGN	Absent	
3GNE0039	Gills, Left	PALE	Absent	
3GNE0039	Gills, Right	FRAY	Absent	
3GNE0039	Gills, Right	MRGN	Absent	
3GNE0039	Gills, Right	PALE	Absent	
3GNE0039	Fins	ERS	Absent	
3GNE0039	Fins	FRAY	Absent	
3GNE0039	Fins	HMR	Absent	
3GNE0039	Fins	EMB	Absent	
3GNE0040H	Gills, Left	FRAY	Absent	
3GNE0040H	Gills, Left	MRGN	Absent	
3GNE0040H	Gills, Left	PALE	Absent	
3GNE0040H	Gills, Right	FRAY	Absent	
3GNE0040H	Gills, Right	MRGN	Absent	
3GNE0040H	Gills, Right	PALE	Absent	
3GNE0040H	Fins	ERS	Absent	
3GNE0040H	Fins	FRAY	Absent	
3GNE0040H	Fins	HMR	Absent	
3GNE0040H	Fins	EMB	Absent	
3GNE0041H	Gills, Left	FRAY	Absent	
3GNE0041H	Gills, Left	MRGN	Absent	
3GNE0041H	Gills, Left	PALE	Absent	
3GNE0041H	Gills, Right	FRAY	Absent	
3GNE0041H	Gills, Right	MRGN	Absent	
3GNE0041H	Gills, Right	PALE	Absent	
3GNE0041H	Fins	ERS	Absent	
3GNE0041H	Fins	FRAY	Absent	
3GNE0041H	Fins	HMR	Absent	
3GNE0041H	Fins	EMB	Absent	
3GNE0042H	Gills, Left	FRAY	Absent	
3GNE0042H	Gills, Left	MRGN	Absent	
3GNE0042H	Gills, Left	PALE	Absent	
3GNE0042H	Gills, Right	FRAY	Absent	
3GNE0042H	Gills, Right	MRGN	Absent	
3GNE0042H	Gills, Right	PALE	Absent	
3GNE0042H	Fins	ERS	Absent	
3GNE0042H	Fins	FRAY	Absent	
3GNE0042H	Fins	HMR	Absent	
3GNE0042H	Fins	EMB	Absent	
3GNE0043H	Gills, Left	FRAY	Absent	
3GNE0043H	Gills, Left	MRGN	Absent	
3GNE0043H	Gills, Left	PALE	Absent	
3GNE0043H	Gills, Right	FRAY	Absent	
3GNE0043H	Gills, Right	MRGN	Absent	
3GNE0043H	Gills, Right	PALE	Absent	
3GNE0043H	Fins	ERS	Absent	
3GNE0043H	Fins	FRAY	Absent	
3GNE0043H	Fins	HMR	Absent	
3GNE0043H	Fins	EMB	Absent	
3GNE0044H	Gills, Left	FRAY	Absent	
3GNE0044H	Gills, Left	MRGN	Absent	
3GNE0044H	Gills, Left	PALE	Absent	
3GNE0044H	Gills, Right	FRAY	Absent	
3GNE0044H	Gills, Right	MRGN	Absent	
3GNE0044H	Gills, Right	PALE	Absent	
3GNE0044H	Fins	ERS	Absent	
3GNE0044H	Fins	FRAY	Absent	
3GNE0044H	Fins	HMR	Absent	
3GNE0044H	Fins	EMB	Absent	
3GNE0045H	Gills, Left	FRAY	Absent	
3GNE0045H	Gills, Left	MRGN	Absent	
3GNE0045H	Gills, Left	PALE	Absent	
3GNE0045H	Gills, Right	FRAY	Absent	
3GNE0045H	Gills, Right	MRGN	Absent	
3GNE0045H	Gills, Right	PALE	Absent	
3GNE0045H	Fins	ERS	Absent	
3GNE0045H	Fins	FRAY	Present	
3GNE0045H	Fins	HMR	Absent	
3GNE0045H	Fins	EMB	Absent	
3GNE0046H	Gills, Left	FRAY	Absent	
3GNE0046H	Gills, Left	MRGN	Absent	
3GNE0046H	Gills, Left	PALE	Absent	
3GNE0046H	Gills, Right	FRAY	Absent	
3GNE0046H	Gills, Right	MRGN	Absent	
3GNE0046H	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0046H	Fins	ERS	Absent	
3GNE0046H	Fins	FRAY	Present	
3GNE0046H	Fins	HMR	Absent	
3GNE0046H	Fins	EMB	Absent	
3GNE0047H	Gills, Left	FRAY	Absent	
3GNE0047H	Gills, Left	MRGN	Absent	
3GNE0047H	Gills, Left	PALE	Absent	
3GNE0047H	Gills, Right	FRAY	Absent	
3GNE0047H	Gills, Right	MRGN	Absent	
3GNE0047H	Gills, Right	PALE	Absent	
3GNE0047H	Fins	ERS	Absent	
3GNE0047H	Fins	FRAY	Present	
3GNE0047H	Fins	HMR	Absent	
3GNE0047H	Fins	EMB	Absent	
3GNE0049	Gills, Left	FRAY	Absent	
3GNE0049	Gills, Left	MRGN	Absent	
3GNE0049	Gills, Left	PALE	Absent	
3GNE0049	Gills, Right	FRAY	Absent	
3GNE0049	Gills, Right	MRGN	Absent	
3GNE0049	Gills, Right	PALE	Absent	
3GNE0049	Fins	ERS	Absent	
3GNE0049	Fins	FRAY	Absent	
3GNE0049	Fins	HMR	Absent	
3GNE0049	Fins	EMB	Absent	
3GNE0050H	Gills, Left	FRAY	Absent	
3GNE0050H	Gills, Left	MRGN	Absent	
3GNE0050H	Gills, Left	PALE	Absent	
3GNE0050H	Gills, Right	FRAY	Absent	
3GNE0050H	Gills, Right	MRGN	Absent	
3GNE0050H	Gills, Right	PALE	Absent	
3GNE0050H	Fins	ERS	Absent	
3GNE0050H	Fins	FRAY	Absent	
3GNE0050H	Fins	HMR	Absent	
3GNE0050H	Fins	EMB	Absent	
3GNE0051H	Gills, Left	FRAY	Absent	
3GNE0051H	Gills, Left	MRGN	Absent	
3GNE0051H	Gills, Left	PALE	Absent	
3GNE0051H	Gills, Right	FRAY	Absent	
3GNE0051H	Gills, Right	MRGN	Absent	
3GNE0051H	Gills, Right	PALE	Absent	
3GNE0051H	Fins	ERS	Absent	
3GNE0051H	Fins	FRAY	Absent	
3GNE0051H	Fins	HMR	Absent	
3GNE0051H	Fins	EMB	Absent	
3GNE0052W	Gills, Left	FRAY	Absent	
3GNE0052W	Gills, Left	MRGN	Absent	
3GNE0052W	Gills, Left	PALE	Absent	
3GNE0052W	Gills, Right	FRAY	Absent	
3GNE0052W	Gills, Right	MRGN	Absent	
3GNE0052W	Gills, Right	PALE	Absent	
3GNE0052W	Fins	ERS	Absent	
3GNE0052W	Fins	FRAY	Absent	
3GNE0052W	Fins	HMR	Absent	
3GNE0052W	Fins	EMB	Absent	
3GNE0053H	Gills, Left	FRAY	Absent	
3GNE0053H	Gills, Left	MRGN	Absent	
3GNE0053H	Gills, Left	PALE	Absent	
3GNE0053H	Gills, Right	FRAY	Absent	
3GNE0053H	Gills, Right	MRGN	Absent	
3GNE0053H	Gills, Right	PALE	Absent	
3GNE0053H	Fins	ERS	Absent	
3GNE0053H	Fins	FRAY	Absent	
3GNE0053H	Fins	HMR	Absent	
3GNE0053H	Fins	EMB	Absent	
3GNE0054	Gills, Left	FRAY	Absent	
3GNE0054	Gills, Left	MRGN	Absent	
3GNE0054	Gills, Left	PALE	Absent	
3GNE0054	Gills, Right	FRAY	Absent	
3GNE0054	Gills, Right	MRGN	Absent	
3GNE0054	Gills, Right	PALE	Absent	
3GNE0054	Fins	ERS	Absent	
3GNE0054	Fins	FRAY	Absent	
3GNE0054	Fins	HMR	Absent	
3GNE0054	Fins	EMB	Absent	
3GNE0055	Gills, Left	FRAY	Absent	
3GNE0055	Gills, Left	MRGN	Absent	
3GNE0055	Gills, Left	PALE	Absent	
3GNE0055	Gills, Right	FRAY	Absent	
3GNE0055	Gills, Right	MRGN	Absent	
3GNE0055	Gills, Right	PALE	Absent	
3GNE0055	Fins	ERS	Absent	
3GNE0055	Fins	FRAY	Absent	
3GNE0055	Fins	HMR	Absent	
3GNE0055	Fins	EMB	Absent	
3GNE0056	Gills, Left	FRAY	Absent	
3GNE0056	Gills, Left	MRGN	Absent	
3GNE0056	Gills, Left	PALE	Absent	
3GNE0056	Gills, Right	FRAY	Absent	
3GNE0056	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0056	Gills, Right	PALE	Absent	
3GNE0056	Fins	ERS	Absent	
3GNE0056	Fins	FRAY	Absent	
3GNE0056	Fins	HMR	Absent	
3GNE0056	Fins	EMB	Absent	
3GNE0057	Gills, Left	FRAY	Absent	
3GNE0057	Gills, Left	MRGN	Absent	
3GNE0057	Gills, Left	PALE	Absent	
3GNE0057	Gills, Right	FRAY	Absent	
3GNE0057	Gills, Right	MRGN	Absent	
3GNE0057	Gills, Right	PALE	Absent	
3GNE0057	Fins	ERS	Absent	
3GNE0057	Fins	FRAY	Absent	
3GNE0057	Fins	HMR	Absent	
3GNE0057	Fins	EMB	Absent	
3GNE0058	Gills, Left	FRAY	Absent	
3GNE0058	Gills, Left	MRGN	Absent	
3GNE0058	Gills, Left	PALE	Absent	
3GNE0058	Gills, Right	FRAY	Absent	
3GNE0058	Gills, Right	MRGN	Absent	
3GNE0058	Gills, Right	PALE	Absent	
3GNE0058	Fins	ERS	Absent	
3GNE0058	Fins	FRAY	Absent	
3GNE0058	Fins	HMR	Absent	
3GNE0058	Fins	EMB	Absent	
3GNE0058	Fins	OTHER	Present	Discolored caudal fin
3GNE0059	Gills, Left	FRAY	Absent	
3GNE0059	Gills, Left	MRGN	Absent	
3GNE0059	Gills, Left	PALE	Absent	
3GNE0059	Gills, Right	FRAY	Absent	
3GNE0059	Gills, Right	MRGN	Absent	
3GNE0059	Gills, Right	PALE	Absent	
3GNE0059	Fins	ERS	Absent	
3GNE0059	Fins	FRAY	Present	
3GNE0059	Fins	HMR	Absent	
3GNE0059	Fins	EMB	Absent	
3GNE0060W	Gills, Left	FRAY	Absent	
3GNE0060W	Gills, Left	MRGN	Absent	
3GNE0060W	Gills, Left	PALE	Absent	
3GNE0060W	Gills, Right	FRAY	Absent	
3GNE0060W	Gills, Right	MRGN	Absent	
3GNE0060W	Gills, Right	PALE	Absent	
3GNE0060W	Fins	ERS	Absent	
3GNE0060W	Fins	FRAY	Absent	
3GNE0060W	Fins	HMR	Absent	
3GNE0060W	Fins	EMB	Absent	
3GNE0061H	Gills, Left	FRAY	Absent	
3GNE0061H	Gills, Left	MRGN	Absent	
3GNE0061H	Gills, Left	PALE	Absent	
3GNE0061H	Gills, Right	FRAY	Absent	
3GNE0061H	Gills, Right	MRGN	Absent	
3GNE0061H	Gills, Right	PALE	Absent	
3GNE0061H	Fins	ERS	Absent	
3GNE0061H	Fins	FRAY	Absent	
3GNE0061H	Fins	HMR	Absent	
3GNE0061H	Fins	EMB	Absent	
3GNE0062H	Gills, Left	FRAY	Absent	
3GNE0062H	Gills, Left	MRGN	Absent	
3GNE0062H	Gills, Left	PALE	Absent	
3GNE0062H	Gills, Right	FRAY	Absent	
3GNE0062H	Gills, Right	MRGN	Absent	
3GNE0062H	Gills, Right	PALE	Absent	
3GNE0062H	Fins	ERS	Absent	
3GNE0062H	Fins	FRAY	Absent	
3GNE0062H	Fins	HMR	Absent	
3GNE0062H	Fins	EMB	Absent	
3GNE0063H	Gills, Left	FRAY	Absent	
3GNE0063H	Gills, Left	MRGN	Absent	
3GNE0063H	Gills, Left	PALE	Absent	
3GNE0063H	Gills, Right	FRAY	Absent	
3GNE0063H	Gills, Right	MRGN	Absent	
3GNE0063H	Gills, Right	PALE	Absent	
3GNE0063H	Fins	ERS	Absent	
3GNE0063H	Fins	FRAY	Absent	
3GNE0063H	Fins	HMR	Absent	
3GNE0063H	Fins	EMB	Absent	
3GNE0066H	Gills, Left	FRAY	Absent	
3GNE0066H	Gills, Left	MRGN	Absent	
3GNE0066H	Gills, Left	PALE	Absent	
3GNE0066H	Gills, Right	FRAY	Absent	
3GNE0066H	Gills, Right	MRGN	Absent	
3GNE0066H	Gills, Right	PALE	Absent	
3GNE0066H	Fins	ERS	Absent	
3GNE0066H	Fins	FRAY	Absent	
3GNE0066H	Fins	HMR	Absent	
3GNE0066H	Fins	EMB	Absent	
3GNE0067H	Gills, Left	FRAY	Absent	
3GNE0067H	Gills, Left	MRGN	Absent	
3GNE0067H	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0067H	Gills, Right	FRAY	Absent	
3GNE0067H	Gills, Right	MRGN	Absent	
3GNE0067H	Gills, Right	PALE	Absent	
3GNE0067H	Fins	ERS	Absent	
3GNE0067H	Fins	FRAY	Absent	
3GNE0067H	Fins	HMR	Absent	
3GNE0067H	Fins	EMB	Absent	
3GNE0068H	Gills, Left	FRAY	Absent	
3GNE0068H	Gills, Left	MRGN	Absent	
3GNE0068H	Gills, Left	PALE	Absent	
3GNE0068H	Gills, Right	FRAY	Absent	
3GNE0068H	Gills, Right	MRGN	Absent	
3GNE0068H	Gills, Right	PALE	Absent	
3GNE0068H	Fins	ERS	Absent	
3GNE0068H	Fins	FRAY	Absent	
3GNE0068H	Fins	HMR	Absent	
3GNE0068H	Fins	EMB	Absent	
3GNE0069H	Gills, Left	FRAY	Absent	
3GNE0069H	Gills, Left	MRGN	Absent	
3GNE0069H	Gills, Left	PALE	Absent	
3GNE0069H	Gills, Right	FRAY	Absent	
3GNE0069H	Gills, Right	MRGN	Absent	
3GNE0069H	Gills, Right	PALE	Absent	
3GNE0069H	Fins	ERS	Absent	
3GNE0069H	Fins	FRAY	Absent	
3GNE0069H	Fins	HMR	Absent	
3GNE0069H	Fins	EMB	Absent	
3GNE0070	Gills, Left	FRAY	Absent	
3GNE0070	Gills, Left	MRGN	Absent	
3GNE0070	Gills, Left	PALE	Absent	
3GNE0070	Gills, Right	FRAY	Absent	
3GNE0070	Gills, Right	MRGN	Absent	
3GNE0070	Gills, Right	PALE	Absent	
3GNE0070	Fins	ERS	Absent	
3GNE0070	Fins	FRAY	Absent	
3GNE0070	Fins	HMR	Absent	
3GNE0070	Fins	EMB	Absent	
3GNE0071	Gills, Left	FRAY	Absent	
3GNE0071	Gills, Left	MRGN	Absent	
3GNE0071	Gills, Left	PALE	Absent	
3GNE0071	Gills, Right	FRAY	Absent	
3GNE0071	Gills, Right	MRGN	Absent	
3GNE0071	Gills, Right	PALE	Absent	
3GNE0071	Fins	ERS	Absent	
3GNE0071	Fins	FRAY	Present	
3GNE0071	Fins	HMR	Absent	
3GNE0071	Fins	EMB	Absent	
3GNE0072	Gills, Left	FRAY	Absent	
3GNE0072	Gills, Left	MRGN	Absent	
3GNE0072	Gills, Left	PALE	Absent	
3GNE0072	Gills, Right	FRAY	Absent	
3GNE0072	Gills, Right	MRGN	Absent	
3GNE0072	Gills, Right	PALE	Absent	
3GNE0072	Fins	ERS	Absent	
3GNE0072	Fins	FRAY	Present	
3GNE0072	Fins	HMR	Absent	
3GNE0072	Fins	EMB	Absent	
3GNE0073	Gills, Left	FRAY	Absent	
3GNE0073	Gills, Left	MRGN	Absent	
3GNE0073	Gills, Left	PALE	Absent	
3GNE0073	Gills, Right	FRAY	Absent	
3GNE0073	Gills, Right	MRGN	Absent	
3GNE0073	Gills, Right	PALE	Absent	
3GNE0073	Fins	ERS	Absent	
3GNE0073	Fins	FRAY	Absent	
3GNE0073	Fins	HMR	Absent	
3GNE0073	Fins	EMB	Absent	
3GNE0074H	Gills, Left	FRAY	Absent	
3GNE0074H	Gills, Left	MRGN	Absent	
3GNE0074H	Gills, Left	PALE	Absent	
3GNE0074H	Gills, Right	FRAY	Absent	
3GNE0074H	Gills, Right	MRGN	Absent	
3GNE0074H	Gills, Right	PALE	Absent	
3GNE0074H	Fins	ERS	Absent	
3GNE0074H	Fins	FRAY	Absent	
3GNE0074H	Fins	HMR	Absent	
3GNE0074H	Fins	EMB	Absent	
3GNE0075H	Gills, Left	FRAY	Absent	
3GNE0075H	Gills, Left	MRGN	Absent	
3GNE0075H	Gills, Left	PALE	Absent	
3GNE0075H	Gills, Right	FRAY	Absent	
3GNE0075H	Gills, Right	MRGN	Absent	
3GNE0075H	Gills, Right	PALE	Absent	
3GNE0075H	Fins	ERS	Absent	
3GNE0075H	Fins	FRAY	Absent	
3GNE0075H	Fins	HMR	Absent	
3GNE0075H	Fins	EMB	Absent	
3GNE0076H	Gills, Left	FRAY	Absent	
3GNE0076H	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3GNE0076H	Gills, Left	PALE	Absent	
3GNE0076H	Gills, Right	FRAY	Absent	
3GNE0076H	Gills, Right	MRGN	Absent	
3GNE0076H	Gills, Right	PALE	Absent	
3GNE0076H	Fins	ERS	Absent	
3GNE0076H	Fins	FRAY	Absent	
3GNE0076H	Fins	HMR	Absent	
3GNE0076H	Fins	EMB	Absent	
3GNE0078	Gills, Left	FRAY	Absent	
3GNE0078	Gills, Left	MRGN	Absent	
3GNE0078	Gills, Left	PALE	Absent	
3GNE0078	Gills, Right	FRAY	Absent	
3GNE0078	Gills, Right	MRGN	Absent	
3GNE0078	Gills, Right	PALE	Absent	
3GNE0078	Fins	ERS	Absent	
3GNE0078	Fins	FRAY	Present	
3GNE0078	Fins	HMR	Absent	
3GNE0078	Fins	EMB	Absent	
3GNE0079	Gills, Left	FRAY	Absent	
3GNE0079	Gills, Left	MRGN	Absent	
3GNE0079	Gills, Left	PALE	Absent	
3GNE0079	Gills, Right	FRAY	Absent	
3GNE0079	Gills, Right	MRGN	Absent	
3GNE0079	Gills, Right	PALE	Absent	
3GNE0079	Fins	ERS	Absent	
3GNE0079	Fins	FRAY	Present	
3GNE0079	Fins	HMR	Absent	
3GNE0079	Fins	EMB	Absent	
3GNE0080	Gills, Left	FRAY	Absent	
3GNE0080	Gills, Left	MRGN	Absent	
3GNE0080	Gills, Left	PALE	Absent	
3GNE0080	Gills, Right	FRAY	Absent	
3GNE0080	Gills, Right	MRGN	Absent	
3GNE0080	Gills, Right	PALE	Absent	
3GNE0080	Fins	ERS	Absent	
3GNE0080	Fins	FRAY	Absent	
3GNE0080	Fins	HMR	Absent	
3GNE0080	Fins	EMB	Absent	
3GNE0082	Gills, Left	FRAY	Absent	
3GNE0082	Gills, Left	MRGN	Absent	
3GNE0082	Gills, Left	PALE	Absent	
3GNE0082	Gills, Right	FRAY	Absent	
3GNE0082	Gills, Right	MRGN	Absent	
3GNE0082	Gills, Right	PALE	Absent	
3GNE0082	Fins	ERS	Absent	
3GNE0082	Fins	FRAY	Absent	
3GNE0082	Fins	HMR	Absent	
3GNE0082	Fins	EMB	Absent	
3GNE0083H	Gills, Left	FRAY	Absent	
3GNE0083H	Gills, Left	MRGN	Absent	
3GNE0083H	Gills, Left	PALE	Absent	
3GNE0083H	Gills, Right	FRAY	Absent	
3GNE0083H	Gills, Right	MRGN	Absent	
3GNE0083H	Gills, Right	PALE	Absent	
3GNE0083H	Fins	ERS	Absent	
3GNE0083H	Fins	FRAY	Absent	
3GNE0083H	Fins	HMR	Absent	
3GNE0083H	Fins	EMB	Absent	
3GNE0083H	Fins	OTHER	Present	Tear on caudal fin
3SE0001	Gills, Left	FRAY	Absent	
3SE0001	Gills, Left	MRGN	Absent	
3SE0001	Gills, Left	PALE	Absent	
3SE0001	Gills, Right	FRAY	Absent	
3SE0001	Gills, Right	MRGN	Absent	
3SE0001	Gills, Right	PALE	Absent	
3SE0001	Fins	ERS	Absent	
3SE0001	Fins	FRAY	Absent	
3SE0001	Fins	HMR	Absent	
3SE0001	Fins	EMB	Absent	
3SE0002	Gills, Left	FRAY	Absent	
3SE0002	Gills, Left	MRGN	Absent	
3SE0002	Gills, Left	PALE	Absent	
3SE0002	Gills, Right	FRAY	Absent	
3SE0002	Gills, Right	MRGN	Absent	
3SE0002	Gills, Right	PALE	Absent	
3SE0002	Fins	ERS	Absent	
3SE0002	Fins	FRAY	Present	
3SE0002	Fins	HMR	Absent	
3SE0002	Fins	EMB	Absent	
3SE0003	Gills, Left	FRAY	Absent	
3SE0003	Gills, Left	MRGN	Absent	
3SE0003	Gills, Left	PALE	Absent	
3SE0003	Gills, Right	FRAY	Absent	
3SE0003	Gills, Right	MRGN	Absent	
3SE0003	Gills, Right	PALE	Absent	
3SE0003	Fins	ERS	Absent	
3SE0003	Fins	FRAY	Absent	
3SE0003	Fins	HMR	Absent	
3SE0003	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3SE0004	Gills, Left	FRAY	Absent	
3SE0004	Gills, Left	MRGN	Absent	
3SE0004	Gills, Left	PALE	Absent	
3SE0004	Gills, Right	FRAY	Absent	
3SE0004	Gills, Right	MRGN	Absent	
3SE0004	Gills, Right	PALE	Absent	
3SE0004	Fins	ERS	Absent	
3SE0004	Fins	FRAY	Absent	
3SE0004	Fins	HMR	Absent	
3SE0004	Fins	EMB	Absent	
3SE0005	Gills, Left	FRAY	Absent	
3SE0005	Gills, Left	MRGN	Absent	
3SE0005	Gills, Left	PALE	Absent	
3SE0005	Gills, Right	FRAY	Absent	
3SE0005	Gills, Right	MRGN	Absent	
3SE0005	Gills, Right	PALE	Absent	
3SE0005	Fins	ERS	Absent	
3SE0005	Fins	FRAY	Absent	
3SE0005	Fins	HMR	Absent	
3SE0005	Fins	EMB	Absent	
3SE0007	Gills, Left	FRAY	Absent	
3SE0007	Gills, Left	MRGN	Absent	
3SE0007	Gills, Left	PALE	Absent	
3SE0007	Gills, Right	FRAY	Absent	
3SE0007	Gills, Right	MRGN	Absent	
3SE0007	Gills, Right	PALE	Absent	
3SE0007	Fins	ERS	Absent	
3SE0007	Fins	FRAY	Absent	
3SE0007	Fins	HMR	Absent	
3SE0007	Fins	EMB	Absent	
3SE0012	Gills, Left	FRAY	Absent	
3SE0012	Gills, Left	MRGN	Absent	
3SE0012	Gills, Left	PALE	Absent	
3SE0012	Gills, Right	FRAY	Absent	
3SE0012	Gills, Right	MRGN	Absent	
3SE0012	Gills, Right	PALE	Absent	
3SE0012	Fins	ERS	Absent	
3SE0012	Fins	FRAY	Absent	
3SE0012	Fins	HMR	Absent	
3SE0012	Fins	EMB	Absent	
3SE0018	Gills, Left	FRAY	Absent	
3SE0018	Gills, Left	MRGN	Absent	
3SE0018	Gills, Left	PALE	Absent	
3SE0018	Gills, Right	FRAY	Absent	
3SE0018	Gills, Right	MRGN	Absent	
3SE0018	Gills, Right	PALE	Absent	
3SE0018	Fins	ERS	Absent	
3SE0018	Fins	FRAY	Absent	
3SE0018	Fins	HMR	Absent	
3SE0018	Fins	EMB	Absent	
3SE0019W	Gills, Left	FRAY	Absent	
3SE0019W	Gills, Left	MRGN	Absent	
3SE0019W	Gills, Left	PALE	Absent	
3SE0019W	Gills, Right	FRAY	Absent	
3SE0019W	Gills, Right	MRGN	Absent	
3SE0019W	Gills, Right	PALE	Absent	
3SE0019W	Fins	ERS	Absent	
3SE0019W	Fins	FRAY	Absent	
3SE0019W	Fins	HMR	Absent	
3SE0019W	Fins	EMB	Absent	
3SE0020	Gills, Left	FRAY	Absent	
3SE0020	Gills, Left	MRGN	Absent	
3SE0020	Gills, Left	PALE	Absent	
3SE0020	Gills, Right	FRAY	Absent	
3SE0020	Gills, Right	MRGN	Absent	
3SE0020	Gills, Right	PALE	Absent	
3SE0020	Fins	ERS	Absent	
3SE0020	Fins	FRAY	Absent	
3SE0020	Fins	HMR	Absent	
3SE0020	Fins	EMB	Absent	
3SE0021	Gills, Left	FRAY	Absent	
3SE0021	Gills, Left	MRGN	Absent	
3SE0021	Gills, Left	PALE	Absent	
3SE0021	Gills, Right	FRAY	Absent	
3SE0021	Gills, Right	MRGN	Absent	
3SE0021	Gills, Right	PALE	Absent	
3SE0021	Fins	ERS	Absent	
3SE0021	Fins	FRAY	Present	
3SE0021	Fins	HMR	Absent	
3SE0021	Fins	EMB	Absent	
3SE0022	Gills, Left	FRAY	Absent	
3SE0022	Gills, Left	MRGN	Absent	
3SE0022	Gills, Left	PALE	Absent	
3SE0022	Gills, Right	FRAY	Absent	
3SE0022	Gills, Right	MRGN	Absent	
3SE0022	Gills, Right	PALE	Absent	
3SE0022	Fins	ERS	Absent	
3SE0022	Fins	FRAY	Absent	
3SE0022	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
3SE0022	Fins	EMB	Absent	
3SE0023	Gills, Left	FRAY	Absent	
3SE0023	Gills, Left	MRGN	Absent	
3SE0023	Gills, Left	PALE	Absent	
3SE0023	Gills, Right	FRAY	Absent	
3SE0023	Gills, Right	MRGN	Absent	
3SE0023	Gills, Right	PALE	Absent	
3SE0023	Fins	ERS	Absent	
3SE0023	Fins	FRAY	Absent	
3SE0023	Fins	HMR	Absent	
3SE0023	Fins	EMB	Absent	
4BE0001	Gills, Left	FRAY	Absent	
4BE0001	Gills, Left	MRGN	Absent	
4BE0001	Gills, Left	PALE	Absent	
4BE0001	Gills, Right	FRAY	Absent	
4BE0001	Gills, Right	MRGN	Absent	
4BE0001	Gills, Right	PALE	Absent	
4BE0001	Fins	ERS	Absent	
4BE0001	Fins	FRAY	Absent	
4BE0001	Fins	HMR	Absent	
4BE0001	Fins	EMB	Absent	
4BE0002	Gills, Left	FRAY	Absent	
4BE0002	Gills, Left	MRGN	Absent	
4BE0002	Gills, Left	PALE	Absent	
4BE0002	Gills, Right	FRAY	Absent	
4BE0002	Gills, Right	MRGN	Absent	
4BE0002	Gills, Right	PALE	Absent	
4BE0002	Fins	ERS	Absent	
4BE0002	Fins	FRAY	Absent	
4BE0002	Fins	HMR	Absent	
4BE0002	Fins	EMB	Absent	
4EB0001	Gills, Left	FRAY	Absent	
4EB0001	Gills, Left	MRGN	Absent	
4EB0001	Gills, Left	PALE	Absent	
4EB0001	Gills, Right	FRAY	Absent	
4EB0001	Gills, Right	MRGN	Absent	
4EB0001	Gills, Right	PALE	Absent	
4EB0001	Fins	ERS	Absent	
4EB0001	Fins	FRAY	Absent	
4EB0001	Fins	HMR	Absent	
4EB0001	Fins	EMB	Absent	
4EB0002H	Gills, Left	FRAY	Absent	
4EB0002H	Gills, Left	MRGN	Absent	
4EB0002H	Gills, Left	PALE	Absent	
4EB0002H	Gills, Right	FRAY	Absent	
4EB0002H	Gills, Right	MRGN	Absent	
4EB0002H	Gills, Right	PALE	Absent	
4EB0002H	Fins	ERS	Absent	
4EB0002H	Fins	FRAY	Absent	
4EB0002H	Fins	HMR	Absent	
4EB0002H	Fins	EMB	Absent	
4EB0002H	Fins	OTHER	Present	Stunted dorsal fin
4EB0003W	Gills, Left	FRAY	Absent	
4EB0003W	Gills, Left	MRGN	Absent	
4EB0003W	Gills, Left	PALE	Absent	
4EB0003W	Gills, Right	FRAY	Absent	
4EB0003W	Gills, Right	MRGN	Absent	
4EB0003W	Gills, Right	PALE	Absent	
4EB0003W	Fins	ERS	Absent	
4EB0003W	Fins	FRAY	Present	
4EB0003W	Fins	HMR	Absent	
4EB0003W	Fins	EMB	Absent	
4EB0004H	Gills, Left	FRAY	Absent	
4EB0004H	Gills, Left	MRGN	Absent	
4EB0004H	Gills, Left	PALE	Absent	
4EB0004H	Gills, Right	FRAY	Absent	
4EB0004H	Gills, Right	MRGN	Absent	
4EB0004H	Gills, Right	PALE	Absent	
4EB0004H	Fins	ERS	Absent	
4EB0004H	Fins	FRAY	Absent	
4EB0004H	Fins	HMR	Absent	
4EB0004H	Fins	EMB	Absent	
4EB0005W	Gills, Left	FRAY	Absent	
4EB0005W	Gills, Left	MRGN	Absent	
4EB0005W	Gills, Left	PALE	Absent	
4EB0005W	Gills, Right	FRAY	Absent	
4EB0005W	Gills, Right	MRGN	Absent	
4EB0005W	Gills, Right	PALE	Absent	
4EB0005W	Fins	ERS	Absent	
4EB0005W	Fins	FRAY	Absent	
4EB0005W	Fins	HMR	Absent	
4EB0005W	Fins	EMB	Absent	
4EB0006W	Gills, Left	FRAY	Absent	
4EB0006W	Gills, Left	MRGN	Absent	
4EB0006W	Gills, Left	PALE	Absent	
4EB0006W	Gills, Right	FRAY	Absent	
4EB0006W	Gills, Right	MRGN	Absent	
4EB0006W	Gills, Right	PALE	Absent	
4EB0006W	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0006W	Fins	FRAY	Absent	
4EB0006W	Fins	HMR	Absent	
4EB0006W	Fins	EMB	Absent	
4EB0007H	Gills, Left	FRAY	Absent	
4EB0007H	Gills, Left	MRGN	Absent	
4EB0007H	Gills, Left	PALE	Absent	
4EB0007H	Gills, Right	FRAY	Absent	
4EB0007H	Gills, Right	MRGN	Absent	
4EB0007H	Gills, Right	PALE	Absent	
4EB0007H	Fins	ERS	Absent	
4EB0007H	Fins	FRAY	Absent	
4EB0007H	Fins	HMR	Absent	
4EB0007H	Fins	EMB	Absent	
4EB0008W	Gills, Left	FRAY	Absent	
4EB0008W	Gills, Left	MRGN	Absent	
4EB0008W	Gills, Left	PALE	Absent	
4EB0008W	Gills, Right	FRAY	Absent	
4EB0008W	Gills, Right	MRGN	Absent	
4EB0008W	Gills, Right	PALE	Absent	
4EB0008W	Fins	ERS	Absent	
4EB0008W	Fins	FRAY	Absent	
4EB0008W	Fins	HMR	Absent	
4EB0008W	Fins	EMB	Absent	
4EB0009H	Gills, Left	FRAY	Absent	
4EB0009H	Gills, Left	MRGN	Absent	
4EB0009H	Gills, Left	PALE	Absent	
4EB0009H	Gills, Right	FRAY	Absent	
4EB0009H	Gills, Right	MRGN	Absent	
4EB0009H	Gills, Right	PALE	Absent	
4EB0009H	Fins	ERS	Absent	
4EB0009H	Fins	FRAY	Absent	
4EB0009H	Fins	HMR	Absent	
4EB0009H	Fins	EMB	Absent	
4EB0009H	Fins	OTHER	Present	Stunted dorsal fin
4EB0010H	Gills, Left	FRAY	Absent	
4EB0010H	Gills, Left	MRGN	Absent	
4EB0010H	Gills, Left	PALE	Absent	
4EB0010H	Gills, Right	FRAY	Absent	
4EB0010H	Gills, Right	MRGN	Absent	
4EB0010H	Gills, Right	PALE	Absent	
4EB0010H	Fins	ERS	Absent	
4EB0010H	Fins	FRAY	Present	
4EB0010H	Fins	HMR	Absent	
4EB0010H	Fins	EMB	Absent	
4EB0011W	Gills, Left	FRAY	Absent	
4EB0011W	Gills, Left	MRGN	Absent	
4EB0011W	Gills, Left	PALE	Absent	
4EB0011W	Gills, Right	FRAY	Absent	
4EB0011W	Gills, Right	MRGN	Absent	
4EB0011W	Gills, Right	PALE	Absent	
4EB0011W	Fins	ERS	Absent	
4EB0011W	Fins	FRAY	Absent	
4EB0011W	Fins	HMR	Absent	
4EB0011W	Fins	EMB	Absent	
4EB0012H	Gills, Left	FRAY	Absent	
4EB0012H	Gills, Left	MRGN	Absent	
4EB0012H	Gills, Left	PALE	Absent	
4EB0012H	Gills, Right	FRAY	Absent	
4EB0012H	Gills, Right	MRGN	Absent	
4EB0012H	Gills, Right	PALE	Absent	
4EB0012H	Fins	ERS	Absent	
4EB0012H	Fins	FRAY	Absent	
4EB0012H	Fins	HMR	Absent	
4EB0012H	Fins	EMB	Absent	
4EB0013W	Gills, Left	FRAY	Absent	
4EB0013W	Gills, Left	MRGN	Absent	
4EB0013W	Gills, Left	PALE	Absent	
4EB0013W	Gills, Left	OTHER	Present	Growth
4EB0013W	Gills, Right	FRAY	Absent	
4EB0013W	Gills, Right	MRGN	Absent	
4EB0013W	Gills, Right	PALE	Absent	
4EB0013W	Fins	ERS	Absent	
4EB0013W	Fins	FRAY	Present	
4EB0013W	Fins	HMR	Absent	
4EB0013W	Fins	EMB	Absent	
4EB0014W	Gills, Left	FRAY	Absent	
4EB0014W	Gills, Left	MRGN	Absent	
4EB0014W	Gills, Left	PALE	Absent	
4EB0014W	Gills, Right	FRAY	Absent	
4EB0014W	Gills, Right	MRGN	Absent	
4EB0014W	Gills, Right	PALE	Absent	
4EB0014W	Fins	ERS	Absent	
4EB0014W	Fins	FRAY	Absent	
4EB0014W	Fins	HMR	Absent	
4EB0014W	Fins	EMB	Absent	
4EB0015	Gills, Left	FRAY	Absent	
4EB0015	Gills, Left	MRGN	Absent	
4EB0015	Gills, Left	PALE	Absent	
4EB0015	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0015	Gills, Right	MRGN	Absent	
4EB0015	Gills, Right	PALE	Absent	
4EB0015	Fins	ERS	Absent	
4EB0015	Fins	FRAY	Absent	
4EB0015	Fins	HMR	Absent	
4EB0015	Fins	EMB	Absent	
4EB0016W	Gills, Left	FRAY	Absent	
4EB0016W	Gills, Left	MRGN	Absent	
4EB0016W	Gills, Left	PALE	Absent	
4EB0016W	Gills, Right	FRAY	Absent	
4EB0016W	Gills, Right	MRGN	Absent	
4EB0016W	Gills, Right	PALE	Absent	
4EB0016W	Fins	ERS	Absent	
4EB0016W	Fins	FRAY	Absent	
4EB0016W	Fins	HMR	Absent	
4EB0016W	Fins	EMB	Absent	
4EB0017H	Gills, Left	FRAY	Absent	
4EB0017H	Gills, Left	MRGN	Absent	
4EB0017H	Gills, Left	PALE	Absent	
4EB0017H	Gills, Right	FRAY	Absent	
4EB0017H	Gills, Right	MRGN	Absent	
4EB0017H	Gills, Right	PALE	Absent	
4EB0017H	Fins	ERS	Absent	
4EB0017H	Fins	FRAY	Absent	
4EB0017H	Fins	HMR	Absent	
4EB0017H	Fins	EMB	Absent	
4EB0018H	Gills, Left	FRAY	Absent	
4EB0018H	Gills, Left	MRGN	Absent	
4EB0018H	Gills, Left	PALE	Absent	
4EB0018H	Gills, Right	FRAY	Absent	
4EB0018H	Gills, Right	MRGN	Absent	
4EB0018H	Gills, Right	PALE	Absent	
4EB0018H	Fins	ERS	Absent	
4EB0018H	Fins	FRAY	Absent	
4EB0018H	Fins	HMR	Absent	
4EB0018H	Fins	EMB	Absent	
4EB0019H	Gills, Left	FRAY	Absent	
4EB0019H	Gills, Left	MRGN	Absent	
4EB0019H	Gills, Left	PALE	Absent	
4EB0019H	Gills, Right	FRAY	Absent	
4EB0019H	Gills, Right	MRGN	Absent	
4EB0019H	Gills, Right	PALE	Absent	
4EB0019H	Fins	ERS	Absent	
4EB0019H	Fins	FRAY	Present	
4EB0019H	Fins	HMR	Absent	
4EB0019H	Fins	EMB	Absent	
4EB0020H	Gills, Left	FRAY	Absent	
4EB0020H	Gills, Left	MRGN	Absent	
4EB0020H	Gills, Left	PALE	Absent	
4EB0020H	Gills, Right	FRAY	Absent	
4EB0020H	Gills, Right	MRGN	Absent	
4EB0020H	Gills, Right	PALE	Absent	
4EB0020H	Fins	ERS	Absent	
4EB0020H	Fins	FRAY	Absent	
4EB0020H	Fins	HMR	Absent	
4EB0020H	Fins	EMB	Absent	
4EB0022H	Gills, Left	FRAY	Absent	
4EB0022H	Gills, Left	MRGN	Absent	
4EB0022H	Gills, Left	PALE	Absent	
4EB0022H	Gills, Right	FRAY	Absent	
4EB0022H	Gills, Right	MRGN	Absent	
4EB0022H	Gills, Right	PALE	Absent	
4EB0022H	Fins	ERS	Absent	
4EB0022H	Fins	FRAY	Absent	
4EB0022H	Fins	HMR	Absent	
4EB0022H	Fins	EMB	Absent	
4EB0022H	Fins	OTHER	Present	Stunted dorsal fin
4EB0023H	Gills, Left	FRAY	Absent	
4EB0023H	Gills, Left	MRGN	Absent	
4EB0023H	Gills, Left	PALE	Absent	
4EB0023H	Gills, Right	FRAY	Absent	
4EB0023H	Gills, Right	MRGN	Absent	
4EB0023H	Gills, Right	PALE	Absent	
4EB0023H	Fins	ERS	Absent	
4EB0023H	Fins	FRAY	Absent	
4EB0023H	Fins	HMR	Absent	
4EB0023H	Fins	EMB	Absent	
4EB0024H	Gills, Left	FRAY	Absent	
4EB0024H	Gills, Left	MRGN	Absent	
4EB0024H	Gills, Left	PALE	Absent	
4EB0024H	Gills, Right	FRAY	Absent	
4EB0024H	Gills, Right	MRGN	Absent	
4EB0024H	Gills, Right	PALE	Absent	
4EB0024H	Fins	ERS	Absent	
4EB0024H	Fins	FRAY	Absent	
4EB0024H	Fins	HMR	Absent	
4EB0024H	Fins	EMB	Absent	
4EB0025	Gills, Left	FRAY	Absent	
4EB0025	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0025	Gills, Left	PALE	Absent	
4EB0025	Gills, Right	FRAY	Absent	
4EB0025	Gills, Right	MRGN	Absent	
4EB0025	Gills, Right	PALE	Absent	
4EB0025	Fins	ERS	Absent	
4EB0025	Fins	FRAY	Absent	
4EB0025	Fins	HMR	Absent	
4EB0025	Fins	EMB	Absent	
4EB0025	Fins	OTHER	Present	Lesion
4EB0026	Gills, Left	FRAY	Absent	
4EB0026	Gills, Left	MRGN	Absent	
4EB0026	Gills, Left	PALE	Absent	
4EB0026	Gills, Right	FRAY	Absent	
4EB0026	Gills, Right	MRGN	Absent	
4EB0026	Gills, Right	PALE	Absent	
4EB0026	Fins	ERS	Absent	
4EB0026	Fins	FRAY	Absent	
4EB0026	Fins	HMR	Absent	
4EB0026	Fins	EMB	Absent	
4EB0026	Fins	OTHER	Present	Fungus
4EB0027	Gills, Left	FRAY	Absent	
4EB0027	Gills, Left	MRGN	Absent	
4EB0027	Gills, Left	PALE	Absent	
4EB0027	Gills, Right	FRAY	Absent	
4EB0027	Gills, Right	MRGN	Absent	
4EB0027	Gills, Right	PALE	Absent	
4EB0027	Fins	ERS	Absent	
4EB0027	Fins	FRAY	Absent	
4EB0027	Fins	HMR	Absent	
4EB0027	Fins	EMB	Absent	
4EB0028	Gills, Left	FRAY	Absent	
4EB0028	Gills, Left	MRGN	Absent	
4EB0028	Gills, Left	PALE	Absent	
4EB0028	Gills, Right	FRAY	Absent	
4EB0028	Gills, Right	MRGN	Absent	
4EB0028	Gills, Right	PALE	Absent	
4EB0028	Fins	ERS	Absent	
4EB0028	Fins	FRAY	Absent	
4EB0028	Fins	HMR	Absent	
4EB0028	Fins	EMB	Absent	
4EB0029	Gills, Left	FRAY	Absent	
4EB0029	Gills, Left	MRGN	Absent	
4EB0029	Gills, Left	PALE	Absent	
4EB0029	Gills, Right	FRAY	Absent	
4EB0029	Gills, Right	MRGN	Absent	
4EB0029	Gills, Right	PALE	Absent	
4EB0029	Fins	ERS	Absent	
4EB0029	Fins	FRAY	Present	
4EB0029	Fins	HMR	Absent	
4EB0029	Fins	EMB	Absent	
4EB0030	Gills, Left	FRAY	Absent	
4EB0030	Gills, Left	MRGN	Absent	
4EB0030	Gills, Left	PALE	Absent	
4EB0030	Gills, Right	FRAY	Absent	
4EB0030	Gills, Right	MRGN	Absent	
4EB0030	Gills, Right	PALE	Absent	
4EB0030	Fins	ERS	Absent	
4EB0030	Fins	FRAY	Absent	
4EB0030	Fins	HMR	Absent	
4EB0030	Fins	EMB	Absent	
4EB0031	Gills, Left	FRAY	Absent	
4EB0031	Gills, Left	MRGN	Absent	
4EB0031	Gills, Left	PALE	Absent	
4EB0031	Gills, Right	FRAY	Absent	
4EB0031	Gills, Right	MRGN	Absent	
4EB0031	Gills, Right	PALE	Absent	
4EB0031	Fins	ERS	Absent	
4EB0031	Fins	FRAY	Absent	
4EB0031	Fins	HMR	Absent	
4EB0031	Fins	EMB	Absent	
4EB0032	Gills, Left	FRAY	Absent	
4EB0032	Gills, Left	MRGN	Absent	
4EB0032	Gills, Left	PALE	Absent	
4EB0032	Gills, Right	FRAY	Absent	
4EB0032	Gills, Right	MRGN	Absent	
4EB0032	Gills, Right	PALE	Absent	
4EB0032	Fins	ERS	Absent	
4EB0032	Fins	FRAY	Absent	
4EB0032	Fins	HMR	Absent	
4EB0032	Fins	EMB	Absent	
4EB0033	Gills, Left	FRAY	Absent	
4EB0033	Gills, Left	MRGN	Absent	
4EB0033	Gills, Left	PALE	Absent	
4EB0033	Gills, Right	FRAY	Absent	
4EB0033	Gills, Right	MRGN	Absent	
4EB0033	Gills, Right	PALE	Absent	
4EB0033	Fins	ERS	Absent	
4EB0033	Fins	FRAY	Absent	
4EB0033	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0033	Fins	EMB	Absent	
4EB0034	Gills, Left	FRAY	Absent	
4EB0034	Gills, Left	MRGN	Absent	
4EB0034	Gills, Left	PALE	Absent	
4EB0034	Gills, Right	FRAY	Absent	
4EB0034	Gills, Right	MRGN	Absent	
4EB0034	Gills, Right	PALE	Absent	
4EB0034	Fins	ERS	Absent	
4EB0034	Fins	FRAY	Absent	
4EB0034	Fins	HMR	Absent	
4EB0034	Fins	EMB	Absent	
4EB0037	Gills, Left	FRAY	Absent	
4EB0037	Gills, Left	MRGN	Absent	
4EB0037	Gills, Left	PALE	Absent	
4EB0037	Gills, Right	FRAY	Absent	
4EB0037	Gills, Right	MRGN	Absent	
4EB0037	Gills, Right	PALE	Absent	
4EB0037	Fins	ERS	Absent	
4EB0037	Fins	FRAY	Absent	
4EB0037	Fins	HMR	Absent	
4EB0037	Fins	EMB	Absent	
4EB0050H	Gills, Left	FRAY	Absent	
4EB0050H	Gills, Left	MRGN	Absent	
4EB0050H	Gills, Left	PALE	Absent	
4EB0050H	Gills, Right	FRAY	Absent	
4EB0050H	Gills, Right	MRGN	Absent	
4EB0050H	Gills, Right	PALE	Absent	
4EB0050H	Fins	ERS	Absent	
4EB0050H	Fins	FRAY	Absent	
4EB0050H	Fins	HMR	Absent	
4EB0050H	Fins	EMB	Absent	
4EB0054H	Gills, Left	FRAY	Absent	
4EB0054H	Gills, Left	MRGN	Absent	
4EB0054H	Gills, Left	PALE	Absent	
4EB0054H	Gills, Right	FRAY	Absent	
4EB0054H	Gills, Right	MRGN	Absent	
4EB0054H	Gills, Right	PALE	Absent	
4EB0054H	Fins	ERS	Absent	
4EB0054H	Fins	FRAY	Absent	
4EB0054H	Fins	HMR	Absent	
4EB0054H	Fins	EMB	Absent	
4EB0056H	Gills, Left	FRAY	Absent	
4EB0056H	Gills, Left	MRGN	Absent	
4EB0056H	Gills, Left	PALE	Absent	
4EB0056H	Gills, Right	FRAY	Absent	
4EB0056H	Gills, Right	MRGN	Absent	
4EB0056H	Gills, Right	PALE	Absent	
4EB0056H	Fins	ERS	Absent	
4EB0056H	Fins	FRAY	Absent	
4EB0056H	Fins	HMR	Absent	
4EB0056H	Fins	EMB	Absent	
4EB0058H	Gills, Left	FRAY	Absent	
4EB0058H	Gills, Left	MRGN	Absent	
4EB0058H	Gills, Left	PALE	Absent	
4EB0058H	Gills, Right	FRAY	Absent	
4EB0058H	Gills, Right	MRGN	Absent	
4EB0058H	Gills, Right	PALE	Absent	
4EB0058H	Fins	ERS	Absent	
4EB0058H	Fins	FRAY	Absent	
4EB0058H	Fins	HMR	Absent	
4EB0058H	Fins	EMB	Absent	
4EB0058H	Fins	OTHER	Present	Missing right pectoral fin
4EB0059H	Gills, Left	FRAY	Absent	
4EB0059H	Gills, Left	MRGN	Absent	
4EB0059H	Gills, Left	PALE	Absent	
4EB0059H	Gills, Right	FRAY	Absent	
4EB0059H	Gills, Right	MRGN	Absent	
4EB0059H	Gills, Right	PALE	Absent	
4EB0059H	Fins	ERS	Absent	
4EB0059H	Fins	FRAY	Absent	
4EB0059H	Fins	HMR	Absent	
4EB0059H	Fins	EMB	Absent	
4EB0060H	Gills, Left	FRAY	Absent	
4EB0060H	Gills, Left	MRGN	Absent	
4EB0060H	Gills, Left	PALE	Absent	
4EB0060H	Gills, Right	FRAY	Absent	
4EB0060H	Gills, Right	MRGN	Absent	
4EB0060H	Gills, Right	PALE	Absent	
4EB0060H	Fins	ERS	Absent	
4EB0060H	Fins	FRAY	Absent	
4EB0060H	Fins	HMR	Absent	
4EB0060H	Fins	EMB	Absent	
4EB0061H	Gills, Left	FRAY	Absent	
4EB0061H	Gills, Left	MRGN	Absent	
4EB0061H	Gills, Left	PALE	Absent	
4EB0061H	Gills, Right	FRAY	Absent	
4EB0061H	Gills, Right	MRGN	Absent	
4EB0061H	Gills, Right	PALE	Absent	
4EB0061H	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4EB0061H	Fins	FRAY	Absent	
4EB0061H	Fins	HMR	Absent	
4EB0061H	Fins	EMB	Absent	
4EB0062H	Gills, Left	FRAY	Absent	
4EB0062H	Gills, Left	MRGN	Absent	
4EB0062H	Gills, Left	PALE	Absent	
4EB0062H	Gills, Right	FRAY	Absent	
4EB0062H	Gills, Right	MRGN	Absent	
4EB0062H	Gills, Right	PALE	Absent	
4EB0062H	Fins	ERS	Absent	
4EB0062H	Fins	FRAY	Absent	
4EB0062H	Fins	HMR	Absent	
4EB0062H	Fins	EMB	Absent	
4EB0063	Gills, Left	FRAY	Absent	
4EB0063	Gills, Left	MRGN	Absent	
4EB0063	Gills, Left	PALE	Absent	
4EB0063	Gills, Right	FRAY	Absent	
4EB0063	Gills, Right	MRGN	Absent	
4EB0063	Gills, Right	PALE	Absent	
4EB0063	Fins	ERS	Absent	
4EB0063	Fins	FRAY	Absent	
4EB0063	Fins	HMR	Absent	
4EB0063	Fins	EMB	Absent	
4EB0064	Gills, Left	FRAY	Absent	
4EB0064	Gills, Left	MRGN	Absent	
4EB0064	Gills, Left	PALE	Absent	
4EB0064	Gills, Right	FRAY	Absent	
4EB0064	Gills, Right	MRGN	Absent	
4EB0064	Gills, Right	PALE	Absent	
4EB0064	Fins	ERS	Absent	
4EB0064	Fins	FRAY	Absent	
4EB0064	Fins	HMR	Absent	
4EB0064	Fins	EMB	Absent	
4EB0065	Gills, Left	FRAY	Absent	
4EB0065	Gills, Left	MRGN	Absent	
4EB0065	Gills, Left	PALE	Absent	
4EB0065	Gills, Right	FRAY	Absent	
4EB0065	Gills, Right	MRGN	Absent	
4EB0065	Gills, Right	PALE	Absent	
4EB0065	Fins	ERS	Absent	
4EB0065	Fins	FRAY	Absent	
4EB0065	Fins	HMR	Absent	
4EB0065	Fins	EMB	Absent	
4EB0066	Gills, Left	FRAY	Absent	
4EB0066	Gills, Left	MRGN	Absent	
4EB0066	Gills, Left	PALE	Absent	
4EB0066	Gills, Right	FRAY	Absent	
4EB0066	Gills, Right	MRGN	Absent	
4EB0066	Gills, Right	PALE	Absent	
4EB0066	Fins	ERS	Absent	
4EB0066	Fins	FRAY	Absent	
4EB0066	Fins	HMR	Absent	
4EB0066	Fins	EMB	Absent	
4EB0067	Gills, Left	FRAY	Absent	
4EB0067	Gills, Left	MRGN	Absent	
4EB0067	Gills, Left	PALE	Absent	
4EB0067	Gills, Right	FRAY	Absent	
4EB0067	Gills, Right	MRGN	Absent	
4EB0067	Gills, Right	PALE	Absent	
4EB0067	Fins	ERS	Absent	
4EB0067	Fins	FRAY	Absent	
4EB0067	Fins	HMR	Absent	
4EB0067	Fins	EMB	Absent	
4ED0021H	Gills, Left	FRAY	Absent	
4ED0021H	Gills, Left	MRGN	Absent	
4ED0021H	Gills, Left	PALE	Absent	
4ED0021H	Gills, Right	FRAY	Absent	
4ED0021H	Gills, Right	MRGN	Absent	
4ED0021H	Gills, Right	PALE	Absent	
4ED0021H	Fins	ERS	Absent	
4ED0021H	Fins	FRAY	Absent	
4ED0021H	Fins	HMR	Absent	
4ED0021H	Fins	EMB	Absent	
4ED0397	Gills, Left	FRAY	Absent	
4ED0397	Gills, Left	MRGN	Absent	
4ED0397	Gills, Left	PALE	Absent	
4ED0397	Gills, Right	FRAY	Absent	
4ED0397	Gills, Right	MRGN	Absent	
4ED0397	Gills, Right	PALE	Absent	
4ED0397	Fins	ERS	Absent	
4ED0397	Fins	FRAY	Absent	
4ED0397	Fins	HMR	Absent	
4ED0397	Fins	EMB	Absent	
4ED0398	Gills, Left	FRAY	Absent	
4ED0398	Gills, Left	MRGN	Absent	
4ED0398	Gills, Left	PALE	Absent	
4ED0398	Gills, Right	FRAY	Absent	
4ED0398	Gills, Right	MRGN	Absent	
4ED0398	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0398	Fins	ERS	Absent	
4ED0398	Fins	FRAY	Absent	
4ED0398	Fins	HMR	Absent	
4ED0398	Fins	EMB	Absent	
4ED0399	Gills, Left	FRAY	Absent	
4ED0399	Gills, Left	MRGN	Absent	
4ED0399	Gills, Left	PALE	Absent	
4ED0399	Gills, Right	FRAY	Absent	
4ED0399	Gills, Right	MRGN	Absent	
4ED0399	Gills, Right	PALE	Absent	
4ED0399	Fins	ERS	Absent	
4ED0399	Fins	FRAY	Absent	
4ED0399	Fins	HMR	Absent	
4ED0399	Fins	EMB	Absent	
4ED0400	Gills, Left	FRAY	Absent	
4ED0400	Gills, Left	MRGN	Absent	
4ED0400	Gills, Left	PALE	Absent	
4ED0400	Gills, Right	FRAY	Absent	
4ED0400	Gills, Right	MRGN	Absent	
4ED0400	Gills, Right	PALE	Absent	
4ED0400	Fins	ERS	Absent	
4ED0400	Fins	FRAY	Absent	
4ED0400	Fins	HMR	Absent	
4ED0400	Fins	EMB	Absent	
4ED0401	Gills, Left	FRAY	Absent	
4ED0401	Gills, Left	MRGN	Absent	
4ED0401	Gills, Left	PALE	Absent	
4ED0401	Gills, Right	FRAY	Absent	
4ED0401	Gills, Right	MRGN	Absent	
4ED0401	Gills, Right	PALE	Absent	
4ED0401	Fins	ERS	Absent	
4ED0401	Fins	FRAY	Absent	
4ED0401	Fins	HMR	Absent	
4ED0401	Fins	EMB	Absent	
4ED0402	Gills, Left	FRAY	Absent	
4ED0402	Gills, Left	MRGN	Absent	
4ED0402	Gills, Left	PALE	Absent	
4ED0402	Gills, Right	FRAY	Absent	
4ED0402	Gills, Right	MRGN	Absent	
4ED0402	Gills, Right	PALE	Absent	
4ED0402	Fins	ERS	Absent	
4ED0402	Fins	FRAY	Absent	
4ED0402	Fins	HMR	Absent	
4ED0402	Fins	EMB	Absent	
4ED0403	Gills, Left	FRAY	Absent	
4ED0403	Gills, Left	MRGN	Absent	
4ED0403	Gills, Left	PALE	Absent	
4ED0403	Gills, Right	FRAY	Absent	
4ED0403	Gills, Right	MRGN	Absent	
4ED0403	Gills, Right	PALE	Absent	
4ED0403	Fins	ERS	Absent	
4ED0403	Fins	FRAY	Absent	
4ED0403	Fins	HMR	Absent	
4ED0403	Fins	EMB	Absent	
4ED0404	Gills, Left	FRAY	Absent	
4ED0404	Gills, Left	MRGN	Absent	
4ED0404	Gills, Left	PALE	Absent	
4ED0404	Gills, Right	FRAY	Absent	
4ED0404	Gills, Right	MRGN	Absent	
4ED0404	Gills, Right	PALE	Absent	
4ED0404	Fins	ERS	Absent	
4ED0404	Fins	FRAY	Absent	
4ED0404	Fins	HMR	Absent	
4ED0404	Fins	EMB	Absent	
4ED0405	Gills, Left	FRAY	Absent	
4ED0405	Gills, Left	MRGN	Absent	
4ED0405	Gills, Left	PALE	Absent	
4ED0405	Gills, Right	FRAY	Absent	
4ED0405	Gills, Right	MRGN	Absent	
4ED0405	Gills, Right	PALE	Absent	
4ED0405	Fins	ERS	Absent	
4ED0405	Fins	FRAY	Absent	
4ED0405	Fins	HMR	Absent	
4ED0405	Fins	EMB	Absent	
4ED0406	Gills, Left	FRAY	Absent	
4ED0406	Gills, Left	MRGN	Absent	
4ED0406	Gills, Left	PALE	Absent	
4ED0406	Gills, Right	FRAY	Absent	
4ED0406	Gills, Right	MRGN	Absent	
4ED0406	Gills, Right	PALE	Absent	
4ED0406	Fins	ERS	Absent	
4ED0406	Fins	FRAY	Absent	
4ED0406	Fins	HMR	Absent	
4ED0406	Fins	EMB	Absent	
4ED0407	Gills, Left	FRAY	Absent	
4ED0407	Gills, Left	MRGN	Absent	
4ED0407	Gills, Left	PALE	Absent	
4ED0407	Gills, Right	FRAY	Absent	
4ED0407	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0407	Gills, Right	PALE	Absent	
4ED0407	Fins	ERS	Absent	
4ED0407	Fins	FRAY	Absent	
4ED0407	Fins	HMR	Absent	
4ED0407	Fins	EMB	Absent	
4ED0408	Gills, Left	FRAY	Absent	
4ED0408	Gills, Left	MRGN	Absent	
4ED0408	Gills, Left	PALE	Absent	
4ED0408	Gills, Right	FRAY	Absent	
4ED0408	Gills, Right	MRGN	Absent	
4ED0408	Gills, Right	PALE	Absent	
4ED0408	Fins	ERS	Absent	
4ED0408	Fins	FRAY	Absent	
4ED0408	Fins	HMR	Absent	
4ED0408	Fins	EMB	Absent	
4ED0409	Gills, Left	FRAY	Absent	
4ED0409	Gills, Left	MRGN	Absent	
4ED0409	Gills, Left	PALE	Absent	
4ED0409	Gills, Right	FRAY	Absent	
4ED0409	Gills, Right	MRGN	Absent	
4ED0409	Gills, Right	PALE	Absent	
4ED0409	Fins	ERS	Absent	
4ED0409	Fins	FRAY	Absent	
4ED0409	Fins	HMR	Absent	
4ED0409	Fins	EMB	Absent	
4ED0410	Gills, Left	FRAY	Absent	
4ED0410	Gills, Left	MRGN	Absent	
4ED0410	Gills, Left	PALE	Absent	
4ED0410	Gills, Right	FRAY	Absent	
4ED0410	Gills, Right	MRGN	Absent	
4ED0410	Gills, Right	PALE	Absent	
4ED0410	Fins	ERS	Absent	
4ED0410	Fins	FRAY	Absent	
4ED0410	Fins	HMR	Absent	
4ED0410	Fins	EMB	Absent	
4ED0411	Gills, Left	FRAY	Absent	
4ED0411	Gills, Left	MRGN	Absent	
4ED0411	Gills, Left	PALE	Absent	
4ED0411	Gills, Right	FRAY	Absent	
4ED0411	Gills, Right	MRGN	Absent	
4ED0411	Gills, Right	PALE	Absent	
4ED0411	Fins	ERS	Absent	
4ED0411	Fins	FRAY	Absent	
4ED0411	Fins	HMR	Absent	
4ED0411	Fins	EMB	Absent	
4ED0412	Gills, Left	FRAY	Absent	
4ED0412	Gills, Left	MRGN	Absent	
4ED0412	Gills, Left	PALE	Absent	
4ED0412	Gills, Right	FRAY	Absent	
4ED0412	Gills, Right	MRGN	Absent	
4ED0412	Gills, Right	PALE	Absent	
4ED0412	Fins	ERS	Absent	
4ED0412	Fins	FRAY	Absent	
4ED0412	Fins	HMR	Absent	
4ED0412	Fins	EMB	Absent	
4ED0413	Gills, Left	FRAY	Absent	
4ED0413	Gills, Left	MRGN	Absent	
4ED0413	Gills, Left	PALE	Absent	
4ED0413	Gills, Right	FRAY	Absent	
4ED0413	Gills, Right	MRGN	Absent	
4ED0413	Gills, Right	PALE	Absent	
4ED0413	Fins	ERS	Absent	
4ED0413	Fins	FRAY	Absent	
4ED0413	Fins	HMR	Absent	
4ED0413	Fins	EMB	Absent	
4ED0417	Gills, Left	FRAY	Absent	
4ED0417	Gills, Left	MRGN	Absent	
4ED0417	Gills, Left	PALE	Absent	
4ED0417	Gills, Right	FRAY	Absent	
4ED0417	Gills, Right	MRGN	Absent	
4ED0417	Gills, Right	PALE	Absent	
4ED0417	Fins	ERS	Absent	
4ED0417	Fins	FRAY	Absent	
4ED0417	Fins	HMR	Absent	
4ED0417	Fins	EMB	Absent	
4ED0418	Gills, Left	FRAY	Absent	
4ED0418	Gills, Left	MRGN	Absent	
4ED0418	Gills, Left	PALE	Absent	
4ED0418	Gills, Right	FRAY	Absent	
4ED0418	Gills, Right	MRGN	Absent	
4ED0418	Gills, Right	PALE	Absent	
4ED0418	Fins	ERS	Absent	
4ED0418	Fins	FRAY	Absent	
4ED0418	Fins	HMR	Absent	
4ED0418	Fins	EMB	Absent	
4ED0419	Gills, Left	FRAY	Absent	
4ED0419	Gills, Left	MRGN	Absent	
4ED0419	Gills, Left	PALE	Absent	
4ED0419	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0419	Gills, Right	MRGN	Absent	
4ED0419	Gills, Right	PALE	Absent	
4ED0419	Fins	ERS	Absent	
4ED0419	Fins	FRAY	Absent	
4ED0419	Fins	HMR	Absent	
4ED0419	Fins	EMB	Absent	
4ED0420	Gills, Left	FRAY	Absent	
4ED0420	Gills, Left	MRGN	Absent	
4ED0420	Gills, Left	PALE	Absent	
4ED0420	Gills, Right	FRAY	Absent	
4ED0420	Gills, Right	MRGN	Absent	
4ED0420	Gills, Right	PALE	Absent	
4ED0420	Fins	ERS	Absent	
4ED0420	Fins	FRAY	Absent	
4ED0420	Fins	HMR	Absent	
4ED0420	Fins	EMB	Absent	
4ED0421	Gills, Left	FRAY	Absent	
4ED0421	Gills, Left	MRGN	Absent	
4ED0421	Gills, Left	PALE	Absent	
4ED0421	Gills, Right	FRAY	Absent	
4ED0421	Gills, Right	MRGN	Absent	
4ED0421	Gills, Right	PALE	Absent	
4ED0421	Fins	ERS	Absent	
4ED0421	Fins	FRAY	Absent	
4ED0421	Fins	HMR	Absent	
4ED0421	Fins	EMB	Absent	
4ED0422	Gills, Left	FRAY	Absent	
4ED0422	Gills, Left	MRGN	Absent	
4ED0422	Gills, Left	PALE	Absent	
4ED0422	Gills, Right	FRAY	Absent	
4ED0422	Gills, Right	MRGN	Absent	
4ED0422	Gills, Right	PALE	Absent	
4ED0422	Fins	ERS	Absent	
4ED0422	Fins	FRAY	Absent	
4ED0422	Fins	HMR	Absent	
4ED0422	Fins	EMB	Absent	
4ED0423	Gills, Left	FRAY	Absent	
4ED0423	Gills, Left	MRGN	Absent	
4ED0423	Gills, Left	PALE	Absent	
4ED0423	Gills, Right	FRAY	Absent	
4ED0423	Gills, Right	MRGN	Absent	
4ED0423	Gills, Right	PALE	Absent	
4ED0423	Fins	ERS	Absent	
4ED0423	Fins	FRAY	Absent	
4ED0423	Fins	HMR	Absent	
4ED0423	Fins	EMB	Absent	
4ED0424	Gills, Left	FRAY	Absent	
4ED0424	Gills, Left	MRGN	Absent	
4ED0424	Gills, Left	PALE	Absent	
4ED0424	Gills, Right	FRAY	Absent	
4ED0424	Gills, Right	MRGN	Absent	
4ED0424	Gills, Right	PALE	Absent	
4ED0424	Fins	ERS	Absent	
4ED0424	Fins	FRAY	Absent	
4ED0424	Fins	HMR	Absent	
4ED0424	Fins	EMB	Absent	
4ED0425	Gills, Left	FRAY	Absent	
4ED0425	Gills, Left	MRGN	Absent	
4ED0425	Gills, Left	PALE	Absent	
4ED0425	Gills, Right	FRAY	Absent	
4ED0425	Gills, Right	MRGN	Absent	
4ED0425	Gills, Right	PALE	Absent	
4ED0425	Fins	ERS	Absent	
4ED0425	Fins	FRAY	Absent	
4ED0425	Fins	HMR	Absent	
4ED0425	Fins	EMB	Absent	
4ED0426	Gills, Left	FRAY	Absent	
4ED0426	Gills, Left	MRGN	Absent	
4ED0426	Gills, Left	PALE	Absent	
4ED0426	Gills, Right	FRAY	Absent	
4ED0426	Gills, Right	MRGN	Absent	
4ED0426	Gills, Right	PALE	Absent	
4ED0426	Fins	ERS	Absent	
4ED0426	Fins	FRAY	Absent	
4ED0426	Fins	HMR	Absent	
4ED0426	Fins	EMB	Absent	
4ED0427	Gills, Left	FRAY	Absent	
4ED0427	Gills, Left	MRGN	Absent	
4ED0427	Gills, Left	PALE	Absent	
4ED0427	Gills, Right	FRAY	Absent	
4ED0427	Gills, Right	MRGN	Absent	
4ED0427	Gills, Right	PALE	Absent	
4ED0427	Fins	ERS	Absent	
4ED0427	Fins	FRAY	Absent	
4ED0427	Fins	HMR	Absent	
4ED0427	Fins	EMB	Absent	
4ED0428	Gills, Left	FRAY	Absent	
4ED0428	Gills, Left	MRGN	Absent	
4ED0428	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0428	Gills, Right	FRAY	Absent	
4ED0428	Gills, Right	MRGN	Absent	
4ED0428	Gills, Right	PALE	Absent	
4ED0428	Fins	ERS	Absent	
4ED0428	Fins	FRAY	Absent	
4ED0428	Fins	HMR	Absent	
4ED0428	Fins	EMB	Absent	
4ED0429	Gills, Left	FRAY	Absent	
4ED0429	Gills, Left	MRGN	Absent	
4ED0429	Gills, Left	PALE	Absent	
4ED0429	Gills, Right	FRAY	Absent	
4ED0429	Gills, Right	MRGN	Absent	
4ED0429	Gills, Right	PALE	Absent	
4ED0429	Fins	ERS	Absent	
4ED0429	Fins	FRAY	Absent	
4ED0429	Fins	HMR	Absent	
4ED0429	Fins	EMB	Absent	
4ED0430	Gills, Left	FRAY	Absent	
4ED0430	Gills, Left	MRGN	Absent	
4ED0430	Gills, Left	PALE	Absent	
4ED0430	Gills, Right	FRAY	Absent	
4ED0430	Gills, Right	MRGN	Absent	
4ED0430	Gills, Right	PALE	Absent	
4ED0430	Fins	ERS	Absent	
4ED0430	Fins	FRAY	Absent	
4ED0430	Fins	HMR	Absent	
4ED0430	Fins	EMB	Absent	
4ED0431	Gills, Left	FRAY	Absent	
4ED0431	Gills, Left	MRGN	Absent	
4ED0431	Gills, Left	PALE	Absent	
4ED0431	Gills, Right	FRAY	Absent	
4ED0431	Gills, Right	MRGN	Absent	
4ED0431	Gills, Right	PALE	Absent	
4ED0431	Fins	ERS	Absent	
4ED0431	Fins	FRAY	Absent	
4ED0431	Fins	HMR	Absent	
4ED0431	Fins	EMB	Absent	
4ED0432	Gills, Left	FRAY	Absent	
4ED0432	Gills, Left	MRGN	Absent	
4ED0432	Gills, Left	PALE	Absent	
4ED0432	Gills, Right	FRAY	Absent	
4ED0432	Gills, Right	MRGN	Absent	
4ED0432	Gills, Right	PALE	Absent	
4ED0432	Fins	ERS	Absent	
4ED0432	Fins	FRAY	Absent	
4ED0432	Fins	HMR	Absent	
4ED0432	Fins	EMB	Absent	
4ED0433	Gills, Left	FRAY	Absent	
4ED0433	Gills, Left	MRGN	Absent	
4ED0433	Gills, Left	PALE	Absent	
4ED0433	Gills, Right	FRAY	Absent	
4ED0433	Gills, Right	MRGN	Absent	
4ED0433	Gills, Right	PALE	Absent	
4ED0433	Fins	ERS	Absent	
4ED0433	Fins	FRAY	Absent	
4ED0433	Fins	HMR	Absent	
4ED0433	Fins	EMB	Absent	
4ED0434	Gills, Left	FRAY	Absent	
4ED0434	Gills, Left	MRGN	Absent	
4ED0434	Gills, Left	PALE	Absent	
4ED0434	Gills, Right	FRAY	Absent	
4ED0434	Gills, Right	MRGN	Absent	
4ED0434	Gills, Right	PALE	Absent	
4ED0434	Fins	ERS	Absent	
4ED0434	Fins	FRAY	Absent	
4ED0434	Fins	HMR	Absent	
4ED0434	Fins	EMB	Absent	
4ED0435	Gills, Left	FRAY	Absent	
4ED0435	Gills, Left	MRGN	Absent	
4ED0435	Gills, Left	PALE	Absent	
4ED0435	Gills, Right	FRAY	Absent	
4ED0435	Gills, Right	MRGN	Absent	
4ED0435	Gills, Right	PALE	Absent	
4ED0435	Fins	ERS	Absent	
4ED0435	Fins	FRAY	Absent	
4ED0435	Fins	HMR	Absent	
4ED0435	Fins	EMB	Absent	
4ED0436	Gills, Left	FRAY	Absent	
4ED0436	Gills, Left	MRGN	Absent	
4ED0436	Gills, Left	PALE	Absent	
4ED0436	Gills, Right	FRAY	Absent	
4ED0436	Gills, Right	MRGN	Absent	
4ED0436	Gills, Right	PALE	Absent	
4ED0436	Fins	ERS	Absent	
4ED0436	Fins	FRAY	Absent	
4ED0436	Fins	HMR	Absent	
4ED0436	Fins	EMB	Absent	
4ED0437	Gills, Left	FRAY	Absent	
4ED0437	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0437	Gills, Left	PALE	Absent	
4ED0437	Gills, Right	FRAY	Absent	
4ED0437	Gills, Right	MRGN	Absent	
4ED0437	Gills, Right	PALE	Absent	
4ED0437	Fins	ERS	Absent	
4ED0437	Fins	FRAY	Absent	
4ED0437	Fins	HMR	Absent	
4ED0437	Fins	EMB	Absent	
4ED0438	Gills, Left	FRAY	Absent	
4ED0438	Gills, Left	MRGN	Absent	
4ED0438	Gills, Left	PALE	Absent	
4ED0438	Gills, Right	FRAY	Absent	
4ED0438	Gills, Right	MRGN	Absent	
4ED0438	Gills, Right	PALE	Absent	
4ED0438	Fins	ERS	Absent	
4ED0438	Fins	FRAY	Absent	
4ED0438	Fins	HMR	Absent	
4ED0438	Fins	EMB	Absent	
4ED0439	Gills, Left	FRAY	Absent	
4ED0439	Gills, Left	MRGN	Absent	
4ED0439	Gills, Left	PALE	Absent	
4ED0439	Gills, Right	FRAY	Absent	
4ED0439	Gills, Right	MRGN	Absent	
4ED0439	Gills, Right	PALE	Absent	
4ED0439	Fins	ERS	Absent	
4ED0439	Fins	FRAY	Absent	
4ED0439	Fins	HMR	Absent	
4ED0439	Fins	EMB	Absent	
4ED0440	Gills, Left	FRAY	Absent	
4ED0440	Gills, Left	MRGN	Absent	
4ED0440	Gills, Left	PALE	Absent	
4ED0440	Gills, Right	FRAY	Absent	
4ED0440	Gills, Right	MRGN	Absent	
4ED0440	Gills, Right	PALE	Absent	
4ED0440	Fins	ERS	Absent	
4ED0440	Fins	FRAY	Absent	
4ED0440	Fins	HMR	Absent	
4ED0440	Fins	EMB	Absent	
4ED0441	Gills, Left	FRAY	Absent	
4ED0441	Gills, Left	MRGN	Absent	
4ED0441	Gills, Left	PALE	Absent	
4ED0441	Gills, Right	FRAY	Absent	
4ED0441	Gills, Right	MRGN	Absent	
4ED0441	Gills, Right	PALE	Absent	
4ED0441	Fins	ERS	Absent	
4ED0441	Fins	FRAY	Absent	
4ED0441	Fins	HMR	Absent	
4ED0441	Fins	EMB	Absent	
4ED0442A	Gills, Left	FRAY	Absent	
4ED0442A	Gills, Left	MRGN	Absent	
4ED0442A	Gills, Left	PALE	Absent	
4ED0442A	Gills, Right	FRAY	Absent	
4ED0442A	Gills, Right	MRGN	Absent	
4ED0442A	Gills, Right	PALE	Absent	
4ED0442A	Fins	ERS	Absent	
4ED0442A	Fins	FRAY	Absent	
4ED0442A	Fins	HMR	Absent	
4ED0442A	Fins	EMB	Absent	
4ED0442B	Gills, Left	FRAY	Absent	
4ED0442B	Gills, Left	MRGN	Absent	
4ED0442B	Gills, Left	PALE	Absent	
4ED0442B	Gills, Right	FRAY	Absent	
4ED0442B	Gills, Right	MRGN	Absent	
4ED0442B	Gills, Right	PALE	Absent	
4ED0442B	Fins	ERS	Absent	
4ED0442B	Fins	FRAY	Absent	
4ED0442B	Fins	HMR	Absent	
4ED0442B	Fins	EMB	Absent	
4ED0443	Gills, Left	FRAY	Absent	
4ED0443	Gills, Left	MRGN	Absent	
4ED0443	Gills, Left	PALE	Absent	
4ED0443	Gills, Right	FRAY	Absent	
4ED0443	Gills, Right	MRGN	Absent	
4ED0443	Gills, Right	PALE	Absent	
4ED0443	Fins	ERS	Absent	
4ED0443	Fins	FRAY	Absent	
4ED0443	Fins	HMR	Absent	
4ED0443	Fins	EMB	Absent	
4ED0444	Gills, Left	FRAY	Absent	
4ED0444	Gills, Left	MRGN	Absent	
4ED0444	Gills, Left	PALE	Absent	
4ED0444	Gills, Right	FRAY	Absent	
4ED0444	Gills, Right	MRGN	Absent	
4ED0444	Gills, Right	PALE	Absent	
4ED0444	Fins	ERS	Absent	
4ED0444	Fins	FRAY	Absent	
4ED0444	Fins	HMR	Absent	
4ED0444	Fins	EMB	Absent	
4ED0445	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0445	Gills, Left	MRGN	Absent	
4ED0445	Gills, Left	PALE	Absent	
4ED0445	Gills, Right	FRAY	Absent	
4ED0445	Gills, Right	MRGN	Absent	
4ED0445	Gills, Right	PALE	Absent	
4ED0445	Fins	ERS	Absent	
4ED0445	Fins	FRAY	Absent	
4ED0445	Fins	HMR	Absent	
4ED0445	Fins	EMB	Absent	
4ED0446	Gills, Left	FRAY	Absent	
4ED0446	Gills, Left	MRGN	Absent	
4ED0446	Gills, Left	PALE	Absent	
4ED0446	Gills, Right	FRAY	Absent	
4ED0446	Gills, Right	MRGN	Absent	
4ED0446	Gills, Right	PALE	Absent	
4ED0446	Fins	ERS	Absent	
4ED0446	Fins	FRAY	Absent	
4ED0446	Fins	HMR	Absent	
4ED0446	Fins	EMB	Absent	
4ED0447	Gills, Left	FRAY	Absent	
4ED0447	Gills, Left	MRGN	Absent	
4ED0447	Gills, Left	PALE	Absent	
4ED0447	Gills, Right	FRAY	Absent	
4ED0447	Gills, Right	MRGN	Absent	
4ED0447	Gills, Right	PALE	Absent	
4ED0447	Fins	ERS	Absent	
4ED0447	Fins	FRAY	Absent	
4ED0447	Fins	HMR	Absent	
4ED0447	Fins	EMB	Absent	
4ED0449	Gills, Left	FRAY	Absent	
4ED0449	Gills, Left	MRGN	Absent	
4ED0449	Gills, Left	PALE	Absent	
4ED0449	Gills, Right	FRAY	Absent	
4ED0449	Gills, Right	MRGN	Absent	
4ED0449	Gills, Right	PALE	Absent	
4ED0449	Fins	ERS	Absent	
4ED0449	Fins	FRAY	Absent	
4ED0449	Fins	HMR	Absent	
4ED0449	Fins	EMB	Absent	
4ED0450	Gills, Left	FRAY	Absent	
4ED0450	Gills, Left	MRGN	Absent	
4ED0450	Gills, Left	PALE	Absent	
4ED0450	Gills, Right	FRAY	Absent	
4ED0450	Gills, Right	MRGN	Absent	
4ED0450	Gills, Right	PALE	Absent	
4ED0450	Fins	ERS	Absent	
4ED0450	Fins	FRAY	Absent	
4ED0450	Fins	HMR	Absent	
4ED0450	Fins	EMB	Absent	
4ED0451	Gills, Left	FRAY	Absent	
4ED0451	Gills, Left	MRGN	Absent	
4ED0451	Gills, Left	PALE	Absent	
4ED0451	Gills, Right	FRAY	Absent	
4ED0451	Gills, Right	MRGN	Absent	
4ED0451	Gills, Right	PALE	Absent	
4ED0451	Fins	ERS	Absent	
4ED0451	Fins	FRAY	Absent	
4ED0451	Fins	HMR	Absent	
4ED0451	Fins	EMB	Absent	
4ED0452	Gills, Left	FRAY	Absent	
4ED0452	Gills, Left	MRGN	Absent	
4ED0452	Gills, Left	PALE	Absent	
4ED0452	Gills, Right	FRAY	Absent	
4ED0452	Gills, Right	MRGN	Absent	
4ED0452	Gills, Right	PALE	Absent	
4ED0452	Fins	ERS	Absent	
4ED0452	Fins	FRAY	Absent	
4ED0452	Fins	HMR	Absent	
4ED0452	Fins	EMB	Absent	
4ED0453	Gills, Left	FRAY	Absent	
4ED0453	Gills, Left	MRGN	Absent	
4ED0453	Gills, Left	PALE	Absent	
4ED0453	Gills, Right	FRAY	Absent	
4ED0453	Gills, Right	MRGN	Absent	
4ED0453	Gills, Right	PALE	Absent	
4ED0453	Fins	ERS	Absent	
4ED0453	Fins	FRAY	Absent	
4ED0453	Fins	HMR	Absent	
4ED0453	Fins	EMB	Absent	
4ED0454	Gills, Left	FRAY	Absent	
4ED0454	Gills, Left	MRGN	Absent	
4ED0454	Gills, Left	PALE	Absent	
4ED0454	Gills, Right	FRAY	Absent	
4ED0454	Gills, Right	MRGN	Absent	
4ED0454	Gills, Right	PALE	Absent	
4ED0454	Fins	ERS	Absent	
4ED0454	Fins	FRAY	Absent	
4ED0454	Fins	HMR	Absent	
4ED0454	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0454	Fins	OTHER	Present	Deformed pelvic fins
4ED0455	Gills, Left	FRAY	Absent	
4ED0455	Gills, Left	MRGN	Absent	
4ED0455	Gills, Left	PALE	Absent	
4ED0455	Gills, Right	FRAY	Absent	
4ED0455	Gills, Right	MRGN	Absent	
4ED0455	Gills, Right	PALE	Absent	
4ED0455	Fins	ERS	Absent	
4ED0455	Fins	FRAY	Absent	
4ED0455	Fins	HMR	Absent	
4ED0455	Fins	EMB	Absent	
4ED0456	Gills, Left	FRAY	Absent	
4ED0456	Gills, Left	MRGN	Absent	
4ED0456	Gills, Left	PALE	Absent	
4ED0456	Gills, Right	FRAY	Absent	
4ED0456	Gills, Right	MRGN	Absent	
4ED0456	Gills, Right	PALE	Absent	
4ED0456	Fins	ERS	Absent	
4ED0456	Fins	FRAY	Absent	
4ED0456	Fins	HMR	Absent	
4ED0456	Fins	EMB	Absent	
4ED0457	Gills, Left	FRAY	Absent	
4ED0457	Gills, Left	MRGN	Absent	
4ED0457	Gills, Left	PALE	Absent	
4ED0457	Gills, Right	FRAY	Absent	
4ED0457	Gills, Right	MRGN	Absent	
4ED0457	Gills, Right	PALE	Absent	
4ED0457	Fins	ERS	Absent	
4ED0457	Fins	FRAY	Absent	
4ED0457	Fins	HMR	Absent	
4ED0457	Fins	EMB	Absent	
4ED0458H	Gills, Left	FRAY	Absent	
4ED0458H	Gills, Left	MRGN	Absent	
4ED0458H	Gills, Left	PALE	Absent	
4ED0458H	Gills, Right	FRAY	Absent	
4ED0458H	Gills, Right	MRGN	Absent	
4ED0458H	Gills, Right	PALE	Absent	
4ED0458H	Fins	ERS	Absent	
4ED0458H	Fins	FRAY	Absent	
4ED0458H	Fins	HMR	Absent	
4ED0458H	Fins	EMB	Absent	
4ED0459W	Gills, Left	FRAY	Absent	
4ED0459W	Gills, Left	MRGN	Absent	
4ED0459W	Gills, Left	PALE	Absent	
4ED0459W	Gills, Right	FRAY	Absent	
4ED0459W	Gills, Right	MRGN	Absent	
4ED0459W	Gills, Right	PALE	Absent	
4ED0459W	Fins	ERS	Absent	
4ED0459W	Fins	FRAY	Absent	
4ED0459W	Fins	HMR	Absent	
4ED0459W	Fins	EMB	Absent	
4ED0460W	Gills, Left	FRAY	Absent	
4ED0460W	Gills, Left	MRGN	Absent	
4ED0460W	Gills, Left	PALE	Absent	
4ED0460W	Gills, Right	FRAY	Absent	
4ED0460W	Gills, Right	MRGN	Absent	
4ED0460W	Gills, Right	PALE	Absent	
4ED0460W	Fins	ERS	Absent	
4ED0460W	Fins	FRAY	Absent	
4ED0460W	Fins	HMR	Absent	
4ED0460W	Fins	EMB	Absent	
4ED0461	Gills, Left	FRAY	Absent	
4ED0461	Gills, Left	MRGN	Absent	
4ED0461	Gills, Left	PALE	Absent	
4ED0461	Gills, Right	FRAY	Absent	
4ED0461	Gills, Right	MRGN	Absent	
4ED0461	Gills, Right	PALE	Absent	
4ED0461	Fins	ERS	Absent	
4ED0461	Fins	FRAY	Absent	
4ED0461	Fins	HMR	Absent	
4ED0461	Fins	EMB	Absent	
4ED0462	Gills, Left	FRAY	Absent	
4ED0462	Gills, Left	MRGN	Absent	
4ED0462	Gills, Left	PALE	Absent	
4ED0462	Gills, Right	FRAY	Absent	
4ED0462	Gills, Right	MRGN	Absent	
4ED0462	Gills, Right	PALE	Absent	
4ED0462	Fins	ERS	Absent	
4ED0462	Fins	FRAY	Absent	
4ED0462	Fins	HMR	Absent	
4ED0462	Fins	EMB	Absent	
4ED0463	Gills, Left	FRAY	Absent	
4ED0463	Gills, Left	MRGN	Absent	
4ED0463	Gills, Left	PALE	Absent	
4ED0463	Gills, Right	FRAY	Absent	
4ED0463	Gills, Right	MRGN	Absent	
4ED0463	Gills, Right	PALE	Absent	
4ED0463	Fins	ERS	Absent	
4ED0463	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0463	Fins	HMR	Absent	
4ED0463	Fins	EMB	Absent	
4ED0464	Gills, Left	FRAY	Absent	
4ED0464	Gills, Left	MRGN	Absent	
4ED0464	Gills, Left	PALE	Absent	
4ED0464	Gills, Right	FRAY	Absent	
4ED0464	Gills, Right	MRGN	Absent	
4ED0464	Gills, Right	PALE	Absent	
4ED0464	Fins	ERS	Absent	
4ED0464	Fins	FRAY	Absent	
4ED0464	Fins	HMR	Absent	
4ED0464	Fins	EMB	Absent	
4ED0465	Gills, Left	FRAY	Absent	
4ED0465	Gills, Left	MRGN	Absent	
4ED0465	Gills, Left	PALE	Absent	
4ED0465	Gills, Right	FRAY	Absent	
4ED0465	Gills, Right	MRGN	Absent	
4ED0465	Gills, Right	PALE	Absent	
4ED0465	Fins	ERS	Absent	
4ED0465	Fins	FRAY	Absent	
4ED0465	Fins	HMR	Absent	
4ED0465	Fins	EMB	Absent	
4ED0466	Gills, Left	FRAY	Absent	
4ED0466	Gills, Left	MRGN	Absent	
4ED0466	Gills, Left	PALE	Absent	
4ED0466	Gills, Right	FRAY	Absent	
4ED0466	Gills, Right	MRGN	Absent	
4ED0466	Gills, Right	PALE	Absent	
4ED0466	Fins	ERS	Absent	
4ED0466	Fins	FRAY	Absent	
4ED0466	Fins	HMR	Absent	
4ED0466	Fins	EMB	Absent	
4ED0467	Gills, Left	FRAY	Absent	
4ED0467	Gills, Left	MRGN	Absent	
4ED0467	Gills, Left	PALE	Absent	
4ED0467	Gills, Right	FRAY	Absent	
4ED0467	Gills, Right	MRGN	Absent	
4ED0467	Gills, Right	PALE	Absent	
4ED0467	Fins	ERS	Absent	
4ED0467	Fins	FRAY	Absent	
4ED0467	Fins	HMR	Absent	
4ED0467	Fins	EMB	Absent	
4ED0468	Gills, Left	FRAY	Absent	
4ED0468	Gills, Left	MRGN	Absent	
4ED0468	Gills, Left	PALE	Absent	
4ED0468	Gills, Right	FRAY	Absent	
4ED0468	Gills, Right	MRGN	Absent	
4ED0468	Gills, Right	PALE	Absent	
4ED0468	Fins	ERS	Absent	
4ED0468	Fins	FRAY	Absent	
4ED0468	Fins	HMR	Absent	
4ED0468	Fins	EMB	Absent	
4ED0469	Gills, Left	FRAY	Absent	
4ED0469	Gills, Left	MRGN	Absent	
4ED0469	Gills, Left	PALE	Absent	
4ED0469	Gills, Right	FRAY	Absent	
4ED0469	Gills, Right	MRGN	Absent	
4ED0469	Gills, Right	PALE	Absent	
4ED0469	Fins	ERS	Absent	
4ED0469	Fins	FRAY	Absent	
4ED0469	Fins	HMR	Absent	
4ED0469	Fins	EMB	Absent	
4ED0470	Gills, Left	FRAY	Absent	
4ED0470	Gills, Left	MRGN	Absent	
4ED0470	Gills, Left	PALE	Absent	
4ED0470	Gills, Right	FRAY	Absent	
4ED0470	Gills, Right	MRGN	Absent	
4ED0470	Gills, Right	PALE	Absent	
4ED0470	Fins	ERS	Absent	
4ED0470	Fins	FRAY	Absent	
4ED0470	Fins	HMR	Absent	
4ED0470	Fins	EMB	Absent	
4ED0471	Gills, Left	FRAY	Absent	
4ED0471	Gills, Left	MRGN	Absent	
4ED0471	Gills, Left	PALE	Absent	
4ED0471	Gills, Right	FRAY	Absent	
4ED0471	Gills, Right	MRGN	Absent	
4ED0471	Gills, Right	PALE	Absent	
4ED0471	Fins	ERS	Absent	
4ED0471	Fins	FRAY	Absent	
4ED0471	Fins	HMR	Absent	
4ED0471	Fins	EMB	Absent	
4ED0472	Gills, Left	FRAY	Absent	
4ED0472	Gills, Left	MRGN	Absent	
4ED0472	Gills, Left	PALE	Absent	
4ED0472	Gills, Right	FRAY	Absent	
4ED0472	Gills, Right	MRGN	Absent	
4ED0472	Gills, Right	PALE	Absent	
4ED0472	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0472	Fins	FRAY	Absent	
4ED0472	Fins	HMR	Absent	
4ED0472	Fins	EMB	Absent	
4ED0473	Gills, Left	FRAY	Absent	
4ED0473	Gills, Left	MRGN	Absent	
4ED0473	Gills, Left	PALE	Absent	
4ED0473	Gills, Right	FRAY	Absent	
4ED0473	Gills, Right	MRGN	Absent	
4ED0473	Gills, Right	PALE	Absent	
4ED0473	Fins	ERS	Absent	
4ED0473	Fins	FRAY	Absent	
4ED0473	Fins	HMR	Absent	
4ED0473	Fins	EMB	Absent	
4ED0474	Gills, Left	FRAY	Absent	
4ED0474	Gills, Left	MRGN	Absent	
4ED0474	Gills, Left	PALE	Absent	
4ED0474	Gills, Right	FRAY	Absent	
4ED0474	Gills, Right	MRGN	Absent	
4ED0474	Gills, Right	PALE	Absent	
4ED0474	Fins	ERS	Absent	
4ED0474	Fins	FRAY	Absent	
4ED0474	Fins	HMR	Absent	
4ED0474	Fins	EMB	Absent	
4ED0475	Gills, Left	FRAY	Absent	
4ED0475	Gills, Left	MRGN	Absent	
4ED0475	Gills, Left	PALE	Absent	
4ED0475	Gills, Right	FRAY	Absent	
4ED0475	Gills, Right	MRGN	Absent	
4ED0475	Gills, Right	PALE	Absent	
4ED0475	Fins	ERS	Absent	
4ED0475	Fins	FRAY	Absent	
4ED0475	Fins	HMR	Absent	
4ED0475	Fins	EMB	Absent	
4ED0476	Gills, Left	FRAY	Absent	
4ED0476	Gills, Left	MRGN	Absent	
4ED0476	Gills, Left	PALE	Absent	
4ED0476	Gills, Right	FRAY	Absent	
4ED0476	Gills, Right	MRGN	Absent	
4ED0476	Gills, Right	PALE	Absent	
4ED0476	Fins	ERS	Absent	
4ED0476	Fins	FRAY	Absent	
4ED0476	Fins	HMR	Absent	
4ED0476	Fins	EMB	Absent	
4ED0477	Gills, Left	FRAY	Absent	
4ED0477	Gills, Left	MRGN	Absent	
4ED0477	Gills, Left	PALE	Absent	
4ED0477	Gills, Right	FRAY	Absent	
4ED0477	Gills, Right	MRGN	Absent	
4ED0477	Gills, Right	PALE	Absent	
4ED0477	Fins	ERS	Absent	
4ED0477	Fins	FRAY	Absent	
4ED0477	Fins	HMR	Absent	
4ED0477	Fins	EMB	Absent	
4ED0478	Gills, Left	FRAY	Absent	
4ED0478	Gills, Left	MRGN	Absent	
4ED0478	Gills, Left	PALE	Absent	
4ED0478	Gills, Right	FRAY	Absent	
4ED0478	Gills, Right	MRGN	Absent	
4ED0478	Gills, Right	PALE	Absent	
4ED0478	Fins	ERS	Absent	
4ED0478	Fins	FRAY	Absent	
4ED0478	Fins	HMR	Absent	
4ED0478	Fins	EMB	Absent	
4ED0479	Gills, Left	FRAY	Absent	
4ED0479	Gills, Left	MRGN	Absent	
4ED0479	Gills, Left	PALE	Absent	
4ED0479	Gills, Right	FRAY	Absent	
4ED0479	Gills, Right	MRGN	Absent	
4ED0479	Gills, Right	PALE	Absent	
4ED0479	Fins	ERS	Absent	
4ED0479	Fins	FRAY	Absent	
4ED0479	Fins	HMR	Absent	
4ED0479	Fins	EMB	Absent	
4ED0480	Gills, Left	FRAY	Absent	
4ED0480	Gills, Left	MRGN	Absent	
4ED0480	Gills, Left	PALE	Absent	
4ED0480	Gills, Right	FRAY	Absent	
4ED0480	Gills, Right	MRGN	Absent	
4ED0480	Gills, Right	PALE	Absent	
4ED0480	Fins	ERS	Absent	
4ED0480	Fins	FRAY	Absent	
4ED0480	Fins	HMR	Absent	
4ED0480	Fins	EMB	Absent	
4ED0481	Gills, Left	FRAY	Absent	
4ED0481	Gills, Left	MRGN	Absent	
4ED0481	Gills, Left	PALE	Absent	
4ED0481	Gills, Right	FRAY	Absent	
4ED0481	Gills, Right	MRGN	Absent	
4ED0481	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0481	Fins	ERS	Absent	
4ED0481	Fins	FRAY	Absent	
4ED0481	Fins	HMR	Absent	
4ED0481	Fins	EMB	Absent	
4ED0482	Gills, Left	FRAY	Absent	
4ED0482	Gills, Left	MRGN	Absent	
4ED0482	Gills, Left	PALE	Absent	
4ED0482	Gills, Right	FRAY	Absent	
4ED0482	Gills, Right	MRGN	Absent	
4ED0482	Gills, Right	PALE	Absent	
4ED0482	Fins	ERS	Absent	
4ED0482	Fins	FRAY	Absent	
4ED0482	Fins	HMR	Absent	
4ED0482	Fins	EMB	Absent	
4ED0483	Gills, Left	FRAY	Absent	
4ED0483	Gills, Left	MRGN	Absent	
4ED0483	Gills, Left	PALE	Absent	
4ED0483	Gills, Right	FRAY	Absent	
4ED0483	Gills, Right	MRGN	Absent	
4ED0483	Gills, Right	PALE	Absent	
4ED0483	Fins	ERS	Absent	
4ED0483	Fins	FRAY	Absent	
4ED0483	Fins	HMR	Absent	
4ED0483	Fins	EMB	Absent	
4ED0484	Gills, Left	FRAY	Absent	
4ED0484	Gills, Left	MRGN	Absent	
4ED0484	Gills, Left	PALE	Absent	
4ED0484	Gills, Right	FRAY	Absent	
4ED0484	Gills, Right	MRGN	Absent	
4ED0484	Gills, Right	PALE	Absent	
4ED0484	Fins	ERS	Absent	
4ED0484	Fins	FRAY	Absent	
4ED0484	Fins	HMR	Absent	
4ED0484	Fins	EMB	Absent	
4ED0485	Gills, Left	FRAY	Absent	
4ED0485	Gills, Left	MRGN	Absent	
4ED0485	Gills, Left	PALE	Absent	
4ED0485	Gills, Right	FRAY	Absent	
4ED0485	Gills, Right	MRGN	Absent	
4ED0485	Gills, Right	PALE	Absent	
4ED0485	Fins	ERS	Absent	
4ED0485	Fins	FRAY	Absent	
4ED0485	Fins	HMR	Absent	
4ED0485	Fins	EMB	Absent	
4ED0486	Gills, Left	FRAY	Absent	
4ED0486	Gills, Left	MRGN	Absent	
4ED0486	Gills, Left	PALE	Absent	
4ED0486	Gills, Right	FRAY	Absent	
4ED0486	Gills, Right	MRGN	Absent	
4ED0486	Gills, Right	PALE	Absent	
4ED0486	Fins	ERS	Absent	
4ED0486	Fins	FRAY	Absent	
4ED0486	Fins	HMR	Absent	
4ED0486	Fins	EMB	Absent	
4ED0487	Gills, Left	FRAY	Absent	
4ED0487	Gills, Left	MRGN	Absent	
4ED0487	Gills, Left	PALE	Absent	
4ED0487	Gills, Right	FRAY	Absent	
4ED0487	Gills, Right	MRGN	Absent	
4ED0487	Gills, Right	PALE	Absent	
4ED0487	Fins	ERS	Absent	
4ED0487	Fins	FRAY	Absent	
4ED0487	Fins	HMR	Absent	
4ED0487	Fins	EMB	Absent	
4ED0488	Gills, Left	FRAY	Absent	
4ED0488	Gills, Left	MRGN	Absent	
4ED0488	Gills, Left	PALE	Absent	
4ED0488	Gills, Right	FRAY	Absent	
4ED0488	Gills, Right	MRGN	Absent	
4ED0488	Gills, Right	PALE	Absent	
4ED0488	Fins	ERS	Absent	
4ED0488	Fins	FRAY	Absent	
4ED0488	Fins	HMR	Absent	
4ED0488	Fins	EMB	Absent	
4ED0489	Gills, Left	FRAY	Absent	
4ED0489	Gills, Left	MRGN	Absent	
4ED0489	Gills, Left	PALE	Absent	
4ED0489	Gills, Right	FRAY	Absent	
4ED0489	Gills, Right	MRGN	Absent	
4ED0489	Gills, Right	PALE	Absent	
4ED0489	Fins	ERS	Absent	
4ED0489	Fins	FRAY	Absent	
4ED0489	Fins	HMR	Absent	
4ED0489	Fins	EMB	Absent	
4ED0490	Gills, Left	FRAY	Absent	
4ED0490	Gills, Left	MRGN	Absent	
4ED0490	Gills, Left	PALE	Absent	
4ED0490	Gills, Right	FRAY	Absent	
4ED0490	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0490	Gills, Right	PALE	Absent	
4ED0490	Fins	ERS	Absent	
4ED0490	Fins	FRAY	Absent	
4ED0490	Fins	HMR	Absent	
4ED0490	Fins	EMB	Absent	
4ED0491	Gills, Left	FRAY	Absent	
4ED0491	Gills, Left	MRGN	Absent	
4ED0491	Gills, Left	PALE	Absent	
4ED0491	Gills, Right	FRAY	Absent	
4ED0491	Gills, Right	MRGN	Absent	
4ED0491	Gills, Right	PALE	Absent	
4ED0491	Fins	ERS	Absent	
4ED0491	Fins	FRAY	Absent	
4ED0491	Fins	HMR	Absent	
4ED0491	Fins	EMB	Absent	
4ED0492	Gills, Left	FRAY	Absent	
4ED0492	Gills, Left	MRGN	Absent	
4ED0492	Gills, Left	PALE	Absent	
4ED0492	Gills, Right	FRAY	Absent	
4ED0492	Gills, Right	MRGN	Absent	
4ED0492	Gills, Right	PALE	Absent	
4ED0492	Fins	ERS	Absent	
4ED0492	Fins	FRAY	Absent	
4ED0492	Fins	HMR	Absent	
4ED0492	Fins	EMB	Absent	
4ED0493	Gills, Left	FRAY	Absent	
4ED0493	Gills, Left	MRGN	Absent	
4ED0493	Gills, Left	PALE	Absent	
4ED0493	Gills, Right	FRAY	Absent	
4ED0493	Gills, Right	MRGN	Absent	
4ED0493	Gills, Right	PALE	Absent	
4ED0493	Fins	ERS	Absent	
4ED0493	Fins	FRAY	Absent	
4ED0493	Fins	HMR	Absent	
4ED0493	Fins	EMB	Absent	
4ED0494	Gills, Left	FRAY	Absent	
4ED0494	Gills, Left	MRGN	Absent	
4ED0494	Gills, Left	PALE	Absent	
4ED0494	Gills, Right	FRAY	Absent	
4ED0494	Gills, Right	MRGN	Absent	
4ED0494	Gills, Right	PALE	Absent	
4ED0494	Fins	ERS	Absent	
4ED0494	Fins	FRAY	Absent	
4ED0494	Fins	HMR	Absent	
4ED0494	Fins	EMB	Absent	
4ED0495	Gills, Left	FRAY	Absent	
4ED0495	Gills, Left	MRGN	Absent	
4ED0495	Gills, Left	PALE	Absent	
4ED0495	Gills, Right	FRAY	Absent	
4ED0495	Gills, Right	MRGN	Absent	
4ED0495	Gills, Right	PALE	Absent	
4ED0495	Fins	ERS	Absent	
4ED0495	Fins	FRAY	Absent	
4ED0495	Fins	HMR	Absent	
4ED0495	Fins	EMB	Absent	
4ED0496	Gills, Left	FRAY	Absent	
4ED0496	Gills, Left	MRGN	Absent	
4ED0496	Gills, Left	PALE	Absent	
4ED0496	Gills, Right	FRAY	Absent	
4ED0496	Gills, Right	MRGN	Absent	
4ED0496	Gills, Right	PALE	Absent	
4ED0496	Fins	ERS	Absent	
4ED0496	Fins	FRAY	Absent	
4ED0496	Fins	HMR	Absent	
4ED0496	Fins	EMB	Absent	
4ED0497	Gills, Left	FRAY	Absent	
4ED0497	Gills, Left	MRGN	Absent	
4ED0497	Gills, Left	PALE	Absent	
4ED0497	Gills, Right	FRAY	Absent	
4ED0497	Gills, Right	MRGN	Absent	
4ED0497	Gills, Right	PALE	Absent	
4ED0497	Fins	ERS	Absent	
4ED0497	Fins	FRAY	Absent	
4ED0497	Fins	HMR	Absent	
4ED0497	Fins	EMB	Absent	
4ED0498	Gills, Left	FRAY	Absent	
4ED0498	Gills, Left	MRGN	Absent	
4ED0498	Gills, Left	PALE	Absent	
4ED0498	Gills, Right	FRAY	Absent	
4ED0498	Gills, Right	MRGN	Absent	
4ED0498	Gills, Right	PALE	Absent	
4ED0498	Fins	ERS	Absent	
4ED0498	Fins	FRAY	Absent	
4ED0498	Fins	HMR	Absent	
4ED0498	Fins	EMB	Absent	
4ED0499	Gills, Left	FRAY	Absent	
4ED0499	Gills, Left	MRGN	Absent	
4ED0499	Gills, Left	PALE	Absent	
4ED0499	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0499	Gills, Right	MRGN	Absent	
4ED0499	Gills, Right	PALE	Absent	
4ED0499	Fins	ERS	Absent	
4ED0499	Fins	FRAY	Absent	
4ED0499	Fins	HMR	Absent	
4ED0499	Fins	EMB	Absent	
4ED0500	Gills, Left	FRAY	Absent	
4ED0500	Gills, Left	MRGN	Absent	
4ED0500	Gills, Left	PALE	Absent	
4ED0500	Gills, Right	FRAY	Absent	
4ED0500	Gills, Right	MRGN	Absent	
4ED0500	Gills, Right	PALE	Absent	
4ED0500	Fins	ERS	Absent	
4ED0500	Fins	FRAY	Absent	
4ED0500	Fins	HMR	Absent	
4ED0500	Fins	EMB	Absent	
4ED0501	Gills, Left	FRAY	Absent	
4ED0501	Gills, Left	MRGN	Absent	
4ED0501	Gills, Left	PALE	Absent	
4ED0501	Gills, Right	FRAY	Absent	
4ED0501	Gills, Right	MRGN	Absent	
4ED0501	Gills, Right	PALE	Absent	
4ED0501	Fins	ERS	Absent	
4ED0501	Fins	FRAY	Absent	
4ED0501	Fins	HMR	Absent	
4ED0501	Fins	EMB	Absent	
4ED0502	Gills, Left	FRAY	Absent	
4ED0502	Gills, Left	MRGN	Absent	
4ED0502	Gills, Left	PALE	Absent	
4ED0502	Gills, Right	FRAY	Absent	
4ED0502	Gills, Right	MRGN	Absent	
4ED0502	Gills, Right	PALE	Absent	
4ED0502	Fins	ERS	Absent	
4ED0502	Fins	FRAY	Absent	
4ED0502	Fins	HMR	Absent	
4ED0502	Fins	EMB	Absent	
4ED0503	Gills, Left	FRAY	Absent	
4ED0503	Gills, Left	MRGN	Absent	
4ED0503	Gills, Left	PALE	Absent	
4ED0503	Gills, Right	FRAY	Absent	
4ED0503	Gills, Right	MRGN	Absent	
4ED0503	Gills, Right	PALE	Absent	
4ED0503	Fins	ERS	Absent	
4ED0503	Fins	FRAY	Absent	
4ED0503	Fins	HMR	Absent	
4ED0503	Fins	EMB	Absent	
4ED0504	Gills, Left	FRAY	Absent	
4ED0504	Gills, Left	MRGN	Absent	
4ED0504	Gills, Left	PALE	Absent	
4ED0504	Gills, Right	FRAY	Absent	
4ED0504	Gills, Right	MRGN	Absent	
4ED0504	Gills, Right	PALE	Absent	
4ED0504	Fins	ERS	Absent	
4ED0504	Fins	FRAY	Absent	
4ED0504	Fins	HMR	Absent	
4ED0504	Fins	EMB	Absent	
4ED0505	Gills, Left	FRAY	Absent	
4ED0505	Gills, Left	MRGN	Absent	
4ED0505	Gills, Left	PALE	Absent	
4ED0505	Gills, Right	FRAY	Absent	
4ED0505	Gills, Right	MRGN	Absent	
4ED0505	Gills, Right	PALE	Absent	
4ED0505	Fins	ERS	Absent	
4ED0505	Fins	FRAY	Absent	
4ED0505	Fins	HMR	Absent	
4ED0505	Fins	EMB	Absent	
4ED0506	Gills, Left	FRAY	Absent	
4ED0506	Gills, Left	MRGN	Absent	
4ED0506	Gills, Left	PALE	Absent	
4ED0506	Gills, Right	FRAY	Absent	
4ED0506	Gills, Right	MRGN	Absent	
4ED0506	Gills, Right	PALE	Absent	
4ED0506	Fins	ERS	Absent	
4ED0506	Fins	FRAY	Absent	
4ED0506	Fins	HMR	Absent	
4ED0506	Fins	EMB	Absent	
4ED0507	Gills, Left	FRAY	Absent	
4ED0507	Gills, Left	MRGN	Absent	
4ED0507	Gills, Left	PALE	Absent	
4ED0507	Gills, Right	FRAY	Absent	
4ED0507	Gills, Right	MRGN	Absent	
4ED0507	Gills, Right	PALE	Absent	
4ED0507	Fins	ERS	Absent	
4ED0507	Fins	FRAY	Absent	
4ED0507	Fins	HMR	Absent	
4ED0507	Fins	EMB	Absent	
4ED0508	Gills, Left	FRAY	Absent	
4ED0508	Gills, Left	MRGN	Absent	
4ED0508	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0508	Gills, Right	FRAY	Absent	
4ED0508	Gills, Right	MRGN	Absent	
4ED0508	Gills, Right	PALE	Absent	
4ED0508	Fins	ERS	Absent	
4ED0508	Fins	FRAY	Absent	
4ED0508	Fins	HMR	Absent	
4ED0508	Fins	EMB	Absent	
4ED0509	Gills, Left	FRAY	Absent	
4ED0509	Gills, Left	MRGN	Absent	
4ED0509	Gills, Left	PALE	Absent	
4ED0509	Gills, Right	FRAY	Absent	
4ED0509	Gills, Right	MRGN	Absent	
4ED0509	Gills, Right	PALE	Absent	
4ED0509	Fins	ERS	Absent	
4ED0509	Fins	FRAY	Absent	
4ED0509	Fins	HMR	Absent	
4ED0509	Fins	EMB	Absent	
4ED0510	Gills, Left	FRAY	Absent	
4ED0510	Gills, Left	MRGN	Absent	
4ED0510	Gills, Left	PALE	Absent	
4ED0510	Gills, Right	FRAY	Absent	
4ED0510	Gills, Right	MRGN	Absent	
4ED0510	Gills, Right	PALE	Absent	
4ED0510	Fins	ERS	Absent	
4ED0510	Fins	FRAY	Absent	
4ED0510	Fins	HMR	Absent	
4ED0510	Fins	EMB	Absent	
4ED0511	Gills, Left	FRAY	Absent	
4ED0511	Gills, Left	MRGN	Absent	
4ED0511	Gills, Left	PALE	Absent	
4ED0511	Gills, Right	FRAY	Absent	
4ED0511	Gills, Right	MRGN	Absent	
4ED0511	Gills, Right	PALE	Absent	
4ED0511	Fins	ERS	Absent	
4ED0511	Fins	FRAY	Absent	
4ED0511	Fins	HMR	Absent	
4ED0511	Fins	EMB	Absent	
4ED0512	Gills, Left	FRAY	Absent	
4ED0512	Gills, Left	MRGN	Absent	
4ED0512	Gills, Left	PALE	Absent	
4ED0512	Gills, Right	FRAY	Absent	
4ED0512	Gills, Right	MRGN	Absent	
4ED0512	Gills, Right	PALE	Absent	
4ED0512	Fins	ERS	Absent	
4ED0512	Fins	FRAY	Absent	
4ED0512	Fins	HMR	Absent	
4ED0512	Fins	EMB	Absent	
4ED0513	Gills, Left	FRAY	Absent	
4ED0513	Gills, Left	MRGN	Absent	
4ED0513	Gills, Left	PALE	Absent	
4ED0513	Gills, Right	FRAY	Absent	
4ED0513	Gills, Right	MRGN	Absent	
4ED0513	Gills, Right	PALE	Absent	
4ED0513	Fins	ERS	Absent	
4ED0513	Fins	FRAY	Absent	
4ED0513	Fins	HMR	Absent	
4ED0513	Fins	EMB	Absent	
4ED0514	Gills, Left	FRAY	Absent	
4ED0514	Gills, Left	MRGN	Absent	
4ED0514	Gills, Left	PALE	Absent	
4ED0514	Gills, Right	FRAY	Absent	
4ED0514	Gills, Right	MRGN	Absent	
4ED0514	Gills, Right	PALE	Absent	
4ED0514	Fins	ERS	Absent	
4ED0514	Fins	FRAY	Absent	
4ED0514	Fins	HMR	Absent	
4ED0514	Fins	EMB	Absent	
4ED0515	Gills, Left	FRAY	Absent	
4ED0515	Gills, Left	MRGN	Absent	
4ED0515	Gills, Left	PALE	Absent	
4ED0515	Gills, Right	FRAY	Absent	
4ED0515	Gills, Right	MRGN	Absent	
4ED0515	Gills, Right	PALE	Absent	
4ED0515	Fins	ERS	Absent	
4ED0515	Fins	FRAY	Absent	
4ED0515	Fins	HMR	Absent	
4ED0515	Fins	EMB	Absent	
4ED0516	Gills, Left	FRAY	Absent	
4ED0516	Gills, Left	MRGN	Absent	
4ED0516	Gills, Left	PALE	Absent	
4ED0516	Gills, Right	FRAY	Absent	
4ED0516	Gills, Right	MRGN	Absent	
4ED0516	Gills, Right	PALE	Absent	
4ED0516	Fins	ERS	Absent	
4ED0516	Fins	FRAY	Absent	
4ED0516	Fins	HMR	Absent	
4ED0516	Fins	EMB	Absent	
4ED0517	Gills, Left	FRAY	Absent	
4ED0517	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0517	Gills, Left	PALE	Absent	
4ED0517	Gills, Right	FRAY	Absent	
4ED0517	Gills, Right	MRGN	Absent	
4ED0517	Gills, Right	PALE	Absent	
4ED0517	Fins	ERS	Absent	
4ED0517	Fins	FRAY	Absent	
4ED0517	Fins	HMR	Absent	
4ED0517	Fins	EMB	Absent	
4ED0518	Gills, Left	FRAY	Absent	
4ED0518	Gills, Left	MRGN	Absent	
4ED0518	Gills, Left	PALE	Absent	
4ED0518	Gills, Right	FRAY	Absent	
4ED0518	Gills, Right	MRGN	Absent	
4ED0518	Gills, Right	PALE	Absent	
4ED0518	Fins	ERS	Absent	
4ED0518	Fins	FRAY	Absent	
4ED0518	Fins	HMR	Absent	
4ED0518	Fins	EMB	Absent	
4ED0519	Gills, Left	FRAY	Absent	
4ED0519	Gills, Left	MRGN	Absent	
4ED0519	Gills, Left	PALE	Absent	
4ED0519	Gills, Right	FRAY	Absent	
4ED0519	Gills, Right	MRGN	Absent	
4ED0519	Gills, Right	PALE	Absent	
4ED0519	Fins	ERS	Absent	
4ED0519	Fins	FRAY	Absent	
4ED0519	Fins	HMR	Absent	
4ED0519	Fins	EMB	Absent	
4ED0520	Gills, Left	FRAY	Absent	
4ED0520	Gills, Left	MRGN	Absent	
4ED0520	Gills, Left	PALE	Absent	
4ED0520	Gills, Right	FRAY	Absent	
4ED0520	Gills, Right	MRGN	Absent	
4ED0520	Gills, Right	PALE	Absent	
4ED0520	Fins	ERS	Absent	
4ED0520	Fins	FRAY	Absent	
4ED0520	Fins	HMR	Absent	
4ED0520	Fins	EMB	Absent	
4ED0521	Gills, Left	FRAY	Absent	
4ED0521	Gills, Left	MRGN	Absent	
4ED0521	Gills, Left	PALE	Absent	
4ED0521	Gills, Right	FRAY	Absent	
4ED0521	Gills, Right	MRGN	Absent	
4ED0521	Gills, Right	PALE	Absent	
4ED0521	Fins	ERS	Absent	
4ED0521	Fins	FRAY	Absent	
4ED0521	Fins	HMR	Absent	
4ED0521	Fins	EMB	Absent	
4ED0522	Gills, Left	FRAY	Absent	
4ED0522	Gills, Left	MRGN	Absent	
4ED0522	Gills, Left	PALE	Absent	
4ED0522	Gills, Right	FRAY	Absent	
4ED0522	Gills, Right	MRGN	Absent	
4ED0522	Gills, Right	PALE	Absent	
4ED0522	Fins	ERS	Absent	
4ED0522	Fins	FRAY	Absent	
4ED0522	Fins	HMR	Absent	
4ED0522	Fins	EMB	Absent	
4ED0523	Gills, Left	FRAY	Absent	
4ED0523	Gills, Left	MRGN	Absent	
4ED0523	Gills, Left	PALE	Absent	
4ED0523	Gills, Right	FRAY	Absent	
4ED0523	Gills, Right	MRGN	Absent	
4ED0523	Gills, Right	PALE	Absent	
4ED0523	Fins	ERS	Absent	
4ED0523	Fins	FRAY	Absent	
4ED0523	Fins	HMR	Absent	
4ED0523	Fins	EMB	Absent	
4ED0524	Gills, Left	FRAY	Absent	
4ED0524	Gills, Left	MRGN	Absent	
4ED0524	Gills, Left	PALE	Absent	
4ED0524	Gills, Right	FRAY	Absent	
4ED0524	Gills, Right	MRGN	Absent	
4ED0524	Gills, Right	PALE	Absent	
4ED0524	Fins	ERS	Absent	
4ED0524	Fins	FRAY	Absent	
4ED0524	Fins	HMR	Absent	
4ED0524	Fins	EMB	Absent	
4ED0525	Gills, Left	FRAY	Absent	
4ED0525	Gills, Left	MRGN	Absent	
4ED0525	Gills, Left	PALE	Absent	
4ED0525	Gills, Right	FRAY	Absent	
4ED0525	Gills, Right	MRGN	Absent	
4ED0525	Gills, Right	PALE	Absent	
4ED0525	Fins	ERS	Absent	
4ED0525	Fins	FRAY	Absent	
4ED0525	Fins	HMR	Absent	
4ED0525	Fins	EMB	Absent	
4ED0526	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0526	Gills, Left	MRGN	Absent	
4ED0526	Gills, Left	PALE	Absent	
4ED0526	Gills, Right	FRAY	Absent	
4ED0526	Gills, Right	MRGN	Absent	
4ED0526	Gills, Right	PALE	Absent	
4ED0526	Fins	ERS	Absent	
4ED0526	Fins	FRAY	Present	
4ED0526	Fins	HMR	Absent	
4ED0526	Fins	EMB	Absent	
4ED0527	Gills, Left	FRAY	Absent	
4ED0527	Gills, Left	MRGN	Absent	
4ED0527	Gills, Left	PALE	Absent	
4ED0527	Gills, Right	FRAY	Absent	
4ED0527	Gills, Right	MRGN	Absent	
4ED0527	Gills, Right	PALE	Absent	
4ED0527	Fins	ERS	Absent	
4ED0527	Fins	FRAY	Absent	
4ED0527	Fins	HMR	Absent	
4ED0527	Fins	EMB	Absent	
4ED0528	Gills, Left	FRAY	Absent	
4ED0528	Gills, Left	MRGN	Absent	
4ED0528	Gills, Left	PALE	Absent	
4ED0528	Gills, Right	FRAY	Absent	
4ED0528	Gills, Right	MRGN	Absent	
4ED0528	Gills, Right	PALE	Absent	
4ED0528	Fins	ERS	Absent	
4ED0528	Fins	FRAY	Absent	
4ED0528	Fins	HMR	Absent	
4ED0528	Fins	EMB	Absent	
4ED0529	Gills, Left	FRAY	Absent	
4ED0529	Gills, Left	MRGN	Absent	
4ED0529	Gills, Left	PALE	Absent	
4ED0529	Gills, Right	FRAY	Absent	
4ED0529	Gills, Right	MRGN	Absent	
4ED0529	Gills, Right	PALE	Absent	
4ED0529	Fins	ERS	Absent	
4ED0529	Fins	FRAY	Absent	
4ED0529	Fins	HMR	Absent	
4ED0529	Fins	EMB	Absent	
4ED0530	Gills, Left	FRAY	Absent	
4ED0530	Gills, Left	MRGN	Absent	
4ED0530	Gills, Left	PALE	Absent	
4ED0530	Gills, Right	FRAY	Absent	
4ED0530	Gills, Right	MRGN	Absent	
4ED0530	Gills, Right	PALE	Absent	
4ED0530	Fins	ERS	Absent	
4ED0530	Fins	FRAY	Absent	
4ED0530	Fins	HMR	Absent	
4ED0530	Fins	EMB	Absent	
4ED0531	Gills, Left	FRAY	Absent	
4ED0531	Gills, Left	MRGN	Absent	
4ED0531	Gills, Left	PALE	Absent	
4ED0531	Gills, Right	FRAY	Absent	
4ED0531	Gills, Right	MRGN	Absent	
4ED0531	Gills, Right	PALE	Absent	
4ED0531	Fins	ERS	Absent	
4ED0531	Fins	FRAY	Absent	
4ED0531	Fins	HMR	Absent	
4ED0531	Fins	EMB	Absent	
4ED0532	Gills, Left	FRAY	Absent	
4ED0532	Gills, Left	MRGN	Absent	
4ED0532	Gills, Left	PALE	Absent	
4ED0532	Gills, Right	FRAY	Absent	
4ED0532	Gills, Right	MRGN	Absent	
4ED0532	Gills, Right	PALE	Absent	
4ED0532	Fins	ERS	Absent	
4ED0532	Fins	FRAY	Absent	
4ED0532	Fins	HMR	Absent	
4ED0532	Fins	EMB	Absent	
4ED0533	Gills, Left	FRAY	Absent	
4ED0533	Gills, Left	MRGN	Absent	
4ED0533	Gills, Left	PALE	Absent	
4ED0533	Gills, Right	FRAY	Absent	
4ED0533	Gills, Right	MRGN	Absent	
4ED0533	Gills, Right	PALE	Absent	
4ED0533	Fins	ERS	Absent	
4ED0533	Fins	FRAY	Absent	
4ED0533	Fins	HMR	Absent	
4ED0533	Fins	EMB	Absent	
4ED0534	Gills, Left	FRAY	Absent	
4ED0534	Gills, Left	MRGN	Absent	
4ED0534	Gills, Left	PALE	Absent	
4ED0534	Gills, Right	FRAY	Absent	
4ED0534	Gills, Right	MRGN	Absent	
4ED0534	Gills, Right	PALE	Absent	
4ED0534	Fins	ERS	Absent	
4ED0534	Fins	FRAY	Absent	
4ED0534	Fins	HMR	Absent	
4ED0534	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0535	Gills, Left	FRAY	Absent	
4ED0535	Gills, Left	MRGN	Absent	
4ED0535	Gills, Left	PALE	Absent	
4ED0535	Gills, Right	FRAY	Absent	
4ED0535	Gills, Right	MRGN	Absent	
4ED0535	Gills, Right	PALE	Absent	
4ED0535	Fins	ERS	Absent	
4ED0535	Fins	FRAY	Absent	
4ED0535	Fins	HMR	Absent	
4ED0535	Fins	EMB	Absent	
4ED0536	Gills, Left	FRAY	Absent	
4ED0536	Gills, Left	MRGN	Absent	
4ED0536	Gills, Left	PALE	Absent	
4ED0536	Gills, Right	FRAY	Absent	
4ED0536	Gills, Right	MRGN	Absent	
4ED0536	Gills, Right	PALE	Absent	
4ED0536	Fins	ERS	Absent	
4ED0536	Fins	FRAY	Absent	
4ED0536	Fins	HMR	Absent	
4ED0536	Fins	EMB	Absent	
4ED0537	Gills, Left	FRAY	Absent	
4ED0537	Gills, Left	MRGN	Absent	
4ED0537	Gills, Left	PALE	Absent	
4ED0537	Gills, Right	FRAY	Absent	
4ED0537	Gills, Right	MRGN	Absent	
4ED0537	Gills, Right	PALE	Absent	
4ED0537	Fins	ERS	Absent	
4ED0537	Fins	FRAY	Absent	
4ED0537	Fins	HMR	Absent	
4ED0537	Fins	EMB	Absent	
4ED0538	Gills, Left	FRAY	Absent	
4ED0538	Gills, Left	MRGN	Absent	
4ED0538	Gills, Left	PALE	Absent	
4ED0538	Gills, Right	FRAY	Absent	
4ED0538	Gills, Right	MRGN	Absent	
4ED0538	Gills, Right	PALE	Absent	
4ED0538	Fins	ERS	Absent	
4ED0538	Fins	FRAY	Absent	
4ED0538	Fins	HMR	Absent	
4ED0538	Fins	EMB	Absent	
4ED0539	Gills, Left	FRAY	Absent	
4ED0539	Gills, Left	MRGN	Absent	
4ED0539	Gills, Left	PALE	Absent	
4ED0539	Gills, Right	FRAY	Absent	
4ED0539	Gills, Right	MRGN	Absent	
4ED0539	Gills, Right	PALE	Absent	
4ED0539	Fins	ERS	Absent	
4ED0539	Fins	FRAY	Absent	
4ED0539	Fins	HMR	Absent	
4ED0539	Fins	EMB	Absent	
4ED0540	Gills, Left	FRAY	Absent	
4ED0540	Gills, Left	MRGN	Absent	
4ED0540	Gills, Left	PALE	Absent	
4ED0540	Gills, Right	FRAY	Absent	
4ED0540	Gills, Right	MRGN	Absent	
4ED0540	Gills, Right	PALE	Absent	
4ED0540	Fins	ERS	Absent	
4ED0540	Fins	FRAY	Absent	
4ED0540	Fins	HMR	Absent	
4ED0540	Fins	EMB	Absent	
4ED0541	Gills, Left	FRAY	Absent	
4ED0541	Gills, Left	MRGN	Absent	
4ED0541	Gills, Left	PALE	Absent	
4ED0541	Gills, Right	FRAY	Absent	
4ED0541	Gills, Right	MRGN	Absent	
4ED0541	Gills, Right	PALE	Absent	
4ED0541	Fins	ERS	Absent	
4ED0541	Fins	FRAY	Absent	
4ED0541	Fins	HMR	Absent	
4ED0541	Fins	EMB	Absent	
4ED0542	Gills, Left	FRAY	Absent	
4ED0542	Gills, Left	MRGN	Absent	
4ED0542	Gills, Left	PALE	Absent	
4ED0542	Gills, Right	FRAY	Absent	
4ED0542	Gills, Right	MRGN	Absent	
4ED0542	Gills, Right	PALE	Absent	
4ED0542	Fins	ERS	Absent	
4ED0542	Fins	FRAY	Absent	
4ED0542	Fins	HMR	Absent	
4ED0542	Fins	EMB	Absent	
4ED0543	Gills, Left	FRAY	Absent	
4ED0543	Gills, Left	MRGN	Absent	
4ED0543	Gills, Left	PALE	Absent	
4ED0543	Gills, Right	FRAY	Absent	
4ED0543	Gills, Right	MRGN	Absent	
4ED0543	Gills, Right	PALE	Absent	
4ED0543	Fins	ERS	Absent	
4ED0543	Fins	FRAY	Absent	
4ED0543	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0543	Fins	EMB	Absent	
4ED0544	Gills, Left	FRAY	Absent	
4ED0544	Gills, Left	MRGN	Absent	
4ED0544	Gills, Left	PALE	Absent	
4ED0544	Gills, Right	FRAY	Absent	
4ED0544	Gills, Right	MRGN	Absent	
4ED0544	Gills, Right	PALE	Absent	
4ED0544	Fins	ERS	Absent	
4ED0544	Fins	FRAY	Absent	
4ED0544	Fins	HMR	Absent	
4ED0544	Fins	EMB	Absent	
4ED0545	Gills, Left	FRAY	Absent	
4ED0545	Gills, Left	MRGN	Absent	
4ED0545	Gills, Left	PALE	Absent	
4ED0545	Gills, Right	FRAY	Absent	
4ED0545	Gills, Right	MRGN	Absent	
4ED0545	Gills, Right	PALE	Absent	
4ED0545	Fins	ERS	Absent	
4ED0545	Fins	FRAY	Absent	
4ED0545	Fins	HMR	Absent	
4ED0545	Fins	EMB	Absent	
4ED0546	Gills, Left	FRAY	Absent	
4ED0546	Gills, Left	MRGN	Absent	
4ED0546	Gills, Left	PALE	Absent	
4ED0546	Gills, Right	FRAY	Absent	
4ED0546	Gills, Right	MRGN	Absent	
4ED0546	Gills, Right	PALE	Absent	
4ED0546	Fins	ERS	Absent	
4ED0546	Fins	FRAY	Absent	
4ED0546	Fins	HMR	Absent	
4ED0546	Fins	EMB	Absent	
4ED0547	Gills, Left	FRAY	Absent	
4ED0547	Gills, Left	MRGN	Absent	
4ED0547	Gills, Left	PALE	Absent	
4ED0547	Gills, Right	FRAY	Absent	
4ED0547	Gills, Right	MRGN	Absent	
4ED0547	Gills, Right	PALE	Absent	
4ED0547	Fins	ERS	Absent	
4ED0547	Fins	FRAY	Absent	
4ED0547	Fins	HMR	Absent	
4ED0547	Fins	EMB	Absent	
4ED0548	Gills, Left	FRAY	Absent	
4ED0548	Gills, Left	MRGN	Absent	
4ED0548	Gills, Left	PALE	Absent	
4ED0548	Gills, Right	FRAY	Absent	
4ED0548	Gills, Right	MRGN	Absent	
4ED0548	Gills, Right	PALE	Absent	
4ED0548	Fins	ERS	Absent	
4ED0548	Fins	FRAY	Absent	
4ED0548	Fins	HMR	Absent	
4ED0548	Fins	EMB	Absent	
4ED0549	Gills, Left	FRAY	Absent	
4ED0549	Gills, Left	MRGN	Absent	
4ED0549	Gills, Left	PALE	Absent	
4ED0549	Gills, Right	FRAY	Absent	
4ED0549	Gills, Right	MRGN	Absent	
4ED0549	Gills, Right	PALE	Absent	
4ED0549	Fins	ERS	Absent	
4ED0549	Fins	FRAY	Absent	
4ED0549	Fins	HMR	Absent	
4ED0549	Fins	EMB	Absent	
4ED0550	Gills, Left	FRAY	Absent	
4ED0550	Gills, Left	MRGN	Absent	
4ED0550	Gills, Left	PALE	Absent	
4ED0550	Gills, Right	FRAY	Absent	
4ED0550	Gills, Right	MRGN	Absent	
4ED0550	Gills, Right	PALE	Absent	
4ED0550	Fins	ERS	Absent	
4ED0550	Fins	FRAY	Absent	
4ED0550	Fins	HMR	Absent	
4ED0550	Fins	EMB	Absent	
4ED0551	Gills, Left	FRAY	Absent	
4ED0551	Gills, Left	MRGN	Absent	
4ED0551	Gills, Left	PALE	Absent	
4ED0551	Gills, Right	FRAY	Absent	
4ED0551	Gills, Right	MRGN	Absent	
4ED0551	Gills, Right	PALE	Absent	
4ED0551	Fins	ERS	Absent	
4ED0551	Fins	FRAY	Absent	
4ED0551	Fins	HMR	Absent	
4ED0551	Fins	EMB	Absent	
4ED0552	Gills, Left	FRAY	Absent	
4ED0552	Gills, Left	MRGN	Absent	
4ED0552	Gills, Left	PALE	Absent	
4ED0552	Gills, Right	FRAY	Absent	
4ED0552	Gills, Right	MRGN	Absent	
4ED0552	Gills, Right	PALE	Absent	
4ED0552	Fins	ERS	Absent	
4ED0552	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0552	Fins	HMR	Absent	
4ED0552	Fins	EMB	Absent	
4ED0553	Gills, Left	FRAY	Absent	
4ED0553	Gills, Left	MRGN	Absent	
4ED0553	Gills, Left	PALE	Absent	
4ED0553	Gills, Right	FRAY	Absent	
4ED0553	Gills, Right	MRGN	Absent	
4ED0553	Gills, Right	PALE	Absent	
4ED0553	Fins	ERS	Absent	
4ED0553	Fins	FRAY	Absent	
4ED0553	Fins	HMR	Absent	
4ED0553	Fins	EMB	Absent	
4ED0554	Gills, Left	FRAY	Absent	
4ED0554	Gills, Left	MRGN	Absent	
4ED0554	Gills, Left	PALE	Absent	
4ED0554	Gills, Right	FRAY	Absent	
4ED0554	Gills, Right	MRGN	Absent	
4ED0554	Gills, Right	PALE	Absent	
4ED0554	Fins	ERS	Absent	
4ED0554	Fins	FRAY	Absent	
4ED0554	Fins	HMR	Absent	
4ED0554	Fins	EMB	Absent	
4ED0555	Gills, Left	FRAY	Absent	
4ED0555	Gills, Left	MRGN	Absent	
4ED0555	Gills, Left	PALE	Absent	
4ED0555	Gills, Right	FRAY	Absent	
4ED0555	Gills, Right	MRGN	Absent	
4ED0555	Gills, Right	PALE	Absent	
4ED0555	Fins	ERS	Absent	
4ED0555	Fins	FRAY	Absent	
4ED0555	Fins	HMR	Absent	
4ED0555	Fins	EMB	Absent	
4ED0556	Gills, Left	FRAY	Absent	
4ED0556	Gills, Left	MRGN	Absent	
4ED0556	Gills, Left	PALE	Absent	
4ED0556	Gills, Right	FRAY	Absent	
4ED0556	Gills, Right	MRGN	Absent	
4ED0556	Gills, Right	PALE	Absent	
4ED0556	Fins	ERS	Absent	
4ED0556	Fins	FRAY	Absent	
4ED0556	Fins	HMR	Absent	
4ED0556	Fins	EMB	Absent	
4ED0557W	Gills, Left	FRAY	Absent	
4ED0557W	Gills, Left	MRGN	Absent	
4ED0557W	Gills, Left	PALE	Absent	
4ED0557W	Gills, Right	FRAY	Absent	
4ED0557W	Gills, Right	MRGN	Absent	
4ED0557W	Gills, Right	PALE	Absent	
4ED0557W	Fins	ERS	Absent	
4ED0557W	Fins	FRAY	Absent	
4ED0557W	Fins	HMR	Absent	
4ED0557W	Fins	EMB	Absent	
4ED0559	Gills, Left	FRAY	Absent	
4ED0559	Gills, Left	MRGN	Absent	
4ED0559	Gills, Left	PALE	Absent	
4ED0559	Gills, Right	FRAY	Absent	
4ED0559	Gills, Right	MRGN	Absent	
4ED0559	Gills, Right	PALE	Absent	
4ED0559	Fins	ERS	Absent	
4ED0559	Fins	FRAY	Absent	
4ED0559	Fins	HMR	Absent	
4ED0559	Fins	EMB	Absent	
4ED0560	Gills, Left	FRAY	Absent	
4ED0560	Gills, Left	MRGN	Absent	
4ED0560	Gills, Left	PALE	Absent	
4ED0560	Gills, Right	FRAY	Absent	
4ED0560	Gills, Right	MRGN	Absent	
4ED0560	Gills, Right	PALE	Absent	
4ED0560	Fins	ERS	Absent	
4ED0560	Fins	FRAY	Absent	
4ED0560	Fins	HMR	Absent	
4ED0560	Fins	EMB	Absent	
4ED0563	Gills, Left	FRAY	Absent	
4ED0563	Gills, Left	MRGN	Absent	
4ED0563	Gills, Left	PALE	Absent	
4ED0563	Gills, Right	FRAY	Absent	
4ED0563	Gills, Right	MRGN	Absent	
4ED0563	Gills, Right	PALE	Absent	
4ED0563	Fins	ERS	Absent	
4ED0563	Fins	FRAY	Absent	
4ED0563	Fins	HMR	Absent	
4ED0563	Fins	EMB	Absent	
4ED0566	Gills, Left	FRAY	Absent	
4ED0566	Gills, Left	MRGN	Absent	
4ED0566	Gills, Left	PALE	Absent	
4ED0566	Gills, Right	FRAY	Absent	
4ED0566	Gills, Right	MRGN	Absent	
4ED0566	Gills, Right	PALE	Absent	
4ED0566	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0566	Fins	FRAY	Absent	
4ED0566	Fins	HMR	Absent	
4ED0566	Fins	EMB	Absent	
4ED0567	Gills, Left	FRAY	Absent	
4ED0567	Gills, Left	MRGN	Absent	
4ED0567	Gills, Left	PALE	Absent	
4ED0567	Gills, Right	FRAY	Absent	
4ED0567	Gills, Right	MRGN	Absent	
4ED0567	Gills, Right	PALE	Absent	
4ED0567	Fins	ERS	Absent	
4ED0567	Fins	FRAY	Absent	
4ED0567	Fins	HMR	Absent	
4ED0567	Fins	EMB	Absent	
4ED0568	Gills, Left	FRAY	Absent	
4ED0568	Gills, Left	MRGN	Absent	
4ED0568	Gills, Left	PALE	Absent	
4ED0568	Gills, Right	FRAY	Absent	
4ED0568	Gills, Right	MRGN	Absent	
4ED0568	Gills, Right	PALE	Absent	
4ED0568	Fins	ERS	Absent	
4ED0568	Fins	FRAY	Absent	
4ED0568	Fins	HMR	Absent	
4ED0568	Fins	EMB	Absent	
4ED0600	Gills, Left	FRAY	Absent	
4ED0600	Gills, Left	MRGN	Absent	
4ED0600	Gills, Left	PALE	Absent	
4ED0600	Gills, Right	FRAY	Absent	
4ED0600	Gills, Right	MRGN	Absent	
4ED0600	Gills, Right	PALE	Absent	
4ED0600	Fins	ERS	Absent	
4ED0600	Fins	FRAY	Absent	
4ED0600	Fins	HMR	Absent	
4ED0600	Fins	EMB	Absent	
4ED0601	Gills, Left	FRAY	Absent	
4ED0601	Gills, Left	MRGN	Absent	
4ED0601	Gills, Left	PALE	Absent	
4ED0601	Gills, Right	FRAY	Absent	
4ED0601	Gills, Right	MRGN	Absent	
4ED0601	Gills, Right	PALE	Absent	
4ED0601	Fins	ERS	Absent	
4ED0601	Fins	FRAY	Absent	
4ED0601	Fins	HMR	Absent	
4ED0601	Fins	EMB	Absent	
4ED0602	Gills, Left	FRAY	Absent	
4ED0602	Gills, Left	MRGN	Absent	
4ED0602	Gills, Left	PALE	Absent	
4ED0602	Gills, Right	FRAY	Absent	
4ED0602	Gills, Right	MRGN	Absent	
4ED0602	Gills, Right	PALE	Absent	
4ED0602	Fins	ERS	Absent	
4ED0602	Fins	FRAY	Absent	
4ED0602	Fins	HMR	Absent	
4ED0602	Fins	EMB	Absent	
4ED0603	Gills, Left	FRAY	Absent	
4ED0603	Gills, Left	MRGN	Absent	
4ED0603	Gills, Left	PALE	Absent	
4ED0603	Gills, Right	FRAY	Absent	
4ED0603	Gills, Right	MRGN	Absent	
4ED0603	Gills, Right	PALE	Absent	
4ED0603	Fins	ERS	Absent	
4ED0603	Fins	FRAY	Absent	
4ED0603	Fins	HMR	Absent	
4ED0603	Fins	EMB	Absent	
4ED0604	Gills, Left	FRAY	Absent	
4ED0604	Gills, Left	MRGN	Absent	
4ED0604	Gills, Left	PALE	Absent	
4ED0604	Gills, Right	FRAY	Absent	
4ED0604	Gills, Right	MRGN	Absent	
4ED0604	Gills, Right	PALE	Absent	
4ED0604	Fins	ERS	Absent	
4ED0604	Fins	FRAY	Absent	
4ED0604	Fins	HMR	Absent	
4ED0604	Fins	EMB	Absent	
4ED0605	Gills, Left	FRAY	Absent	
4ED0605	Gills, Left	MRGN	Absent	
4ED0605	Gills, Left	PALE	Absent	
4ED0605	Gills, Right	FRAY	Absent	
4ED0605	Gills, Right	MRGN	Absent	
4ED0605	Gills, Right	PALE	Absent	
4ED0605	Fins	ERS	Absent	
4ED0605	Fins	FRAY	Absent	
4ED0605	Fins	HMR	Absent	
4ED0605	Fins	EMB	Absent	
4ED0606	Gills, Left	FRAY	Absent	
4ED0606	Gills, Left	MRGN	Absent	
4ED0606	Gills, Left	PALE	Absent	
4ED0606	Gills, Right	FRAY	Absent	
4ED0606	Gills, Right	MRGN	Absent	
4ED0606	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0606	Fins	ERS	Absent	
4ED0606	Fins	FRAY	Absent	
4ED0606	Fins	HMR	Absent	
4ED0606	Fins	EMB	Absent	
4ED0607	Gills, Left	FRAY	Absent	
4ED0607	Gills, Left	MRGN	Absent	
4ED0607	Gills, Left	PALE	Absent	
4ED0607	Gills, Right	FRAY	Absent	
4ED0607	Gills, Right	MRGN	Absent	
4ED0607	Gills, Right	PALE	Absent	
4ED0607	Fins	ERS	Absent	
4ED0607	Fins	FRAY	Absent	
4ED0607	Fins	HMR	Absent	
4ED0607	Fins	EMB	Absent	
4ED0608	Gills, Left	FRAY	Absent	
4ED0608	Gills, Left	MRGN	Absent	
4ED0608	Gills, Left	PALE	Absent	
4ED0608	Gills, Right	FRAY	Absent	
4ED0608	Gills, Right	MRGN	Absent	
4ED0608	Gills, Right	PALE	Absent	
4ED0608	Fins	ERS	Absent	
4ED0608	Fins	FRAY	Absent	
4ED0608	Fins	HMR	Absent	
4ED0608	Fins	EMB	Absent	
4ED0609	Gills, Left	FRAY	Absent	
4ED0609	Gills, Left	MRGN	Absent	
4ED0609	Gills, Left	PALE	Absent	
4ED0609	Gills, Right	FRAY	Absent	
4ED0609	Gills, Right	MRGN	Absent	
4ED0609	Gills, Right	PALE	Absent	
4ED0609	Fins	ERS	Absent	
4ED0609	Fins	FRAY	Absent	
4ED0609	Fins	HMR	Absent	
4ED0609	Fins	EMB	Absent	
4ED0610	Gills, Left	FRAY	Absent	
4ED0610	Gills, Left	MRGN	Absent	
4ED0610	Gills, Left	PALE	Absent	
4ED0610	Gills, Right	FRAY	Absent	
4ED0610	Gills, Right	MRGN	Absent	
4ED0610	Gills, Right	PALE	Absent	
4ED0610	Fins	ERS	Absent	
4ED0610	Fins	FRAY	Absent	
4ED0610	Fins	HMR	Absent	
4ED0610	Fins	EMB	Absent	
4ED0611	Gills, Left	FRAY	Absent	
4ED0611	Gills, Left	MRGN	Absent	
4ED0611	Gills, Left	PALE	Absent	
4ED0611	Gills, Right	FRAY	Absent	
4ED0611	Gills, Right	MRGN	Absent	
4ED0611	Gills, Right	PALE	Absent	
4ED0611	Fins	ERS	Absent	
4ED0611	Fins	FRAY	Absent	
4ED0611	Fins	HMR	Absent	
4ED0611	Fins	EMB	Absent	
4ED0612	Gills, Left	FRAY	Absent	
4ED0612	Gills, Left	MRGN	Absent	
4ED0612	Gills, Left	PALE	Absent	
4ED0612	Gills, Right	FRAY	Absent	
4ED0612	Gills, Right	MRGN	Absent	
4ED0612	Gills, Right	PALE	Absent	
4ED0612	Fins	ERS	Absent	
4ED0612	Fins	FRAY	Absent	
4ED0612	Fins	HMR	Absent	
4ED0612	Fins	EMB	Absent	
4ED0613	Gills, Left	FRAY	Absent	
4ED0613	Gills, Left	MRGN	Absent	
4ED0613	Gills, Left	PALE	Absent	
4ED0613	Gills, Right	FRAY	Absent	
4ED0613	Gills, Right	MRGN	Absent	
4ED0613	Gills, Right	PALE	Absent	
4ED0613	Fins	ERS	Absent	
4ED0613	Fins	FRAY	Absent	
4ED0613	Fins	HMR	Absent	
4ED0613	Fins	EMB	Absent	
4ED0614	Gills, Left	FRAY	Absent	
4ED0614	Gills, Left	MRGN	Absent	
4ED0614	Gills, Left	PALE	Absent	
4ED0614	Gills, Right	FRAY	Absent	
4ED0614	Gills, Right	MRGN	Absent	
4ED0614	Gills, Right	PALE	Absent	
4ED0614	Fins	ERS	Absent	
4ED0614	Fins	FRAY	Absent	
4ED0614	Fins	HMR	Absent	
4ED0614	Fins	EMB	Absent	
4ED0615	Gills, Left	FRAY	Absent	
4ED0615	Gills, Left	MRGN	Absent	
4ED0615	Gills, Left	PALE	Absent	
4ED0615	Gills, Right	FRAY	Absent	
4ED0615	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4ED0615	Gills, Right	PALE	Absent	
4ED0615	Fins	ERS	Absent	
4ED0615	Fins	FRAY	Absent	
4ED0615	Fins	HMR	Absent	
4ED0615	Fins	EMB	Absent	
4EE0004	Gills, Left	FRAY	Absent	
4EE0004	Gills, Left	MRGN	Absent	
4EE0004	Gills, Left	PALE	Absent	
4EE0004	Gills, Right	FRAY	Absent	
4EE0004	Gills, Right	MRGN	Absent	
4EE0004	Gills, Right	PALE	Absent	
4EE0004	Fins	ERS	Absent	
4EE0004	Fins	FRAY	Absent	
4EE0004	Fins	HMR	Absent	
4EE0004	Fins	EMB	Absent	
4EE0005	Gills, Left	FRAY	Absent	
4EE0005	Gills, Left	MRGN	Absent	
4EE0005	Gills, Left	PALE	Absent	
4EE0005	Gills, Right	FRAY	Absent	
4EE0005	Gills, Right	MRGN	Absent	
4EE0005	Gills, Right	PALE	Absent	
4EE0005	Fins	ERS	Absent	
4EE0005	Fins	FRAY	Absent	
4EE0005	Fins	HMR	Absent	
4EE0005	Fins	EMB	Absent	
4EE0006	Gills, Left	FRAY	Absent	
4EE0006	Gills, Left	MRGN	Absent	
4EE0006	Gills, Left	PALE	Absent	
4EE0006	Gills, Right	FRAY	Absent	
4EE0006	Gills, Right	MRGN	Absent	
4EE0006	Gills, Right	PALE	Absent	
4EE0006	Fins	ERS	Absent	
4EE0006	Fins	FRAY	Absent	
4EE0006	Fins	HMR	Absent	
4EE0006	Fins	EMB	Absent	
4EE0007	Gills, Left	FRAY	Absent	
4EE0007	Gills, Left	MRGN	Absent	
4EE0007	Gills, Left	PALE	Absent	
4EE0007	Gills, Right	FRAY	Absent	
4EE0007	Gills, Right	MRGN	Absent	
4EE0007	Gills, Right	PALE	Absent	
4EE0007	Fins	ERS	Absent	
4EE0007	Fins	FRAY	Absent	
4EE0007	Fins	HMR	Absent	
4EE0007	Fins	EMB	Absent	
4EE0008	Gills, Left	FRAY	Absent	
4EE0008	Gills, Left	MRGN	Absent	
4EE0008	Gills, Left	PALE	Absent	
4EE0008	Gills, Right	FRAY	Absent	
4EE0008	Gills, Right	MRGN	Absent	
4EE0008	Gills, Right	PALE	Absent	
4EE0008	Fins	ERS	Absent	
4EE0008	Fins	FRAY	Absent	
4EE0008	Fins	HMR	Absent	
4EE0008	Fins	EMB	Absent	
4EE0008	Fins	OTHER	Present	Decomposition on tail fin
4EE0009	Gills, Left	FRAY	Absent	
4EE0009	Gills, Left	MRGN	Absent	
4EE0009	Gills, Left	PALE	Absent	
4EE0009	Gills, Right	FRAY	Absent	
4EE0009	Gills, Right	MRGN	Absent	
4EE0009	Gills, Right	PALE	Absent	
4EE0009	Fins	ERS	Absent	
4EE0009	Fins	FRAY	Absent	
4EE0009	Fins	HMR	Absent	
4EE0009	Fins	EMB	Absent	
4EE0010	Gills, Left	FRAY	Absent	
4EE0010	Gills, Left	MRGN	Absent	
4EE0010	Gills, Left	PALE	Absent	
4EE0010	Gills, Right	FRAY	Absent	
4EE0010	Gills, Right	MRGN	Absent	
4EE0010	Gills, Right	PALE	Absent	
4EE0010	Fins	ERS	Absent	
4EE0010	Fins	FRAY	Absent	
4EE0010	Fins	HMR	Absent	
4EE0010	Fins	EMB	Absent	
4EE0020	Gills, Left	FRAY	Absent	
4EE0020	Gills, Left	MRGN	Absent	
4EE0020	Gills, Left	PALE	Absent	
4EE0020	Gills, Right	FRAY	Absent	
4EE0020	Gills, Right	MRGN	Absent	
4EE0020	Gills, Right	PALE	Absent	
4EE0020	Fins	ERS	Absent	
4EE0020	Fins	FRAY	Absent	
4EE0020	Fins	HMR	Absent	
4EE0020	Fins	EMB	Absent	
4GNA0004	Gills, Left	FRAY	Absent	
4GNA0004	Gills, Left	MRGN	Absent	
4GNA0004	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0004	Gills, Right	FRAY	Absent	
4GNA0004	Gills, Right	MRGN	Absent	
4GNA0004	Gills, Right	PALE	Absent	
4GNA0004	Fins	ERS	Absent	
4GNA0004	Fins	FRAY	Absent	
4GNA0004	Fins	HMR	Absent	
4GNA0004	Fins	EMB	Absent	
4GNA0005	Gills, Left	FRAY	Absent	
4GNA0005	Gills, Left	MRGN	Absent	
4GNA0005	Gills, Left	PALE	Absent	
4GNA0005	Gills, Right	FRAY	Absent	
4GNA0005	Gills, Right	MRGN	Absent	
4GNA0005	Gills, Right	PALE	Absent	
4GNA0005	Fins	ERS	Absent	
4GNA0005	Fins	FRAY	Absent	
4GNA0005	Fins	HMR	Absent	
4GNA0005	Fins	EMB	Absent	
4GNA0006	Gills, Left	FRAY	Absent	
4GNA0006	Gills, Left	MRGN	Absent	
4GNA0006	Gills, Left	PALE	Absent	
4GNA0006	Gills, Right	FRAY	Absent	
4GNA0006	Gills, Right	MRGN	Absent	
4GNA0006	Gills, Right	PALE	Absent	
4GNA0006	Fins	ERS	Absent	
4GNA0006	Fins	FRAY	Absent	
4GNA0006	Fins	HMR	Absent	
4GNA0006	Fins	EMB	Absent	
4GNA0007	Gills, Left	FRAY	Absent	
4GNA0007	Gills, Left	MRGN	Absent	
4GNA0007	Gills, Left	PALE	Absent	
4GNA0007	Gills, Right	FRAY	Absent	
4GNA0007	Gills, Right	MRGN	Absent	
4GNA0007	Gills, Right	PALE	Absent	
4GNA0007	Fins	ERS	Absent	
4GNA0007	Fins	FRAY	Absent	
4GNA0007	Fins	HMR	Absent	
4GNA0007	Fins	EMB	Absent	
4GNA0008	Gills, Left	FRAY	Absent	
4GNA0008	Gills, Left	MRGN	Absent	
4GNA0008	Gills, Left	PALE	Absent	
4GNA0008	Gills, Right	FRAY	Absent	
4GNA0008	Gills, Right	MRGN	Absent	
4GNA0008	Gills, Right	PALE	Absent	
4GNA0008	Fins	ERS	Absent	
4GNA0008	Fins	FRAY	Absent	
4GNA0008	Fins	HMR	Absent	
4GNA0008	Fins	EMB	Absent	
4GNA0009H	Gills, Left	FRAY	Absent	
4GNA0009H	Gills, Left	MRGN	Absent	
4GNA0009H	Gills, Left	PALE	Present	
4GNA0009H	Gills, Right	FRAY	Absent	
4GNA0009H	Gills, Right	MRGN	Absent	
4GNA0009H	Gills, Right	PALE	Present	
4GNA0009H	Fins	ERS	Absent	
4GNA0009H	Fins	FRAY	Absent	
4GNA0009H	Fins	HMR	Absent	
4GNA0009H	Fins	EMB	Absent	
4GNA0010	Gills, Left	FRAY	Absent	
4GNA0010	Gills, Left	MRGN	Absent	
4GNA0010	Gills, Left	PALE	Absent	
4GNA0010	Gills, Right	FRAY	Absent	
4GNA0010	Gills, Right	MRGN	Absent	
4GNA0010	Gills, Right	PALE	Absent	
4GNA0010	Fins	ERS	Absent	
4GNA0010	Fins	FRAY	Absent	
4GNA0010	Fins	HMR	Absent	
4GNA0010	Fins	EMB	Absent	
4GNA0011	Gills, Left	FRAY	Absent	
4GNA0011	Gills, Left	MRGN	Absent	
4GNA0011	Gills, Left	PALE	Absent	
4GNA0011	Gills, Right	FRAY	Absent	
4GNA0011	Gills, Right	MRGN	Absent	
4GNA0011	Gills, Right	PALE	Absent	
4GNA0011	Fins	ERS	Absent	
4GNA0011	Fins	FRAY	Absent	
4GNA0011	Fins	HMR	Absent	
4GNA0011	Fins	EMB	Absent	
4GNA0012	Gills, Left	FRAY	Absent	
4GNA0012	Gills, Left	MRGN	Absent	
4GNA0012	Gills, Left	PALE	Absent	
4GNA0012	Gills, Right	FRAY	Absent	
4GNA0012	Gills, Right	MRGN	Absent	
4GNA0012	Gills, Right	PALE	Absent	
4GNA0012	Fins	ERS	Absent	
4GNA0012	Fins	FRAY	Absent	
4GNA0012	Fins	HMR	Absent	
4GNA0012	Fins	EMB	Absent	
4GNA0013	Gills, Left	FRAY	Absent	
4GNA0013	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0013	Gills, Left	PALE	Absent	
4GNA0013	Gills, Right	FRAY	Absent	
4GNA0013	Gills, Right	MRGN	Absent	
4GNA0013	Gills, Right	PALE	Absent	
4GNA0013	Fins	ERS	Absent	
4GNA0013	Fins	FRAY	Absent	
4GNA0013	Fins	HMR	Absent	
4GNA0013	Fins	EMB	Absent	
4GNA0014	Gills, Left	FRAY	Absent	
4GNA0014	Gills, Left	MRGN	Absent	
4GNA0014	Gills, Left	PALE	Absent	
4GNA0014	Gills, Right	FRAY	Absent	
4GNA0014	Gills, Right	MRGN	Absent	
4GNA0014	Gills, Right	PALE	Absent	
4GNA0014	Fins	ERS	Absent	
4GNA0014	Fins	FRAY	Present	
4GNA0014	Fins	HMR	Absent	
4GNA0014	Fins	EMB	Absent	
4GNA0015	Gills, Left	FRAY	Absent	
4GNA0015	Gills, Left	MRGN	Absent	
4GNA0015	Gills, Left	PALE	Present	
4GNA0015	Gills, Right	FRAY	Absent	
4GNA0015	Gills, Right	MRGN	Absent	
4GNA0015	Gills, Right	PALE	Present	
4GNA0015	Fins	ERS	Minor	
4GNA0015	Fins	FRAY	Absent	
4GNA0015	Fins	HMR	Absent	
4GNA0015	Fins	EMB	Absent	
4GNA0016	Gills, Left	FRAY	Absent	
4GNA0016	Gills, Left	MRGN	Absent	
4GNA0016	Gills, Left	PALE	Absent	
4GNA0016	Gills, Right	FRAY	Absent	
4GNA0016	Gills, Right	MRGN	Absent	
4GNA0016	Gills, Right	PALE	Absent	
4GNA0016	Fins	ERS	Absent	
4GNA0016	Fins	FRAY	Absent	
4GNA0016	Fins	HMR	Absent	
4GNA0016	Fins	EMB	Absent	
4GNA0017	Gills, Left	FRAY	Absent	
4GNA0017	Gills, Left	MRGN	Absent	
4GNA0017	Gills, Left	PALE	Present	
4GNA0017	Gills, Left	OTHER	Present	Parasite
4GNA0017	Gills, Right	FRAY	Absent	
4GNA0017	Gills, Right	MRGN	Absent	
4GNA0017	Gills, Right	PALE	Present	
4GNA0017	Gills, Right	OTHER	Present	Parasite
4GNA0017	Fins	ERS	Absent	
4GNA0017	Fins	FRAY	Absent	
4GNA0017	Fins	HMR	Absent	
4GNA0017	Fins	EMB	Absent	
4GNA0018	Gills, Left	FRAY	Absent	
4GNA0018	Gills, Left	MRGN	Absent	
4GNA0018	Gills, Left	PALE	Absent	
4GNA0018	Gills, Right	FRAY	Absent	
4GNA0018	Gills, Right	MRGN	Absent	
4GNA0018	Gills, Right	PALE	Absent	
4GNA0018	Fins	ERS	Absent	
4GNA0018	Fins	FRAY	Absent	
4GNA0018	Fins	HMR	Absent	
4GNA0018	Fins	EMB	Absent	
4GNA0019	Gills, Left	FRAY	Absent	
4GNA0019	Gills, Left	MRGN	Absent	
4GNA0019	Gills, Left	PALE	Absent	
4GNA0019	Gills, Right	FRAY	Absent	
4GNA0019	Gills, Right	MRGN	Absent	
4GNA0019	Gills, Right	PALE	Absent	
4GNA0019	Fins	ERS	Absent	
4GNA0019	Fins	FRAY	Absent	
4GNA0019	Fins	HMR	Absent	
4GNA0019	Fins	EMB	Absent	
4GNA0020	Gills, Left	FRAY	Absent	
4GNA0020	Gills, Left	MRGN	Absent	
4GNA0020	Gills, Left	PALE	Absent	
4GNA0020	Gills, Right	FRAY	Absent	
4GNA0020	Gills, Right	MRGN	Absent	
4GNA0020	Gills, Right	PALE	Absent	
4GNA0020	Fins	ERS	Absent	
4GNA0020	Fins	FRAY	Present	
4GNA0020	Fins	HMR	Absent	
4GNA0020	Fins	EMB	Absent	
4GNA0021	Gills, Left	FRAY	Absent	
4GNA0021	Gills, Left	MRGN	Absent	
4GNA0021	Gills, Left	PALE	Absent	
4GNA0021	Gills, Left	OTHER	Present	Parasite
4GNA0021	Gills, Right	FRAY	Absent	
4GNA0021	Gills, Right	MRGN	Absent	
4GNA0021	Gills, Right	PALE	Absent	
4GNA0021	Gills, Right	OTHER	Present	Parasite
4GNA0021	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0021	Fins	FRAY	Present	
4GNA0021	Fins	HMR	Absent	
4GNA0021	Fins	EMB	Absent	
4GNA0022	Gills, Left	FRAY	Absent	
4GNA0022	Gills, Left	MRGN	Absent	
4GNA0022	Gills, Left	PALE	Absent	
4GNA0022	Gills, Right	FRAY	Absent	
4GNA0022	Gills, Right	MRGN	Absent	
4GNA0022	Gills, Right	PALE	Absent	
4GNA0022	Fins	ERS	Absent	
4GNA0022	Fins	FRAY	Present	
4GNA0022	Fins	HMR	Absent	
4GNA0022	Fins	EMB	Absent	
4GNA0023	Gills, Left	FRAY	Absent	
4GNA0023	Gills, Left	MRGN	Absent	
4GNA0023	Gills, Left	PALE	Absent	
4GNA0023	Gills, Right	FRAY	Absent	
4GNA0023	Gills, Right	MRGN	Absent	
4GNA0023	Gills, Right	PALE	Absent	
4GNA0023	Fins	ERS	Absent	
4GNA0023	Fins	FRAY	Absent	
4GNA0023	Fins	HMR	Absent	
4GNA0023	Fins	EMB	Absent	
4GNA0024	Gills, Left	FRAY	Absent	
4GNA0024	Gills, Left	MRGN	Absent	
4GNA0024	Gills, Left	PALE	Absent	
4GNA0024	Gills, Right	FRAY	Absent	
4GNA0024	Gills, Right	MRGN	Absent	
4GNA0024	Gills, Right	PALE	Absent	
4GNA0024	Fins	ERS	Absent	
4GNA0024	Fins	FRAY	Absent	
4GNA0024	Fins	HMR	Absent	
4GNA0024	Fins	EMB	Absent	
4GNA0025	Gills, Left	FRAY	Absent	
4GNA0025	Gills, Left	MRGN	Absent	
4GNA0025	Gills, Left	PALE	Absent	
4GNA0025	Gills, Right	FRAY	Absent	
4GNA0025	Gills, Right	MRGN	Absent	
4GNA0025	Gills, Right	PALE	Absent	
4GNA0025	Fins	ERS	Absent	
4GNA0025	Fins	FRAY	Absent	
4GNA0025	Fins	HMR	Absent	
4GNA0025	Fins	EMB	Absent	
4GNA0026	Gills, Left	FRAY	Absent	
4GNA0026	Gills, Left	MRGN	Absent	
4GNA0026	Gills, Left	PALE	Absent	
4GNA0026	Gills, Right	FRAY	Absent	
4GNA0026	Gills, Right	MRGN	Absent	
4GNA0026	Gills, Right	PALE	Absent	
4GNA0026	Fins	ERS	Absent	
4GNA0026	Fins	FRAY	Absent	
4GNA0026	Fins	HMR	Absent	
4GNA0026	Fins	EMB	Absent	
4GNA0027	Gills, Left	FRAY	Absent	
4GNA0027	Gills, Left	MRGN	Absent	
4GNA0027	Gills, Left	PALE	Absent	
4GNA0027	Gills, Right	FRAY	Absent	
4GNA0027	Gills, Right	MRGN	Absent	
4GNA0027	Gills, Right	PALE	Absent	
4GNA0027	Fins	ERS	Absent	
4GNA0027	Fins	FRAY	Absent	
4GNA0027	Fins	HMR	Absent	
4GNA0027	Fins	EMB	Absent	
4GNA0028	Gills, Left	FRAY	Absent	
4GNA0028	Gills, Left	MRGN	Absent	
4GNA0028	Gills, Left	PALE	Absent	
4GNA0028	Gills, Right	FRAY	Absent	
4GNA0028	Gills, Right	MRGN	Absent	
4GNA0028	Gills, Right	PALE	Absent	
4GNA0028	Fins	ERS	Absent	
4GNA0028	Fins	FRAY	Absent	
4GNA0028	Fins	HMR	Absent	
4GNA0028	Fins	EMB	Absent	
4GNA0029	Gills, Left	FRAY	Absent	
4GNA0029	Gills, Left	MRGN	Absent	
4GNA0029	Gills, Left	PALE	Absent	
4GNA0029	Gills, Right	FRAY	Absent	
4GNA0029	Gills, Right	MRGN	Absent	
4GNA0029	Gills, Right	PALE	Absent	
4GNA0029	Fins	ERS	Absent	
4GNA0029	Fins	FRAY	Absent	
4GNA0029	Fins	HMR	Absent	
4GNA0029	Fins	EMB	Absent	
4GNA0030	Gills, Left	FRAY	Absent	
4GNA0030	Gills, Left	MRGN	Absent	
4GNA0030	Gills, Left	PALE	Absent	
4GNA0030	Gills, Right	FRAY	Absent	
4GNA0030	Gills, Right	MRGN	Absent	
4GNA0030	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0030	Fins	ERS	Absent	
4GNA0030	Fins	FRAY	Absent	
4GNA0030	Fins	HMR	Absent	
4GNA0030	Fins	EMB	Absent	
4GNA0031	Gills, Left	FRAY	Absent	
4GNA0031	Gills, Left	MRGN	Absent	
4GNA0031	Gills, Left	PALE	Absent	
4GNA0031	Gills, Right	FRAY	Absent	
4GNA0031	Gills, Right	MRGN	Absent	
4GNA0031	Gills, Right	PALE	Absent	
4GNA0031	Fins	ERS	Absent	
4GNA0031	Fins	FRAY	Absent	
4GNA0031	Fins	HMR	Absent	
4GNA0031	Fins	EMB	Absent	
4GNA0032	Gills, Left	FRAY	Absent	
4GNA0032	Gills, Left	MRGN	Absent	
4GNA0032	Gills, Left	PALE	Absent	
4GNA0032	Gills, Right	FRAY	Absent	
4GNA0032	Gills, Right	MRGN	Absent	
4GNA0032	Gills, Right	PALE	Absent	
4GNA0032	Fins	ERS	Absent	
4GNA0032	Fins	FRAY	Absent	
4GNA0032	Fins	HMR	Absent	
4GNA0032	Fins	EMB	Absent	
4GNA0033	Gills, Left	FRAY	Absent	
4GNA0033	Gills, Left	MRGN	Absent	
4GNA0033	Gills, Left	PALE	Absent	
4GNA0033	Gills, Right	FRAY	Absent	
4GNA0033	Gills, Right	MRGN	Absent	
4GNA0033	Gills, Right	PALE	Absent	
4GNA0033	Fins	ERS	Absent	
4GNA0033	Fins	FRAY	Present	
4GNA0033	Fins	HMR	Absent	
4GNA0033	Fins	EMB	Absent	
4GNA0034	Gills, Left	FRAY	Absent	
4GNA0034	Gills, Left	MRGN	Absent	
4GNA0034	Gills, Left	PALE	Absent	
4GNA0034	Gills, Right	FRAY	Absent	
4GNA0034	Gills, Right	MRGN	Absent	
4GNA0034	Gills, Right	PALE	Absent	
4GNA0034	Fins	ERS	Absent	
4GNA0034	Fins	FRAY	Absent	
4GNA0034	Fins	HMR	Absent	
4GNA0034	Fins	EMB	Absent	
4GNA0035	Gills, Left	FRAY	Absent	
4GNA0035	Gills, Left	MRGN	Absent	
4GNA0035	Gills, Left	PALE	Absent	
4GNA0035	Gills, Right	FRAY	Absent	
4GNA0035	Gills, Right	MRGN	Absent	
4GNA0035	Gills, Right	PALE	Absent	
4GNA0035	Fins	ERS	Absent	
4GNA0035	Fins	FRAY	Present	
4GNA0035	Fins	HMR	Absent	
4GNA0035	Fins	EMB	Absent	
4GNA0036	Gills, Left	FRAY	Absent	
4GNA0036	Gills, Left	MRGN	Absent	
4GNA0036	Gills, Left	PALE	Present	
4GNA0036	Gills, Right	FRAY	Absent	
4GNA0036	Gills, Right	MRGN	Absent	
4GNA0036	Gills, Right	PALE	Present	
4GNA0036	Fins	ERS	Absent	
4GNA0036	Fins	FRAY	Present	
4GNA0036	Fins	HMR	Absent	
4GNA0036	Fins	EMB	Absent	
4GNA0038	Gills, Left	FRAY	Absent	
4GNA0038	Gills, Left	MRGN	Absent	
4GNA0038	Gills, Left	PALE	Absent	
4GNA0038	Gills, Right	FRAY	Absent	
4GNA0038	Gills, Right	MRGN	Absent	
4GNA0038	Gills, Right	PALE	Absent	
4GNA0038	Fins	ERS	Absent	
4GNA0038	Fins	FRAY	Absent	
4GNA0038	Fins	HMR	Absent	
4GNA0038	Fins	EMB	Absent	
4GNA0039	Gills, Left	FRAY	Absent	
4GNA0039	Gills, Left	MRGN	Absent	
4GNA0039	Gills, Left	PALE	Absent	
4GNA0039	Gills, Right	FRAY	Absent	
4GNA0039	Gills, Right	MRGN	Absent	
4GNA0039	Gills, Right	PALE	Absent	
4GNA0039	Fins	ERS	Absent	
4GNA0039	Fins	FRAY	Absent	
4GNA0039	Fins	HMR	Absent	
4GNA0039	Fins	EMB	Absent	
4GNA0041	Gills, Left	FRAY	Absent	
4GNA0041	Gills, Left	MRGN	Absent	
4GNA0041	Gills, Left	PALE	Absent	
4GNA0041	Gills, Right	FRAY	Absent	
4GNA0041	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0041	Gills, Right	PALE	Absent	
4GNA0041	Fins	ERS	Absent	
4GNA0041	Fins	FRAY	Present	
4GNA0041	Fins	HMR	Absent	
4GNA0041	Fins	EMB	Absent	
4GNA0042	Gills, Left	FRAY	Absent	
4GNA0042	Gills, Left	MRGN	Absent	
4GNA0042	Gills, Left	PALE	Absent	
4GNA0042	Gills, Right	FRAY	Absent	
4GNA0042	Gills, Right	MRGN	Absent	
4GNA0042	Gills, Right	PALE	Absent	
4GNA0042	Fins	ERS	Absent	
4GNA0042	Fins	FRAY	Present	
4GNA0042	Fins	HMR	Absent	
4GNA0042	Fins	EMB	Absent	
4GNA0044	Gills, Left	FRAY	Absent	
4GNA0044	Gills, Left	MRGN	Absent	
4GNA0044	Gills, Left	PALE	Absent	
4GNA0044	Gills, Right	FRAY	Absent	
4GNA0044	Gills, Right	MRGN	Absent	
4GNA0044	Gills, Right	PALE	Absent	
4GNA0044	Fins	ERS	Absent	
4GNA0044	Fins	FRAY	Absent	
4GNA0044	Fins	HMR	Absent	
4GNA0044	Fins	EMB	Absent	
4GNA0045	Gills, Left	FRAY	Absent	
4GNA0045	Gills, Left	MRGN	Absent	
4GNA0045	Gills, Left	PALE	Absent	
4GNA0045	Gills, Right	FRAY	Absent	
4GNA0045	Gills, Right	MRGN	Absent	
4GNA0045	Gills, Right	PALE	Absent	
4GNA0045	Fins	ERS	Absent	
4GNA0045	Fins	FRAY	Absent	
4GNA0045	Fins	HMR	Absent	
4GNA0045	Fins	EMB	Absent	
4GNA0045	Fins	OTHER	Present	Deformed caudal fin
4GNA0046	Gills, Left	FRAY	Absent	
4GNA0046	Gills, Left	MRGN	Absent	
4GNA0046	Gills, Left	PALE	Absent	
4GNA0046	Gills, Right	FRAY	Absent	
4GNA0046	Gills, Right	MRGN	Absent	
4GNA0046	Gills, Right	PALE	Absent	
4GNA0046	Fins	ERS	Absent	
4GNA0046	Fins	FRAY	Present	
4GNA0046	Fins	HMR	Absent	
4GNA0046	Fins	EMB	Absent	
4GNA0047	Gills, Left	FRAY	Absent	
4GNA0047	Gills, Left	MRGN	Absent	
4GNA0047	Gills, Left	PALE	Present	
4GNA0047	Gills, Right	FRAY	Absent	
4GNA0047	Gills, Right	MRGN	Absent	
4GNA0047	Gills, Right	PALE	Present	
4GNA0047	Fins	ERS	Absent	
4GNA0047	Fins	FRAY	Absent	
4GNA0047	Fins	HMR	Absent	
4GNA0047	Fins	EMB	Absent	
4GNA0048	Gills, Left	FRAY	Absent	
4GNA0048	Gills, Left	MRGN	Absent	
4GNA0048	Gills, Left	PALE	Absent	
4GNA0048	Gills, Right	FRAY	Absent	
4GNA0048	Gills, Right	MRGN	Absent	
4GNA0048	Gills, Right	PALE	Absent	
4GNA0048	Fins	ERS	Absent	
4GNA0048	Fins	FRAY	Absent	
4GNA0048	Fins	HMR	Absent	
4GNA0048	Fins	EMB	Absent	
4GNA0049	Gills, Left	FRAY	Absent	
4GNA0049	Gills, Left	MRGN	Absent	
4GNA0049	Gills, Left	PALE	Absent	
4GNA0049	Gills, Right	FRAY	Absent	
4GNA0049	Gills, Right	MRGN	Absent	
4GNA0049	Gills, Right	PALE	Absent	
4GNA0049	Fins	ERS	Absent	
4GNA0049	Fins	FRAY	Present	
4GNA0049	Fins	HMR	Absent	
4GNA0049	Fins	EMB	Absent	
4GNA0050	Gills, Left	FRAY	Absent	
4GNA0050	Gills, Left	MRGN	Absent	
4GNA0050	Gills, Left	PALE	Absent	
4GNA0050	Gills, Right	FRAY	Absent	
4GNA0050	Gills, Right	MRGN	Absent	
4GNA0050	Gills, Right	PALE	Absent	
4GNA0050	Fins	ERS	Absent	
4GNA0050	Fins	FRAY	Absent	
4GNA0050	Fins	HMR	Absent	
4GNA0050	Fins	EMB	Absent	
4GNA0051	Gills, Left	FRAY	Absent	
4GNA0051	Gills, Left	MRGN	Absent	
4GNA0051	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0051	Gills, Right	FRAY	Absent	
4GNA0051	Gills, Right	MRGN	Absent	
4GNA0051	Gills, Right	PALE	Absent	
4GNA0051	Fins	ERS	Absent	
4GNA0051	Fins	FRAY	Absent	
4GNA0051	Fins	HMR	Absent	
4GNA0051	Fins	EMB	Absent	
4GNA0052	Gills, Left	FRAY	Absent	
4GNA0052	Gills, Left	MRGN	Absent	
4GNA0052	Gills, Left	PALE	Absent	
4GNA0052	Gills, Right	FRAY	Absent	
4GNA0052	Gills, Right	MRGN	Absent	
4GNA0052	Gills, Right	PALE	Absent	
4GNA0052	Fins	ERS	Absent	
4GNA0052	Fins	FRAY	Absent	
4GNA0052	Fins	HMR	Absent	
4GNA0052	Fins	EMB	Absent	
4GNA0053	Gills, Left	FRAY	Absent	
4GNA0053	Gills, Left	MRGN	Absent	
4GNA0053	Gills, Left	PALE	Absent	
4GNA0053	Gills, Right	FRAY	Absent	
4GNA0053	Gills, Right	MRGN	Absent	
4GNA0053	Gills, Right	PALE	Absent	
4GNA0053	Fins	ERS	Absent	
4GNA0053	Fins	FRAY	Absent	
4GNA0053	Fins	HMR	Absent	
4GNA0053	Fins	EMB	Absent	
4GNA0054H	Gills, Left	FRAY	Absent	
4GNA0054H	Gills, Left	MRGN	Absent	
4GNA0054H	Gills, Left	PALE	Absent	
4GNA0054H	Gills, Right	FRAY	Absent	
4GNA0054H	Gills, Right	MRGN	Absent	
4GNA0054H	Gills, Right	PALE	Absent	
4GNA0054H	Fins	ERS	Absent	
4GNA0054H	Fins	FRAY	Absent	
4GNA0054H	Fins	HMR	Absent	
4GNA0054H	Fins	EMB	Absent	
4GNA0055H	Gills, Left	FRAY	Absent	
4GNA0055H	Gills, Left	MRGN	Absent	
4GNA0055H	Gills, Left	PALE	Absent	
4GNA0055H	Gills, Right	FRAY	Absent	
4GNA0055H	Gills, Right	MRGN	Absent	
4GNA0055H	Gills, Right	PALE	Absent	
4GNA0055H	Fins	ERS	Absent	
4GNA0055H	Fins	FRAY	Absent	
4GNA0055H	Fins	HMR	Absent	
4GNA0055H	Fins	EMB	Absent	
4GNA0056H	Gills, Left	FRAY	Absent	
4GNA0056H	Gills, Left	MRGN	Absent	
4GNA0056H	Gills, Left	PALE	Absent	
4GNA0056H	Gills, Right	FRAY	Absent	
4GNA0056H	Gills, Right	MRGN	Absent	
4GNA0056H	Gills, Right	PALE	Absent	
4GNA0056H	Fins	ERS	Absent	
4GNA0056H	Fins	FRAY	Absent	
4GNA0056H	Fins	HMR	Absent	
4GNA0056H	Fins	EMB	Absent	
4GNA0057H	Gills, Left	FRAY	Absent	
4GNA0057H	Gills, Left	MRGN	Absent	
4GNA0057H	Gills, Left	PALE	Absent	
4GNA0057H	Gills, Right	FRAY	Absent	
4GNA0057H	Gills, Right	MRGN	Absent	
4GNA0057H	Gills, Right	PALE	Absent	
4GNA0057H	Fins	ERS	Absent	
4GNA0057H	Fins	FRAY	Absent	
4GNA0057H	Fins	HMR	Absent	
4GNA0057H	Fins	EMB	Absent	
4GNA0058H	Gills, Left	FRAY	Absent	
4GNA0058H	Gills, Left	MRGN	Absent	
4GNA0058H	Gills, Left	PALE	Absent	
4GNA0058H	Gills, Right	FRAY	Absent	
4GNA0058H	Gills, Right	MRGN	Absent	
4GNA0058H	Gills, Right	PALE	Absent	
4GNA0058H	Fins	ERS	Absent	
4GNA0058H	Fins	FRAY	Absent	
4GNA0058H	Fins	HMR	Absent	
4GNA0058H	Fins	EMB	Absent	
4GNA0059H	Gills, Left	FRAY	Absent	
4GNA0059H	Gills, Left	MRGN	Absent	
4GNA0059H	Gills, Left	PALE	Absent	
4GNA0059H	Gills, Right	FRAY	Absent	
4GNA0059H	Gills, Right	MRGN	Absent	
4GNA0059H	Gills, Right	PALE	Absent	
4GNA0059H	Fins	ERS	Absent	
4GNA0059H	Fins	FRAY	Absent	
4GNA0059H	Fins	HMR	Absent	
4GNA0059H	Fins	EMB	Absent	
4GNA0059H	Fins	OTHER	Present	Tear on caudal fin
4GNA0060H	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0060H	Gills, Left	MRGN	Absent	
4GNA0060H	Gills, Left	PALE	Absent	
4GNA0060H	Gills, Right	FRAY	Absent	
4GNA0060H	Gills, Right	MRGN	Absent	
4GNA0060H	Gills, Right	PALE	Absent	
4GNA0060H	Fins	ERS	Absent	
4GNA0060H	Fins	FRAY	Present	
4GNA0060H	Fins	HMR	Absent	
4GNA0060H	Fins	EMB	Absent	
4GNA0061H	Gills, Left	FRAY	Absent	
4GNA0061H	Gills, Left	MRGN	Absent	
4GNA0061H	Gills, Left	PALE	Present	
4GNA0061H	Gills, Right	FRAY	Absent	
4GNA0061H	Gills, Right	MRGN	Absent	
4GNA0061H	Gills, Right	PALE	Present	
4GNA0061H	Fins	ERS	Absent	
4GNA0061H	Fins	FRAY	Absent	
4GNA0061H	Fins	HMR	Absent	
4GNA0061H	Fins	EMB	Absent	
4GNA0062H	Gills, Left	FRAY	Absent	
4GNA0062H	Gills, Left	MRGN	Absent	
4GNA0062H	Gills, Left	PALE	Absent	
4GNA0062H	Gills, Right	FRAY	Absent	
4GNA0062H	Gills, Right	MRGN	Absent	
4GNA0062H	Gills, Right	PALE	Absent	
4GNA0062H	Fins	ERS	Absent	
4GNA0062H	Fins	FRAY	Present	
4GNA0062H	Fins	HMR	Absent	
4GNA0062H	Fins	EMB	Absent	
4GNA0063W	Gills, Left	FRAY	Absent	
4GNA0063W	Gills, Left	MRGN	Absent	
4GNA0063W	Gills, Left	PALE	Present	
4GNA0063W	Gills, Right	FRAY	Absent	
4GNA0063W	Gills, Right	MRGN	Absent	
4GNA0063W	Gills, Right	PALE	Present	
4GNA0063W	Fins	ERS	Absent	
4GNA0063W	Fins	FRAY	Absent	
4GNA0063W	Fins	HMR	Absent	
4GNA0063W	Fins	EMB	Absent	
4GNA0064H	Gills, Left	FRAY	Absent	
4GNA0064H	Gills, Left	MRGN	Absent	
4GNA0064H	Gills, Left	PALE	Absent	
4GNA0064H	Gills, Right	FRAY	Absent	
4GNA0064H	Gills, Right	MRGN	Absent	
4GNA0064H	Gills, Right	PALE	Absent	
4GNA0064H	Fins	ERS	Absent	
4GNA0064H	Fins	FRAY	Present	
4GNA0064H	Fins	HMR	Absent	
4GNA0064H	Fins	EMB	Absent	
4GNA0065H	Gills, Left	FRAY	Absent	
4GNA0065H	Gills, Left	MRGN	Absent	
4GNA0065H	Gills, Left	PALE	Absent	
4GNA0065H	Gills, Right	FRAY	Absent	
4GNA0065H	Gills, Right	MRGN	Absent	
4GNA0065H	Gills, Right	PALE	Absent	
4GNA0065H	Fins	ERS	Absent	
4GNA0065H	Fins	FRAY	Present	
4GNA0065H	Fins	HMR	Absent	
4GNA0065H	Fins	EMB	Absent	
4GNA0066W	Gills, Left	FRAY	Absent	
4GNA0066W	Gills, Left	MRGN	Absent	
4GNA0066W	Gills, Left	PALE	Absent	
4GNA0066W	Gills, Right	FRAY	Absent	
4GNA0066W	Gills, Right	MRGN	Absent	
4GNA0066W	Gills, Right	PALE	Absent	
4GNA0066W	Fins	ERS	Absent	
4GNA0066W	Fins	FRAY	Present	
4GNA0066W	Fins	HMR	Absent	
4GNA0066W	Fins	EMB	Absent	
4GNA0067H	Gills, Left	FRAY	Absent	
4GNA0067H	Gills, Left	MRGN	Absent	
4GNA0067H	Gills, Left	PALE	Absent	
4GNA0067H	Gills, Right	FRAY	Absent	
4GNA0067H	Gills, Right	MRGN	Absent	
4GNA0067H	Gills, Right	PALE	Absent	
4GNA0067H	Fins	ERS	Absent	
4GNA0067H	Fins	FRAY	Present	
4GNA0067H	Fins	HMR	Absent	
4GNA0067H	Fins	EMB	Absent	
4GNA0068H	Gills, Left	FRAY	Absent	
4GNA0068H	Gills, Left	MRGN	Absent	
4GNA0068H	Gills, Left	PALE	Present	
4GNA0068H	Gills, Right	FRAY	Absent	
4GNA0068H	Gills, Right	MRGN	Absent	
4GNA0068H	Gills, Right	PALE	Present	
4GNA0068H	Fins	ERS	Absent	
4GNA0068H	Fins	FRAY	Present	
4GNA0068H	Fins	HMR	Absent	
4GNA0068H	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0069H	Gills, Left	FRAY	Absent	
4GNA0069H	Gills, Left	MRGN	Absent	
4GNA0069H	Gills, Left	PALE	Absent	
4GNA0069H	Gills, Right	FRAY	Absent	
4GNA0069H	Gills, Right	MRGN	Absent	
4GNA0069H	Gills, Right	PALE	Absent	
4GNA0069H	Fins	ERS	Absent	
4GNA0069H	Fins	FRAY	Present	
4GNA0069H	Fins	HMR	Absent	
4GNA0069H	Fins	EMB	Absent	
4GNA0070	Gills, Left	FRAY	Absent	
4GNA0070	Gills, Left	MRGN	Absent	
4GNA0070	Gills, Left	PALE	Absent	
4GNA0070	Gills, Right	FRAY	Absent	
4GNA0070	Gills, Right	MRGN	Absent	
4GNA0070	Gills, Right	PALE	Absent	
4GNA0070	Fins	ERS	Absent	
4GNA0070	Fins	FRAY	Absent	
4GNA0070	Fins	HMR	Absent	
4GNA0070	Fins	EMB	Absent	
4GNA0071	Gills, Left	FRAY	Absent	
4GNA0071	Gills, Left	MRGN	Absent	
4GNA0071	Gills, Left	PALE	Absent	
4GNA0071	Gills, Right	FRAY	Absent	
4GNA0071	Gills, Right	MRGN	Absent	
4GNA0071	Gills, Right	PALE	Absent	
4GNA0071	Fins	ERS	Absent	
4GNA0071	Fins	FRAY	Absent	
4GNA0071	Fins	HMR	Absent	
4GNA0071	Fins	EMB	Absent	
4GNA0072	Gills, Left	FRAY	Absent	
4GNA0072	Gills, Left	MRGN	Absent	
4GNA0072	Gills, Left	PALE	Absent	
4GNA0072	Gills, Right	FRAY	Absent	
4GNA0072	Gills, Right	MRGN	Absent	
4GNA0072	Gills, Right	PALE	Absent	
4GNA0072	Fins	ERS	Absent	
4GNA0072	Fins	FRAY	Absent	
4GNA0072	Fins	HMR	Absent	
4GNA0072	Fins	EMB	Absent	
4GNA0073	Gills, Left	FRAY	Absent	
4GNA0073	Gills, Left	MRGN	Absent	
4GNA0073	Gills, Left	PALE	Absent	
4GNA0073	Gills, Right	FRAY	Absent	
4GNA0073	Gills, Right	MRGN	Absent	
4GNA0073	Gills, Right	PALE	Absent	
4GNA0073	Fins	ERS	Absent	
4GNA0073	Fins	FRAY	Absent	
4GNA0073	Fins	HMR	Absent	
4GNA0073	Fins	EMB	Absent	
4GNA0074	Gills, Left	FRAY	Absent	
4GNA0074	Gills, Left	MRGN	Absent	
4GNA0074	Gills, Left	PALE	Absent	
4GNA0074	Gills, Right	FRAY	Absent	
4GNA0074	Gills, Right	MRGN	Absent	
4GNA0074	Gills, Right	PALE	Absent	
4GNA0074	Fins	ERS	Absent	
4GNA0074	Fins	FRAY	Absent	
4GNA0074	Fins	HMR	Absent	
4GNA0074	Fins	EMB	Absent	
4GNA0075	Gills, Left	FRAY	Absent	
4GNA0075	Gills, Left	MRGN	Absent	
4GNA0075	Gills, Left	PALE	Absent	
4GNA0075	Gills, Right	FRAY	Absent	
4GNA0075	Gills, Right	MRGN	Absent	
4GNA0075	Gills, Right	PALE	Absent	
4GNA0075	Fins	ERS	Absent	
4GNA0075	Fins	FRAY	Absent	
4GNA0075	Fins	HMR	Absent	
4GNA0075	Fins	EMB	Absent	
4GNA0076	Gills, Left	FRAY	Absent	
4GNA0076	Gills, Left	MRGN	Absent	
4GNA0076	Gills, Left	PALE	Absent	
4GNA0076	Gills, Right	FRAY	Absent	
4GNA0076	Gills, Right	MRGN	Absent	
4GNA0076	Gills, Right	PALE	Absent	
4GNA0076	Fins	ERS	Absent	
4GNA0076	Fins	FRAY	Absent	
4GNA0076	Fins	HMR	Absent	
4GNA0076	Fins	EMB	Absent	
4GNA0077	Gills, Left	FRAY	Absent	
4GNA0077	Gills, Left	MRGN	Absent	
4GNA0077	Gills, Left	PALE	Absent	
4GNA0077	Gills, Right	FRAY	Absent	
4GNA0077	Gills, Right	MRGN	Absent	
4GNA0077	Gills, Right	PALE	Absent	
4GNA0077	Fins	ERS	Absent	
4GNA0077	Fins	FRAY	Absent	
4GNA0077	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0077	Fins	EMB	Absent	
4GNA0078	Gills, Left	FRAY	Absent	
4GNA0078	Gills, Left	MRGN	Absent	
4GNA0078	Gills, Left	PALE	Absent	
4GNA0078	Gills, Right	FRAY	Absent	
4GNA0078	Gills, Right	MRGN	Absent	
4GNA0078	Gills, Right	PALE	Absent	
4GNA0078	Fins	ERS	Absent	
4GNA0078	Fins	FRAY	Absent	
4GNA0078	Fins	HMR	Absent	
4GNA0078	Fins	EMB	Absent	
4GNA0079	Gills, Left	FRAY	Absent	
4GNA0079	Gills, Left	MRGN	Absent	
4GNA0079	Gills, Left	PALE	Absent	
4GNA0079	Gills, Right	FRAY	Absent	
4GNA0079	Gills, Right	MRGN	Absent	
4GNA0079	Gills, Right	PALE	Absent	
4GNA0079	Fins	ERS	Absent	
4GNA0079	Fins	FRAY	Absent	
4GNA0079	Fins	HMR	Absent	
4GNA0079	Fins	EMB	Absent	
4GNA0080W	Gills, Left	FRAY	Absent	
4GNA0080W	Gills, Left	MRGN	Absent	
4GNA0080W	Gills, Left	PALE	Absent	
4GNA0080W	Gills, Right	FRAY	Absent	
4GNA0080W	Gills, Right	MRGN	Absent	
4GNA0080W	Gills, Right	PALE	Absent	
4GNA0080W	Fins	ERS	Absent	
4GNA0080W	Fins	FRAY	Absent	
4GNA0080W	Fins	HMR	Absent	
4GNA0080W	Fins	EMB	Absent	
4GNA0081W	Gills, Left	FRAY	Absent	
4GNA0081W	Gills, Left	MRGN	Absent	
4GNA0081W	Gills, Left	PALE	Absent	
4GNA0081W	Gills, Right	FRAY	Absent	
4GNA0081W	Gills, Right	MRGN	Absent	
4GNA0081W	Gills, Right	PALE	Absent	
4GNA0081W	Fins	ERS	Absent	
4GNA0081W	Fins	FRAY	Absent	
4GNA0081W	Fins	HMR	Absent	
4GNA0081W	Fins	EMB	Absent	
4GNA0082H	Gills, Left	FRAY	Absent	
4GNA0082H	Gills, Left	MRGN	Absent	
4GNA0082H	Gills, Left	PALE	Absent	
4GNA0082H	Gills, Left	OTHER	Present	Fungus
4GNA0082H	Gills, Right	FRAY	Absent	
4GNA0082H	Gills, Right	MRGN	Absent	
4GNA0082H	Gills, Right	PALE	Absent	
4GNA0082H	Fins	ERS	Absent	
4GNA0082H	Fins	FRAY	Absent	
4GNA0082H	Fins	HMR	Absent	
4GNA0082H	Fins	EMB	Absent	
4GNA0083H	Gills, Left	FRAY	Absent	
4GNA0083H	Gills, Left	MRGN	Absent	
4GNA0083H	Gills, Left	PALE	Absent	
4GNA0083H	Gills, Right	FRAY	Absent	
4GNA0083H	Gills, Right	MRGN	Absent	
4GNA0083H	Gills, Right	PALE	Absent	
4GNA0083H	Fins	ERS	Absent	
4GNA0083H	Fins	FRAY	Absent	
4GNA0083H	Fins	HMR	Absent	
4GNA0083H	Fins	EMB	Absent	
4GNA0084H	Gills, Left	FRAY	Absent	
4GNA0084H	Gills, Left	MRGN	Absent	
4GNA0084H	Gills, Left	PALE	Absent	
4GNA0084H	Gills, Right	FRAY	Absent	
4GNA0084H	Gills, Right	MRGN	Absent	
4GNA0084H	Gills, Right	PALE	Absent	
4GNA0084H	Fins	ERS	Absent	
4GNA0084H	Fins	FRAY	Absent	
4GNA0084H	Fins	HMR	Absent	
4GNA0084H	Fins	EMB	Absent	
4GNA0085H	Gills, Left	FRAY	Absent	
4GNA0085H	Gills, Left	MRGN	Absent	
4GNA0085H	Gills, Left	PALE	Absent	
4GNA0085H	Gills, Right	FRAY	Absent	
4GNA0085H	Gills, Right	MRGN	Absent	
4GNA0085H	Gills, Right	PALE	Absent	
4GNA0085H	Fins	ERS	Absent	
4GNA0085H	Fins	FRAY	Absent	
4GNA0085H	Fins	HMR	Absent	
4GNA0085H	Fins	EMB	Absent	
4GNA0086H	Gills, Left	FRAY	Absent	
4GNA0086H	Gills, Left	MRGN	Absent	
4GNA0086H	Gills, Left	PALE	Absent	
4GNA0086H	Gills, Right	FRAY	Absent	
4GNA0086H	Gills, Right	MRGN	Absent	
4GNA0086H	Gills, Right	PALE	Absent	
4GNA0086H	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0086H	Fins	FRAY	Absent	
4GNA0086H	Fins	HMR	Absent	
4GNA0086H	Fins	EMB	Absent	
4GNA0087H	Gills, Left	FRAY	Absent	
4GNA0087H	Gills, Left	MRGN	Absent	
4GNA0087H	Gills, Left	PALE	Absent	
4GNA0087H	Gills, Right	FRAY	Absent	
4GNA0087H	Gills, Right	MRGN	Absent	
4GNA0087H	Gills, Right	PALE	Absent	
4GNA0087H	Fins	ERS	Absent	
4GNA0087H	Fins	FRAY	Absent	
4GNA0087H	Fins	HMR	Absent	
4GNA0087H	Fins	EMB	Absent	
4GNA0088	Gills, Left	FRAY	Absent	
4GNA0088	Gills, Left	MRGN	Absent	
4GNA0088	Gills, Left	PALE	Absent	
4GNA0088	Gills, Right	FRAY	Absent	
4GNA0088	Gills, Right	MRGN	Absent	
4GNA0088	Gills, Right	PALE	Absent	
4GNA0088	Fins	ERS	Absent	
4GNA0088	Fins	FRAY	Absent	
4GNA0088	Fins	HMR	Absent	
4GNA0088	Fins	EMB	Absent	
4GNA0089	Gills, Left	FRAY	Absent	
4GNA0089	Gills, Left	MRGN	Absent	
4GNA0089	Gills, Left	PALE	Absent	
4GNA0089	Gills, Right	FRAY	Absent	
4GNA0089	Gills, Right	MRGN	Absent	
4GNA0089	Gills, Right	PALE	Absent	
4GNA0089	Fins	ERS	Absent	
4GNA0089	Fins	FRAY	Absent	
4GNA0089	Fins	HMR	Absent	
4GNA0089	Fins	EMB	Absent	
4GNA0090	Gills, Left	FRAY	Absent	
4GNA0090	Gills, Left	MRGN	Absent	
4GNA0090	Gills, Left	PALE	Absent	
4GNA0090	Gills, Right	FRAY	Absent	
4GNA0090	Gills, Right	MRGN	Absent	
4GNA0090	Gills, Right	PALE	Absent	
4GNA0090	Fins	ERS	Absent	
4GNA0090	Fins	FRAY	Absent	
4GNA0090	Fins	HMR	Absent	
4GNA0090	Fins	EMB	Absent	
4GNA0091	Gills, Left	FRAY	Absent	
4GNA0091	Gills, Left	MRGN	Absent	
4GNA0091	Gills, Left	PALE	Absent	
4GNA0091	Gills, Right	FRAY	Absent	
4GNA0091	Gills, Right	MRGN	Absent	
4GNA0091	Gills, Right	PALE	Absent	
4GNA0091	Fins	ERS	Absent	
4GNA0091	Fins	FRAY	Present	
4GNA0091	Fins	HMR	Absent	
4GNA0091	Fins	EMB	Absent	
4GNA0092	Gills, Left	FRAY	Absent	
4GNA0092	Gills, Left	MRGN	Absent	
4GNA0092	Gills, Left	PALE	Absent	
4GNA0092	Gills, Right	FRAY	Absent	
4GNA0092	Gills, Right	MRGN	Absent	
4GNA0092	Gills, Right	PALE	Absent	
4GNA0092	Fins	ERS	Absent	
4GNA0092	Fins	FRAY	Present	
4GNA0092	Fins	HMR	Absent	
4GNA0092	Fins	EMB	Absent	
4GNA0093	Gills, Left	FRAY	Absent	
4GNA0093	Gills, Left	MRGN	Absent	
4GNA0093	Gills, Left	PALE	Absent	
4GNA0093	Gills, Right	FRAY	Absent	
4GNA0093	Gills, Right	MRGN	Absent	
4GNA0093	Gills, Right	PALE	Absent	
4GNA0093	Fins	ERS	Absent	
4GNA0093	Fins	FRAY	Present	
4GNA0093	Fins	HMR	Absent	
4GNA0093	Fins	EMB	Absent	
4GNA0094	Gills, Left	FRAY	Absent	
4GNA0094	Gills, Left	MRGN	Absent	
4GNA0094	Gills, Left	PALE	Absent	
4GNA0094	Gills, Left	OTHER	Present	Parasite
4GNA0094	Gills, Right	FRAY	Absent	
4GNA0094	Gills, Right	MRGN	Absent	
4GNA0094	Gills, Right	PALE	Absent	
4GNA0094	Gills, Right	OTHER	Present	Parasite
4GNA0094	Fins	ERS	Absent	
4GNA0094	Fins	FRAY	Present	
4GNA0094	Fins	HMR	Absent	
4GNA0094	Fins	EMB	Absent	
4GNA0095	Gills, Left	FRAY	Absent	
4GNA0095	Gills, Left	MRGN	Absent	
4GNA0095	Gills, Left	PALE	Present	
4GNA0095	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0095	Gills, Right	MRGN	Absent	
4GNA0095	Gills, Right	PALE	Absent	
4GNA0095	Fins	ERS	Absent	
4GNA0095	Fins	FRAY	Present	
4GNA0095	Fins	HMR	Absent	
4GNA0095	Fins	EMB	Absent	
4GNA0096	Gills, Left	FRAY	Absent	
4GNA0096	Gills, Left	MRGN	Absent	
4GNA0096	Gills, Left	PALE	Absent	
4GNA0096	Gills, Right	FRAY	Absent	
4GNA0096	Gills, Right	MRGN	Absent	
4GNA0096	Gills, Right	PALE	Absent	
4GNA0096	Fins	ERS	Absent	
4GNA0096	Fins	FRAY	Present	
4GNA0096	Fins	HMR	Absent	
4GNA0096	Fins	EMB	Absent	
4GNA0097	Gills, Left	FRAY	Absent	
4GNA0097	Gills, Left	MRGN	Absent	
4GNA0097	Gills, Left	PALE	Present	
4GNA0097	Gills, Right	FRAY	Absent	
4GNA0097	Gills, Right	MRGN	Absent	
4GNA0097	Gills, Right	PALE	Present	
4GNA0097	Fins	ERS	Minor	
4GNA0097	Fins	FRAY	Absent	
4GNA0097	Fins	HMR	Absent	
4GNA0097	Fins	EMB	Absent	
4GNA0098	Gills, Left	FRAY	Absent	
4GNA0098	Gills, Left	MRGN	Absent	
4GNA0098	Gills, Left	PALE	Absent	
4GNA0098	Gills, Right	FRAY	Absent	
4GNA0098	Gills, Right	MRGN	Absent	
4GNA0098	Gills, Right	PALE	Absent	
4GNA0098	Fins	ERS	Absent	
4GNA0098	Fins	FRAY	Present	
4GNA0098	Fins	HMR	Absent	
4GNA0098	Fins	EMB	Absent	
4GNA0099	Gills, Left	FRAY	Absent	
4GNA0099	Gills, Left	MRGN	Absent	
4GNA0099	Gills, Left	PALE	Absent	
4GNA0099	Gills, Right	FRAY	Absent	
4GNA0099	Gills, Right	MRGN	Absent	
4GNA0099	Gills, Right	PALE	Absent	
4GNA0099	Fins	ERS	Absent	
4GNA0099	Fins	FRAY	Absent	
4GNA0099	Fins	HMR	Absent	
4GNA0099	Fins	EMB	Absent	
4GNA0100	Gills, Left	FRAY	Absent	
4GNA0100	Gills, Left	MRGN	Absent	
4GNA0100	Gills, Left	PALE	Absent	
4GNA0100	Gills, Right	FRAY	Absent	
4GNA0100	Gills, Right	MRGN	Absent	
4GNA0100	Gills, Right	PALE	Absent	
4GNA0100	Fins	ERS	Absent	
4GNA0100	Fins	FRAY	Absent	
4GNA0100	Fins	HMR	Absent	
4GNA0100	Fins	EMB	Absent	
4GNA0101	Gills, Left	FRAY	Absent	
4GNA0101	Gills, Left	MRGN	Absent	
4GNA0101	Gills, Left	PALE	Absent	
4GNA0101	Gills, Right	FRAY	Absent	
4GNA0101	Gills, Right	MRGN	Absent	
4GNA0101	Gills, Right	PALE	Absent	
4GNA0101	Fins	ERS	Absent	
4GNA0101	Fins	FRAY	Present	
4GNA0101	Fins	HMR	Absent	
4GNA0101	Fins	EMB	Absent	
4GNA0103	Gills, Left	FRAY	Absent	
4GNA0103	Gills, Left	MRGN	Absent	
4GNA0103	Gills, Left	PALE	Absent	
4GNA0103	Gills, Right	FRAY	Absent	
4GNA0103	Gills, Right	MRGN	Absent	
4GNA0103	Gills, Right	PALE	Absent	
4GNA0103	Fins	ERS	Absent	
4GNA0103	Fins	FRAY	Absent	
4GNA0103	Fins	HMR	Absent	
4GNA0103	Fins	EMB	Absent	
4GNA0107H	Gills, Left	FRAY	Absent	
4GNA0107H	Gills, Left	MRGN	Absent	
4GNA0107H	Gills, Left	PALE	Absent	
4GNA0107H	Gills, Left	OTHER	Present	Hemorrhagic
4GNA0107H	Gills, Right	FRAY	Absent	
4GNA0107H	Gills, Right	MRGN	Absent	
4GNA0107H	Gills, Right	PALE	Absent	
4GNA0107H	Fins	ERS	Absent	
4GNA0107H	Fins	FRAY	Absent	
4GNA0107H	Fins	HMR	Absent	
4GNA0107H	Fins	EMB	Absent	
4GNA0108H	Gills, Left	FRAY	Absent	
4GNA0108H	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0108H	Gills, Left	PALE	Absent	
4GNA0108H	Gills, Right	FRAY	Absent	
4GNA0108H	Gills, Right	MRGN	Absent	
4GNA0108H	Gills, Right	PALE	Absent	
4GNA0108H	Fins	ERS	Absent	
4GNA0108H	Fins	FRAY	Absent	
4GNA0108H	Fins	HMR	Absent	
4GNA0108H	Fins	EMB	Absent	
4GNA0110H	Gills, Left	FRAY	Absent	
4GNA0110H	Gills, Left	MRGN	Absent	
4GNA0110H	Gills, Left	PALE	Absent	
4GNA0110H	Gills, Right	FRAY	Absent	
4GNA0110H	Gills, Right	MRGN	Absent	
4GNA0110H	Gills, Right	PALE	Absent	
4GNA0110H	Fins	ERS	Absent	
4GNA0110H	Fins	FRAY	Absent	
4GNA0110H	Fins	HMR	Absent	
4GNA0110H	Fins	EMB	Absent	
4GNA0111H	Gills, Left	FRAY	Absent	
4GNA0111H	Gills, Left	MRGN	Absent	
4GNA0111H	Gills, Left	PALE	Absent	
4GNA0111H	Gills, Right	FRAY	Absent	
4GNA0111H	Gills, Right	MRGN	Absent	
4GNA0111H	Gills, Right	PALE	Absent	
4GNA0111H	Fins	ERS	Absent	
4GNA0111H	Fins	FRAY	Absent	
4GNA0111H	Fins	HMR	Absent	
4GNA0111H	Fins	EMB	Absent	
4GNA0112H	Gills, Left	FRAY	Absent	
4GNA0112H	Gills, Left	MRGN	Absent	
4GNA0112H	Gills, Left	PALE	Absent	
4GNA0112H	Gills, Right	FRAY	Absent	
4GNA0112H	Gills, Right	MRGN	Absent	
4GNA0112H	Gills, Right	PALE	Absent	
4GNA0112H	Fins	ERS	Absent	
4GNA0112H	Fins	FRAY	Absent	
4GNA0112H	Fins	HMR	Absent	
4GNA0112H	Fins	EMB	Absent	
4GNA0113H	Gills, Left	FRAY	Absent	
4GNA0113H	Gills, Left	MRGN	Absent	
4GNA0113H	Gills, Left	PALE	Absent	
4GNA0113H	Gills, Right	FRAY	Absent	
4GNA0113H	Gills, Right	MRGN	Absent	
4GNA0113H	Gills, Right	PALE	Absent	
4GNA0113H	Fins	ERS	Absent	
4GNA0113H	Fins	FRAY	Absent	
4GNA0113H	Fins	HMR	Absent	
4GNA0113H	Fins	EMB	Absent	
4GNA0114H	Gills, Left	FRAY	Absent	
4GNA0114H	Gills, Left	MRGN	Absent	
4GNA0114H	Gills, Left	PALE	Absent	
4GNA0114H	Gills, Right	FRAY	Absent	
4GNA0114H	Gills, Right	MRGN	Absent	
4GNA0114H	Gills, Right	PALE	Absent	
4GNA0114H	Fins	ERS	Absent	
4GNA0114H	Fins	FRAY	Present	
4GNA0114H	Fins	HMR	Absent	
4GNA0114H	Fins	EMB	Absent	
4GNA0115H	Gills, Left	FRAY	Absent	
4GNA0115H	Gills, Left	MRGN	Absent	
4GNA0115H	Gills, Left	PALE	Absent	
4GNA0115H	Gills, Right	FRAY	Absent	
4GNA0115H	Gills, Right	MRGN	Absent	
4GNA0115H	Gills, Right	PALE	Absent	
4GNA0115H	Fins	ERS	Absent	
4GNA0115H	Fins	FRAY	Present	
4GNA0115H	Fins	HMR	Absent	
4GNA0115H	Fins	EMB	Absent	
4GNA0116H	Gills, Left	FRAY	Absent	
4GNA0116H	Gills, Left	MRGN	Absent	
4GNA0116H	Gills, Left	PALE	Absent	
4GNA0116H	Gills, Right	FRAY	Absent	
4GNA0116H	Gills, Right	MRGN	Absent	
4GNA0116H	Gills, Right	PALE	Absent	
4GNA0116H	Fins	ERS	Absent	
4GNA0116H	Fins	FRAY	Absent	
4GNA0116H	Fins	HMR	Absent	
4GNA0116H	Fins	EMB	Absent	
4GNA0117H	Gills, Left	FRAY	Absent	
4GNA0117H	Gills, Left	MRGN	Absent	
4GNA0117H	Gills, Left	PALE	Absent	
4GNA0117H	Gills, Right	FRAY	Absent	
4GNA0117H	Gills, Right	MRGN	Absent	
4GNA0117H	Gills, Right	PALE	Absent	
4GNA0117H	Fins	ERS	Absent	
4GNA0117H	Fins	FRAY	Absent	
4GNA0117H	Fins	HMR	Absent	
4GNA0117H	Fins	EMB	Absent	
4GNA0118H	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0118H	Gills, Left	MRGN	Absent	
4GNA0118H	Gills, Left	PALE	Absent	
4GNA0118H	Gills, Right	FRAY	Absent	
4GNA0118H	Gills, Right	MRGN	Absent	
4GNA0118H	Gills, Right	PALE	Absent	
4GNA0118H	Fins	ERS	Absent	
4GNA0118H	Fins	FRAY	Present	
4GNA0118H	Fins	HMR	Absent	
4GNA0118H	Fins	EMB	Absent	
4GNA0119H	Gills, Left	FRAY	Absent	
4GNA0119H	Gills, Left	MRGN	Absent	
4GNA0119H	Gills, Left	PALE	Absent	
4GNA0119H	Gills, Right	FRAY	Absent	
4GNA0119H	Gills, Right	MRGN	Absent	
4GNA0119H	Gills, Right	PALE	Absent	
4GNA0119H	Fins	ERS	Absent	
4GNA0119H	Fins	FRAY	Absent	
4GNA0119H	Fins	HMR	Absent	
4GNA0119H	Fins	EMB	Absent	
4GNA0120H	Gills, Left	FRAY	Absent	
4GNA0120H	Gills, Left	MRGN	Absent	
4GNA0120H	Gills, Left	PALE	Absent	
4GNA0120H	Gills, Right	FRAY	Absent	
4GNA0120H	Gills, Right	MRGN	Absent	
4GNA0120H	Gills, Right	PALE	Absent	
4GNA0120H	Fins	ERS	Absent	
4GNA0120H	Fins	FRAY	Present	
4GNA0120H	Fins	HMR	Absent	
4GNA0120H	Fins	EMB	Absent	
4GNA0122	Gills, Left	FRAY	Absent	
4GNA0122	Gills, Left	MRGN	Absent	
4GNA0122	Gills, Left	PALE	Absent	
4GNA0122	Gills, Right	FRAY	Absent	
4GNA0122	Gills, Right	MRGN	Absent	
4GNA0122	Gills, Right	PALE	Absent	
4GNA0122	Fins	ERS	Absent	
4GNA0122	Fins	FRAY	Absent	
4GNA0122	Fins	HMR	Absent	
4GNA0122	Fins	EMB	Absent	
4GNA0123	Gills, Left	FRAY	Absent	
4GNA0123	Gills, Left	MRGN	Absent	
4GNA0123	Gills, Left	PALE	Absent	
4GNA0123	Gills, Right	FRAY	Absent	
4GNA0123	Gills, Right	MRGN	Absent	
4GNA0123	Gills, Right	PALE	Absent	
4GNA0123	Fins	ERS	Absent	
4GNA0123	Fins	FRAY	Absent	
4GNA0123	Fins	HMR	Absent	
4GNA0123	Fins	EMB	Absent	
4GNA0124	Gills, Left	FRAY	Absent	
4GNA0124	Gills, Left	MRGN	Absent	
4GNA0124	Gills, Left	PALE	Absent	
4GNA0124	Gills, Right	FRAY	Absent	
4GNA0124	Gills, Right	MRGN	Absent	
4GNA0124	Gills, Right	PALE	Absent	
4GNA0124	Fins	ERS	Absent	
4GNA0124	Fins	FRAY	Absent	
4GNA0124	Fins	HMR	Absent	
4GNA0124	Fins	EMB	Absent	
4GNA0125	Gills, Left	FRAY	Absent	
4GNA0125	Gills, Left	MRGN	Absent	
4GNA0125	Gills, Left	PALE	Absent	
4GNA0125	Gills, Right	FRAY	Absent	
4GNA0125	Gills, Right	MRGN	Absent	
4GNA0125	Gills, Right	PALE	Absent	
4GNA0125	Fins	ERS	Absent	
4GNA0125	Fins	FRAY	Absent	
4GNA0125	Fins	HMR	Absent	
4GNA0125	Fins	EMB	Absent	
4GNA0126	Gills, Left	FRAY	Absent	
4GNA0126	Gills, Left	MRGN	Absent	
4GNA0126	Gills, Left	PALE	Absent	
4GNA0126	Gills, Right	FRAY	Absent	
4GNA0126	Gills, Right	MRGN	Absent	
4GNA0126	Gills, Right	PALE	Absent	
4GNA0126	Fins	ERS	Absent	
4GNA0126	Fins	FRAY	Absent	
4GNA0126	Fins	HMR	Absent	
4GNA0126	Fins	EMB	Absent	
4GNA0126	Fins	OTHER	Present	Damage to left pectoral fin
4GNA0127	Gills, Left	FRAY	Absent	
4GNA0127	Gills, Left	MRGN	Absent	
4GNA0127	Gills, Left	PALE	Absent	
4GNA0127	Gills, Right	FRAY	Absent	
4GNA0127	Gills, Right	MRGN	Absent	
4GNA0127	Gills, Right	PALE	Absent	
4GNA0127	Fins	ERS	Absent	
4GNA0127	Fins	FRAY	Present	
4GNA0127	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNA0127	Fins	EMB	Absent	
4GNA0128	Gills, Left	FRAY	Absent	
4GNA0128	Gills, Left	MRGN	Absent	
4GNA0128	Gills, Left	PALE	Absent	
4GNA0128	Gills, Right	FRAY	Absent	
4GNA0128	Gills, Right	MRGN	Absent	
4GNA0128	Gills, Right	PALE	Absent	
4GNA0128	Fins	ERS	Absent	
4GNA0128	Fins	FRAY	Absent	
4GNA0128	Fins	HMR	Absent	
4GNA0128	Fins	EMB	Absent	
4GNE0001H	Gills, Left	FRAY	Absent	
4GNE0001H	Gills, Left	MRGN	Absent	
4GNE0001H	Gills, Left	PALE	Absent	
4GNE0001H	Gills, Right	FRAY	Absent	
4GNE0001H	Gills, Right	MRGN	Absent	
4GNE0001H	Gills, Right	PALE	Absent	
4GNE0001H	Fins	ERS	Absent	
4GNE0001H	Fins	FRAY	Absent	
4GNE0001H	Fins	HMR	Absent	
4GNE0001H	Fins	EMB	Absent	
4GNE0003H	Gills, Left	FRAY	Absent	
4GNE0003H	Gills, Left	MRGN	Absent	
4GNE0003H	Gills, Left	PALE	Absent	
4GNE0003H	Gills, Right	FRAY	Absent	
4GNE0003H	Gills, Right	MRGN	Absent	
4GNE0003H	Gills, Right	PALE	Absent	
4GNE0003H	Fins	ERS	Absent	
4GNE0003H	Fins	FRAY	Absent	
4GNE0003H	Fins	HMR	Absent	
4GNE0003H	Fins	EMB	Absent	
4GNE0004	Gills, Left	FRAY	Absent	
4GNE0004	Gills, Left	MRGN	Absent	
4GNE0004	Gills, Left	PALE	Absent	
4GNE0004	Gills, Right	FRAY	Absent	
4GNE0004	Gills, Right	MRGN	Absent	
4GNE0004	Gills, Right	PALE	Absent	
4GNE0004	Fins	ERS	Absent	
4GNE0004	Fins	FRAY	Absent	
4GNE0004	Fins	HMR	Absent	
4GNE0004	Fins	EMB	Absent	
4GNE0005H	Gills, Left	FRAY	Absent	
4GNE0005H	Gills, Left	MRGN	Absent	
4GNE0005H	Gills, Left	PALE	Absent	
4GNE0005H	Gills, Right	FRAY	Absent	
4GNE0005H	Gills, Right	MRGN	Absent	
4GNE0005H	Gills, Right	PALE	Absent	
4GNE0005H	Fins	ERS	Absent	
4GNE0005H	Fins	FRAY	Absent	
4GNE0005H	Fins	HMR	Absent	
4GNE0005H	Fins	EMB	Absent	
4GNE0006W	Gills, Left	FRAY	Absent	
4GNE0006W	Gills, Left	MRGN	Absent	
4GNE0006W	Gills, Left	PALE	Absent	
4GNE0006W	Gills, Right	FRAY	Absent	
4GNE0006W	Gills, Right	MRGN	Absent	
4GNE0006W	Gills, Right	PALE	Absent	
4GNE0006W	Fins	ERS	Absent	
4GNE0006W	Fins	FRAY	Present	
4GNE0006W	Fins	HMR	Absent	
4GNE0006W	Fins	EMB	Absent	
4GNE0008H	Gills, Left	FRAY	Absent	
4GNE0008H	Gills, Left	MRGN	Absent	
4GNE0008H	Gills, Left	PALE	Absent	
4GNE0008H	Gills, Right	FRAY	Absent	
4GNE0008H	Gills, Right	MRGN	Absent	
4GNE0008H	Gills, Right	PALE	Absent	
4GNE0008H	Fins	ERS	Absent	
4GNE0008H	Fins	FRAY	Present	
4GNE0008H	Fins	HMR	Absent	
4GNE0008H	Fins	EMB	Absent	
4GNE0009H	Gills, Left	FRAY	Absent	
4GNE0009H	Gills, Left	MRGN	Absent	
4GNE0009H	Gills, Left	PALE	Absent	
4GNE0009H	Gills, Right	FRAY	Absent	
4GNE0009H	Gills, Right	MRGN	Absent	
4GNE0009H	Gills, Right	PALE	Absent	
4GNE0009H	Fins	ERS	Absent	
4GNE0009H	Fins	FRAY	Absent	
4GNE0009H	Fins	HMR	Absent	
4GNE0009H	Fins	EMB	Absent	
4GNE0010H	Gills, Left	FRAY	Absent	
4GNE0010H	Gills, Left	MRGN	Absent	
4GNE0010H	Gills, Left	PALE	Absent	
4GNE0010H	Gills, Right	FRAY	Absent	
4GNE0010H	Gills, Right	MRGN	Absent	
4GNE0010H	Gills, Right	PALE	Absent	
4GNE0010H	Fins	ERS	Absent	
4GNE0010H	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0010H	Fins	HMR	Absent	
4GNE0010H	Fins	EMB	Absent	
4GNE0011H	Gills, Left	FRAY	Absent	
4GNE0011H	Gills, Left	MRGN	Absent	
4GNE0011H	Gills, Left	PALE	Absent	
4GNE0011H	Gills, Right	FRAY	Absent	
4GNE0011H	Gills, Right	MRGN	Absent	
4GNE0011H	Gills, Right	PALE	Absent	
4GNE0011H	Fins	ERS	Absent	
4GNE0011H	Fins	FRAY	Absent	
4GNE0011H	Fins	HMR	Absent	
4GNE0011H	Fins	EMB	Absent	
4GNE0012H	Gills, Left	FRAY	Absent	
4GNE0012H	Gills, Left	MRGN	Absent	
4GNE0012H	Gills, Left	PALE	Absent	
4GNE0012H	Gills, Right	FRAY	Absent	
4GNE0012H	Gills, Right	MRGN	Absent	
4GNE0012H	Gills, Right	PALE	Absent	
4GNE0012H	Fins	ERS	Absent	
4GNE0012H	Fins	FRAY	Absent	
4GNE0012H	Fins	HMR	Absent	
4GNE0012H	Fins	EMB	Absent	
4GNE0013	Gills, Left	FRAY	Absent	
4GNE0013	Gills, Left	MRGN	Absent	
4GNE0013	Gills, Left	PALE	Absent	
4GNE0013	Gills, Right	FRAY	Absent	
4GNE0013	Gills, Right	MRGN	Absent	
4GNE0013	Gills, Right	PALE	Absent	
4GNE0013	Fins	ERS	Absent	
4GNE0013	Fins	FRAY	Present	
4GNE0013	Fins	HMR	Absent	
4GNE0013	Fins	EMB	Absent	
4GNE0016H	Gills, Left	FRAY	Absent	
4GNE0016H	Gills, Left	MRGN	Absent	
4GNE0016H	Gills, Left	PALE	Absent	
4GNE0016H	Gills, Right	FRAY	Absent	
4GNE0016H	Gills, Right	MRGN	Absent	
4GNE0016H	Gills, Right	PALE	Absent	
4GNE0016H	Fins	ERS	Absent	
4GNE0016H	Fins	FRAY	Present	
4GNE0016H	Fins	HMR	Absent	
4GNE0016H	Fins	EMB	Absent	
4GNE0017H	Gills, Left	FRAY	Absent	
4GNE0017H	Gills, Left	MRGN	Absent	
4GNE0017H	Gills, Left	PALE	Absent	
4GNE0017H	Gills, Right	FRAY	Absent	
4GNE0017H	Gills, Right	MRGN	Absent	
4GNE0017H	Gills, Right	PALE	Absent	
4GNE0017H	Fins	ERS	Absent	
4GNE0017H	Fins	FRAY	Absent	
4GNE0017H	Fins	HMR	Absent	
4GNE0017H	Fins	EMB	Absent	
4GNE0018H	Gills, Left	FRAY	Absent	
4GNE0018H	Gills, Left	MRGN	Absent	
4GNE0018H	Gills, Left	PALE	Absent	
4GNE0018H	Gills, Right	FRAY	Absent	
4GNE0018H	Gills, Right	MRGN	Absent	
4GNE0018H	Gills, Right	PALE	Absent	
4GNE0018H	Fins	ERS	Absent	
4GNE0018H	Fins	FRAY	Absent	
4GNE0018H	Fins	HMR	Absent	
4GNE0018H	Fins	EMB	Absent	
4GNE0019W	Gills, Left	FRAY	Absent	
4GNE0019W	Gills, Left	MRGN	Absent	
4GNE0019W	Gills, Left	PALE	Absent	
4GNE0019W	Gills, Right	FRAY	Absent	
4GNE0019W	Gills, Right	MRGN	Absent	
4GNE0019W	Gills, Right	PALE	Absent	
4GNE0019W	Fins	ERS	Absent	
4GNE0019W	Fins	FRAY	Absent	
4GNE0019W	Fins	HMR	Absent	
4GNE0019W	Fins	EMB	Absent	
4GNE0021	Gills, Left	FRAY	Absent	
4GNE0021	Gills, Left	MRGN	Absent	
4GNE0021	Gills, Left	PALE	Absent	
4GNE0021	Gills, Right	FRAY	Absent	
4GNE0021	Gills, Right	MRGN	Absent	
4GNE0021	Gills, Right	PALE	Absent	
4GNE0021	Fins	ERS	Absent	
4GNE0021	Fins	FRAY	Present	
4GNE0021	Fins	HMR	Absent	
4GNE0021	Fins	EMB	Absent	
4GNE0022	Gills, Left	FRAY	Absent	
4GNE0022	Gills, Left	MRGN	Absent	
4GNE0022	Gills, Left	PALE	Absent	
4GNE0022	Gills, Right	FRAY	Absent	
4GNE0022	Gills, Right	MRGN	Absent	
4GNE0022	Gills, Right	PALE	Absent	
4GNE0022	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0022	Fins	FRAY	Absent	
4GNE0022	Fins	HMR	Absent	
4GNE0022	Fins	EMB	Absent	
4GNE0023	Gills, Left	FRAY	Absent	
4GNE0023	Gills, Left	MRGN	Absent	
4GNE0023	Gills, Left	PALE	Absent	
4GNE0023	Gills, Right	FRAY	Absent	
4GNE0023	Gills, Right	MRGN	Absent	
4GNE0023	Gills, Right	PALE	Absent	
4GNE0023	Fins	ERS	Absent	
4GNE0023	Fins	FRAY	Present	
4GNE0023	Fins	HMR	Absent	
4GNE0023	Fins	EMB	Absent	
4GNE0024	Gills, Left	FRAY	Absent	
4GNE0024	Gills, Left	MRGN	Absent	
4GNE0024	Gills, Left	PALE	Absent	
4GNE0024	Gills, Right	FRAY	Absent	
4GNE0024	Gills, Right	MRGN	Absent	
4GNE0024	Gills, Right	PALE	Absent	
4GNE0024	Fins	ERS	Absent	
4GNE0024	Fins	FRAY	Absent	
4GNE0024	Fins	HMR	Absent	
4GNE0024	Fins	EMB	Absent	
4GNE0027	Gills, Left	FRAY	Absent	
4GNE0027	Gills, Left	MRGN	Absent	
4GNE0027	Gills, Left	PALE	Absent	
4GNE0027	Gills, Right	FRAY	Absent	
4GNE0027	Gills, Right	MRGN	Absent	
4GNE0027	Gills, Right	PALE	Absent	
4GNE0027	Fins	ERS	Absent	
4GNE0027	Fins	FRAY	Absent	
4GNE0027	Fins	HMR	Absent	
4GNE0027	Fins	EMB	Absent	
4GNE0028	Gills, Left	FRAY	Absent	
4GNE0028	Gills, Left	MRGN	Absent	
4GNE0028	Gills, Left	PALE	Absent	
4GNE0028	Gills, Right	FRAY	Absent	
4GNE0028	Gills, Right	MRGN	Absent	
4GNE0028	Gills, Right	PALE	Absent	
4GNE0028	Fins	ERS	Absent	
4GNE0028	Fins	FRAY	Absent	
4GNE0028	Fins	HMR	Absent	
4GNE0028	Fins	EMB	Absent	
4GNE0029	Gills, Left	FRAY	Absent	
4GNE0029	Gills, Left	MRGN	Absent	
4GNE0029	Gills, Left	PALE	Absent	
4GNE0029	Gills, Right	FRAY	Absent	
4GNE0029	Gills, Right	MRGN	Absent	
4GNE0029	Gills, Right	PALE	Absent	
4GNE0029	Fins	ERS	Absent	
4GNE0029	Fins	FRAY	Absent	
4GNE0029	Fins	HMR	Absent	
4GNE0029	Fins	EMB	Absent	
4GNE0031	Gills, Left	FRAY	Absent	
4GNE0031	Gills, Left	MRGN	Absent	
4GNE0031	Gills, Left	PALE	Absent	
4GNE0031	Gills, Right	FRAY	Absent	
4GNE0031	Gills, Right	MRGN	Absent	
4GNE0031	Gills, Right	PALE	Absent	
4GNE0031	Fins	ERS	Absent	
4GNE0031	Fins	FRAY	Absent	
4GNE0031	Fins	HMR	Absent	
4GNE0031	Fins	EMB	Absent	
4GNE0032	Gills, Left	FRAY	Absent	
4GNE0032	Gills, Left	MRGN	Absent	
4GNE0032	Gills, Left	PALE	Absent	
4GNE0032	Gills, Right	FRAY	Absent	
4GNE0032	Gills, Right	MRGN	Absent	
4GNE0032	Gills, Right	PALE	Absent	
4GNE0032	Fins	ERS	Absent	
4GNE0032	Fins	FRAY	Present	
4GNE0032	Fins	HMR	Absent	
4GNE0032	Fins	EMB	Absent	
4GNE0034	Gills, Left	FRAY	Absent	
4GNE0034	Gills, Left	MRGN	Absent	
4GNE0034	Gills, Left	PALE	Absent	
4GNE0034	Gills, Right	FRAY	Absent	
4GNE0034	Gills, Right	MRGN	Absent	
4GNE0034	Gills, Right	PALE	Absent	
4GNE0034	Fins	ERS	Absent	
4GNE0034	Fins	FRAY	Absent	
4GNE0034	Fins	HMR	Absent	
4GNE0034	Fins	EMB	Absent	
4GNE0034	Fins	OTHER	Present	Damage to dorsal fin
4GNE0035	Gills, Left	FRAY	Absent	
4GNE0035	Gills, Left	MRGN	Absent	
4GNE0035	Gills, Left	PALE	Absent	
4GNE0035	Gills, Right	FRAY	Absent	
4GNE0035	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0035	Gills, Right	PALE	Absent	
4GNE0035	Fins	ERS	Absent	
4GNE0035	Fins	FRAY	Absent	
4GNE0035	Fins	HMR	Absent	
4GNE0035	Fins	EMB	Absent	
4GNE0036	Gills, Left	FRAY	Absent	
4GNE0036	Gills, Left	MRGN	Absent	
4GNE0036	Gills, Left	PALE	Absent	
4GNE0036	Gills, Right	FRAY	Absent	
4GNE0036	Gills, Right	MRGN	Absent	
4GNE0036	Gills, Right	PALE	Absent	
4GNE0036	Fins	ERS	Absent	
4GNE0036	Fins	FRAY	Absent	
4GNE0036	Fins	HMR	Absent	
4GNE0036	Fins	EMB	Absent	
4GNE0121	Gills, Left	FRAY	Absent	
4GNE0121	Gills, Left	MRGN	Absent	
4GNE0121	Gills, Left	PALE	Absent	
4GNE0121	Gills, Right	FRAY	Absent	
4GNE0121	Gills, Right	MRGN	Absent	
4GNE0121	Gills, Right	PALE	Absent	
4GNE0121	Fins	ERS	Absent	
4GNE0121	Fins	FRAY	Absent	
4GNE0121	Fins	HMR	Absent	
4GNE0121	Fins	EMB	Absent	
4GNE0600	Gills, Left	FRAY	Absent	
4GNE0600	Gills, Left	MRGN	Absent	
4GNE0600	Gills, Left	PALE	Absent	
4GNE0600	Gills, Right	FRAY	Absent	
4GNE0600	Gills, Right	MRGN	Absent	
4GNE0600	Gills, Right	PALE	Absent	
4GNE0600	Fins	ERS	Absent	
4GNE0600	Fins	FRAY	Present	
4GNE0600	Fins	HMR	Absent	
4GNE0600	Fins	EMB	Absent	
4GNE0601	Gills, Left	FRAY	Absent	
4GNE0601	Gills, Left	MRGN	Absent	
4GNE0601	Gills, Left	PALE	Absent	
4GNE0601	Gills, Right	FRAY	Absent	
4GNE0601	Gills, Right	MRGN	Absent	
4GNE0601	Gills, Right	PALE	Absent	
4GNE0601	Fins	ERS	Absent	
4GNE0601	Fins	FRAY	Absent	
4GNE0601	Fins	HMR	Absent	
4GNE0601	Fins	EMB	Absent	
4GNE0602	Gills, Left	FRAY	Absent	
4GNE0602	Gills, Left	MRGN	Absent	
4GNE0602	Gills, Left	PALE	Absent	
4GNE0602	Gills, Right	FRAY	Absent	
4GNE0602	Gills, Right	MRGN	Absent	
4GNE0602	Gills, Right	PALE	Absent	
4GNE0602	Fins	ERS	Absent	
4GNE0602	Fins	FRAY	Absent	
4GNE0602	Fins	HMR	Absent	
4GNE0602	Fins	EMB	Absent	
4GNE0603	Gills, Left	FRAY	Absent	
4GNE0603	Gills, Left	MRGN	Absent	
4GNE0603	Gills, Left	PALE	Absent	
4GNE0603	Gills, Right	FRAY	Absent	
4GNE0603	Gills, Right	MRGN	Absent	
4GNE0603	Gills, Right	PALE	Absent	
4GNE0603	Fins	ERS	Absent	
4GNE0603	Fins	FRAY	Present	
4GNE0603	Fins	HMR	Absent	
4GNE0603	Fins	EMB	Absent	
4GNE0604	Gills, Left	FRAY	Absent	
4GNE0604	Gills, Left	MRGN	Absent	
4GNE0604	Gills, Left	PALE	Absent	
4GNE0604	Gills, Right	FRAY	Absent	
4GNE0604	Gills, Right	MRGN	Absent	
4GNE0604	Gills, Right	PALE	Absent	
4GNE0604	Fins	ERS	Absent	
4GNE0604	Fins	FRAY	Present	
4GNE0604	Fins	HMR	Absent	
4GNE0604	Fins	EMB	Absent	
4GNE0605	Gills, Left	FRAY	Absent	
4GNE0605	Gills, Left	MRGN	Absent	
4GNE0605	Gills, Left	PALE	Absent	
4GNE0605	Gills, Right	FRAY	Absent	
4GNE0605	Gills, Right	MRGN	Absent	
4GNE0605	Gills, Right	PALE	Absent	
4GNE0605	Fins	ERS	Absent	
4GNE0605	Fins	FRAY	Absent	
4GNE0605	Fins	HMR	Absent	
4GNE0605	Fins	EMB	Absent	
4GNE0606	Gills, Left	FRAY	Absent	
4GNE0606	Gills, Left	MRGN	Absent	
4GNE0606	Gills, Left	PALE	Absent	
4GNE0606	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4GNE0606	Gills, Right	MRGN	Absent	
4GNE0606	Gills, Right	PALE	Absent	
4GNE0606	Fins	ERS	Absent	
4GNE0606	Fins	FRAY	Present	
4GNE0606	Fins	HMR	Absent	
4GNE0606	Fins	EMB	Absent	
4GNE0607	Gills, Left	FRAY	Absent	
4GNE0607	Gills, Left	MRGN	Absent	
4GNE0607	Gills, Left	PALE	Absent	
4GNE0607	Gills, Right	FRAY	Absent	
4GNE0607	Gills, Right	MRGN	Absent	
4GNE0607	Gills, Right	PALE	Absent	
4GNE0607	Fins	ERS	Absent	
4GNE0607	Fins	FRAY	Absent	
4GNE0607	Fins	HMR	Absent	
4GNE0607	Fins	EMB	Absent	
4GNE0608	Gills, Left	FRAY	Absent	
4GNE0608	Gills, Left	MRGN	Absent	
4GNE0608	Gills, Left	PALE	Absent	
4GNE0608	Gills, Right	FRAY	Absent	
4GNE0608	Gills, Right	MRGN	Absent	
4GNE0608	Gills, Right	PALE	Absent	
4GNE0608	Fins	ERS	Absent	
4GNE0608	Fins	FRAY	Absent	
4GNE0608	Fins	HMR	Present	
4GNE0608	Fins	EMB	Absent	
4GNE0608	Fins	OTHER	Present	Gill net marks
4GNE0609	Gills, Left	FRAY	Absent	
4GNE0609	Gills, Left	MRGN	Absent	
4GNE0609	Gills, Left	PALE	Absent	
4GNE0609	Gills, Right	FRAY	Absent	
4GNE0609	Gills, Right	MRGN	Absent	
4GNE0609	Gills, Right	PALE	Absent	
4GNE0609	Fins	ERS	Absent	
4GNE0609	Fins	FRAY	Present	
4GNE0609	Fins	HMR	Absent	
4GNE0609	Fins	EMB	Absent	
4GNE0610	Gills, Left	FRAY	Absent	
4GNE0610	Gills, Left	MRGN	Absent	
4GNE0610	Gills, Left	PALE	Absent	
4GNE0610	Gills, Right	FRAY	Absent	
4GNE0610	Gills, Right	MRGN	Absent	
4GNE0610	Gills, Right	PALE	Absent	
4GNE0610	Fins	ERS	Absent	
4GNE0610	Fins	FRAY	Absent	
4GNE0610	Fins	HMR	Absent	
4GNE0610	Fins	EMB	Absent	
4GNE0611	Gills, Left	FRAY	Absent	
4GNE0611	Gills, Left	MRGN	Absent	
4GNE0611	Gills, Left	PALE	Absent	
4GNE0611	Gills, Right	FRAY	Absent	
4GNE0611	Gills, Right	MRGN	Absent	
4GNE0611	Gills, Right	PALE	Absent	
4GNE0611	Fins	ERS	Absent	
4GNE0611	Fins	FRAY	Absent	
4GNE0611	Fins	HMR	Absent	
4GNE0611	Fins	EMB	Absent	
4GNE0612	Gills, Left	FRAY	Absent	
4GNE0612	Gills, Left	MRGN	Absent	
4GNE0612	Gills, Left	PALE	Absent	
4GNE0612	Gills, Right	FRAY	Absent	
4GNE0612	Gills, Right	MRGN	Absent	
4GNE0612	Gills, Right	PALE	Absent	
4GNE0612	Fins	ERS	Absent	
4GNE0612	Fins	FRAY	Absent	
4GNE0612	Fins	HMR	Absent	
4GNE0612	Fins	EMB	Absent	
4GNE0613	Gills, Left	FRAY	Absent	
4GNE0613	Gills, Left	MRGN	Absent	
4GNE0613	Gills, Left	PALE	Absent	
4GNE0613	Gills, Right	FRAY	Absent	
4GNE0613	Gills, Right	MRGN	Absent	
4GNE0613	Gills, Right	PALE	Absent	
4GNE0613	Fins	ERS	Absent	
4GNE0613	Fins	FRAY	Absent	
4GNE0613	Fins	HMR	Absent	
4GNE0613	Fins	EMB	Absent	
4TF0001	Gills, Left	FRAY	Absent	
4TF0001	Gills, Left	MRGN	Absent	
4TF0001	Gills, Left	PALE	Absent	
4TF0001	Gills, Right	FRAY	Absent	
4TF0001	Gills, Right	MRGN	Absent	
4TF0001	Gills, Right	PALE	Absent	
4TF0001	Fins	ERS	Absent	
4TF0001	Fins	FRAY	Absent	
4TF0001	Fins	HMR	Absent	
4TF0001	Fins	EMB	Absent	
4TF0002	Gills, Left	FRAY	Absent	
4TF0002	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4TF0002	Gills, Left	PALE	Absent	
4TF0002	Gills, Right	FRAY	Absent	
4TF0002	Gills, Right	MRGN	Absent	
4TF0002	Gills, Right	PALE	Absent	
4TF0002	Fins	ERS	Absent	
4TF0002	Fins	FRAY	Absent	
4TF0002	Fins	HMR	Absent	
4TF0002	Fins	EMB	Absent	
4TF0003	Gills, Left	FRAY	Absent	
4TF0003	Gills, Left	MRGN	Absent	
4TF0003	Gills, Left	PALE	Absent	
4TF0003	Gills, Right	FRAY	Absent	
4TF0003	Gills, Right	MRGN	Absent	
4TF0003	Gills, Right	PALE	Absent	
4TF0003	Fins	ERS	Absent	
4TF0003	Fins	FRAY	Absent	
4TF0003	Fins	HMR	Absent	
4TF0003	Fins	EMB	Absent	
4TF0004	Gills, Left	FRAY	Absent	
4TF0004	Gills, Left	MRGN	Absent	
4TF0004	Gills, Left	PALE	Absent	
4TF0004	Gills, Right	FRAY	Absent	
4TF0004	Gills, Right	MRGN	Absent	
4TF0004	Gills, Right	PALE	Absent	
4TF0004	Fins	ERS	Absent	
4TF0004	Fins	FRAY	Absent	
4TF0004	Fins	HMR	Absent	
4TF0004	Fins	EMB	Absent	
4TF0005	Gills, Left	FRAY	Absent	
4TF0005	Gills, Left	MRGN	Absent	
4TF0005	Gills, Left	PALE	Absent	
4TF0005	Gills, Right	FRAY	Absent	
4TF0005	Gills, Right	MRGN	Absent	
4TF0005	Gills, Right	PALE	Absent	
4TF0005	Fins	ERS	Absent	
4TF0005	Fins	FRAY	Absent	
4TF0005	Fins	HMR	Absent	
4TF0005	Fins	EMB	Absent	
4TF0006	Gills, Left	FRAY	Absent	
4TF0006	Gills, Left	MRGN	Absent	
4TF0006	Gills, Left	PALE	Absent	
4TF0006	Gills, Right	FRAY	Absent	
4TF0006	Gills, Right	MRGN	Absent	
4TF0006	Gills, Right	PALE	Absent	
4TF0006	Fins	ERS	Absent	
4TF0006	Fins	FRAY	Absent	
4TF0006	Fins	HMR	Absent	
4TF0006	Fins	EMB	Absent	
4TF0007	Gills, Left	FRAY	Absent	
4TF0007	Gills, Left	MRGN	Absent	
4TF0007	Gills, Left	PALE	Absent	
4TF0007	Gills, Right	FRAY	Absent	
4TF0007	Gills, Right	MRGN	Absent	
4TF0007	Gills, Right	PALE	Absent	
4TF0007	Fins	ERS	Absent	
4TF0007	Fins	FRAY	Absent	
4TF0007	Fins	HMR	Absent	
4TF0007	Fins	EMB	Absent	
4TF0008	Gills, Left	FRAY	Absent	
4TF0008	Gills, Left	MRGN	Absent	
4TF0008	Gills, Left	PALE	Absent	
4TF0008	Gills, Right	FRAY	Absent	
4TF0008	Gills, Right	MRGN	Absent	
4TF0008	Gills, Right	PALE	Absent	
4TF0008	Fins	ERS	Absent	
4TF0008	Fins	FRAY	Absent	
4TF0008	Fins	HMR	Absent	
4TF0008	Fins	EMB	Absent	
4TF0010	Gills, Left	FRAY	Absent	
4TF0010	Gills, Left	MRGN	Absent	
4TF0010	Gills, Left	PALE	Absent	
4TF0010	Gills, Right	FRAY	Absent	
4TF0010	Gills, Right	MRGN	Absent	
4TF0010	Gills, Right	PALE	Absent	
4TF0010	Fins	ERS	Absent	
4TF0010	Fins	FRAY	Absent	
4TF0010	Fins	HMR	Absent	
4TF0010	Fins	EMB	Absent	
4TF0011	Gills, Left	FRAY	Absent	
4TF0011	Gills, Left	MRGN	Absent	
4TF0011	Gills, Left	PALE	Absent	
4TF0011	Gills, Right	FRAY	Absent	
4TF0011	Gills, Right	MRGN	Absent	
4TF0011	Gills, Right	PALE	Absent	
4TF0011	Fins	ERS	Absent	
4TF0011	Fins	FRAY	Absent	
4TF0011	Fins	HMR	Absent	
4TF0011	Fins	EMB	Absent	
4TF0012	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
4TF0012	Gills, Left	MRGN	Absent	
4TF0012	Gills, Left	PALE	Absent	
4TF0012	Gills, Right	FRAY	Absent	
4TF0012	Gills, Right	MRGN	Absent	
4TF0012	Gills, Right	PALE	Absent	
4TF0012	Fins	ERS	Absent	
4TF0012	Fins	FRAY	Absent	
4TF0012	Fins	HMR	Absent	
4TF0012	Fins	EMB	Absent	
4TF0013	Gills, Left	FRAY	Absent	
4TF0013	Gills, Left	MRGN	Absent	
4TF0013	Gills, Left	PALE	Absent	
4TF0013	Gills, Right	FRAY	Absent	
4TF0013	Gills, Right	MRGN	Absent	
4TF0013	Gills, Right	PALE	Absent	
4TF0013	Fins	ERS	Absent	
4TF0013	Fins	FRAY	Absent	
4TF0013	Fins	HMR	Absent	
4TF0013	Fins	EMB	Absent	
5BC0001	Gills, Left	FRAY	Absent	
5BC0001	Gills, Left	MRGN	Absent	
5BC0001	Gills, Left	PALE	Absent	
5BC0001	Gills, Right	FRAY	Absent	
5BC0001	Gills, Right	MRGN	Absent	
5BC0001	Gills, Right	PALE	Absent	
5BC0001	Fins	ERS	Absent	
5BC0001	Fins	FRAY	Absent	
5BC0001	Fins	HMR	Absent	
5BC0001	Fins	EMB	Absent	
5BC0002	Gills, Left	FRAY	Absent	
5BC0002	Gills, Left	MRGN	Absent	
5BC0002	Gills, Left	PALE	Absent	
5BC0002	Gills, Right	FRAY	Absent	
5BC0002	Gills, Right	MRGN	Absent	
5BC0002	Gills, Right	PALE	Absent	
5BC0002	Fins	ERS	Absent	
5BC0002	Fins	FRAY	Absent	
5BC0002	Fins	HMR	Absent	
5BC0002	Fins	EMB	Absent	
5BC0003	Gills, Left	FRAY	Absent	
5BC0003	Gills, Left	MRGN	Absent	
5BC0003	Gills, Left	PALE	Absent	
5BC0003	Gills, Right	FRAY	Absent	
5BC0003	Gills, Right	MRGN	Absent	
5BC0003	Gills, Right	PALE	Absent	
5BC0003	Fins	ERS	Absent	
5BC0003	Fins	FRAY	Absent	
5BC0003	Fins	HMR	Absent	
5BC0003	Fins	EMB	Absent	
5BC0004	Gills, Left	FRAY	Absent	
5BC0004	Gills, Left	MRGN	Absent	
5BC0004	Gills, Left	PALE	Absent	
5BC0004	Gills, Right	FRAY	Absent	
5BC0004	Gills, Right	MRGN	Absent	
5BC0004	Gills, Right	PALE	Absent	
5BC0004	Fins	ERS	Absent	
5BC0004	Fins	FRAY	Absent	
5BC0004	Fins	HMR	Absent	
5BC0004	Fins	EMB	Absent	
5EB0001H	Gills, Left	FRAY	Present	
5EB0001H	Gills, Left	MRGN	Absent	
5EB0001H	Gills, Left	PALE	Absent	
5EB0001H	Gills, Right	FRAY	Absent	
5EB0001H	Gills, Right	MRGN	Absent	
5EB0001H	Gills, Right	PALE	Absent	
5EB0001H	Fins	ERS	Absent	
5EB0001H	Fins	FRAY	Absent	
5EB0001H	Fins	HMR	Absent	
5EB0001H	Fins	EMB	Absent	
5EB0002H	Gills, Left	FRAY	Absent	
5EB0002H	Gills, Left	MRGN	Absent	
5EB0002H	Gills, Left	PALE	Absent	
5EB0002H	Gills, Right	FRAY	Absent	
5EB0002H	Gills, Right	MRGN	Absent	
5EB0002H	Gills, Right	PALE	Absent	
5EB0002H	Fins	ERS	Absent	
5EB0002H	Fins	FRAY	Absent	
5EB0002H	Fins	HMR	Absent	
5EB0002H	Fins	EMB	Absent	
5EB0003H	Gills, Left	FRAY	Absent	
5EB0003H	Gills, Left	MRGN	Absent	
5EB0003H	Gills, Left	PALE	Absent	
5EB0003H	Gills, Right	FRAY	Absent	
5EB0003H	Gills, Right	MRGN	Absent	
5EB0003H	Gills, Right	PALE	Absent	
5EB0003H	Fins	ERS	Absent	
5EB0003H	Fins	FRAY	Absent	
5EB0003H	Fins	HMR	Absent	
5EB0003H	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0003H	Fins	OTHER	Present	Tear on caudal fin
5EB0004H	Gills, Left	FRAY	Absent	
5EB0004H	Gills, Left	MRGN	Absent	
5EB0004H	Gills, Left	PALE	Absent	
5EB0004H	Gills, Right	FRAY	Absent	
5EB0004H	Gills, Right	MRGN	Absent	
5EB0004H	Gills, Right	PALE	Absent	
5EB0004H	Fins	ERS	Absent	
5EB0004H	Fins	FRAY	Present	
5EB0004H	Fins	HMR	Absent	
5EB0004H	Fins	EMB	Absent	
5EB0005H	Gills, Left	FRAY	Absent	
5EB0005H	Gills, Left	MRGN	Absent	
5EB0005H	Gills, Left	PALE	Absent	
5EB0005H	Gills, Right	FRAY	Absent	
5EB0005H	Gills, Right	MRGN	Absent	
5EB0005H	Gills, Right	PALE	Absent	
5EB0005H	Fins	ERS	Absent	
5EB0005H	Fins	FRAY	Absent	
5EB0005H	Fins	HMR	Absent	
5EB0005H	Fins	EMB	Absent	
5EB0006H	Gills, Left	FRAY	Absent	
5EB0006H	Gills, Left	MRGN	Absent	
5EB0006H	Gills, Left	PALE	Absent	
5EB0006H	Gills, Right	FRAY	Absent	
5EB0006H	Gills, Right	MRGN	Absent	
5EB0006H	Gills, Right	PALE	Absent	
5EB0006H	Fins	ERS	Absent	
5EB0006H	Fins	FRAY	Absent	
5EB0006H	Fins	HMR	Absent	
5EB0006H	Fins	EMB	Absent	
5EB0006H	Fins	OTHER	Present	Tear on dorsal fin
5EB0007H	Gills, Left	FRAY	Absent	
5EB0007H	Gills, Left	MRGN	Absent	
5EB0007H	Gills, Left	PALE	Absent	
5EB0007H	Gills, Right	FRAY	Absent	
5EB0007H	Gills, Right	MRGN	Absent	
5EB0007H	Gills, Right	PALE	Absent	
5EB0007H	Fins	ERS	Absent	
5EB0007H	Fins	FRAY	Present	
5EB0007H	Fins	HMR	Absent	
5EB0007H	Fins	EMB	Absent	
5EB0008H	Gills, Left	FRAY	Absent	
5EB0008H	Gills, Left	MRGN	Absent	
5EB0008H	Gills, Left	PALE	Absent	
5EB0008H	Gills, Right	FRAY	Absent	
5EB0008H	Gills, Right	MRGN	Absent	
5EB0008H	Gills, Right	PALE	Absent	
5EB0008H	Fins	ERS	Absent	
5EB0008H	Fins	FRAY	Absent	
5EB0008H	Fins	HMR	Absent	
5EB0008H	Fins	EMB	Absent	
5EB0008H	Fins	OTHER	Present	Tear on dorsal fin
5EB0009H	Gills, Left	FRAY	Absent	
5EB0009H	Gills, Left	MRGN	Absent	
5EB0009H	Gills, Left	PALE	Absent	
5EB0009H	Gills, Right	FRAY	Absent	
5EB0009H	Gills, Right	MRGN	Absent	
5EB0009H	Gills, Right	PALE	Absent	
5EB0009H	Fins	ERS	Absent	
5EB0009H	Fins	FRAY	Absent	
5EB0009H	Fins	HMR	Absent	
5EB0009H	Fins	EMB	Absent	
5EB0009H	Fins	OTHER	Present	Scar tissue on caudal fin
5EB0010H	Gills, Left	FRAY	Absent	
5EB0010H	Gills, Left	MRGN	Absent	
5EB0010H	Gills, Left	PALE	Absent	
5EB0010H	Gills, Right	FRAY	Absent	
5EB0010H	Gills, Right	MRGN	Absent	
5EB0010H	Gills, Right	PALE	Absent	
5EB0010H	Fins	ERS	Absent	
5EB0010H	Fins	FRAY	Absent	
5EB0010H	Fins	HMR	Absent	
5EB0010H	Fins	EMB	Absent	
5EB0011H	Gills, Left	FRAY	Absent	
5EB0011H	Gills, Left	MRGN	Absent	
5EB0011H	Gills, Left	PALE	Absent	
5EB0011H	Gills, Right	FRAY	Absent	
5EB0011H	Gills, Right	MRGN	Absent	
5EB0011H	Gills, Right	PALE	Absent	
5EB0011H	Fins	ERS	Absent	
5EB0011H	Fins	FRAY	Present	
5EB0011H	Fins	HMR	Absent	
5EB0011H	Fins	EMB	Absent	
5EB0012H	Gills, Left	FRAY	Absent	
5EB0012H	Gills, Left	MRGN	Absent	
5EB0012H	Gills, Left	PALE	Absent	
5EB0012H	Gills, Right	FRAY	Absent	
5EB0012H	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0012H	Gills, Right	PALE	Absent	
5EB0012H	Fins	ERS	Absent	
5EB0012H	Fins	FRAY	Present	
5EB0012H	Fins	HMR	Absent	
5EB0012H	Fins	EMB	Absent	
5EB0013H	Gills, Left	FRAY	Absent	
5EB0013H	Gills, Left	MRGN	Absent	
5EB0013H	Gills, Left	PALE	Absent	
5EB0013H	Gills, Right	FRAY	Absent	
5EB0013H	Gills, Right	MRGN	Absent	
5EB0013H	Gills, Right	PALE	Absent	
5EB0013H	Fins	ERS	Absent	
5EB0013H	Fins	FRAY	Present	
5EB0013H	Fins	HMR	Absent	
5EB0013H	Fins	EMB	Absent	
5EB0014H	Gills, Left	FRAY	Absent	
5EB0014H	Gills, Left	MRGN	Absent	
5EB0014H	Gills, Left	PALE	Absent	
5EB0014H	Gills, Right	FRAY	Absent	
5EB0014H	Gills, Right	MRGN	Absent	
5EB0014H	Gills, Right	PALE	Absent	
5EB0014H	Fins	ERS	Absent	
5EB0014H	Fins	FRAY	Present	
5EB0014H	Fins	HMR	Absent	
5EB0014H	Fins	EMB	Absent	
5EB0015H	Gills, Left	FRAY	Absent	
5EB0015H	Gills, Left	MRGN	Absent	
5EB0015H	Gills, Left	PALE	Absent	
5EB0015H	Gills, Right	FRAY	Absent	
5EB0015H	Gills, Right	MRGN	Absent	
5EB0015H	Gills, Right	PALE	Absent	
5EB0015H	Fins	ERS	Absent	
5EB0015H	Fins	FRAY	Present	
5EB0015H	Fins	HMR	Absent	
5EB0015H	Fins	EMB	Absent	
5EB0016H	Gills, Left	FRAY	Absent	
5EB0016H	Gills, Left	MRGN	Absent	
5EB0016H	Gills, Left	PALE	Absent	
5EB0016H	Gills, Right	FRAY	Absent	
5EB0016H	Gills, Right	MRGN	Absent	
5EB0016H	Gills, Right	PALE	Absent	
5EB0016H	Fins	ERS	Absent	
5EB0016H	Fins	FRAY	Present	
5EB0016H	Fins	HMR	Absent	
5EB0016H	Fins	EMB	Absent	
5EB0017H	Gills, Left	FRAY	Absent	
5EB0017H	Gills, Left	MRGN	Absent	
5EB0017H	Gills, Left	PALE	Absent	
5EB0017H	Gills, Right	FRAY	Absent	
5EB0017H	Gills, Right	MRGN	Absent	
5EB0017H	Gills, Right	PALE	Absent	
5EB0017H	Fins	ERS	Absent	
5EB0017H	Fins	FRAY	Present	
5EB0017H	Fins	HMR	Absent	
5EB0017H	Fins	EMB	Absent	
5EB0018H	Gills, Left	FRAY	Absent	
5EB0018H	Gills, Left	MRGN	Absent	
5EB0018H	Gills, Left	PALE	Absent	
5EB0018H	Gills, Right	FRAY	Absent	
5EB0018H	Gills, Right	MRGN	Absent	
5EB0018H	Gills, Right	PALE	Absent	
5EB0018H	Fins	ERS	Absent	
5EB0018H	Fins	FRAY	Absent	
5EB0018H	Fins	HMR	Absent	
5EB0018H	Fins	EMB	Absent	
5EB0019H	Gills, Left	FRAY	Absent	
5EB0019H	Gills, Left	MRGN	Absent	
5EB0019H	Gills, Left	PALE	Absent	
5EB0019H	Gills, Right	FRAY	Absent	
5EB0019H	Gills, Right	MRGN	Absent	
5EB0019H	Gills, Right	PALE	Absent	
5EB0019H	Fins	ERS	Absent	
5EB0019H	Fins	FRAY	Absent	
5EB0019H	Fins	HMR	Absent	
5EB0019H	Fins	EMB	Absent	
5EB0020H	Gills, Left	FRAY	Absent	
5EB0020H	Gills, Left	MRGN	Absent	
5EB0020H	Gills, Left	PALE	Absent	
5EB0020H	Gills, Right	FRAY	Absent	
5EB0020H	Gills, Right	MRGN	Absent	
5EB0020H	Gills, Right	PALE	Absent	
5EB0020H	Fins	ERS	Absent	
5EB0020H	Fins	FRAY	Absent	
5EB0020H	Fins	HMR	Absent	
5EB0020H	Fins	EMB	Absent	
5EB0021H	Gills, Left	FRAY	Absent	
5EB0021H	Gills, Left	MRGN	Absent	
5EB0021H	Gills, Left	PALE	Absent	
5EB0021H	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0021H	Gills, Right	MRGN	Absent	
5EB0021H	Gills, Right	PALE	Absent	
5EB0021H	Fins	ERS	Absent	
5EB0021H	Fins	FRAY	Absent	
5EB0021H	Fins	HMR	Absent	
5EB0021H	Fins	EMB	Absent	
5EB0022	Gills, Left	FRAY	Absent	
5EB0022	Gills, Left	MRGN	Absent	
5EB0022	Gills, Left	PALE	Absent	
5EB0022	Gills, Right	FRAY	Absent	
5EB0022	Gills, Right	MRGN	Absent	
5EB0022	Gills, Right	PALE	Absent	
5EB0022	Fins	ERS	Absent	
5EB0022	Fins	FRAY	Absent	
5EB0022	Fins	HMR	Absent	
5EB0022	Fins	EMB	Absent	
5EB0023	Gills, Left	FRAY	Absent	
5EB0023	Gills, Left	MRGN	Absent	
5EB0023	Gills, Left	PALE	Absent	
5EB0023	Gills, Right	FRAY	Absent	
5EB0023	Gills, Right	MRGN	Absent	
5EB0023	Gills, Right	PALE	Absent	
5EB0023	Fins	ERS	Absent	
5EB0023	Fins	FRAY	Absent	
5EB0023	Fins	HMR	Absent	
5EB0023	Fins	EMB	Absent	
5EB0024	Gills, Left	FRAY	Absent	
5EB0024	Gills, Left	MRGN	Absent	
5EB0024	Gills, Left	PALE	Absent	
5EB0024	Gills, Right	FRAY	Absent	
5EB0024	Gills, Right	MRGN	Absent	
5EB0024	Gills, Right	PALE	Absent	
5EB0024	Fins	ERS	Absent	
5EB0024	Fins	FRAY	Absent	
5EB0024	Fins	HMR	Absent	
5EB0024	Fins	EMB	Absent	
5EB0025	Gills, Left	FRAY	Absent	
5EB0025	Gills, Left	MRGN	Absent	
5EB0025	Gills, Left	PALE	Absent	
5EB0025	Gills, Right	FRAY	Absent	
5EB0025	Gills, Right	MRGN	Absent	
5EB0025	Gills, Right	PALE	Absent	
5EB0025	Fins	ERS	Absent	
5EB0025	Fins	FRAY	Absent	
5EB0025	Fins	HMR	Absent	
5EB0025	Fins	EMB	Absent	
5EB0026	Gills, Left	FRAY	Absent	
5EB0026	Gills, Left	MRGN	Absent	
5EB0026	Gills, Left	PALE	Absent	
5EB0026	Gills, Right	FRAY	Absent	
5EB0026	Gills, Right	MRGN	Absent	
5EB0026	Gills, Right	PALE	Absent	
5EB0026	Fins	ERS	Absent	
5EB0026	Fins	FRAY	Absent	
5EB0026	Fins	HMR	Absent	
5EB0026	Fins	EMB	Absent	
5EB0027	Gills, Left	FRAY	Absent	
5EB0027	Gills, Left	MRGN	Absent	
5EB0027	Gills, Left	PALE	Absent	
5EB0027	Gills, Right	FRAY	Absent	
5EB0027	Gills, Right	MRGN	Absent	
5EB0027	Gills, Right	PALE	Absent	
5EB0027	Fins	ERS	Absent	
5EB0027	Fins	FRAY	Absent	
5EB0027	Fins	HMR	Absent	
5EB0027	Fins	EMB	Absent	
5EB0028	Gills, Left	FRAY	Absent	
5EB0028	Gills, Left	MRGN	Absent	
5EB0028	Gills, Left	PALE	Absent	
5EB0028	Gills, Right	FRAY	Absent	
5EB0028	Gills, Right	MRGN	Absent	
5EB0028	Gills, Right	PALE	Absent	
5EB0028	Fins	ERS	Absent	
5EB0028	Fins	FRAY	Absent	
5EB0028	Fins	HMR	Absent	
5EB0028	Fins	EMB	Absent	
5EB0029	Gills, Left	FRAY	Absent	
5EB0029	Gills, Left	MRGN	Absent	
5EB0029	Gills, Left	PALE	Absent	
5EB0029	Gills, Right	FRAY	Absent	
5EB0029	Gills, Right	MRGN	Absent	
5EB0029	Gills, Right	PALE	Absent	
5EB0029	Fins	ERS	Absent	
5EB0029	Fins	FRAY	Absent	
5EB0029	Fins	HMR	Absent	
5EB0029	Fins	EMB	Absent	
5EB0030	Gills, Left	FRAY	Absent	
5EB0030	Gills, Left	MRGN	Absent	
5EB0030	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0030	Gills, Right	FRAY	Absent	
5EB0030	Gills, Right	MRGN	Absent	
5EB0030	Gills, Right	PALE	Absent	
5EB0030	Fins	ERS	Absent	
5EB0030	Fins	FRAY	Absent	
5EB0030	Fins	HMR	Absent	
5EB0030	Fins	EMB	Absent	
5EB0031	Gills, Left	FRAY	Absent	
5EB0031	Gills, Left	MRGN	Absent	
5EB0031	Gills, Left	PALE	Absent	
5EB0031	Gills, Right	FRAY	Absent	
5EB0031	Gills, Right	MRGN	Absent	
5EB0031	Gills, Right	PALE	Absent	
5EB0031	Fins	ERS	Absent	
5EB0031	Fins	FRAY	Absent	
5EB0031	Fins	HMR	Absent	
5EB0031	Fins	EMB	Absent	
5EB0032	Gills, Left	FRAY	Absent	
5EB0032	Gills, Left	MRGN	Absent	
5EB0032	Gills, Left	PALE	Absent	
5EB0032	Gills, Right	FRAY	Absent	
5EB0032	Gills, Right	MRGN	Absent	
5EB0032	Gills, Right	PALE	Absent	
5EB0032	Fins	ERS	Absent	
5EB0032	Fins	FRAY	Absent	
5EB0032	Fins	HMR	Absent	
5EB0032	Fins	EMB	Absent	
5EB0033	Gills, Left	FRAY	Absent	
5EB0033	Gills, Left	MRGN	Absent	
5EB0033	Gills, Left	PALE	Absent	
5EB0033	Gills, Right	FRAY	Absent	
5EB0033	Gills, Right	MRGN	Absent	
5EB0033	Gills, Right	PALE	Absent	
5EB0033	Fins	ERS	Absent	
5EB0033	Fins	FRAY	Absent	
5EB0033	Fins	HMR	Absent	
5EB0033	Fins	EMB	Absent	
5EB0035	Gills, Left	FRAY	Absent	
5EB0035	Gills, Left	MRGN	Absent	
5EB0035	Gills, Left	PALE	Absent	
5EB0035	Gills, Right	FRAY	Absent	
5EB0035	Gills, Right	MRGN	Absent	
5EB0035	Gills, Right	PALE	Absent	
5EB0035	Fins	ERS	Absent	
5EB0035	Fins	FRAY	Absent	
5EB0035	Fins	HMR	Absent	
5EB0035	Fins	EMB	Absent	
5EB0038	Gills, Left	FRAY	Absent	
5EB0038	Gills, Left	MRGN	Absent	
5EB0038	Gills, Left	PALE	Absent	
5EB0038	Gills, Right	FRAY	Absent	
5EB0038	Gills, Right	MRGN	Absent	
5EB0038	Gills, Right	PALE	Absent	
5EB0038	Fins	ERS	Absent	
5EB0038	Fins	FRAY	Absent	
5EB0038	Fins	HMR	Absent	
5EB0038	Fins	EMB	Absent	
5EB0041	Gills, Left	FRAY	Absent	
5EB0041	Gills, Left	MRGN	Absent	
5EB0041	Gills, Left	PALE	Absent	
5EB0041	Gills, Right	FRAY	Absent	
5EB0041	Gills, Right	MRGN	Absent	
5EB0041	Gills, Right	PALE	Absent	
5EB0041	Fins	ERS	Absent	
5EB0041	Fins	FRAY	Absent	
5EB0041	Fins	HMR	Absent	
5EB0041	Fins	EMB	Absent	
5EB0044	Gills, Left	FRAY	Absent	
5EB0044	Gills, Left	MRGN	Absent	
5EB0044	Gills, Left	PALE	Absent	
5EB0044	Gills, Right	FRAY	Absent	
5EB0044	Gills, Right	MRGN	Absent	
5EB0044	Gills, Right	PALE	Absent	
5EB0044	Fins	ERS	Absent	
5EB0044	Fins	FRAY	Absent	
5EB0044	Fins	HMR	Absent	
5EB0044	Fins	EMB	Absent	
5EB0048	Gills, Left	FRAY	Absent	
5EB0048	Gills, Left	MRGN	Absent	
5EB0048	Gills, Left	PALE	Absent	
5EB0048	Gills, Right	FRAY	Absent	
5EB0048	Gills, Right	MRGN	Absent	
5EB0048	Gills, Right	PALE	Absent	
5EB0048	Fins	ERS	Absent	
5EB0048	Fins	FRAY	Absent	
5EB0048	Fins	HMR	Absent	
5EB0048	Fins	EMB	Absent	
5EB0049	Gills, Left	FRAY	Absent	
5EB0049	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0049	Gills, Left	PALE	Absent	
5EB0049	Gills, Right	FRAY	Absent	
5EB0049	Gills, Right	MRGN	Absent	
5EB0049	Gills, Right	PALE	Absent	
5EB0049	Fins	ERS	Absent	
5EB0049	Fins	FRAY	Absent	
5EB0049	Fins	HMR	Absent	
5EB0049	Fins	EMB	Absent	
5EB0050	Gills, Left	FRAY	Absent	
5EB0050	Gills, Left	MRGN	Absent	
5EB0050	Gills, Left	PALE	Absent	
5EB0050	Gills, Right	FRAY	Absent	
5EB0050	Gills, Right	MRGN	Absent	
5EB0050	Gills, Right	PALE	Absent	
5EB0050	Fins	ERS	Absent	
5EB0050	Fins	FRAY	Absent	
5EB0050	Fins	HMR	Absent	
5EB0050	Fins	EMB	Absent	
5EB0051	Gills, Left	FRAY	Absent	
5EB0051	Gills, Left	MRGN	Absent	
5EB0051	Gills, Left	PALE	Absent	
5EB0051	Gills, Right	FRAY	Absent	
5EB0051	Gills, Right	MRGN	Absent	
5EB0051	Gills, Right	PALE	Absent	
5EB0051	Fins	ERS	Absent	
5EB0051	Fins	FRAY	Absent	
5EB0051	Fins	HMR	Absent	
5EB0051	Fins	EMB	Absent	
5EB0053	Gills, Left	FRAY	Absent	
5EB0053	Gills, Left	MRGN	Absent	
5EB0053	Gills, Left	PALE	Absent	
5EB0053	Gills, Right	FRAY	Absent	
5EB0053	Gills, Right	MRGN	Absent	
5EB0053	Gills, Right	PALE	Absent	
5EB0053	Fins	ERS	Absent	
5EB0053	Fins	FRAY	Absent	
5EB0053	Fins	HMR	Absent	
5EB0053	Fins	EMB	Absent	
5EB0054	Gills, Left	FRAY	Absent	
5EB0054	Gills, Left	MRGN	Absent	
5EB0054	Gills, Left	PALE	Absent	
5EB0054	Gills, Right	FRAY	Absent	
5EB0054	Gills, Right	MRGN	Absent	
5EB0054	Gills, Right	PALE	Absent	
5EB0054	Fins	ERS	Absent	
5EB0054	Fins	FRAY	Absent	
5EB0054	Fins	HMR	Absent	
5EB0054	Fins	EMB	Absent	
5EB0055	Gills, Left	FRAY	Absent	
5EB0055	Gills, Left	MRGN	Absent	
5EB0055	Gills, Left	PALE	Absent	
5EB0055	Gills, Right	FRAY	Absent	
5EB0055	Gills, Right	MRGN	Absent	
5EB0055	Gills, Right	PALE	Absent	
5EB0055	Fins	ERS	Absent	
5EB0055	Fins	FRAY	Absent	
5EB0055	Fins	HMR	Absent	
5EB0055	Fins	EMB	Absent	
5EB0056	Gills, Left	FRAY	Absent	
5EB0056	Gills, Left	MRGN	Absent	
5EB0056	Gills, Left	PALE	Absent	
5EB0056	Gills, Right	FRAY	Absent	
5EB0056	Gills, Right	MRGN	Absent	
5EB0056	Gills, Right	PALE	Absent	
5EB0056	Fins	ERS	Absent	
5EB0056	Fins	FRAY	Absent	
5EB0056	Fins	HMR	Absent	
5EB0056	Fins	EMB	Absent	
5EB0057	Gills, Left	FRAY	Absent	
5EB0057	Gills, Left	MRGN	Absent	
5EB0057	Gills, Left	PALE	Absent	
5EB0057	Gills, Right	FRAY	Absent	
5EB0057	Gills, Right	MRGN	Absent	
5EB0057	Gills, Right	PALE	Absent	
5EB0057	Fins	ERS	Absent	
5EB0057	Fins	FRAY	Absent	
5EB0057	Fins	HMR	Absent	
5EB0057	Fins	EMB	Absent	
5EB0058	Gills, Left	FRAY	Absent	
5EB0058	Gills, Left	MRGN	Absent	
5EB0058	Gills, Left	PALE	Absent	
5EB0058	Gills, Right	FRAY	Absent	
5EB0058	Gills, Right	MRGN	Absent	
5EB0058	Gills, Right	PALE	Absent	
5EB0058	Fins	ERS	Absent	
5EB0058	Fins	FRAY	Absent	
5EB0058	Fins	HMR	Absent	
5EB0058	Fins	EMB	Absent	
5EB0059	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0059	Gills, Left	MRGN	Absent	
5EB0059	Gills, Left	PALE	Absent	
5EB0059	Gills, Right	FRAY	Absent	
5EB0059	Gills, Right	MRGN	Absent	
5EB0059	Gills, Right	PALE	Absent	
5EB0059	Fins	ERS	Absent	
5EB0059	Fins	FRAY	Absent	
5EB0059	Fins	HMR	Absent	
5EB0059	Fins	EMB	Absent	
5EB0061	Gills, Left	FRAY	Absent	
5EB0061	Gills, Left	MRGN	Absent	
5EB0061	Gills, Left	PALE	Absent	
5EB0061	Gills, Right	FRAY	Absent	
5EB0061	Gills, Right	MRGN	Absent	
5EB0061	Gills, Right	PALE	Absent	
5EB0061	Fins	ERS	Absent	
5EB0061	Fins	FRAY	Absent	
5EB0061	Fins	HMR	Absent	
5EB0061	Fins	EMB	Absent	
5EB0062	Gills, Left	FRAY	Absent	
5EB0062	Gills, Left	MRGN	Absent	
5EB0062	Gills, Left	PALE	Absent	
5EB0062	Gills, Right	FRAY	Absent	
5EB0062	Gills, Right	MRGN	Absent	
5EB0062	Gills, Right	PALE	Absent	
5EB0062	Fins	ERS	Absent	
5EB0062	Fins	FRAY	Absent	
5EB0062	Fins	HMR	Absent	
5EB0062	Fins	EMB	Absent	
5EB0063	Gills, Left	FRAY	Absent	
5EB0063	Gills, Left	MRGN	Absent	
5EB0063	Gills, Left	PALE	Absent	
5EB0063	Gills, Right	FRAY	Absent	
5EB0063	Gills, Right	MRGN	Absent	
5EB0063	Gills, Right	PALE	Absent	
5EB0063	Fins	ERS	Absent	
5EB0063	Fins	FRAY	Absent	
5EB0063	Fins	HMR	Absent	
5EB0063	Fins	EMB	Absent	
5EB0064	Gills, Left	FRAY	Absent	
5EB0064	Gills, Left	MRGN	Absent	
5EB0064	Gills, Left	PALE	Absent	
5EB0064	Gills, Right	FRAY	Absent	
5EB0064	Gills, Right	MRGN	Absent	
5EB0064	Gills, Right	PALE	Absent	
5EB0064	Fins	ERS	Absent	
5EB0064	Fins	FRAY	Absent	
5EB0064	Fins	HMR	Absent	
5EB0064	Fins	EMB	Absent	
5EB0065	Gills, Left	FRAY	Absent	
5EB0065	Gills, Left	MRGN	Absent	
5EB0065	Gills, Left	PALE	Absent	
5EB0065	Gills, Right	FRAY	Absent	
5EB0065	Gills, Right	MRGN	Absent	
5EB0065	Gills, Right	PALE	Absent	
5EB0065	Fins	ERS	Absent	
5EB0065	Fins	FRAY	Absent	
5EB0065	Fins	HMR	Absent	
5EB0065	Fins	EMB	Absent	
5EB0066	Gills, Left	FRAY	Absent	
5EB0066	Gills, Left	MRGN	Absent	
5EB0066	Gills, Left	PALE	Absent	
5EB0066	Gills, Right	FRAY	Absent	
5EB0066	Gills, Right	MRGN	Absent	
5EB0066	Gills, Right	PALE	Absent	
5EB0066	Fins	ERS	Absent	
5EB0066	Fins	FRAY	Absent	
5EB0066	Fins	HMR	Absent	
5EB0066	Fins	EMB	Absent	
5EB0067	Gills, Left	FRAY	Absent	
5EB0067	Gills, Left	MRGN	Absent	
5EB0067	Gills, Left	PALE	Absent	
5EB0067	Gills, Right	FRAY	Absent	
5EB0067	Gills, Right	MRGN	Absent	
5EB0067	Gills, Right	PALE	Absent	
5EB0067	Fins	ERS	Absent	
5EB0067	Fins	FRAY	Absent	
5EB0067	Fins	HMR	Absent	
5EB0067	Fins	EMB	Absent	
5EB0068	Gills, Left	FRAY	Absent	
5EB0068	Gills, Left	MRGN	Absent	
5EB0068	Gills, Left	PALE	Absent	
5EB0068	Gills, Right	FRAY	Absent	
5EB0068	Gills, Right	MRGN	Absent	
5EB0068	Gills, Right	PALE	Absent	
5EB0068	Fins	ERS	Absent	
5EB0068	Fins	FRAY	Absent	
5EB0068	Fins	HMR	Absent	
5EB0068	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0069	Gills, Left	FRAY	Absent	
5EB0069	Gills, Left	MRGN	Absent	
5EB0069	Gills, Left	PALE	Absent	
5EB0069	Gills, Right	FRAY	Absent	
5EB0069	Gills, Right	MRGN	Absent	
5EB0069	Gills, Right	PALE	Absent	
5EB0069	Fins	ERS	Absent	
5EB0069	Fins	FRAY	Absent	
5EB0069	Fins	HMR	Absent	
5EB0069	Fins	EMB	Absent	
5EB0070	Gills, Left	FRAY	Absent	
5EB0070	Gills, Left	MRGN	Absent	
5EB0070	Gills, Left	PALE	Absent	
5EB0070	Gills, Right	FRAY	Absent	
5EB0070	Gills, Right	MRGN	Absent	
5EB0070	Gills, Right	PALE	Absent	
5EB0070	Fins	ERS	Absent	
5EB0070	Fins	FRAY	Absent	
5EB0070	Fins	HMR	Absent	
5EB0070	Fins	EMB	Absent	
5EB0071	Gills, Left	FRAY	Absent	
5EB0071	Gills, Left	MRGN	Absent	
5EB0071	Gills, Left	PALE	Absent	
5EB0071	Gills, Right	FRAY	Absent	
5EB0071	Gills, Right	MRGN	Absent	
5EB0071	Gills, Right	PALE	Absent	
5EB0071	Fins	ERS	Absent	
5EB0071	Fins	FRAY	Absent	
5EB0071	Fins	HMR	Absent	
5EB0071	Fins	EMB	Absent	
5EB0072	Gills, Left	FRAY	Absent	
5EB0072	Gills, Left	MRGN	Absent	
5EB0072	Gills, Left	PALE	Absent	
5EB0072	Gills, Right	FRAY	Absent	
5EB0072	Gills, Right	MRGN	Absent	
5EB0072	Gills, Right	PALE	Absent	
5EB0072	Fins	ERS	Absent	
5EB0072	Fins	FRAY	Absent	
5EB0072	Fins	HMR	Absent	
5EB0072	Fins	EMB	Absent	
5EB0073	Gills, Left	FRAY	Absent	
5EB0073	Gills, Left	MRGN	Absent	
5EB0073	Gills, Left	PALE	Absent	
5EB0073	Gills, Right	FRAY	Absent	
5EB0073	Gills, Right	MRGN	Absent	
5EB0073	Gills, Right	PALE	Absent	
5EB0073	Fins	ERS	Absent	
5EB0073	Fins	FRAY	Absent	
5EB0073	Fins	HMR	Absent	
5EB0073	Fins	EMB	Absent	
5EB0074	Gills, Left	FRAY	Absent	
5EB0074	Gills, Left	MRGN	Absent	
5EB0074	Gills, Left	PALE	Absent	
5EB0074	Gills, Right	FRAY	Absent	
5EB0074	Gills, Right	MRGN	Absent	
5EB0074	Gills, Right	PALE	Absent	
5EB0074	Fins	ERS	Absent	
5EB0074	Fins	FRAY	Absent	
5EB0074	Fins	HMR	Absent	
5EB0074	Fins	EMB	Absent	
5EB0075	Gills, Left	FRAY	Absent	
5EB0075	Gills, Left	MRGN	Absent	
5EB0075	Gills, Left	PALE	Absent	
5EB0075	Gills, Right	FRAY	Absent	
5EB0075	Gills, Right	MRGN	Absent	
5EB0075	Gills, Right	PALE	Absent	
5EB0075	Fins	ERS	Absent	
5EB0075	Fins	FRAY	Absent	
5EB0075	Fins	HMR	Absent	
5EB0075	Fins	EMB	Absent	
5EB0076	Gills, Left	FRAY	Absent	
5EB0076	Gills, Left	MRGN	Absent	
5EB0076	Gills, Left	PALE	Absent	
5EB0076	Gills, Right	FRAY	Absent	
5EB0076	Gills, Right	MRGN	Absent	
5EB0076	Gills, Right	PALE	Absent	
5EB0076	Fins	ERS	Absent	
5EB0076	Fins	FRAY	Absent	
5EB0076	Fins	HMR	Absent	
5EB0076	Fins	EMB	Absent	
5EB0077	Gills, Left	FRAY	Absent	
5EB0077	Gills, Left	MRGN	Absent	
5EB0077	Gills, Left	PALE	Absent	
5EB0077	Gills, Right	FRAY	Absent	
5EB0077	Gills, Right	MRGN	Absent	
5EB0077	Gills, Right	PALE	Absent	
5EB0077	Fins	ERS	Absent	
5EB0077	Fins	FRAY	Absent	
5EB0077	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0077	Fins	EMB	Absent	
5EB0078	Gills, Left	FRAY	Absent	
5EB0078	Gills, Left	MRGN	Absent	
5EB0078	Gills, Left	PALE	Absent	
5EB0078	Gills, Right	FRAY	Absent	
5EB0078	Gills, Right	MRGN	Absent	
5EB0078	Gills, Right	PALE	Absent	
5EB0078	Fins	ERS	Absent	
5EB0078	Fins	FRAY	Absent	
5EB0078	Fins	HMR	Absent	
5EB0078	Fins	EMB	Absent	
5EB0079	Gills, Left	FRAY	Absent	
5EB0079	Gills, Left	MRGN	Absent	
5EB0079	Gills, Left	PALE	Absent	
5EB0079	Gills, Right	FRAY	Absent	
5EB0079	Gills, Right	MRGN	Absent	
5EB0079	Gills, Right	PALE	Absent	
5EB0079	Fins	ERS	Absent	
5EB0079	Fins	FRAY	Absent	
5EB0079	Fins	HMR	Absent	
5EB0079	Fins	EMB	Absent	
5EB0080	Gills, Left	FRAY	Absent	
5EB0080	Gills, Left	MRGN	Absent	
5EB0080	Gills, Left	PALE	Absent	
5EB0080	Gills, Right	FRAY	Absent	
5EB0080	Gills, Right	MRGN	Absent	
5EB0080	Gills, Right	PALE	Absent	
5EB0080	Fins	ERS	Absent	
5EB0080	Fins	FRAY	Absent	
5EB0080	Fins	HMR	Absent	
5EB0080	Fins	EMB	Absent	
5EB0081	Gills, Left	FRAY	Absent	
5EB0081	Gills, Left	MRGN	Absent	
5EB0081	Gills, Left	PALE	Absent	
5EB0081	Gills, Right	FRAY	Absent	
5EB0081	Gills, Right	MRGN	Absent	
5EB0081	Gills, Right	PALE	Absent	
5EB0081	Fins	ERS	Absent	
5EB0081	Fins	FRAY	Absent	
5EB0081	Fins	HMR	Absent	
5EB0081	Fins	EMB	Absent	
5EB0082	Gills, Left	FRAY	Absent	
5EB0082	Gills, Left	MRGN	Absent	
5EB0082	Gills, Left	PALE	Absent	
5EB0082	Gills, Right	FRAY	Absent	
5EB0082	Gills, Right	MRGN	Absent	
5EB0082	Gills, Right	PALE	Absent	
5EB0082	Fins	ERS	Absent	
5EB0082	Fins	FRAY	Absent	
5EB0082	Fins	HMR	Absent	
5EB0082	Fins	EMB	Absent	
5EB0083	Gills, Left	FRAY	Absent	
5EB0083	Gills, Left	MRGN	Absent	
5EB0083	Gills, Left	PALE	Absent	
5EB0083	Gills, Right	FRAY	Absent	
5EB0083	Gills, Right	MRGN	Absent	
5EB0083	Gills, Right	PALE	Absent	
5EB0083	Fins	ERS	Absent	
5EB0083	Fins	FRAY	Absent	
5EB0083	Fins	HMR	Absent	
5EB0083	Fins	EMB	Absent	
5EB0084	Gills, Left	FRAY	Absent	
5EB0084	Gills, Left	MRGN	Absent	
5EB0084	Gills, Left	PALE	Absent	
5EB0084	Gills, Right	FRAY	Absent	
5EB0084	Gills, Right	MRGN	Absent	
5EB0084	Gills, Right	PALE	Absent	
5EB0084	Fins	ERS	Absent	
5EB0084	Fins	FRAY	Absent	
5EB0084	Fins	HMR	Absent	
5EB0084	Fins	EMB	Absent	
5EB0085	Gills, Left	FRAY	Absent	
5EB0085	Gills, Left	MRGN	Absent	
5EB0085	Gills, Left	PALE	Absent	
5EB0085	Gills, Right	FRAY	Absent	
5EB0085	Gills, Right	MRGN	Absent	
5EB0085	Gills, Right	PALE	Absent	
5EB0085	Fins	ERS	Absent	
5EB0085	Fins	FRAY	Absent	
5EB0085	Fins	HMR	Absent	
5EB0085	Fins	EMB	Absent	
5EB0086	Gills, Left	FRAY	Absent	
5EB0086	Gills, Left	MRGN	Absent	
5EB0086	Gills, Left	PALE	Absent	
5EB0086	Gills, Right	FRAY	Absent	
5EB0086	Gills, Right	MRGN	Absent	
5EB0086	Gills, Right	PALE	Absent	
5EB0086	Fins	ERS	Absent	
5EB0086	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0086	Fins	HMR	Absent	
5EB0086	Fins	EMB	Absent	
5EB0087	Gills, Left	FRAY	Absent	
5EB0087	Gills, Left	MRGN	Absent	
5EB0087	Gills, Left	PALE	Absent	
5EB0087	Gills, Right	FRAY	Absent	
5EB0087	Gills, Right	MRGN	Absent	
5EB0087	Gills, Right	PALE	Absent	
5EB0087	Fins	ERS	Absent	
5EB0087	Fins	FRAY	Absent	
5EB0087	Fins	HMR	Absent	
5EB0087	Fins	EMB	Absent	
5EB0088	Gills, Left	FRAY	Absent	
5EB0088	Gills, Left	MRGN	Absent	
5EB0088	Gills, Left	PALE	Absent	
5EB0088	Gills, Right	FRAY	Absent	
5EB0088	Gills, Right	MRGN	Absent	
5EB0088	Gills, Right	PALE	Absent	
5EB0088	Fins	ERS	Absent	
5EB0088	Fins	FRAY	Absent	
5EB0088	Fins	HMR	Absent	
5EB0088	Fins	EMB	Absent	
5EB0089	Gills, Left	FRAY	Absent	
5EB0089	Gills, Left	MRGN	Absent	
5EB0089	Gills, Left	PALE	Absent	
5EB0089	Gills, Right	FRAY	Absent	
5EB0089	Gills, Right	MRGN	Absent	
5EB0089	Gills, Right	PALE	Absent	
5EB0089	Fins	ERS	Absent	
5EB0089	Fins	FRAY	Absent	
5EB0089	Fins	HMR	Absent	
5EB0089	Fins	EMB	Absent	
5EB0090	Gills, Left	FRAY	Absent	
5EB0090	Gills, Left	MRGN	Absent	
5EB0090	Gills, Left	PALE	Absent	
5EB0090	Gills, Right	FRAY	Absent	
5EB0090	Gills, Right	MRGN	Absent	
5EB0090	Gills, Right	PALE	Absent	
5EB0090	Fins	ERS	Absent	
5EB0090	Fins	FRAY	Absent	
5EB0090	Fins	HMR	Absent	
5EB0090	Fins	EMB	Absent	
5EB0091	Gills, Left	FRAY	Absent	
5EB0091	Gills, Left	MRGN	Absent	
5EB0091	Gills, Left	PALE	Absent	
5EB0091	Gills, Right	FRAY	Absent	
5EB0091	Gills, Right	MRGN	Absent	
5EB0091	Gills, Right	PALE	Absent	
5EB0091	Fins	ERS	Absent	
5EB0091	Fins	FRAY	Absent	
5EB0091	Fins	HMR	Absent	
5EB0091	Fins	EMB	Absent	
5EB0092H	Gills, Left	FRAY	Absent	
5EB0092H	Gills, Left	MRGN	Absent	
5EB0092H	Gills, Left	PALE	Absent	
5EB0092H	Gills, Right	FRAY	Absent	
5EB0092H	Gills, Right	MRGN	Absent	
5EB0092H	Gills, Right	PALE	Absent	
5EB0092H	Fins	ERS	Absent	
5EB0092H	Fins	FRAY	Absent	
5EB0092H	Fins	HMR	Absent	
5EB0092H	Fins	EMB	Absent	
5EB0093H	Gills, Left	FRAY	Absent	
5EB0093H	Gills, Left	MRGN	Absent	
5EB0093H	Gills, Left	PALE	Absent	
5EB0093H	Gills, Right	FRAY	Absent	
5EB0093H	Gills, Right	MRGN	Absent	
5EB0093H	Gills, Right	PALE	Absent	
5EB0093H	Fins	ERS	Absent	
5EB0093H	Fins	FRAY	Absent	
5EB0093H	Fins	HMR	Absent	
5EB0093H	Fins	EMB	Absent	
5EB0094	Gills, Left	FRAY	Absent	
5EB0094	Gills, Left	MRGN	Absent	
5EB0094	Gills, Left	PALE	Absent	
5EB0094	Gills, Right	FRAY	Absent	
5EB0094	Gills, Right	MRGN	Absent	
5EB0094	Gills, Right	PALE	Absent	
5EB0094	Fins	ERS	Absent	
5EB0094	Fins	FRAY	Absent	
5EB0094	Fins	HMR	Absent	
5EB0094	Fins	EMB	Absent	
5EB0095	Gills, Left	FRAY	Absent	
5EB0095	Gills, Left	MRGN	Absent	
5EB0095	Gills, Left	PALE	Absent	
5EB0095	Gills, Right	FRAY	Absent	
5EB0095	Gills, Right	MRGN	Absent	
5EB0095	Gills, Right	PALE	Absent	
5EB0095	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0095	Fins	FRAY	Absent	
5EB0095	Fins	HMR	Absent	
5EB0095	Fins	EMB	Absent	
5EB0096	Gills, Left	FRAY	Absent	
5EB0096	Gills, Left	MRGN	Absent	
5EB0096	Gills, Left	PALE	Absent	
5EB0096	Gills, Right	FRAY	Absent	
5EB0096	Gills, Right	MRGN	Absent	
5EB0096	Gills, Right	PALE	Absent	
5EB0096	Fins	ERS	Absent	
5EB0096	Fins	FRAY	Present	
5EB0096	Fins	HMR	Absent	
5EB0096	Fins	EMB	Absent	
5EB0097	Gills, Left	FRAY	Absent	
5EB0097	Gills, Left	MRGN	Absent	
5EB0097	Gills, Left	PALE	Absent	
5EB0097	Gills, Right	FRAY	Absent	
5EB0097	Gills, Right	MRGN	Absent	
5EB0097	Gills, Right	PALE	Absent	
5EB0097	Fins	ERS	Absent	
5EB0097	Fins	FRAY	Present	
5EB0097	Fins	HMR	Absent	
5EB0097	Fins	EMB	Absent	
5EB0101W	Gills, Left	FRAY	Absent	
5EB0101W	Gills, Left	MRGN	Absent	
5EB0101W	Gills, Left	PALE	Absent	
5EB0101W	Gills, Right	FRAY	Absent	
5EB0101W	Gills, Right	MRGN	Absent	
5EB0101W	Gills, Right	PALE	Absent	
5EB0101W	Fins	ERS	Absent	
5EB0101W	Fins	FRAY	Absent	
5EB0101W	Fins	HMR	Absent	
5EB0101W	Fins	EMB	Absent	
5EB0102H	Gills, Left	FRAY	Absent	
5EB0102H	Gills, Left	MRGN	Absent	
5EB0102H	Gills, Left	PALE	Absent	
5EB0102H	Gills, Right	FRAY	Absent	
5EB0102H	Gills, Right	MRGN	Absent	
5EB0102H	Gills, Right	PALE	Absent	
5EB0102H	Fins	ERS	Absent	
5EB0102H	Fins	FRAY	Absent	
5EB0102H	Fins	HMR	Absent	
5EB0102H	Fins	EMB	Absent	
5EB0103	Gills, Left	FRAY	Absent	
5EB0103	Gills, Left	MRGN	Absent	
5EB0103	Gills, Left	PALE	Absent	
5EB0103	Gills, Right	FRAY	Absent	
5EB0103	Gills, Right	MRGN	Absent	
5EB0103	Gills, Right	PALE	Absent	
5EB0103	Fins	ERS	Absent	
5EB0103	Fins	FRAY	Absent	
5EB0103	Fins	HMR	Absent	
5EB0103	Fins	EMB	Absent	
5EB0104	Gills, Left	FRAY	Absent	
5EB0104	Gills, Left	MRGN	Absent	
5EB0104	Gills, Left	PALE	Absent	
5EB0104	Gills, Right	FRAY	Absent	
5EB0104	Gills, Right	MRGN	Absent	
5EB0104	Gills, Right	PALE	Absent	
5EB0104	Fins	ERS	Absent	
5EB0104	Fins	FRAY	Absent	
5EB0104	Fins	HMR	Absent	
5EB0104	Fins	EMB	Absent	
5EB0105	Gills, Left	FRAY	Absent	
5EB0105	Gills, Left	MRGN	Absent	
5EB0105	Gills, Left	PALE	Absent	
5EB0105	Gills, Right	FRAY	Absent	
5EB0105	Gills, Right	MRGN	Absent	
5EB0105	Gills, Right	PALE	Absent	
5EB0105	Fins	ERS	Absent	
5EB0105	Fins	FRAY	Absent	
5EB0105	Fins	HMR	Absent	
5EB0105	Fins	EMB	Absent	
5EB0108	Gills, Left	FRAY	Absent	
5EB0108	Gills, Left	MRGN	Absent	
5EB0108	Gills, Left	PALE	Absent	
5EB0108	Gills, Right	FRAY	Absent	
5EB0108	Gills, Right	MRGN	Absent	
5EB0108	Gills, Right	PALE	Absent	
5EB0108	Fins	ERS	Absent	
5EB0108	Fins	FRAY	Absent	
5EB0108	Fins	HMR	Absent	
5EB0108	Fins	EMB	Absent	
5EB0109	Gills, Left	FRAY	Absent	
5EB0109	Gills, Left	MRGN	Absent	
5EB0109	Gills, Left	PALE	Absent	
5EB0109	Gills, Right	FRAY	Absent	
5EB0109	Gills, Right	MRGN	Absent	
5EB0109	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0109	Fins	ERS	Absent	
5EB0109	Fins	FRAY	Absent	
5EB0109	Fins	HMR	Absent	
5EB0109	Fins	EMB	Absent	
5EB0110	Gills, Left	FRAY	Absent	
5EB0110	Gills, Left	MRGN	Absent	
5EB0110	Gills, Left	PALE	Absent	
5EB0110	Gills, Right	FRAY	Absent	
5EB0110	Gills, Right	MRGN	Absent	
5EB0110	Gills, Right	PALE	Absent	
5EB0110	Fins	ERS	Absent	
5EB0110	Fins	FRAY	Absent	
5EB0110	Fins	HMR	Absent	
5EB0110	Fins	EMB	Absent	
5EB0111	Gills, Left	FRAY	Absent	
5EB0111	Gills, Left	MRGN	Absent	
5EB0111	Gills, Left	PALE	Absent	
5EB0111	Gills, Right	FRAY	Absent	
5EB0111	Gills, Right	MRGN	Absent	
5EB0111	Gills, Right	PALE	Absent	
5EB0111	Fins	ERS	Absent	
5EB0111	Fins	FRAY	Absent	
5EB0111	Fins	HMR	Absent	
5EB0111	Fins	EMB	Absent	
5EB0112	Gills, Left	FRAY	Absent	
5EB0112	Gills, Left	MRGN	Absent	
5EB0112	Gills, Left	PALE	Absent	
5EB0112	Gills, Right	FRAY	Absent	
5EB0112	Gills, Right	MRGN	Absent	
5EB0112	Gills, Right	PALE	Absent	
5EB0112	Fins	ERS	Absent	
5EB0112	Fins	FRAY	Absent	
5EB0112	Fins	HMR	Absent	
5EB0112	Fins	EMB	Absent	
5EB0113	Gills, Left	FRAY	Absent	
5EB0113	Gills, Left	MRGN	Absent	
5EB0113	Gills, Left	PALE	Absent	
5EB0113	Gills, Right	FRAY	Absent	
5EB0113	Gills, Right	MRGN	Absent	
5EB0113	Gills, Right	PALE	Absent	
5EB0113	Fins	ERS	Absent	
5EB0113	Fins	FRAY	Absent	
5EB0113	Fins	HMR	Absent	
5EB0113	Fins	EMB	Absent	
5EB0114	Gills, Left	FRAY	Absent	
5EB0114	Gills, Left	MRGN	Absent	
5EB0114	Gills, Left	PALE	Absent	
5EB0114	Gills, Right	FRAY	Absent	
5EB0114	Gills, Right	MRGN	Absent	
5EB0114	Gills, Right	PALE	Absent	
5EB0114	Fins	ERS	Absent	
5EB0114	Fins	FRAY	Absent	
5EB0114	Fins	HMR	Absent	
5EB0114	Fins	EMB	Absent	
5EB0115	Gills, Left	FRAY	Absent	
5EB0115	Gills, Left	MRGN	Absent	
5EB0115	Gills, Left	PALE	Absent	
5EB0115	Gills, Right	FRAY	Absent	
5EB0115	Gills, Right	MRGN	Absent	
5EB0115	Gills, Right	PALE	Absent	
5EB0115	Fins	ERS	Absent	
5EB0115	Fins	FRAY	Absent	
5EB0115	Fins	HMR	Absent	
5EB0115	Fins	EMB	Absent	
5EB0116	Gills, Left	FRAY	Absent	
5EB0116	Gills, Left	MRGN	Absent	
5EB0116	Gills, Left	PALE	Absent	
5EB0116	Gills, Right	FRAY	Absent	
5EB0116	Gills, Right	MRGN	Absent	
5EB0116	Gills, Right	PALE	Absent	
5EB0116	Fins	ERS	Absent	
5EB0116	Fins	FRAY	Absent	
5EB0116	Fins	HMR	Absent	
5EB0116	Fins	EMB	Absent	
5EB0127	Gills, Left	FRAY	Absent	
5EB0127	Gills, Left	MRGN	Absent	
5EB0127	Gills, Left	PALE	Absent	
5EB0127	Gills, Right	FRAY	Absent	
5EB0127	Gills, Right	MRGN	Absent	
5EB0127	Gills, Right	PALE	Absent	
5EB0127	Fins	ERS	Absent	
5EB0127	Fins	FRAY	Absent	
5EB0127	Fins	HMR	Absent	
5EB0127	Fins	EMB	Absent	
5EB0128	Gills, Left	FRAY	Absent	
5EB0128	Gills, Left	MRGN	Absent	
5EB0128	Gills, Left	PALE	Absent	
5EB0128	Gills, Right	FRAY	Absent	
5EB0128	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0128	Gills, Right	PALE	Absent	
5EB0128	Fins	ERS	Absent	
5EB0128	Fins	FRAY	Absent	
5EB0128	Fins	HMR	Absent	
5EB0128	Fins	EMB	Absent	
5EB0130	Gills, Left	FRAY	Absent	
5EB0130	Gills, Left	MRGN	Absent	
5EB0130	Gills, Left	PALE	Absent	
5EB0130	Gills, Right	FRAY	Absent	
5EB0130	Gills, Right	MRGN	Absent	
5EB0130	Gills, Right	PALE	Absent	
5EB0130	Fins	ERS	Absent	
5EB0130	Fins	FRAY	Absent	
5EB0130	Fins	HMR	Absent	
5EB0130	Fins	EMB	Absent	
5EB0131	Gills, Left	FRAY	Absent	
5EB0131	Gills, Left	MRGN	Absent	
5EB0131	Gills, Left	PALE	Absent	
5EB0131	Gills, Right	FRAY	Absent	
5EB0131	Gills, Right	MRGN	Absent	
5EB0131	Gills, Right	PALE	Absent	
5EB0131	Fins	ERS	Absent	
5EB0131	Fins	FRAY	Absent	
5EB0131	Fins	HMR	Absent	
5EB0131	Fins	EMB	Absent	
5EB0132	Gills, Left	FRAY	Absent	
5EB0132	Gills, Left	MRGN	Absent	
5EB0132	Gills, Left	PALE	Absent	
5EB0132	Gills, Right	FRAY	Absent	
5EB0132	Gills, Right	MRGN	Absent	
5EB0132	Gills, Right	PALE	Absent	
5EB0132	Fins	ERS	Absent	
5EB0132	Fins	FRAY	Absent	
5EB0132	Fins	HMR	Absent	
5EB0132	Fins	EMB	Absent	
5EB0133	Gills, Left	FRAY	Absent	
5EB0133	Gills, Left	MRGN	Absent	
5EB0133	Gills, Left	PALE	Absent	
5EB0133	Gills, Right	FRAY	Absent	
5EB0133	Gills, Right	MRGN	Absent	
5EB0133	Gills, Right	PALE	Absent	
5EB0133	Fins	ERS	Absent	
5EB0133	Fins	FRAY	Absent	
5EB0133	Fins	HMR	Absent	
5EB0133	Fins	EMB	Absent	
5EB0135	Gills, Left	FRAY	Absent	
5EB0135	Gills, Left	MRGN	Absent	
5EB0135	Gills, Left	PALE	Absent	
5EB0135	Gills, Right	FRAY	Absent	
5EB0135	Gills, Right	MRGN	Absent	
5EB0135	Gills, Right	PALE	Absent	
5EB0135	Fins	ERS	Absent	
5EB0135	Fins	FRAY	Absent	
5EB0135	Fins	HMR	Absent	
5EB0135	Fins	EMB	Absent	
5EB0136	Gills, Left	FRAY	Absent	
5EB0136	Gills, Left	MRGN	Absent	
5EB0136	Gills, Left	PALE	Absent	
5EB0136	Gills, Right	FRAY	Absent	
5EB0136	Gills, Right	MRGN	Absent	
5EB0136	Gills, Right	PALE	Absent	
5EB0136	Fins	ERS	Absent	
5EB0136	Fins	FRAY	Absent	
5EB0136	Fins	HMR	Absent	
5EB0136	Fins	EMB	Absent	
5EB0137	Gills, Left	FRAY	Absent	
5EB0137	Gills, Left	MRGN	Absent	
5EB0137	Gills, Left	PALE	Absent	
5EB0137	Gills, Right	FRAY	Absent	
5EB0137	Gills, Right	MRGN	Absent	
5EB0137	Gills, Right	PALE	Absent	
5EB0137	Fins	ERS	Absent	
5EB0137	Fins	FRAY	Absent	
5EB0137	Fins	HMR	Absent	
5EB0137	Fins	EMB	Absent	
5EB0141	Gills, Left	FRAY	Absent	
5EB0141	Gills, Left	MRGN	Absent	
5EB0141	Gills, Left	PALE	Absent	
5EB0141	Gills, Right	FRAY	Absent	
5EB0141	Gills, Right	MRGN	Absent	
5EB0141	Gills, Right	PALE	Absent	
5EB0141	Fins	ERS	Absent	
5EB0141	Fins	FRAY	Absent	
5EB0141	Fins	HMR	Absent	
5EB0141	Fins	EMB	Absent	
5EB0142	Gills, Left	FRAY	Absent	
5EB0142	Gills, Left	MRGN	Absent	
5EB0142	Gills, Left	PALE	Absent	
5EB0142	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0142	Gills, Right	MRGN	Absent	
5EB0142	Gills, Right	PALE	Absent	
5EB0142	Fins	ERS	Absent	
5EB0142	Fins	FRAY	Absent	
5EB0142	Fins	HMR	Absent	
5EB0142	Fins	EMB	Absent	
5EB0143	Gills, Left	FRAY	Absent	
5EB0143	Gills, Left	MRGN	Absent	
5EB0143	Gills, Left	PALE	Absent	
5EB0143	Gills, Right	FRAY	Absent	
5EB0143	Gills, Right	MRGN	Absent	
5EB0143	Gills, Right	PALE	Absent	
5EB0143	Fins	ERS	Absent	
5EB0143	Fins	FRAY	Absent	
5EB0143	Fins	HMR	Absent	
5EB0143	Fins	EMB	Absent	
5EB0144	Gills, Left	FRAY	Absent	
5EB0144	Gills, Left	MRGN	Absent	
5EB0144	Gills, Left	PALE	Absent	
5EB0144	Gills, Right	FRAY	Absent	
5EB0144	Gills, Right	MRGN	Absent	
5EB0144	Gills, Right	PALE	Absent	
5EB0144	Fins	ERS	Absent	
5EB0144	Fins	FRAY	Absent	
5EB0144	Fins	HMR	Absent	
5EB0144	Fins	EMB	Absent	
5EB0147	Gills, Left	FRAY	Absent	
5EB0147	Gills, Left	MRGN	Absent	
5EB0147	Gills, Left	PALE	Absent	
5EB0147	Gills, Right	FRAY	Absent	
5EB0147	Gills, Right	MRGN	Absent	
5EB0147	Gills, Right	PALE	Absent	
5EB0147	Fins	ERS	Absent	
5EB0147	Fins	FRAY	Absent	
5EB0147	Fins	HMR	Absent	
5EB0147	Fins	EMB	Absent	
5EB0148	Gills, Left	FRAY	Absent	
5EB0148	Gills, Left	MRGN	Absent	
5EB0148	Gills, Left	PALE	Absent	
5EB0148	Gills, Right	FRAY	Absent	
5EB0148	Gills, Right	MRGN	Absent	
5EB0148	Gills, Right	PALE	Absent	
5EB0148	Fins	ERS	Absent	
5EB0148	Fins	FRAY	Absent	
5EB0148	Fins	HMR	Absent	
5EB0148	Fins	EMB	Absent	
5EB0149	Gills, Left	FRAY	Absent	
5EB0149	Gills, Left	MRGN	Absent	
5EB0149	Gills, Left	PALE	Absent	
5EB0149	Gills, Right	FRAY	Absent	
5EB0149	Gills, Right	MRGN	Absent	
5EB0149	Gills, Right	PALE	Absent	
5EB0149	Fins	ERS	Absent	
5EB0149	Fins	FRAY	Absent	
5EB0149	Fins	HMR	Absent	
5EB0149	Fins	EMB	Absent	
5EB0150	Gills, Left	FRAY	Absent	
5EB0150	Gills, Left	MRGN	Absent	
5EB0150	Gills, Left	PALE	Absent	
5EB0150	Gills, Right	FRAY	Absent	
5EB0150	Gills, Right	MRGN	Absent	
5EB0150	Gills, Right	PALE	Absent	
5EB0150	Fins	ERS	Absent	
5EB0150	Fins	FRAY	Absent	
5EB0150	Fins	HMR	Absent	
5EB0150	Fins	EMB	Absent	
5EB0151	Gills, Left	FRAY	Absent	
5EB0151	Gills, Left	MRGN	Absent	
5EB0151	Gills, Left	PALE	Absent	
5EB0151	Gills, Right	FRAY	Absent	
5EB0151	Gills, Right	MRGN	Absent	
5EB0151	Gills, Right	PALE	Absent	
5EB0151	Fins	ERS	Absent	
5EB0151	Fins	FRAY	Absent	
5EB0151	Fins	HMR	Absent	
5EB0151	Fins	EMB	Absent	
5EB0152	Gills, Left	FRAY	Absent	
5EB0152	Gills, Left	MRGN	Absent	
5EB0152	Gills, Left	PALE	Absent	
5EB0152	Gills, Right	FRAY	Absent	
5EB0152	Gills, Right	MRGN	Absent	
5EB0152	Gills, Right	PALE	Absent	
5EB0152	Fins	ERS	Absent	
5EB0152	Fins	FRAY	Absent	
5EB0152	Fins	HMR	Absent	
5EB0152	Fins	EMB	Absent	
5EB0153	Gills, Left	FRAY	Absent	
5EB0153	Gills, Left	MRGN	Absent	
5EB0153	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0153	Gills, Right	FRAY	Absent	
5EB0153	Gills, Right	MRGN	Absent	
5EB0153	Gills, Right	PALE	Absent	
5EB0153	Fins	ERS	Absent	
5EB0153	Fins	FRAY	Absent	
5EB0153	Fins	HMR	Absent	
5EB0153	Fins	EMB	Absent	
5EB0154	Gills, Left	FRAY	Absent	
5EB0154	Gills, Left	MRGN	Absent	
5EB0154	Gills, Left	PALE	Absent	
5EB0154	Gills, Right	FRAY	Absent	
5EB0154	Gills, Right	MRGN	Absent	
5EB0154	Gills, Right	PALE	Absent	
5EB0154	Fins	ERS	Absent	
5EB0154	Fins	FRAY	Absent	
5EB0154	Fins	HMR	Absent	
5EB0154	Fins	EMB	Absent	
5EB0155	Gills, Left	FRAY	Absent	
5EB0155	Gills, Left	MRGN	Absent	
5EB0155	Gills, Left	PALE	Absent	
5EB0155	Gills, Right	FRAY	Absent	
5EB0155	Gills, Right	MRGN	Absent	
5EB0155	Gills, Right	PALE	Absent	
5EB0155	Fins	ERS	Absent	
5EB0155	Fins	FRAY	Absent	
5EB0155	Fins	HMR	Absent	
5EB0155	Fins	EMB	Absent	
5EB0157	Gills, Left	FRAY	Absent	
5EB0157	Gills, Left	MRGN	Absent	
5EB0157	Gills, Left	PALE	Absent	
5EB0157	Gills, Right	FRAY	Absent	
5EB0157	Gills, Right	MRGN	Absent	
5EB0157	Gills, Right	PALE	Absent	
5EB0157	Fins	ERS	Absent	
5EB0157	Fins	FRAY	Absent	
5EB0157	Fins	HMR	Absent	
5EB0157	Fins	EMB	Absent	
5EB0158	Gills, Left	FRAY	Absent	
5EB0158	Gills, Left	MRGN	Absent	
5EB0158	Gills, Left	PALE	Absent	
5EB0158	Gills, Right	FRAY	Absent	
5EB0158	Gills, Right	MRGN	Absent	
5EB0158	Gills, Right	PALE	Absent	
5EB0158	Fins	ERS	Absent	
5EB0158	Fins	FRAY	Absent	
5EB0158	Fins	HMR	Absent	
5EB0158	Fins	EMB	Absent	
5EB0159	Gills, Left	FRAY	Absent	
5EB0159	Gills, Left	MRGN	Absent	
5EB0159	Gills, Left	PALE	Absent	
5EB0159	Gills, Right	FRAY	Absent	
5EB0159	Gills, Right	MRGN	Absent	
5EB0159	Gills, Right	PALE	Absent	
5EB0159	Fins	ERS	Absent	
5EB0159	Fins	FRAY	Absent	
5EB0159	Fins	HMR	Absent	
5EB0159	Fins	EMB	Absent	
5EB0161	Gills, Left	FRAY	Absent	
5EB0161	Gills, Left	MRGN	Absent	
5EB0161	Gills, Left	PALE	Absent	
5EB0161	Gills, Right	FRAY	Absent	
5EB0161	Gills, Right	MRGN	Absent	
5EB0161	Gills, Right	PALE	Absent	
5EB0161	Fins	ERS	Absent	
5EB0161	Fins	FRAY	Absent	
5EB0161	Fins	HMR	Absent	
5EB0161	Fins	EMB	Absent	
5EB0164	Gills, Left	FRAY	Absent	
5EB0164	Gills, Left	MRGN	Absent	
5EB0164	Gills, Left	PALE	Absent	
5EB0164	Gills, Right	FRAY	Absent	
5EB0164	Gills, Right	MRGN	Absent	
5EB0164	Gills, Right	PALE	Absent	
5EB0164	Fins	ERS	Absent	
5EB0164	Fins	FRAY	Absent	
5EB0164	Fins	HMR	Absent	
5EB0164	Fins	EMB	Absent	
5EB0167	Gills, Left	FRAY	Absent	
5EB0167	Gills, Left	MRGN	Absent	
5EB0167	Gills, Left	PALE	Absent	
5EB0167	Gills, Right	FRAY	Absent	
5EB0167	Gills, Right	MRGN	Absent	
5EB0167	Gills, Right	PALE	Absent	
5EB0167	Fins	ERS	Absent	
5EB0167	Fins	FRAY	Absent	
5EB0167	Fins	HMR	Absent	
5EB0167	Fins	EMB	Absent	
5EB0168	Gills, Left	FRAY	Absent	
5EB0168	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0168	Gills, Left	PALE	Absent	
5EB0168	Gills, Right	FRAY	Absent	
5EB0168	Gills, Right	MRGN	Absent	
5EB0168	Gills, Right	PALE	Absent	
5EB0168	Fins	ERS	Absent	
5EB0168	Fins	FRAY	Absent	
5EB0168	Fins	HMR	Absent	
5EB0168	Fins	EMB	Absent	
5EB0169	Gills, Left	FRAY	Absent	
5EB0169	Gills, Left	MRGN	Absent	
5EB0169	Gills, Left	PALE	Absent	
5EB0169	Gills, Right	FRAY	Absent	
5EB0169	Gills, Right	MRGN	Absent	
5EB0169	Gills, Right	PALE	Absent	
5EB0169	Fins	ERS	Absent	
5EB0169	Fins	FRAY	Absent	
5EB0169	Fins	HMR	Absent	
5EB0169	Fins	EMB	Absent	
5EB0176	Gills, Left	FRAY	Absent	
5EB0176	Gills, Left	MRGN	Absent	
5EB0176	Gills, Left	PALE	Absent	
5EB0176	Gills, Right	FRAY	Absent	
5EB0176	Gills, Right	MRGN	Absent	
5EB0176	Gills, Right	PALE	Absent	
5EB0176	Fins	ERS	Absent	
5EB0176	Fins	FRAY	Absent	
5EB0176	Fins	HMR	Absent	
5EB0176	Fins	EMB	Absent	
5EB0178	Gills, Left	FRAY	Absent	
5EB0178	Gills, Left	MRGN	Absent	
5EB0178	Gills, Left	PALE	Absent	
5EB0178	Gills, Right	FRAY	Absent	
5EB0178	Gills, Right	MRGN	Absent	
5EB0178	Gills, Right	PALE	Absent	
5EB0178	Fins	ERS	Absent	
5EB0178	Fins	FRAY	Absent	
5EB0178	Fins	HMR	Absent	
5EB0178	Fins	EMB	Absent	
5EB0184	Gills, Left	FRAY	Absent	
5EB0184	Gills, Left	FRAY	Absent	
5EB0184	Gills, Left	MRGN	Absent	
5EB0184	Gills, Left	MRGN	Absent	
5EB0184	Gills, Left	PALE	Absent	
5EB0184	Gills, Left	PALE	Absent	
5EB0184	Gills, Right	FRAY	Absent	
5EB0184	Gills, Right	FRAY	Absent	
5EB0184	Gills, Right	MRGN	Absent	
5EB0184	Gills, Right	MRGN	Absent	
5EB0184	Gills, Right	PALE	Absent	
5EB0184	Gills, Right	PALE	Absent	
5EB0184	Fins	ERS	Absent	
5EB0184	Fins	ERS	Absent	
5EB0184	Fins	FRAY	Absent	
5EB0184	Fins	FRAY	Absent	
5EB0184	Fins	HMR	Absent	
5EB0184	Fins	HMR	Absent	
5EB0184	Fins	EMB	Absent	
5EB0184	Fins	EMB	Absent	
5EB0185	Gills, Left	FRAY	Absent	
5EB0185	Gills, Left	MRGN	Absent	
5EB0185	Gills, Left	PALE	Absent	
5EB0185	Gills, Right	FRAY	Absent	
5EB0185	Gills, Right	MRGN	Absent	
5EB0185	Gills, Right	PALE	Absent	
5EB0185	Fins	ERS	Absent	
5EB0185	Fins	FRAY	Absent	
5EB0185	Fins	HMR	Absent	
5EB0185	Fins	EMB	Absent	
5EB0186	Gills, Left	FRAY	Absent	
5EB0186	Gills, Left	MRGN	Absent	
5EB0186	Gills, Left	PALE	Absent	
5EB0186	Gills, Right	FRAY	Absent	
5EB0186	Gills, Right	MRGN	Absent	
5EB0186	Gills, Right	PALE	Absent	
5EB0186	Fins	ERS	Absent	
5EB0186	Fins	FRAY	Absent	
5EB0186	Fins	HMR	Absent	
5EB0186	Fins	EMB	Absent	
5EB0187	Gills, Left	FRAY	Absent	
5EB0187	Gills, Left	MRGN	Absent	
5EB0187	Gills, Left	PALE	Absent	
5EB0187	Gills, Right	FRAY	Absent	
5EB0187	Gills, Right	MRGN	Absent	
5EB0187	Gills, Right	PALE	Absent	
5EB0187	Fins	ERS	Absent	
5EB0187	Fins	FRAY	Absent	
5EB0187	Fins	HMR	Absent	
5EB0187	Fins	EMB	Absent	
5EB0188	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0188	Gills, Left	MRGN	Absent	
5EB0188	Gills, Left	PALE	Absent	
5EB0188	Gills, Right	FRAY	Absent	
5EB0188	Gills, Right	MRGN	Absent	
5EB0188	Gills, Right	PALE	Absent	
5EB0188	Fins	ERS	Absent	
5EB0188	Fins	FRAY	Absent	
5EB0188	Fins	HMR	Absent	
5EB0188	Fins	EMB	Absent	
5EB0189	Gills, Left	FRAY	Absent	
5EB0189	Gills, Left	MRGN	Absent	
5EB0189	Gills, Left	PALE	Absent	
5EB0189	Gills, Right	FRAY	Absent	
5EB0189	Gills, Right	MRGN	Absent	
5EB0189	Gills, Right	PALE	Absent	
5EB0189	Fins	ERS	Absent	
5EB0189	Fins	FRAY	Absent	
5EB0189	Fins	HMR	Absent	
5EB0189	Fins	EMB	Absent	
5EB0190	Gills, Left	FRAY	Absent	
5EB0190	Gills, Left	MRGN	Absent	
5EB0190	Gills, Left	PALE	Absent	
5EB0190	Gills, Right	FRAY	Absent	
5EB0190	Gills, Right	MRGN	Absent	
5EB0190	Gills, Right	PALE	Absent	
5EB0190	Fins	ERS	Absent	
5EB0190	Fins	FRAY	Absent	
5EB0190	Fins	HMR	Absent	
5EB0190	Fins	EMB	Absent	
5EB0191	Gills, Left	FRAY	Absent	
5EB0191	Gills, Left	MRGN	Absent	
5EB0191	Gills, Left	PALE	Absent	
5EB0191	Gills, Right	FRAY	Absent	
5EB0191	Gills, Right	MRGN	Absent	
5EB0191	Gills, Right	PALE	Absent	
5EB0191	Fins	ERS	Absent	
5EB0191	Fins	FRAY	Absent	
5EB0191	Fins	HMR	Absent	
5EB0191	Fins	EMB	Absent	
5EB0192	Gills, Left	FRAY	Absent	
5EB0192	Gills, Left	MRGN	Absent	
5EB0192	Gills, Left	PALE	Absent	
5EB0192	Gills, Right	FRAY	Absent	
5EB0192	Gills, Right	MRGN	Absent	
5EB0192	Gills, Right	PALE	Absent	
5EB0192	Fins	ERS	Absent	
5EB0192	Fins	FRAY	Absent	
5EB0192	Fins	HMR	Absent	
5EB0192	Fins	EMB	Absent	
5EB0193	Gills, Left	FRAY	Absent	
5EB0193	Gills, Left	MRGN	Absent	
5EB0193	Gills, Left	PALE	Absent	
5EB0193	Gills, Right	FRAY	Absent	
5EB0193	Gills, Right	MRGN	Absent	
5EB0193	Gills, Right	PALE	Absent	
5EB0193	Fins	ERS	Absent	
5EB0193	Fins	FRAY	Absent	
5EB0193	Fins	HMR	Absent	
5EB0193	Fins	EMB	Absent	
5EB0194	Gills, Left	FRAY	Absent	
5EB0194	Gills, Left	MRGN	Absent	
5EB0194	Gills, Left	PALE	Absent	
5EB0194	Gills, Right	FRAY	Absent	
5EB0194	Gills, Right	MRGN	Absent	
5EB0194	Gills, Right	PALE	Absent	
5EB0194	Fins	ERS	Absent	
5EB0194	Fins	FRAY	Absent	
5EB0194	Fins	HMR	Absent	
5EB0194	Fins	EMB	Absent	
5EB0195	Gills, Left	FRAY	Absent	
5EB0195	Gills, Left	MRGN	Absent	
5EB0195	Gills, Left	PALE	Absent	
5EB0195	Gills, Right	FRAY	Absent	
5EB0195	Gills, Right	MRGN	Absent	
5EB0195	Gills, Right	PALE	Absent	
5EB0195	Fins	ERS	Absent	
5EB0195	Fins	FRAY	Absent	
5EB0195	Fins	HMR	Absent	
5EB0195	Fins	EMB	Absent	
5EB0196	Gills, Left	FRAY	Absent	
5EB0196	Gills, Left	MRGN	Absent	
5EB0196	Gills, Left	PALE	Absent	
5EB0196	Gills, Right	FRAY	Absent	
5EB0196	Gills, Right	MRGN	Absent	
5EB0196	Gills, Right	PALE	Absent	
5EB0196	Fins	ERS	Absent	
5EB0196	Fins	FRAY	Absent	
5EB0196	Fins	HMR	Absent	
5EB0196	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EB0197	Gills, Left	FRAY	Absent	
5EB0197	Gills, Left	MRGN	Absent	
5EB0197	Gills, Left	PALE	Absent	
5EB0197	Gills, Right	FRAY	Absent	
5EB0197	Gills, Right	MRGN	Absent	
5EB0197	Gills, Right	PALE	Absent	
5EB0197	Fins	ERS	Absent	
5EB0197	Fins	FRAY	Absent	
5EB0197	Fins	HMR	Absent	
5EB0197	Fins	EMB	Absent	
5EB0198	Gills, Left	FRAY	Absent	
5EB0198	Gills, Left	MRGN	Absent	
5EB0198	Gills, Left	PALE	Absent	
5EB0198	Gills, Right	FRAY	Absent	
5EB0198	Gills, Right	MRGN	Absent	
5EB0198	Gills, Right	PALE	Absent	
5EB0198	Fins	ERS	Absent	
5EB0198	Fins	FRAY	Absent	
5EB0198	Fins	HMR	Absent	
5EB0198	Fins	EMB	Absent	
5ED0001H	Gills, Left	FRAY	Absent	
5ED0001H	Gills, Left	MRGN	Absent	
5ED0001H	Gills, Left	PALE	Absent	
5ED0001H	Gills, Right	FRAY	Absent	
5ED0001H	Gills, Right	MRGN	Absent	
5ED0001H	Gills, Right	PALE	Absent	
5ED0001H	Fins	ERS	Absent	
5ED0001H	Fins	FRAY	Absent	
5ED0001H	Fins	HMR	Absent	
5ED0001H	Fins	EMB	Absent	
5ED0002W	Gills, Left	FRAY	Absent	
5ED0002W	Gills, Left	MRGN	Absent	
5ED0002W	Gills, Left	PALE	Absent	
5ED0002W	Gills, Right	FRAY	Absent	
5ED0002W	Gills, Right	MRGN	Absent	
5ED0002W	Gills, Right	PALE	Absent	
5ED0002W	Fins	ERS	Absent	
5ED0002W	Fins	FRAY	Present	
5ED0002W	Fins	HMR	Absent	
5ED0002W	Fins	EMB	Absent	
5ED0003H	Gills, Left	FRAY	Absent	
5ED0003H	Gills, Left	MRGN	Absent	
5ED0003H	Gills, Left	PALE	Absent	
5ED0003H	Gills, Right	FRAY	Absent	
5ED0003H	Gills, Right	MRGN	Absent	
5ED0003H	Gills, Right	PALE	Absent	
5ED0003H	Fins	ERS	Absent	
5ED0003H	Fins	FRAY	Absent	
5ED0003H	Fins	HMR	Absent	
5ED0003H	Fins	EMB	Absent	
5ED0003H	Fins	OTHER	Present	Dorsal fin damaged, caudal rays missing, scarring on right pectoral f
5ED0004H	Gills, Left	FRAY	Absent	
5ED0004H	Gills, Left	MRGN	Absent	
5ED0004H	Gills, Left	PALE	Absent	
5ED0004H	Gills, Left	OTHER	Present	Parasite
5ED0004H	Gills, Right	FRAY	Absent	
5ED0004H	Gills, Right	MRGN	Absent	
5ED0004H	Gills, Right	PALE	Absent	
5ED0004H	Fins	ERS	Absent	
5ED0004H	Fins	FRAY	Absent	
5ED0004H	Fins	HMR	Absent	
5ED0004H	Fins	EMB	Absent	
5ED0005H	Gills, Left	FRAY	Absent	
5ED0005H	Gills, Left	MRGN	Absent	
5ED0005H	Gills, Left	PALE	Absent	
5ED0005H	Gills, Right	FRAY	Absent	
5ED0005H	Gills, Right	MRGN	Absent	
5ED0005H	Gills, Right	PALE	Absent	
5ED0005H	Gills, Right	OTHER	Present	Parasite
5ED0005H	Fins	ERS	Absent	
5ED0005H	Fins	FRAY	Absent	
5ED0005H	Fins	HMR	Absent	
5ED0005H	Fins	EMB	Absent	
5ED0007W	Gills, Left	FRAY	Absent	
5ED0007W	Gills, Left	MRGN	Absent	
5ED0007W	Gills, Left	PALE	Absent	
5ED0007W	Gills, Right	FRAY	Absent	
5ED0007W	Gills, Right	MRGN	Absent	
5ED0007W	Gills, Right	PALE	Absent	
5ED0007W	Fins	ERS	Absent	
5ED0007W	Fins	FRAY	Absent	
5ED0007W	Fins	HMR	Absent	
5ED0007W	Fins	EMB	Absent	
5ED0008H	Gills, Left	FRAY	Absent	
5ED0008H	Gills, Left	MRGN	Absent	
5ED0008H	Gills, Left	PALE	Absent	
5ED0008H	Gills, Right	FRAY	Absent	
5ED0008H	Gills, Right	MRGN	Absent	
5ED0008H	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0008H	Gills, Right	OTHER	Present	Parasite
5ED0008H	Fins	ERS	Absent	
5ED0008H	Fins	FRAY	Absent	
5ED0008H	Fins	HMR	Absent	
5ED0008H	Fins	EMB	Absent	
5ED0009H	Gills, Left	FRAY	Absent	
5ED0009H	Gills, Left	MRGN	Absent	
5ED0009H	Gills, Left	PALE	Absent	
5ED0009H	Gills, Right	FRAY	Absent	
5ED0009H	Gills, Right	MRGN	Absent	
5ED0009H	Gills, Right	PALE	Absent	
5ED0009H	Gills, Right	OTHER	Present	Parasite
5ED0009H	Fins	ERS	Absent	
5ED0009H	Fins	FRAY	Absent	
5ED0009H	Fins	HMR	Absent	
5ED0009H	Fins	EMB	Absent	
5ED0010H	Gills, Left	FRAY	Absent	
5ED0010H	Gills, Left	MRGN	Absent	
5ED0010H	Gills, Left	PALE	Absent	
5ED0010H	Gills, Right	FRAY	Absent	
5ED0010H	Gills, Right	MRGN	Absent	
5ED0010H	Gills, Right	PALE	Absent	
5ED0010H	Fins	ERS	Absent	
5ED0010H	Fins	FRAY	Absent	
5ED0010H	Fins	HMR	Absent	
5ED0010H	Fins	EMB	Absent	
5ED0011H	Gills, Left	FRAY	Absent	
5ED0011H	Gills, Left	MRGN	Absent	
5ED0011H	Gills, Left	PALE	Absent	
5ED0011H	Gills, Right	FRAY	Absent	
5ED0011H	Gills, Right	MRGN	Absent	
5ED0011H	Gills, Right	PALE	Absent	
5ED0011H	Fins	ERS	Absent	
5ED0011H	Fins	FRAY	Absent	
5ED0011H	Fins	HMR	Absent	
5ED0011H	Fins	EMB	Absent	
5ED0011H	Fins	OTHER	Present	Adipose fin missing
5ED0012H	Gills, Left	FRAY	Absent	
5ED0012H	Gills, Left	MRGN	Absent	
5ED0012H	Gills, Left	PALE	Absent	
5ED0012H	Gills, Right	FRAY	Absent	
5ED0012H	Gills, Right	MRGN	Absent	
5ED0012H	Gills, Right	PALE	Absent	
5ED0012H	Fins	ERS	Absent	
5ED0012H	Fins	FRAY	Absent	
5ED0012H	Fins	HMR	Absent	
5ED0012H	Fins	EMB	Absent	
5ED0013H	Gills, Left	FRAY	Absent	
5ED0013H	Gills, Left	MRGN	Absent	
5ED0013H	Gills, Left	PALE	Absent	
5ED0013H	Gills, Right	FRAY	Absent	
5ED0013H	Gills, Right	MRGN	Absent	
5ED0013H	Gills, Right	PALE	Absent	
5ED0013H	Fins	ERS	Absent	
5ED0013H	Fins	FRAY	Absent	
5ED0013H	Fins	HMR	Absent	
5ED0013H	Fins	EMB	Absent	
5ED0013H	Fins	OTHER	Present	Damage to dorsal fin, scarred caudal fin
5ED0014	Gills, Left	FRAY	Absent	
5ED0014	Gills, Left	MRGN	Absent	
5ED0014	Gills, Left	PALE	Absent	
5ED0014	Gills, Right	FRAY	Absent	
5ED0014	Gills, Right	MRGN	Absent	
5ED0014	Gills, Right	PALE	Absent	
5ED0014	Fins	ERS	Absent	
5ED0014	Fins	FRAY	Absent	
5ED0014	Fins	HMR	Absent	
5ED0014	Fins	EMB	Absent	
5ED0015	Gills, Left	FRAY	Absent	
5ED0015	Gills, Left	MRGN	Absent	
5ED0015	Gills, Left	PALE	Absent	
5ED0015	Gills, Right	FRAY	Absent	
5ED0015	Gills, Right	MRGN	Absent	
5ED0015	Gills, Right	PALE	Absent	
5ED0015	Fins	ERS	Absent	
5ED0015	Fins	FRAY	Absent	
5ED0015	Fins	HMR	Absent	
5ED0015	Fins	EMB	Absent	
5ED0016	Gills, Left	FRAY	Absent	
5ED0016	Gills, Left	MRGN	Absent	
5ED0016	Gills, Left	PALE	Absent	
5ED0016	Gills, Right	FRAY	Absent	
5ED0016	Gills, Right	MRGN	Absent	
5ED0016	Gills, Right	PALE	Absent	
5ED0016	Fins	ERS	Absent	
5ED0016	Fins	FRAY	Absent	
5ED0016	Fins	HMR	Absent	
5ED0016	Fins	EMB	Absent	
5ED0017	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0017	Gills, Left	MRGN	Absent	
5ED0017	Gills, Left	PALE	Absent	
5ED0017	Gills, Right	FRAY	Absent	
5ED0017	Gills, Right	MRGN	Absent	
5ED0017	Gills, Right	PALE	Absent	
5ED0017	Fins	ERS	Absent	
5ED0017	Fins	FRAY	Absent	
5ED0017	Fins	HMR	Absent	
5ED0017	Fins	EMB	Absent	
5ED0018	Gills, Left	FRAY	Absent	
5ED0018	Gills, Left	MRGN	Absent	
5ED0018	Gills, Left	PALE	Absent	
5ED0018	Gills, Right	FRAY	Absent	
5ED0018	Gills, Right	MRGN	Absent	
5ED0018	Gills, Right	PALE	Absent	
5ED0018	Fins	ERS	Absent	
5ED0018	Fins	FRAY	Absent	
5ED0018	Fins	HMR	Absent	
5ED0018	Fins	EMB	Absent	
5ED0019	Gills, Left	FRAY	Absent	
5ED0019	Gills, Left	MRGN	Absent	
5ED0019	Gills, Left	PALE	Absent	
5ED0019	Gills, Right	FRAY	Absent	
5ED0019	Gills, Right	MRGN	Absent	
5ED0019	Gills, Right	PALE	Absent	
5ED0019	Fins	ERS	Absent	
5ED0019	Fins	FRAY	Absent	
5ED0019	Fins	HMR	Absent	
5ED0019	Fins	EMB	Absent	
5ED0020	Gills, Left	FRAY	Absent	
5ED0020	Gills, Left	MRGN	Absent	
5ED0020	Gills, Left	PALE	Absent	
5ED0020	Gills, Right	FRAY	Absent	
5ED0020	Gills, Right	MRGN	Absent	
5ED0020	Gills, Right	PALE	Absent	
5ED0020	Fins	ERS	Absent	
5ED0020	Fins	FRAY	Absent	
5ED0020	Fins	HMR	Absent	
5ED0020	Fins	EMB	Absent	
5ED0021	Gills, Left	FRAY	Absent	
5ED0021	Gills, Left	MRGN	Absent	
5ED0021	Gills, Left	PALE	Absent	
5ED0021	Gills, Right	FRAY	Absent	
5ED0021	Gills, Right	MRGN	Absent	
5ED0021	Gills, Right	PALE	Absent	
5ED0021	Fins	ERS	Absent	
5ED0021	Fins	FRAY	Absent	
5ED0021	Fins	HMR	Absent	
5ED0021	Fins	EMB	Absent	
5ED0022	Gills, Left	FRAY	Absent	
5ED0022	Gills, Left	MRGN	Absent	
5ED0022	Gills, Left	PALE	Absent	
5ED0022	Gills, Right	FRAY	Absent	
5ED0022	Gills, Right	MRGN	Absent	
5ED0022	Gills, Right	PALE	Absent	
5ED0022	Fins	ERS	Absent	
5ED0022	Fins	FRAY	Absent	
5ED0022	Fins	HMR	Absent	
5ED0022	Fins	EMB	Absent	
5ED0023	Gills, Left	FRAY	Absent	
5ED0023	Gills, Left	MRGN	Absent	
5ED0023	Gills, Left	PALE	Absent	
5ED0023	Gills, Right	FRAY	Absent	
5ED0023	Gills, Right	MRGN	Absent	
5ED0023	Gills, Right	PALE	Absent	
5ED0023	Fins	ERS	Absent	
5ED0023	Fins	FRAY	Absent	
5ED0023	Fins	HMR	Absent	
5ED0023	Fins	EMB	Absent	
5ED0024	Gills, Left	FRAY	Absent	
5ED0024	Gills, Left	MRGN	Absent	
5ED0024	Gills, Left	PALE	Absent	
5ED0024	Gills, Right	FRAY	Absent	
5ED0024	Gills, Right	MRGN	Absent	
5ED0024	Gills, Right	PALE	Absent	
5ED0024	Fins	ERS	Absent	
5ED0024	Fins	FRAY	Absent	
5ED0024	Fins	HMR	Absent	
5ED0024	Fins	EMB	Absent	
5ED0025	Gills, Left	FRAY	Absent	
5ED0025	Gills, Left	MRGN	Absent	
5ED0025	Gills, Left	PALE	Absent	
5ED0025	Gills, Right	FRAY	Absent	
5ED0025	Gills, Right	MRGN	Absent	
5ED0025	Gills, Right	PALE	Absent	
5ED0025	Fins	ERS	Absent	
5ED0025	Fins	FRAY	Absent	
5ED0025	Fins	HMR	Absent	
5ED0025	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0026	Gills, Left	FRAY	Absent	
5ED0026	Gills, Left	MRGN	Absent	
5ED0026	Gills, Left	PALE	Absent	
5ED0026	Gills, Right	FRAY	Absent	
5ED0026	Gills, Right	MRGN	Absent	
5ED0026	Gills, Right	PALE	Absent	
5ED0026	Fins	ERS	Absent	
5ED0026	Fins	FRAY	Absent	
5ED0026	Fins	HMR	Absent	
5ED0026	Fins	EMB	Absent	
5ED0027	Gills, Left	FRAY	Absent	
5ED0027	Gills, Left	MRGN	Absent	
5ED0027	Gills, Left	PALE	Absent	
5ED0027	Gills, Right	FRAY	Absent	
5ED0027	Gills, Right	MRGN	Absent	
5ED0027	Gills, Right	PALE	Absent	
5ED0027	Fins	ERS	Absent	
5ED0027	Fins	FRAY	Absent	
5ED0027	Fins	HMR	Absent	
5ED0027	Fins	EMB	Absent	
5ED0028	Gills, Left	FRAY	Absent	
5ED0028	Gills, Left	MRGN	Absent	
5ED0028	Gills, Left	PALE	Absent	
5ED0028	Gills, Right	FRAY	Absent	
5ED0028	Gills, Right	MRGN	Absent	
5ED0028	Gills, Right	PALE	Absent	
5ED0028	Fins	ERS	Absent	
5ED0028	Fins	FRAY	Absent	
5ED0028	Fins	HMR	Absent	
5ED0028	Fins	EMB	Absent	
5ED0029	Gills, Left	FRAY	Absent	
5ED0029	Gills, Left	MRGN	Absent	
5ED0029	Gills, Left	PALE	Absent	
5ED0029	Gills, Right	FRAY	Absent	
5ED0029	Gills, Right	MRGN	Absent	
5ED0029	Gills, Right	PALE	Absent	
5ED0029	Fins	ERS	Absent	
5ED0029	Fins	FRAY	Absent	
5ED0029	Fins	HMR	Absent	
5ED0029	Fins	EMB	Absent	
5ED0030	Gills, Left	FRAY	Absent	
5ED0030	Gills, Left	MRGN	Absent	
5ED0030	Gills, Left	PALE	Absent	
5ED0030	Gills, Right	FRAY	Absent	
5ED0030	Gills, Right	MRGN	Absent	
5ED0030	Gills, Right	PALE	Absent	
5ED0030	Fins	ERS	Absent	
5ED0030	Fins	FRAY	Absent	
5ED0030	Fins	HMR	Absent	
5ED0030	Fins	EMB	Absent	
5ED0031	Gills, Left	FRAY	Absent	
5ED0031	Gills, Left	MRGN	Absent	
5ED0031	Gills, Left	PALE	Absent	
5ED0031	Gills, Right	FRAY	Absent	
5ED0031	Gills, Right	MRGN	Absent	
5ED0031	Gills, Right	PALE	Absent	
5ED0031	Fins	ERS	Absent	
5ED0031	Fins	FRAY	Absent	
5ED0031	Fins	HMR	Absent	
5ED0031	Fins	EMB	Absent	
5ED0032	Gills, Left	FRAY	Absent	
5ED0032	Gills, Left	MRGN	Absent	
5ED0032	Gills, Left	PALE	Absent	
5ED0032	Gills, Right	FRAY	Absent	
5ED0032	Gills, Right	MRGN	Absent	
5ED0032	Gills, Right	PALE	Absent	
5ED0032	Fins	ERS	Absent	
5ED0032	Fins	FRAY	Absent	
5ED0032	Fins	HMR	Absent	
5ED0032	Fins	EMB	Absent	
5ED0033	Gills, Left	FRAY	Absent	
5ED0033	Gills, Left	MRGN	Absent	
5ED0033	Gills, Left	PALE	Absent	
5ED0033	Gills, Right	FRAY	Absent	
5ED0033	Gills, Right	MRGN	Absent	
5ED0033	Gills, Right	PALE	Absent	
5ED0033	Fins	ERS	Absent	
5ED0033	Fins	FRAY	Absent	
5ED0033	Fins	HMR	Absent	
5ED0033	Fins	EMB	Absent	
5ED0034	Gills, Left	FRAY	Absent	
5ED0034	Gills, Left	MRGN	Absent	
5ED0034	Gills, Left	PALE	Absent	
5ED0034	Gills, Right	FRAY	Absent	
5ED0034	Gills, Right	MRGN	Absent	
5ED0034	Gills, Right	PALE	Absent	
5ED0034	Fins	ERS	Absent	
5ED0034	Fins	FRAY	Absent	
5ED0034	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0034	Fins	EMB	Absent	
5ED0035	Gills, Left	FRAY	Absent	
5ED0035	Gills, Left	MRGN	Absent	
5ED0035	Gills, Left	PALE	Absent	
5ED0035	Gills, Right	FRAY	Absent	
5ED0035	Gills, Right	MRGN	Absent	
5ED0035	Gills, Right	PALE	Absent	
5ED0035	Fins	ERS	Absent	
5ED0035	Fins	FRAY	Absent	
5ED0035	Fins	HMR	Absent	
5ED0035	Fins	EMB	Absent	
5ED0036	Gills, Left	FRAY	Absent	
5ED0036	Gills, Left	MRGN	Absent	
5ED0036	Gills, Left	PALE	Absent	
5ED0036	Gills, Right	FRAY	Absent	
5ED0036	Gills, Right	MRGN	Absent	
5ED0036	Gills, Right	PALE	Absent	
5ED0036	Fins	ERS	Absent	
5ED0036	Fins	FRAY	Absent	
5ED0036	Fins	HMR	Absent	
5ED0036	Fins	EMB	Absent	
5ED0100H	Gills, Left	FRAY	Absent	
5ED0100H	Gills, Left	MRGN	Absent	
5ED0100H	Gills, Left	PALE	Absent	
5ED0100H	Gills, Right	FRAY	Absent	
5ED0100H	Gills, Right	MRGN	Absent	
5ED0100H	Gills, Right	PALE	Absent	
5ED0100H	Fins	ERS	Absent	
5ED0100H	Fins	FRAY	Absent	
5ED0100H	Fins	HMR	Absent	
5ED0100H	Fins	EMB	Absent	
5ED0101H	Gills, Left	FRAY	Absent	
5ED0101H	Gills, Left	MRGN	Absent	
5ED0101H	Gills, Left	PALE	Absent	
5ED0101H	Gills, Right	FRAY	Absent	
5ED0101H	Gills, Right	MRGN	Absent	
5ED0101H	Gills, Right	PALE	Absent	
5ED0101H	Fins	ERS	Absent	
5ED0101H	Fins	FRAY	Absent	
5ED0101H	Fins	HMR	Absent	
5ED0101H	Fins	EMB	Absent	
5ED0102H	Gills, Left	FRAY	Absent	
5ED0102H	Gills, Left	MRGN	Absent	
5ED0102H	Gills, Left	PALE	Absent	
5ED0102H	Gills, Right	FRAY	Absent	
5ED0102H	Gills, Right	MRGN	Absent	
5ED0102H	Gills, Right	PALE	Absent	
5ED0102H	Fins	ERS	Absent	
5ED0102H	Fins	FRAY	Absent	
5ED0102H	Fins	HMR	Absent	
5ED0102H	Fins	EMB	Absent	
5ED0103H	Gills, Left	FRAY	Absent	
5ED0103H	Gills, Left	MRGN	Absent	
5ED0103H	Gills, Left	PALE	Absent	
5ED0103H	Gills, Right	FRAY	Absent	
5ED0103H	Gills, Right	MRGN	Absent	
5ED0103H	Gills, Right	PALE	Absent	
5ED0103H	Fins	ERS	Absent	
5ED0103H	Fins	FRAY	Absent	
5ED0103H	Fins	HMR	Absent	
5ED0103H	Fins	EMB	Absent	
5ED0104H	Gills, Left	FRAY	Absent	
5ED0104H	Gills, Left	MRGN	Absent	
5ED0104H	Gills, Left	PALE	Absent	
5ED0104H	Gills, Right	FRAY	Absent	
5ED0104H	Gills, Right	MRGN	Absent	
5ED0104H	Gills, Right	PALE	Absent	
5ED0104H	Fins	ERS	Absent	
5ED0104H	Fins	FRAY	Absent	
5ED0104H	Fins	HMR	Absent	
5ED0104H	Fins	EMB	Absent	
5ED0105H	Gills, Left	FRAY	Absent	
5ED0105H	Gills, Left	MRGN	Absent	
5ED0105H	Gills, Left	PALE	Absent	
5ED0105H	Gills, Right	FRAY	Absent	
5ED0105H	Gills, Right	MRGN	Absent	
5ED0105H	Gills, Right	PALE	Absent	
5ED0105H	Fins	ERS	Absent	
5ED0105H	Fins	FRAY	Absent	
5ED0105H	Fins	HMR	Absent	
5ED0105H	Fins	EMB	Absent	
5ED0106H	Gills, Left	FRAY	Absent	
5ED0106H	Gills, Left	MRGN	Absent	
5ED0106H	Gills, Left	PALE	Absent	
5ED0106H	Gills, Right	FRAY	Absent	
5ED0106H	Gills, Right	MRGN	Absent	
5ED0106H	Gills, Right	PALE	Absent	
5ED0106H	Fins	ERS	Absent	
5ED0106H	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0106H	Fins	HMR	Absent	
5ED0106H	Fins	EMB	Absent	
5ED0107H	Gills, Left	FRAY	Absent	
5ED0107H	Gills, Left	MRGN	Absent	
5ED0107H	Gills, Left	PALE	Absent	
5ED0107H	Gills, Right	FRAY	Absent	
5ED0107H	Gills, Right	MRGN	Absent	
5ED0107H	Gills, Right	PALE	Absent	
5ED0107H	Fins	ERS	Absent	
5ED0107H	Fins	FRAY	Absent	
5ED0107H	Fins	HMR	Absent	
5ED0107H	Fins	EMB	Absent	
5ED0108H	Gills, Left	FRAY	Absent	
5ED0108H	Gills, Left	MRGN	Absent	
5ED0108H	Gills, Left	PALE	Absent	
5ED0108H	Gills, Right	FRAY	Absent	
5ED0108H	Gills, Right	MRGN	Absent	
5ED0108H	Gills, Right	PALE	Absent	
5ED0108H	Fins	ERS	Absent	
5ED0108H	Fins	FRAY	Absent	
5ED0108H	Fins	HMR	Absent	
5ED0108H	Fins	EMB	Absent	
5ED0109H	Gills, Left	FRAY	Absent	
5ED0109H	Gills, Left	MRGN	Absent	
5ED0109H	Gills, Left	PALE	Absent	
5ED0109H	Gills, Right	FRAY	Absent	
5ED0109H	Gills, Right	MRGN	Absent	
5ED0109H	Gills, Right	PALE	Absent	
5ED0109H	Fins	ERS	Absent	
5ED0109H	Fins	FRAY	Absent	
5ED0109H	Fins	HMR	Absent	
5ED0109H	Fins	EMB	Absent	
5ED0110H	Gills, Left	FRAY	Absent	
5ED0110H	Gills, Left	MRGN	Absent	
5ED0110H	Gills, Left	PALE	Absent	
5ED0110H	Gills, Right	FRAY	Absent	
5ED0110H	Gills, Right	MRGN	Absent	
5ED0110H	Gills, Right	PALE	Absent	
5ED0110H	Fins	ERS	Absent	
5ED0110H	Fins	FRAY	Absent	
5ED0110H	Fins	HMR	Absent	
5ED0110H	Fins	EMB	Absent	
5ED0111H	Gills, Left	FRAY	Absent	
5ED0111H	Gills, Left	MRGN	Absent	
5ED0111H	Gills, Left	PALE	Absent	
5ED0111H	Gills, Right	FRAY	Absent	
5ED0111H	Gills, Right	MRGN	Absent	
5ED0111H	Gills, Right	PALE	Absent	
5ED0111H	Fins	ERS	Absent	
5ED0111H	Fins	FRAY	Absent	
5ED0111H	Fins	HMR	Absent	
5ED0111H	Fins	EMB	Absent	
5ED0119	Gills, Left	FRAY	Absent	
5ED0119	Gills, Left	MRGN	Absent	
5ED0119	Gills, Left	PALE	Absent	
5ED0119	Gills, Right	FRAY	Absent	
5ED0119	Gills, Right	MRGN	Absent	
5ED0119	Gills, Right	PALE	Absent	
5ED0119	Fins	ERS	Absent	
5ED0119	Fins	FRAY	Absent	
5ED0119	Fins	HMR	Absent	
5ED0119	Fins	EMB	Absent	
5ED0120	Gills, Left	FRAY	Absent	
5ED0120	Gills, Left	MRGN	Absent	
5ED0120	Gills, Left	PALE	Absent	
5ED0120	Gills, Right	FRAY	Absent	
5ED0120	Gills, Right	MRGN	Absent	
5ED0120	Gills, Right	PALE	Absent	
5ED0120	Fins	ERS	Absent	
5ED0120	Fins	FRAY	Absent	
5ED0120	Fins	HMR	Absent	
5ED0120	Fins	EMB	Absent	
5ED0121	Gills, Left	FRAY	Absent	
5ED0121	Gills, Left	MRGN	Absent	
5ED0121	Gills, Left	PALE	Absent	
5ED0121	Gills, Right	FRAY	Absent	
5ED0121	Gills, Right	MRGN	Absent	
5ED0121	Gills, Right	PALE	Absent	
5ED0121	Fins	ERS	Absent	
5ED0121	Fins	FRAY	Absent	
5ED0121	Fins	HMR	Absent	
5ED0121	Fins	EMB	Absent	
5ED0122	Gills, Left	FRAY	Absent	
5ED0122	Gills, Left	MRGN	Absent	
5ED0122	Gills, Left	PALE	Absent	
5ED0122	Gills, Right	FRAY	Absent	
5ED0122	Gills, Right	MRGN	Absent	
5ED0122	Gills, Right	PALE	Absent	
5ED0122	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0122	Fins	FRAY	Absent	
5ED0122	Fins	HMR	Absent	
5ED0122	Fins	EMB	Absent	
5ED0123	Gills, Left	FRAY	Absent	
5ED0123	Gills, Left	MRGN	Absent	
5ED0123	Gills, Left	PALE	Absent	
5ED0123	Gills, Right	FRAY	Absent	
5ED0123	Gills, Right	MRGN	Absent	
5ED0123	Gills, Right	PALE	Absent	
5ED0123	Fins	ERS	Absent	
5ED0123	Fins	FRAY	Absent	
5ED0123	Fins	HMR	Absent	
5ED0123	Fins	EMB	Absent	
5ED0124	Gills, Left	FRAY	Absent	
5ED0124	Gills, Left	MRGN	Absent	
5ED0124	Gills, Left	PALE	Absent	
5ED0124	Gills, Right	FRAY	Absent	
5ED0124	Gills, Right	MRGN	Absent	
5ED0124	Gills, Right	PALE	Absent	
5ED0124	Fins	ERS	Absent	
5ED0124	Fins	FRAY	Absent	
5ED0124	Fins	HMR	Absent	
5ED0124	Fins	EMB	Absent	
5ED0125	Gills, Left	FRAY	Absent	
5ED0125	Gills, Left	MRGN	Absent	
5ED0125	Gills, Left	PALE	Absent	
5ED0125	Gills, Right	FRAY	Absent	
5ED0125	Gills, Right	MRGN	Absent	
5ED0125	Gills, Right	PALE	Absent	
5ED0125	Fins	ERS	Absent	
5ED0125	Fins	FRAY	Absent	
5ED0125	Fins	HMR	Absent	
5ED0125	Fins	EMB	Absent	
5ED0126	Gills, Left	FRAY	Absent	
5ED0126	Gills, Left	MRGN	Absent	
5ED0126	Gills, Left	PALE	Absent	
5ED0126	Gills, Right	FRAY	Absent	
5ED0126	Gills, Right	MRGN	Absent	
5ED0126	Gills, Right	PALE	Absent	
5ED0126	Fins	ERS	Absent	
5ED0126	Fins	FRAY	Absent	
5ED0126	Fins	HMR	Absent	
5ED0126	Fins	EMB	Absent	
5ED0127	Gills, Left	FRAY	Absent	
5ED0127	Gills, Left	MRGN	Absent	
5ED0127	Gills, Left	PALE	Absent	
5ED0127	Gills, Right	FRAY	Absent	
5ED0127	Gills, Right	MRGN	Absent	
5ED0127	Gills, Right	PALE	Absent	
5ED0127	Fins	ERS	Absent	
5ED0127	Fins	FRAY	Absent	
5ED0127	Fins	HMR	Absent	
5ED0127	Fins	EMB	Absent	
5ED0128	Gills, Left	FRAY	Absent	
5ED0128	Gills, Left	MRGN	Absent	
5ED0128	Gills, Left	PALE	Absent	
5ED0128	Gills, Right	FRAY	Absent	
5ED0128	Gills, Right	MRGN	Absent	
5ED0128	Gills, Right	PALE	Absent	
5ED0128	Fins	ERS	Absent	
5ED0128	Fins	FRAY	Absent	
5ED0128	Fins	HMR	Absent	
5ED0128	Fins	EMB	Absent	
5ED0129	Gills, Left	FRAY	Absent	
5ED0129	Gills, Left	MRGN	Absent	
5ED0129	Gills, Left	PALE	Absent	
5ED0129	Gills, Right	FRAY	Absent	
5ED0129	Gills, Right	MRGN	Absent	
5ED0129	Gills, Right	PALE	Absent	
5ED0129	Fins	ERS	Absent	
5ED0129	Fins	FRAY	Absent	
5ED0129	Fins	HMR	Absent	
5ED0129	Fins	EMB	Absent	
5ED0130	Gills, Left	FRAY	Absent	
5ED0130	Gills, Left	MRGN	Absent	
5ED0130	Gills, Left	PALE	Absent	
5ED0130	Gills, Right	FRAY	Absent	
5ED0130	Gills, Right	MRGN	Absent	
5ED0130	Gills, Right	PALE	Absent	
5ED0130	Fins	ERS	Absent	
5ED0130	Fins	FRAY	Absent	
5ED0130	Fins	HMR	Absent	
5ED0130	Fins	EMB	Absent	
5ED0131	Gills, Left	FRAY	Absent	
5ED0131	Gills, Left	MRGN	Absent	
5ED0131	Gills, Left	PALE	Absent	
5ED0131	Gills, Right	FRAY	Absent	
5ED0131	Gills, Right	MRGN	Absent	
5ED0131	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0131	Fins	ERS	Absent	
5ED0131	Fins	FRAY	Absent	
5ED0131	Fins	HMR	Absent	
5ED0131	Fins	EMB	Absent	
5ED0132	Gills, Left	FRAY	Absent	
5ED0132	Gills, Left	MRGN	Absent	
5ED0132	Gills, Left	PALE	Absent	
5ED0132	Gills, Right	FRAY	Absent	
5ED0132	Gills, Right	MRGN	Absent	
5ED0132	Gills, Right	PALE	Absent	
5ED0132	Fins	ERS	Absent	
5ED0132	Fins	FRAY	Absent	
5ED0132	Fins	HMR	Absent	
5ED0132	Fins	EMB	Absent	
5ED0134	Gills, Left	FRAY	Absent	
5ED0134	Gills, Left	MRGN	Absent	
5ED0134	Gills, Left	PALE	Absent	
5ED0134	Gills, Right	FRAY	Absent	
5ED0134	Gills, Right	MRGN	Absent	
5ED0134	Gills, Right	PALE	Absent	
5ED0134	Fins	ERS	Absent	
5ED0134	Fins	FRAY	Absent	
5ED0134	Fins	HMR	Absent	
5ED0134	Fins	EMB	Absent	
5ED0135	Gills, Left	FRAY	Absent	
5ED0135	Gills, Left	MRGN	Absent	
5ED0135	Gills, Left	PALE	Absent	
5ED0135	Gills, Right	FRAY	Absent	
5ED0135	Gills, Right	MRGN	Absent	
5ED0135	Gills, Right	PALE	Absent	
5ED0135	Fins	ERS	Absent	
5ED0135	Fins	FRAY	Absent	
5ED0135	Fins	HMR	Absent	
5ED0135	Fins	EMB	Absent	
5ED0139	Gills, Left	FRAY	Absent	
5ED0139	Gills, Left	MRGN	Absent	
5ED0139	Gills, Left	PALE	Absent	
5ED0139	Gills, Right	FRAY	Absent	
5ED0139	Gills, Right	MRGN	Absent	
5ED0139	Gills, Right	PALE	Absent	
5ED0139	Fins	ERS	Absent	
5ED0139	Fins	FRAY	Absent	
5ED0139	Fins	HMR	Absent	
5ED0139	Fins	EMB	Absent	
5ED0141H	Gills, Left	FRAY	Absent	
5ED0141H	Gills, Left	MRGN	Absent	
5ED0141H	Gills, Left	PALE	Absent	
5ED0141H	Gills, Right	FRAY	Absent	
5ED0141H	Gills, Right	MRGN	Absent	
5ED0141H	Gills, Right	PALE	Absent	
5ED0141H	Fins	ERS	Absent	
5ED0141H	Fins	FRAY	Absent	
5ED0141H	Fins	HMR	Absent	
5ED0141H	Fins	EMB	Absent	
5ED0142H	Gills, Left	FRAY	Absent	
5ED0142H	Gills, Left	MRGN	Absent	
5ED0142H	Gills, Left	PALE	Absent	
5ED0142H	Gills, Right	FRAY	Absent	
5ED0142H	Gills, Right	MRGN	Absent	
5ED0142H	Gills, Right	PALE	Absent	
5ED0142H	Fins	ERS	Absent	
5ED0142H	Fins	FRAY	Absent	
5ED0142H	Fins	HMR	Absent	
5ED0142H	Fins	EMB	Absent	
5ED0144	Gills, Left	FRAY	Absent	
5ED0144	Gills, Left	MRGN	Absent	
5ED0144	Gills, Left	PALE	Absent	
5ED0144	Gills, Right	FRAY	Absent	
5ED0144	Gills, Right	MRGN	Absent	
5ED0144	Gills, Right	PALE	Absent	
5ED0144	Fins	ERS	Absent	
5ED0144	Fins	FRAY	Absent	
5ED0144	Fins	HMR	Absent	
5ED0144	Fins	EMB	Absent	
5ED0147	Gills, Left	FRAY	Absent	
5ED0147	Gills, Left	MRGN	Absent	
5ED0147	Gills, Left	PALE	Absent	
5ED0147	Gills, Right	FRAY	Absent	
5ED0147	Gills, Right	MRGN	Absent	
5ED0147	Gills, Right	PALE	Absent	
5ED0147	Fins	ERS	Absent	
5ED0147	Fins	FRAY	Absent	
5ED0147	Fins	HMR	Absent	
5ED0147	Fins	EMB	Absent	
5ED0150	Gills, Left	FRAY	Absent	
5ED0150	Gills, Left	MRGN	Absent	
5ED0150	Gills, Left	PALE	Absent	
5ED0150	Gills, Right	FRAY	Absent	
5ED0150	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0150	Gills, Right	PALE	Absent	
5ED0150	Fins	ERS	Absent	
5ED0150	Fins	FRAY	Absent	
5ED0150	Fins	HMR	Absent	
5ED0150	Fins	EMB	Absent	
5ED0151	Gills, Left	FRAY	Absent	
5ED0151	Gills, Left	MRGN	Absent	
5ED0151	Gills, Left	PALE	Absent	
5ED0151	Gills, Right	FRAY	Absent	
5ED0151	Gills, Right	MRGN	Absent	
5ED0151	Gills, Right	PALE	Absent	
5ED0151	Fins	ERS	Absent	
5ED0151	Fins	FRAY	Absent	
5ED0151	Fins	HMR	Absent	
5ED0151	Fins	EMB	Absent	
5ED0153	Gills, Left	FRAY	Absent	
5ED0153	Gills, Left	MRGN	Absent	
5ED0153	Gills, Left	PALE	Absent	
5ED0153	Gills, Right	FRAY	Absent	
5ED0153	Gills, Right	MRGN	Absent	
5ED0153	Gills, Right	PALE	Absent	
5ED0153	Fins	ERS	Absent	
5ED0153	Fins	FRAY	Absent	
5ED0153	Fins	HMR	Absent	
5ED0153	Fins	EMB	Absent	
5ED0159	Gills, Left	FRAY	Absent	
5ED0159	Gills, Left	MRGN	Absent	
5ED0159	Gills, Left	PALE	Absent	
5ED0159	Gills, Right	FRAY	Absent	
5ED0159	Gills, Right	MRGN	Absent	
5ED0159	Gills, Right	PALE	Absent	
5ED0159	Fins	ERS	Absent	
5ED0159	Fins	FRAY	Absent	
5ED0159	Fins	HMR	Absent	
5ED0159	Fins	EMB	Absent	
5ED0163	Gills, Left	FRAY	Absent	
5ED0163	Gills, Left	MRGN	Absent	
5ED0163	Gills, Left	PALE	Absent	
5ED0163	Gills, Right	FRAY	Absent	
5ED0163	Gills, Right	MRGN	Absent	
5ED0163	Gills, Right	PALE	Absent	
5ED0163	Fins	ERS	Absent	
5ED0163	Fins	FRAY	Absent	
5ED0163	Fins	HMR	Absent	
5ED0163	Fins	EMB	Absent	
5ED0164	Gills, Left	FRAY	Absent	
5ED0164	Gills, Left	MRGN	Absent	
5ED0164	Gills, Left	PALE	Absent	
5ED0164	Gills, Right	FRAY	Absent	
5ED0164	Gills, Right	MRGN	Absent	
5ED0164	Gills, Right	PALE	Absent	
5ED0164	Fins	ERS	Absent	
5ED0164	Fins	FRAY	Absent	
5ED0164	Fins	HMR	Absent	
5ED0164	Fins	EMB	Absent	
5ED0168	Gills, Left	FRAY	Absent	
5ED0168	Gills, Left	MRGN	Absent	
5ED0168	Gills, Left	PALE	Absent	
5ED0168	Gills, Right	FRAY	Absent	
5ED0168	Gills, Right	MRGN	Absent	
5ED0168	Gills, Right	PALE	Absent	
5ED0168	Fins	ERS	Absent	
5ED0168	Fins	FRAY	Absent	
5ED0168	Fins	HMR	Absent	
5ED0168	Fins	EMB	Absent	
5ED0169	Gills, Left	FRAY	Absent	
5ED0169	Gills, Left	MRGN	Absent	
5ED0169	Gills, Left	PALE	Absent	
5ED0169	Gills, Right	FRAY	Absent	
5ED0169	Gills, Right	MRGN	Absent	
5ED0169	Gills, Right	PALE	Absent	
5ED0169	Fins	ERS	Absent	
5ED0169	Fins	FRAY	Absent	
5ED0169	Fins	HMR	Absent	
5ED0169	Fins	EMB	Absent	
5ED0170	Gills, Left	FRAY	Absent	
5ED0170	Gills, Left	MRGN	Absent	
5ED0170	Gills, Left	PALE	Absent	
5ED0170	Gills, Right	FRAY	Absent	
5ED0170	Gills, Right	MRGN	Absent	
5ED0170	Gills, Right	PALE	Absent	
5ED0170	Fins	ERS	Absent	
5ED0170	Fins	FRAY	Absent	
5ED0170	Fins	HMR	Absent	
5ED0170	Fins	EMB	Absent	
5ED0171	Gills, Left	FRAY	Absent	
5ED0171	Gills, Left	MRGN	Absent	
5ED0171	Gills, Left	PALE	Absent	
5ED0171	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0171	Gills, Right	MRGN	Absent	
5ED0171	Gills, Right	PALE	Absent	
5ED0171	Fins	ERS	Absent	
5ED0171	Fins	FRAY	Absent	
5ED0171	Fins	HMR	Absent	
5ED0171	Fins	EMB	Absent	
5ED0172	Gills, Left	FRAY	Absent	
5ED0172	Gills, Left	MRGN	Absent	
5ED0172	Gills, Left	PALE	Absent	
5ED0172	Gills, Right	FRAY	Absent	
5ED0172	Gills, Right	MRGN	Absent	
5ED0172	Gills, Right	PALE	Absent	
5ED0172	Fins	ERS	Absent	
5ED0172	Fins	FRAY	Absent	
5ED0172	Fins	HMR	Absent	
5ED0172	Fins	EMB	Absent	
5ED0173	Gills, Left	FRAY	Absent	
5ED0173	Gills, Left	MRGN	Absent	
5ED0173	Gills, Left	PALE	Absent	
5ED0173	Gills, Right	FRAY	Absent	
5ED0173	Gills, Right	MRGN	Absent	
5ED0173	Gills, Right	PALE	Absent	
5ED0173	Fins	ERS	Absent	
5ED0173	Fins	FRAY	Absent	
5ED0173	Fins	HMR	Absent	
5ED0173	Fins	EMB	Absent	
5ED0174	Gills, Left	FRAY	Absent	
5ED0174	Gills, Left	MRGN	Absent	
5ED0174	Gills, Left	PALE	Absent	
5ED0174	Gills, Right	FRAY	Absent	
5ED0174	Gills, Right	MRGN	Absent	
5ED0174	Gills, Right	PALE	Absent	
5ED0174	Fins	ERS	Absent	
5ED0174	Fins	FRAY	Absent	
5ED0174	Fins	HMR	Absent	
5ED0174	Fins	EMB	Absent	
5ED0175	Gills, Left	FRAY	Absent	
5ED0175	Gills, Left	MRGN	Absent	
5ED0175	Gills, Left	PALE	Absent	
5ED0175	Gills, Right	FRAY	Absent	
5ED0175	Gills, Right	MRGN	Absent	
5ED0175	Gills, Right	PALE	Absent	
5ED0175	Fins	ERS	Absent	
5ED0175	Fins	FRAY	Absent	
5ED0175	Fins	HMR	Absent	
5ED0175	Fins	EMB	Absent	
5ED0176	Gills, Left	FRAY	Absent	
5ED0176	Gills, Left	MRGN	Absent	
5ED0176	Gills, Left	PALE	Absent	
5ED0176	Gills, Right	FRAY	Absent	
5ED0176	Gills, Right	MRGN	Absent	
5ED0176	Gills, Right	PALE	Absent	
5ED0176	Fins	ERS	Absent	
5ED0176	Fins	FRAY	Absent	
5ED0176	Fins	HMR	Absent	
5ED0176	Fins	EMB	Absent	
5ED0177	Gills, Left	FRAY	Absent	
5ED0177	Gills, Left	MRGN	Absent	
5ED0177	Gills, Left	PALE	Absent	
5ED0177	Gills, Right	FRAY	Absent	
5ED0177	Gills, Right	MRGN	Absent	
5ED0177	Gills, Right	PALE	Absent	
5ED0177	Fins	ERS	Absent	
5ED0177	Fins	FRAY	Absent	
5ED0177	Fins	HMR	Absent	
5ED0177	Fins	EMB	Absent	
5ED0178	Gills, Left	FRAY	Absent	
5ED0178	Gills, Left	MRGN	Absent	
5ED0178	Gills, Left	PALE	Absent	
5ED0178	Gills, Right	FRAY	Absent	
5ED0178	Gills, Right	MRGN	Absent	
5ED0178	Gills, Right	PALE	Absent	
5ED0178	Fins	ERS	Absent	
5ED0178	Fins	FRAY	Absent	
5ED0178	Fins	HMR	Absent	
5ED0178	Fins	EMB	Absent	
5ED0179	Gills, Left	FRAY	Absent	
5ED0179	Gills, Left	MRGN	Absent	
5ED0179	Gills, Left	PALE	Absent	
5ED0179	Gills, Right	FRAY	Absent	
5ED0179	Gills, Right	MRGN	Absent	
5ED0179	Gills, Right	PALE	Absent	
5ED0179	Fins	ERS	Absent	
5ED0179	Fins	FRAY	Absent	
5ED0179	Fins	HMR	Absent	
5ED0179	Fins	EMB	Absent	
5ED0180	Gills, Left	FRAY	Absent	
5ED0180	Gills, Left	MRGN	Absent	
5ED0180	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0180	Gills, Right	FRAY	Absent	
5ED0180	Gills, Right	MRGN	Absent	
5ED0180	Gills, Right	PALE	Absent	
5ED0180	Fins	ERS	Absent	
5ED0180	Fins	FRAY	Absent	
5ED0180	Fins	HMR	Absent	
5ED0180	Fins	EMB	Absent	
5ED0181	Gills, Left	FRAY	Absent	
5ED0181	Gills, Left	MRGN	Absent	
5ED0181	Gills, Left	PALE	Absent	
5ED0181	Gills, Right	FRAY	Absent	
5ED0181	Gills, Right	MRGN	Absent	
5ED0181	Gills, Right	PALE	Absent	
5ED0181	Fins	ERS	Absent	
5ED0181	Fins	FRAY	Absent	
5ED0181	Fins	HMR	Absent	
5ED0181	Fins	EMB	Absent	
5ED0182	Gills, Left	FRAY	Absent	
5ED0182	Gills, Left	MRGN	Absent	
5ED0182	Gills, Left	PALE	Absent	
5ED0182	Gills, Right	FRAY	Absent	
5ED0182	Gills, Right	MRGN	Absent	
5ED0182	Gills, Right	PALE	Absent	
5ED0182	Fins	ERS	Absent	
5ED0182	Fins	FRAY	Absent	
5ED0182	Fins	HMR	Absent	
5ED0182	Fins	EMB	Absent	
5ED0183	Gills, Left	FRAY	Absent	
5ED0183	Gills, Left	MRGN	Absent	
5ED0183	Gills, Left	PALE	Absent	
5ED0183	Gills, Right	FRAY	Absent	
5ED0183	Gills, Right	MRGN	Absent	
5ED0183	Gills, Right	PALE	Absent	
5ED0183	Fins	ERS	Absent	
5ED0183	Fins	FRAY	Absent	
5ED0183	Fins	HMR	Absent	
5ED0183	Fins	EMB	Absent	
5ED0184	Gills, Left	FRAY	Absent	
5ED0184	Gills, Left	MRGN	Absent	
5ED0184	Gills, Left	PALE	Absent	
5ED0184	Gills, Right	FRAY	Absent	
5ED0184	Gills, Right	MRGN	Absent	
5ED0184	Gills, Right	PALE	Absent	
5ED0184	Fins	ERS	Absent	
5ED0184	Fins	FRAY	Absent	
5ED0184	Fins	HMR	Absent	
5ED0184	Fins	EMB	Absent	
5ED0185	Gills, Left	FRAY	Absent	
5ED0185	Gills, Left	MRGN	Absent	
5ED0185	Gills, Left	PALE	Absent	
5ED0185	Gills, Right	FRAY	Absent	
5ED0185	Gills, Right	MRGN	Absent	
5ED0185	Gills, Right	PALE	Absent	
5ED0185	Fins	ERS	Absent	
5ED0185	Fins	FRAY	Absent	
5ED0185	Fins	HMR	Absent	
5ED0185	Fins	EMB	Absent	
5ED0186	Gills, Left	FRAY	Absent	
5ED0186	Gills, Left	MRGN	Absent	
5ED0186	Gills, Left	PALE	Absent	
5ED0186	Gills, Right	FRAY	Absent	
5ED0186	Gills, Right	MRGN	Absent	
5ED0186	Gills, Right	PALE	Absent	
5ED0186	Fins	ERS	Absent	
5ED0186	Fins	FRAY	Absent	
5ED0186	Fins	HMR	Absent	
5ED0186	Fins	EMB	Absent	
5ED0187	Gills, Left	FRAY	Absent	
5ED0187	Gills, Left	MRGN	Absent	
5ED0187	Gills, Left	PALE	Absent	
5ED0187	Gills, Right	FRAY	Absent	
5ED0187	Gills, Right	MRGN	Absent	
5ED0187	Gills, Right	PALE	Absent	
5ED0187	Fins	ERS	Absent	
5ED0187	Fins	FRAY	Absent	
5ED0187	Fins	HMR	Absent	
5ED0187	Fins	EMB	Absent	
5ED0188	Gills, Left	FRAY	Absent	
5ED0188	Gills, Left	MRGN	Absent	
5ED0188	Gills, Left	PALE	Absent	
5ED0188	Gills, Right	FRAY	Absent	
5ED0188	Gills, Right	MRGN	Absent	
5ED0188	Gills, Right	PALE	Absent	
5ED0188	Fins	ERS	Absent	
5ED0188	Fins	FRAY	Absent	
5ED0188	Fins	HMR	Absent	
5ED0188	Fins	EMB	Absent	
5ED0189	Gills, Left	FRAY	Absent	
5ED0189	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5ED0189	Gills, Left	PALE	Absent	
5ED0189	Gills, Right	FRAY	Absent	
5ED0189	Gills, Right	MRGN	Absent	
5ED0189	Gills, Right	PALE	Absent	
5ED0189	Fins	ERS	Absent	
5ED0189	Fins	FRAY	Absent	
5ED0189	Fins	HMR	Absent	
5ED0189	Fins	EMB	Absent	
5ED0190	Gills, Left	FRAY	Absent	
5ED0190	Gills, Left	MRGN	Absent	
5ED0190	Gills, Left	PALE	Absent	
5ED0190	Gills, Right	FRAY	Absent	
5ED0190	Gills, Right	MRGN	Absent	
5ED0190	Gills, Right	PALE	Absent	
5ED0190	Fins	ERS	Absent	
5ED0190	Fins	FRAY	Absent	
5ED0190	Fins	HMR	Absent	
5ED0190	Fins	EMB	Absent	
5ED0191	Gills, Left	FRAY	Absent	
5ED0191	Gills, Left	MRGN	Absent	
5ED0191	Gills, Left	PALE	Absent	
5ED0191	Gills, Right	FRAY	Absent	
5ED0191	Gills, Right	MRGN	Absent	
5ED0191	Gills, Right	PALE	Absent	
5ED0191	Fins	ERS	Absent	
5ED0191	Fins	FRAY	Absent	
5ED0191	Fins	HMR	Absent	
5ED0191	Fins	EMB	Absent	
5ED0192	Gills, Left	FRAY	Absent	
5ED0192	Gills, Left	MRGN	Absent	
5ED0192	Gills, Left	PALE	Absent	
5ED0192	Gills, Right	FRAY	Absent	
5ED0192	Gills, Right	MRGN	Absent	
5ED0192	Gills, Right	PALE	Absent	
5ED0192	Fins	ERS	Absent	
5ED0192	Fins	FRAY	Absent	
5ED0192	Fins	HMR	Absent	
5ED0192	Fins	EMB	Absent	
5ED0193	Gills, Left	FRAY	Absent	
5ED0193	Gills, Left	MRGN	Absent	
5ED0193	Gills, Left	PALE	Absent	
5ED0193	Gills, Right	FRAY	Absent	
5ED0193	Gills, Right	MRGN	Absent	
5ED0193	Gills, Right	PALE	Absent	
5ED0193	Fins	ERS	Absent	
5ED0193	Fins	FRAY	Absent	
5ED0193	Fins	HMR	Absent	
5ED0193	Fins	EMB	Absent	
5ED0194	Gills, Left	FRAY	Absent	
5ED0194	Gills, Left	MRGN	Absent	
5ED0194	Gills, Left	PALE	Absent	
5ED0194	Gills, Right	FRAY	Absent	
5ED0194	Gills, Right	MRGN	Absent	
5ED0194	Gills, Right	PALE	Absent	
5ED0194	Fins	ERS	Absent	
5ED0194	Fins	FRAY	Absent	
5ED0194	Fins	HMR	Absent	
5ED0194	Fins	EMB	Absent	
5ED0195	Gills, Left	FRAY	Absent	
5ED0195	Gills, Left	MRGN	Absent	
5ED0195	Gills, Left	PALE	Absent	
5ED0195	Gills, Right	FRAY	Absent	
5ED0195	Gills, Right	MRGN	Absent	
5ED0195	Gills, Right	PALE	Absent	
5ED0195	Fins	ERS	Absent	
5ED0195	Fins	FRAY	Absent	
5ED0195	Fins	HMR	Absent	
5ED0195	Fins	EMB	Absent	
5ED0196	Gills, Left	FRAY	Absent	
5ED0196	Gills, Left	MRGN	Absent	
5ED0196	Gills, Left	PALE	Absent	
5ED0196	Gills, Right	FRAY	Absent	
5ED0196	Gills, Right	MRGN	Absent	
5ED0196	Gills, Right	PALE	Absent	
5ED0196	Fins	ERS	Absent	
5ED0196	Fins	FRAY	Absent	
5ED0196	Fins	HMR	Absent	
5ED0196	Fins	EMB	Absent	
5ED0199	Gills, Left	FRAY	Absent	
5ED0199	Gills, Left	MRGN	Absent	
5ED0199	Gills, Left	PALE	Absent	
5ED0199	Gills, Right	FRAY	Absent	
5ED0199	Gills, Right	MRGN	Absent	
5ED0199	Gills, Right	PALE	Absent	
5ED0199	Fins	ERS	Absent	
5ED0199	Fins	FRAY	Absent	
5ED0199	Fins	HMR	Absent	
5ED0199	Fins	EMB	Absent	
5EE0004	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5EE0004	Gills, Left	MRGN	Absent	
5EE0004	Gills, Left	PALE	Absent	
5EE0004	Gills, Right	FRAY	Absent	
5EE0004	Gills, Right	MRGN	Absent	
5EE0004	Gills, Right	PALE	Absent	
5EE0004	Fins	ERS	Absent	
5EE0004	Fins	FRAY	Absent	
5EE0004	Fins	HMR	Absent	
5EE0004	Fins	EMB	Absent	
5EE0006	Gills, Left	FRAY	Absent	
5EE0006	Gills, Left	MRGN	Absent	
5EE0006	Gills, Left	PALE	Absent	
5EE0006	Gills, Right	FRAY	Absent	
5EE0006	Gills, Right	MRGN	Absent	
5EE0006	Gills, Right	PALE	Absent	
5EE0006	Fins	ERS	Absent	
5EE0006	Fins	FRAY	Absent	
5EE0006	Fins	HMR	Absent	
5EE0006	Fins	EMB	Absent	
5EE0007	Gills, Left	FRAY	Absent	
5EE0007	Gills, Left	MRGN	Absent	
5EE0007	Gills, Left	PALE	Absent	
5EE0007	Gills, Right	FRAY	Absent	
5EE0007	Gills, Right	MRGN	Absent	
5EE0007	Gills, Right	PALE	Absent	
5EE0007	Fins	ERS	Absent	
5EE0007	Fins	FRAY	Absent	
5EE0007	Fins	HMR	Absent	
5EE0007	Fins	EMB	Absent	
5GNA0001H	Gills, Left	FRAY	Absent	
5GNA0001H	Gills, Left	MRGN	Absent	
5GNA0001H	Gills, Left	PALE	Absent	
5GNA0001H	Gills, Right	FRAY	Absent	
5GNA0001H	Gills, Right	MRGN	Absent	
5GNA0001H	Gills, Right	PALE	Absent	
5GNA0001H	Fins	ERS	Absent	
5GNA0001H	Fins	FRAY	Absent	
5GNA0001H	Fins	HMR	Absent	
5GNA0001H	Fins	EMB	Absent	
5GNA0002H	Gills, Left	FRAY	Absent	
5GNA0002H	Gills, Left	MRGN	Absent	
5GNA0002H	Gills, Left	PALE	Absent	
5GNA0002H	Gills, Right	FRAY	Absent	
5GNA0002H	Gills, Right	MRGN	Absent	
5GNA0002H	Gills, Right	PALE	Absent	
5GNA0002H	Fins	ERS	Absent	
5GNA0002H	Fins	FRAY	Absent	
5GNA0002H	Fins	HMR	Absent	
5GNA0002H	Fins	EMB	Absent	
5GNA0003H	Gills, Left	FRAY	Absent	
5GNA0003H	Gills, Left	MRGN	Absent	
5GNA0003H	Gills, Left	PALE	Absent	
5GNA0003H	Gills, Right	FRAY	Absent	
5GNA0003H	Gills, Right	MRGN	Absent	
5GNA0003H	Gills, Right	PALE	Absent	
5GNA0003H	Fins	ERS	Absent	
5GNA0003H	Fins	FRAY	Absent	
5GNA0003H	Fins	HMR	Absent	
5GNA0003H	Fins	EMB	Absent	
5GNA0004H	Gills, Left	FRAY	Absent	
5GNA0004H	Gills, Left	MRGN	Absent	
5GNA0004H	Gills, Left	PALE	Absent	
5GNA0004H	Gills, Right	FRAY	Absent	
5GNA0004H	Gills, Right	MRGN	Absent	
5GNA0004H	Gills, Right	PALE	Absent	
5GNA0004H	Fins	ERS	Absent	
5GNA0004H	Fins	FRAY	Absent	
5GNA0004H	Fins	HMR	Absent	
5GNA0004H	Fins	EMB	Absent	
5GNA0005H	Gills, Left	FRAY	Absent	
5GNA0005H	Gills, Left	MRGN	Absent	
5GNA0005H	Gills, Left	PALE	Absent	
5GNA0005H	Gills, Right	FRAY	Absent	
5GNA0005H	Gills, Right	MRGN	Absent	
5GNA0005H	Gills, Right	PALE	Absent	
5GNA0005H	Fins	ERS	Absent	
5GNA0005H	Fins	FRAY	Absent	
5GNA0005H	Fins	HMR	Absent	
5GNA0005H	Fins	EMB	Absent	
5GNA0006H	Gills, Left	FRAY	Absent	
5GNA0006H	Gills, Left	MRGN	Absent	
5GNA0006H	Gills, Left	PALE	Absent	
5GNA0006H	Gills, Right	FRAY	Absent	
5GNA0006H	Gills, Right	MRGN	Absent	
5GNA0006H	Gills, Right	PALE	Absent	
5GNA0006H	Fins	ERS	Absent	
5GNA0006H	Fins	FRAY	Absent	
5GNA0006H	Fins	HMR	Absent	
5GNA0006H	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0007H	Gills, Left	FRAY	Absent	
5GNA0007H	Gills, Left	MRGN	Absent	
5GNA0007H	Gills, Left	PALE	Absent	
5GNA0007H	Gills, Right	FRAY	Absent	
5GNA0007H	Gills, Right	MRGN	Absent	
5GNA0007H	Gills, Right	PALE	Absent	
5GNA0007H	Fins	ERS	Absent	
5GNA0007H	Fins	FRAY	Absent	
5GNA0007H	Fins	HMR	Absent	
5GNA0007H	Fins	EMB	Absent	
5GNA0008W	Gills, Left	FRAY	Absent	
5GNA0008W	Gills, Left	MRGN	Absent	
5GNA0008W	Gills, Left	PALE	Absent	
5GNA0008W	Gills, Right	FRAY	Absent	
5GNA0008W	Gills, Right	MRGN	Absent	
5GNA0008W	Gills, Right	PALE	Absent	
5GNA0008W	Gills, Right	OTHER	Present	Parasite
5GNA0008W	Fins	ERS	Absent	
5GNA0008W	Fins	FRAY	Present	
5GNA0008W	Fins	HMR	Absent	
5GNA0008W	Fins	EMB	Absent	
5GNA0009W	Gills, Left	FRAY	Absent	
5GNA0009W	Gills, Left	MRGN	Absent	
5GNA0009W	Gills, Left	PALE	Absent	
5GNA0009W	Gills, Right	FRAY	Absent	
5GNA0009W	Gills, Right	MRGN	Absent	
5GNA0009W	Gills, Right	PALE	Absent	
5GNA0009W	Gills, Right	OTHER	Present	Parasite
5GNA0009W	Fins	ERS	Absent	
5GNA0009W	Fins	FRAY	Absent	
5GNA0009W	Fins	HMR	Absent	
5GNA0009W	Fins	EMB	Absent	
5GNA0010H	Gills, Left	FRAY	Absent	
5GNA0010H	Gills, Left	MRGN	Absent	
5GNA0010H	Gills, Left	PALE	Absent	
5GNA0010H	Gills, Right	FRAY	Absent	
5GNA0010H	Gills, Right	MRGN	Absent	
5GNA0010H	Gills, Right	PALE	Absent	
5GNA0010H	Fins	ERS	Absent	
5GNA0010H	Fins	FRAY	Absent	
5GNA0010H	Fins	HMR	Absent	
5GNA0010H	Fins	EMB	Absent	
5GNA0011H	Gills, Left	FRAY	Absent	
5GNA0011H	Gills, Left	MRGN	Absent	
5GNA0011H	Gills, Left	PALE	Absent	
5GNA0011H	Gills, Right	FRAY	Absent	
5GNA0011H	Gills, Right	MRGN	Absent	
5GNA0011H	Gills, Right	PALE	Absent	
5GNA0011H	Fins	ERS	Absent	
5GNA0011H	Fins	FRAY	Absent	
5GNA0011H	Fins	HMR	Absent	
5GNA0011H	Fins	EMB	Absent	
5GNA0012W	Gills, Left	FRAY	Absent	
5GNA0012W	Gills, Left	MRGN	Absent	
5GNA0012W	Gills, Left	PALE	Absent	
5GNA0012W	Gills, Right	FRAY	Absent	
5GNA0012W	Gills, Right	MRGN	Absent	
5GNA0012W	Gills, Right	PALE	Absent	
5GNA0012W	Fins	ERS	Absent	
5GNA0012W	Fins	FRAY	Present	
5GNA0012W	Fins	HMR	Absent	
5GNA0012W	Fins	EMB	Absent	
5GNA0013H	Gills, Left	FRAY	Absent	
5GNA0013H	Gills, Left	MRGN	Absent	
5GNA0013H	Gills, Left	PALE	Absent	
5GNA0013H	Gills, Right	FRAY	Absent	
5GNA0013H	Gills, Right	MRGN	Absent	
5GNA0013H	Gills, Right	PALE	Absent	
5GNA0013H	Fins	ERS	Absent	
5GNA0013H	Fins	FRAY	Absent	
5GNA0013H	Fins	HMR	Absent	
5GNA0013H	Fins	EMB	Absent	
5GNA0014H	Gills, Left	FRAY	Absent	
5GNA0014H	Gills, Left	MRGN	Absent	
5GNA0014H	Gills, Left	PALE	Absent	
5GNA0014H	Gills, Right	FRAY	Absent	
5GNA0014H	Gills, Right	MRGN	Absent	
5GNA0014H	Gills, Right	PALE	Absent	
5GNA0014H	Fins	ERS	Absent	
5GNA0014H	Fins	FRAY	Absent	
5GNA0014H	Fins	HMR	Absent	
5GNA0014H	Fins	EMB	Absent	
5GNA0015H	Gills, Left	FRAY	Absent	
5GNA0015H	Gills, Left	MRGN	Absent	
5GNA0015H	Gills, Left	PALE	Absent	
5GNA0015H	Gills, Right	FRAY	Absent	
5GNA0015H	Gills, Right	MRGN	Absent	
5GNA0015H	Gills, Right	PALE	Absent	
5GNA0015H	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0015H	Fins	FRAY	Absent	
5GNA0015H	Fins	HMR	Absent	
5GNA0015H	Fins	EMB	Absent	
5GNA0016	Gills, Left	FRAY	Absent	
5GNA0016	Gills, Left	MRGN	Absent	
5GNA0016	Gills, Left	PALE	Absent	
5GNA0016	Gills, Right	FRAY	Absent	
5GNA0016	Gills, Right	MRGN	Absent	
5GNA0016	Gills, Right	PALE	Absent	
5GNA0016	Fins	ERS	Absent	
5GNA0016	Fins	FRAY	Absent	
5GNA0016	Fins	HMR	Absent	
5GNA0016	Fins	EMB	Absent	
5GNA0018	Gills, Left	FRAY	Absent	
5GNA0018	Gills, Left	MRGN	Absent	
5GNA0018	Gills, Left	PALE	Absent	
5GNA0018	Gills, Right	FRAY	Absent	
5GNA0018	Gills, Right	MRGN	Absent	
5GNA0018	Gills, Right	PALE	Absent	
5GNA0018	Fins	ERS	Absent	
5GNA0018	Fins	FRAY	Present	
5GNA0018	Fins	HMR	Absent	
5GNA0018	Fins	EMB	Absent	
5GNA0019	Gills, Left	FRAY	Absent	
5GNA0019	Gills, Left	MRGN	Absent	
5GNA0019	Gills, Left	PALE	Absent	
5GNA0019	Gills, Right	FRAY	Absent	
5GNA0019	Gills, Right	MRGN	Absent	
5GNA0019	Gills, Right	PALE	Absent	
5GNA0019	Fins	ERS	Absent	
5GNA0019	Fins	FRAY	Present	
5GNA0019	Fins	HMR	Absent	
5GNA0019	Fins	EMB	Absent	
5GNA0020	Gills, Left	FRAY	Absent	
5GNA0020	Gills, Left	MRGN	Absent	
5GNA0020	Gills, Left	PALE	Absent	
5GNA0020	Gills, Right	FRAY	Absent	
5GNA0020	Gills, Right	MRGN	Absent	
5GNA0020	Gills, Right	PALE	Absent	
5GNA0020	Fins	ERS	Absent	
5GNA0020	Fins	FRAY	Absent	
5GNA0020	Fins	HMR	Absent	
5GNA0020	Fins	EMB	Absent	
5GNA0021	Gills, Left	FRAY	Absent	
5GNA0021	Gills, Left	MRGN	Absent	
5GNA0021	Gills, Left	PALE	Absent	
5GNA0021	Gills, Right	FRAY	Absent	
5GNA0021	Gills, Right	MRGN	Absent	
5GNA0021	Gills, Right	PALE	Absent	
5GNA0021	Fins	ERS	Absent	
5GNA0021	Fins	FRAY	Absent	
5GNA0021	Fins	HMR	Absent	
5GNA0021	Fins	EMB	Absent	
5GNA0022	Gills, Left	FRAY	Absent	
5GNA0022	Gills, Left	MRGN	Absent	
5GNA0022	Gills, Left	PALE	Absent	
5GNA0022	Gills, Right	FRAY	Absent	
5GNA0022	Gills, Right	MRGN	Absent	
5GNA0022	Gills, Right	PALE	Absent	
5GNA0022	Fins	ERS	Absent	
5GNA0022	Fins	FRAY	Absent	
5GNA0022	Fins	HMR	Absent	
5GNA0022	Fins	EMB	Absent	
5GNA0023	Gills, Left	FRAY	Absent	
5GNA0023	Gills, Left	MRGN	Absent	
5GNA0023	Gills, Left	PALE	Absent	
5GNA0023	Gills, Right	FRAY	Absent	
5GNA0023	Gills, Right	MRGN	Absent	
5GNA0023	Gills, Right	PALE	Absent	
5GNA0023	Fins	ERS	Minor	
5GNA0023	Fins	FRAY	Absent	
5GNA0023	Fins	HMR	Absent	
5GNA0023	Fins	EMB	Absent	
5GNA0024	Gills, Left	FRAY	Absent	
5GNA0024	Gills, Left	MRGN	Absent	
5GNA0024	Gills, Left	PALE	Absent	
5GNA0024	Gills, Right	FRAY	Absent	
5GNA0024	Gills, Right	MRGN	Absent	
5GNA0024	Gills, Right	PALE	Absent	
5GNA0024	Fins	ERS	Absent	
5GNA0024	Fins	FRAY	Absent	
5GNA0024	Fins	HMR	Absent	
5GNA0024	Fins	EMB	Absent	
5GNA0025	Gills, Left	FRAY	Absent	
5GNA0025	Gills, Left	MRGN	Absent	
5GNA0025	Gills, Left	PALE	Absent	
5GNA0025	Gills, Right	FRAY	Absent	
5GNA0025	Gills, Right	MRGN	Absent	
5GNA0025	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0025	Fins	ERS	Absent	
5GNA0025	Fins	FRAY	Absent	
5GNA0025	Fins	HMR	Absent	
5GNA0025	Fins	EMB	Absent	
5GNA0026	Gills, Left	FRAY	Absent	
5GNA0026	Gills, Left	MRGN	Absent	
5GNA0026	Gills, Left	PALE	Absent	
5GNA0026	Gills, Right	FRAY	Absent	
5GNA0026	Gills, Right	MRGN	Absent	
5GNA0026	Gills, Right	PALE	Absent	
5GNA0026	Fins	ERS	Absent	
5GNA0026	Fins	FRAY	Absent	
5GNA0026	Fins	HMR	Absent	
5GNA0026	Fins	EMB	Absent	
5GNA0027	Gills, Left	FRAY	Absent	
5GNA0027	Gills, Left	MRGN	Absent	
5GNA0027	Gills, Left	PALE	Absent	
5GNA0027	Gills, Right	FRAY	Absent	
5GNA0027	Gills, Right	MRGN	Absent	
5GNA0027	Gills, Right	PALE	Absent	
5GNA0027	Fins	ERS	Absent	
5GNA0027	Fins	FRAY	Present	
5GNA0027	Fins	HMR	Absent	
5GNA0027	Fins	EMB	Absent	
5GNA0028	Gills, Left	FRAY	Absent	
5GNA0028	Gills, Left	MRGN	Absent	
5GNA0028	Gills, Left	PALE	Absent	
5GNA0028	Gills, Right	FRAY	Absent	
5GNA0028	Gills, Right	MRGN	Absent	
5GNA0028	Gills, Right	PALE	Absent	
5GNA0028	Fins	ERS	Absent	
5GNA0028	Fins	FRAY	Absent	
5GNA0028	Fins	HMR	Absent	
5GNA0028	Fins	EMB	Absent	
5GNA0030	Gills, Left	FRAY	Absent	
5GNA0030	Gills, Left	MRGN	Absent	
5GNA0030	Gills, Left	PALE	Absent	
5GNA0030	Gills, Right	FRAY	Absent	
5GNA0030	Gills, Right	MRGN	Absent	
5GNA0030	Gills, Right	PALE	Absent	
5GNA0030	Fins	ERS	Absent	
5GNA0030	Fins	FRAY	Absent	
5GNA0030	Fins	HMR	Absent	
5GNA0030	Fins	EMB	Absent	
5GNA0035	Gills, Left	FRAY	Absent	
5GNA0035	Gills, Left	MRGN	Absent	
5GNA0035	Gills, Left	PALE	Absent	
5GNA0035	Gills, Right	FRAY	Absent	
5GNA0035	Gills, Right	MRGN	Absent	
5GNA0035	Gills, Right	PALE	Absent	
5GNA0035	Fins	ERS	Absent	
5GNA0035	Fins	FRAY	Absent	
5GNA0035	Fins	HMR	Absent	
5GNA0035	Fins	EMB	Absent	
5GNA0036	Gills, Left	FRAY	Absent	
5GNA0036	Gills, Left	MRGN	Absent	
5GNA0036	Gills, Left	PALE	Absent	
5GNA0036	Gills, Right	FRAY	Absent	
5GNA0036	Gills, Right	MRGN	Absent	
5GNA0036	Gills, Right	PALE	Absent	
5GNA0036	Fins	ERS	Absent	
5GNA0036	Fins	FRAY	Absent	
5GNA0036	Fins	HMR	Absent	
5GNA0036	Fins	EMB	Absent	
5GNA0037	Gills, Left	FRAY	Absent	
5GNA0037	Gills, Left	MRGN	Absent	
5GNA0037	Gills, Left	PALE	Absent	
5GNA0037	Gills, Right	FRAY	Absent	
5GNA0037	Gills, Right	MRGN	Absent	
5GNA0037	Gills, Right	PALE	Absent	
5GNA0037	Fins	ERS	Absent	
5GNA0037	Fins	FRAY	Absent	
5GNA0037	Fins	HMR	Absent	
5GNA0037	Fins	EMB	Absent	
5GNA0038	Gills, Left	FRAY	Absent	
5GNA0038	Gills, Left	MRGN	Absent	
5GNA0038	Gills, Left	PALE	Absent	
5GNA0038	Gills, Right	FRAY	Absent	
5GNA0038	Gills, Right	MRGN	Absent	
5GNA0038	Gills, Right	PALE	Absent	
5GNA0038	Fins	ERS	Absent	
5GNA0038	Fins	FRAY	Absent	
5GNA0038	Fins	HMR	Absent	
5GNA0038	Fins	EMB	Absent	
5GNA0039	Gills, Left	FRAY	Absent	
5GNA0039	Gills, Left	MRGN	Absent	
5GNA0039	Gills, Left	PALE	Absent	
5GNA0039	Gills, Right	FRAY	Absent	
5GNA0039	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0039	Gills, Right	PALE	Absent	
5GNA0039	Fins	ERS	Absent	
5GNA0039	Fins	FRAY	Absent	
5GNA0039	Fins	HMR	Absent	
5GNA0039	Fins	EMB	Absent	
5GNA0040	Gills, Left	FRAY	Absent	
5GNA0040	Gills, Left	MRGN	Absent	
5GNA0040	Gills, Left	PALE	Absent	
5GNA0040	Gills, Right	FRAY	Absent	
5GNA0040	Gills, Right	MRGN	Absent	
5GNA0040	Gills, Right	PALE	Absent	
5GNA0040	Fins	ERS	Absent	
5GNA0040	Fins	FRAY	Absent	
5GNA0040	Fins	HMR	Absent	
5GNA0040	Fins	EMB	Absent	
5GNA0041	Gills, Left	FRAY	Absent	
5GNA0041	Gills, Left	MRGN	Absent	
5GNA0041	Gills, Left	PALE	Absent	
5GNA0041	Gills, Right	FRAY	Absent	
5GNA0041	Gills, Right	MRGN	Absent	
5GNA0041	Gills, Right	PALE	Absent	
5GNA0041	Fins	ERS	Absent	
5GNA0041	Fins	FRAY	Absent	
5GNA0041	Fins	HMR	Absent	
5GNA0041	Fins	EMB	Absent	
5GNA0042	Gills, Left	FRAY	Absent	
5GNA0042	Gills, Left	MRGN	Absent	
5GNA0042	Gills, Left	PALE	Absent	
5GNA0042	Gills, Right	FRAY	Absent	
5GNA0042	Gills, Right	MRGN	Absent	
5GNA0042	Gills, Right	PALE	Absent	
5GNA0042	Fins	ERS	Absent	
5GNA0042	Fins	FRAY	Absent	
5GNA0042	Fins	HMR	Absent	
5GNA0042	Fins	EMB	Absent	
5GNA0043	Gills, Left	FRAY	Absent	
5GNA0043	Gills, Left	MRGN	Absent	
5GNA0043	Gills, Left	PALE	Absent	
5GNA0043	Gills, Right	FRAY	Absent	
5GNA0043	Gills, Right	MRGN	Absent	
5GNA0043	Gills, Right	PALE	Absent	
5GNA0043	Fins	ERS	Absent	
5GNA0043	Fins	FRAY	Absent	
5GNA0043	Fins	HMR	Absent	
5GNA0043	Fins	EMB	Absent	
5GNA0044	Gills, Left	FRAY	Absent	
5GNA0044	Gills, Left	MRGN	Absent	
5GNA0044	Gills, Left	PALE	Absent	
5GNA0044	Gills, Right	FRAY	Absent	
5GNA0044	Gills, Right	MRGN	Absent	
5GNA0044	Gills, Right	PALE	Absent	
5GNA0044	Fins	ERS	Absent	
5GNA0044	Fins	FRAY	Present	
5GNA0044	Fins	HMR	Absent	
5GNA0044	Fins	EMB	Absent	
5GNA0046	Gills, Left	FRAY	Absent	
5GNA0046	Gills, Left	MRGN	Absent	
5GNA0046	Gills, Left	PALE	Absent	
5GNA0046	Gills, Right	FRAY	Absent	
5GNA0046	Gills, Right	MRGN	Absent	
5GNA0046	Gills, Right	PALE	Absent	
5GNA0046	Fins	ERS	Absent	
5GNA0046	Fins	FRAY	Present	
5GNA0046	Fins	HMR	Absent	
5GNA0046	Fins	EMB	Absent	
5GNA0047	Gills, Left	FRAY	Absent	
5GNA0047	Gills, Left	MRGN	Absent	
5GNA0047	Gills, Left	PALE	Absent	
5GNA0047	Gills, Right	FRAY	Absent	
5GNA0047	Gills, Right	MRGN	Absent	
5GNA0047	Gills, Right	PALE	Absent	
5GNA0047	Fins	ERS	Absent	
5GNA0047	Fins	FRAY	Absent	
5GNA0047	Fins	HMR	Absent	
5GNA0047	Fins	EMB	Absent	
5GNA0048	Gills, Left	FRAY	Absent	
5GNA0048	Gills, Left	MRGN	Absent	
5GNA0048	Gills, Left	PALE	Absent	
5GNA0048	Gills, Left	OTHER	Present	Damaged
5GNA0048	Gills, Right	FRAY	Absent	
5GNA0048	Gills, Right	MRGN	Absent	
5GNA0048	Gills, Right	PALE	Absent	
5GNA0048	Fins	ERS	Absent	
5GNA0048	Fins	FRAY	Absent	
5GNA0048	Fins	HMR	Absent	
5GNA0048	Fins	EMB	Absent	
5GNA0049	Gills, Left	FRAY	Absent	
5GNA0049	Gills, Left	MRGN	Absent	
5GNA0049	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0049	Gills, Right	FRAY	Absent	
5GNA0049	Gills, Right	MRGN	Absent	
5GNA0049	Gills, Right	PALE	Absent	
5GNA0049	Fins	ERS	Absent	
5GNA0049	Fins	FRAY	Absent	
5GNA0049	Fins	HMR	Absent	
5GNA0049	Fins	EMB	Absent	
5GNA0050	Gills, Left	FRAY	Absent	
5GNA0050	Gills, Left	MRGN	Absent	
5GNA0050	Gills, Left	PALE	Absent	
5GNA0050	Gills, Right	FRAY	Absent	
5GNA0050	Gills, Right	MRGN	Absent	
5GNA0050	Gills, Right	PALE	Absent	
5GNA0050	Fins	ERS	Absent	
5GNA0050	Fins	FRAY	Present	
5GNA0050	Fins	HMR	Absent	
5GNA0050	Fins	EMB	Absent	
5GNA0051	Gills, Left	FRAY	Absent	
5GNA0051	Gills, Left	MRGN	Absent	
5GNA0051	Gills, Left	PALE	Absent	
5GNA0051	Gills, Right	FRAY	Absent	
5GNA0051	Gills, Right	MRGN	Absent	
5GNA0051	Gills, Right	PALE	Absent	
5GNA0051	Fins	ERS	Absent	
5GNA0051	Fins	FRAY	Absent	
5GNA0051	Fins	HMR	Absent	
5GNA0051	Fins	EMB	Absent	
5GNA0052	Gills, Left	FRAY	Absent	
5GNA0052	Gills, Left	MRGN	Absent	
5GNA0052	Gills, Left	PALE	Absent	
5GNA0052	Gills, Right	FRAY	Absent	
5GNA0052	Gills, Right	MRGN	Absent	
5GNA0052	Gills, Right	PALE	Absent	
5GNA0052	Fins	ERS	Absent	
5GNA0052	Fins	FRAY	Absent	
5GNA0052	Fins	HMR	Absent	
5GNA0052	Fins	EMB	Absent	
5GNA0053	Gills, Left	FRAY	Absent	
5GNA0053	Gills, Left	MRGN	Absent	
5GNA0053	Gills, Left	PALE	Absent	
5GNA0053	Gills, Right	FRAY	Absent	
5GNA0053	Gills, Right	MRGN	Absent	
5GNA0053	Gills, Right	PALE	Absent	
5GNA0053	Fins	ERS	Absent	
5GNA0053	Fins	FRAY	Absent	
5GNA0053	Fins	HMR	Absent	
5GNA0053	Fins	EMB	Absent	
5GNA0054	Gills, Left	FRAY	Absent	
5GNA0054	Gills, Left	MRGN	Absent	
5GNA0054	Gills, Left	PALE	Absent	
5GNA0054	Gills, Right	FRAY	Absent	
5GNA0054	Gills, Right	MRGN	Absent	
5GNA0054	Gills, Right	PALE	Absent	
5GNA0054	Fins	ERS	Absent	
5GNA0054	Fins	FRAY	Absent	
5GNA0054	Fins	HMR	Absent	
5GNA0054	Fins	EMB	Absent	
5GNA0055	Gills, Left	FRAY	Absent	
5GNA0055	Gills, Left	MRGN	Absent	
5GNA0055	Gills, Left	PALE	Absent	
5GNA0055	Gills, Right	FRAY	Absent	
5GNA0055	Gills, Right	MRGN	Absent	
5GNA0055	Gills, Right	PALE	Absent	
5GNA0055	Fins	ERS	Absent	
5GNA0055	Fins	FRAY	Absent	
5GNA0055	Fins	HMR	Absent	
5GNA0055	Fins	EMB	Absent	
5GNA0056	Gills, Left	FRAY	Absent	
5GNA0056	Gills, Left	MRGN	Absent	
5GNA0056	Gills, Left	PALE	Absent	
5GNA0056	Gills, Right	FRAY	Absent	
5GNA0056	Gills, Right	MRGN	Absent	
5GNA0056	Gills, Right	PALE	Absent	
5GNA0056	Fins	ERS	Absent	
5GNA0056	Fins	FRAY	Absent	
5GNA0056	Fins	HMR	Absent	
5GNA0056	Fins	EMB	Absent	
5GNA0057	Gills, Left	FRAY	Absent	
5GNA0057	Gills, Left	MRGN	Absent	
5GNA0057	Gills, Left	PALE	Absent	
5GNA0057	Gills, Right	FRAY	Absent	
5GNA0057	Gills, Right	MRGN	Absent	
5GNA0057	Gills, Right	PALE	Absent	
5GNA0057	Fins	ERS	Absent	
5GNA0057	Fins	FRAY	Present	
5GNA0057	Fins	HMR	Absent	
5GNA0057	Fins	EMB	Absent	
5GNA0058	Gills, Left	FRAY	Absent	
5GNA0058	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNA0058	Gills, Left	PALE	Absent	
5GNA0058	Gills, Right	FRAY	Absent	
5GNA0058	Gills, Right	MRGN	Absent	
5GNA0058	Gills, Right	PALE	Absent	
5GNA0058	Fins	ERS	Absent	
5GNA0058	Fins	FRAY	Absent	
5GNA0058	Fins	HMR	Absent	
5GNA0058	Fins	EMB	Absent	
5GNA0059	Gills, Left	FRAY	Absent	
5GNA0059	Gills, Left	MRGN	Absent	
5GNA0059	Gills, Left	PALE	Absent	
5GNA0059	Gills, Right	FRAY	Absent	
5GNA0059	Gills, Right	MRGN	Absent	
5GNA0059	Gills, Right	PALE	Absent	
5GNA0059	Fins	ERS	Absent	
5GNA0059	Fins	FRAY	Present	
5GNA0059	Fins	HMR	Absent	
5GNA0059	Fins	EMB	Absent	
5GNA0060	Gills, Left	FRAY	Absent	
5GNA0060	Gills, Left	MRGN	Absent	
5GNA0060	Gills, Left	PALE	Absent	
5GNA0060	Gills, Right	FRAY	Absent	
5GNA0060	Gills, Right	MRGN	Absent	
5GNA0060	Gills, Right	PALE	Absent	
5GNA0060	Fins	ERS	Absent	
5GNA0060	Fins	FRAY	Present	
5GNA0060	Fins	HMR	Absent	
5GNA0060	Fins	EMB	Absent	
5GNE0001H	Gills, Left	FRAY	Absent	
5GNE0001H	Gills, Left	MRGN	Absent	
5GNE0001H	Gills, Left	PALE	Absent	
5GNE0001H	Gills, Right	FRAY	Absent	
5GNE0001H	Gills, Right	MRGN	Absent	
5GNE0001H	Gills, Right	PALE	Absent	
5GNE0001H	Fins	ERS	Absent	
5GNE0001H	Fins	FRAY	Absent	
5GNE0001H	Fins	HMR	Absent	
5GNE0001H	Fins	EMB	Absent	
5GNE0003	Gills, Left	FRAY	Absent	
5GNE0003	Gills, Left	MRGN	Absent	
5GNE0003	Gills, Left	PALE	Absent	
5GNE0003	Gills, Right	FRAY	Absent	
5GNE0003	Gills, Right	MRGN	Absent	
5GNE0003	Gills, Right	PALE	Absent	
5GNE0003	Fins	ERS	Absent	
5GNE0003	Fins	FRAY	Absent	
5GNE0003	Fins	HMR	Absent	
5GNE0003	Fins	EMB	Absent	
5GNE0004	Gills, Left	FRAY	Absent	
5GNE0004	Gills, Left	MRGN	Absent	
5GNE0004	Gills, Left	PALE	Absent	
5GNE0004	Gills, Right	FRAY	Absent	
5GNE0004	Gills, Right	MRGN	Absent	
5GNE0004	Gills, Right	PALE	Absent	
5GNE0004	Fins	ERS	Absent	
5GNE0004	Fins	FRAY	Present	
5GNE0004	Fins	HMR	Absent	
5GNE0004	Fins	EMB	Absent	
5GNE0005	Gills, Left	FRAY	Absent	
5GNE0005	Gills, Left	MRGN	Absent	
5GNE0005	Gills, Left	PALE	Absent	
5GNE0005	Gills, Right	FRAY	Absent	
5GNE0005	Gills, Right	MRGN	Absent	
5GNE0005	Gills, Right	PALE	Absent	
5GNE0005	Fins	ERS	Absent	
5GNE0005	Fins	FRAY	Absent	
5GNE0005	Fins	HMR	Absent	
5GNE0005	Fins	EMB	Absent	
5GNE0007	Gills, Left	FRAY	Absent	
5GNE0007	Gills, Left	MRGN	Absent	
5GNE0007	Gills, Left	PALE	Absent	
5GNE0007	Gills, Right	FRAY	Absent	
5GNE0007	Gills, Right	MRGN	Absent	
5GNE0007	Gills, Right	PALE	Absent	
5GNE0007	Fins	ERS	Absent	
5GNE0007	Fins	FRAY	Absent	
5GNE0007	Fins	HMR	Absent	
5GNE0007	Fins	EMB	Absent	
5GNE0008H	Gills, Left	FRAY	Absent	
5GNE0008H	Gills, Left	MRGN	Absent	
5GNE0008H	Gills, Left	PALE	Absent	
5GNE0008H	Gills, Right	FRAY	Absent	
5GNE0008H	Gills, Right	MRGN	Absent	
5GNE0008H	Gills, Right	PALE	Absent	
5GNE0008H	Fins	ERS	Absent	
5GNE0008H	Fins	FRAY	Absent	
5GNE0008H	Fins	HMR	Absent	
5GNE0008H	Fins	EMB	Absent	
5GNE0009	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0009	Gills, Left	MRGN	Absent	
5GNE0009	Gills, Left	PALE	Absent	
5GNE0009	Gills, Right	FRAY	Absent	
5GNE0009	Gills, Right	MRGN	Absent	
5GNE0009	Gills, Right	PALE	Absent	
5GNE0009	Fins	ERS	Absent	
5GNE0009	Fins	FRAY	Absent	
5GNE0009	Fins	HMR	Absent	
5GNE0009	Fins	EMB	Absent	
5GNE0010	Gills, Left	FRAY	Absent	
5GNE0010	Gills, Left	MRGN	Absent	
5GNE0010	Gills, Left	PALE	Absent	
5GNE0010	Gills, Right	FRAY	Absent	
5GNE0010	Gills, Right	MRGN	Absent	
5GNE0010	Gills, Right	PALE	Absent	
5GNE0010	Fins	ERS	Absent	
5GNE0010	Fins	FRAY	Present	
5GNE0010	Fins	HMR	Absent	
5GNE0010	Fins	EMB	Absent	
5GNE0011	Gills, Left	FRAY	Absent	
5GNE0011	Gills, Left	MRGN	Absent	
5GNE0011	Gills, Left	PALE	Absent	
5GNE0011	Gills, Right	FRAY	Absent	
5GNE0011	Gills, Right	MRGN	Absent	
5GNE0011	Gills, Right	PALE	Absent	
5GNE0011	Fins	ERS	Absent	
5GNE0011	Fins	FRAY	Absent	
5GNE0011	Fins	HMR	Absent	
5GNE0011	Fins	EMB	Absent	
5GNE0013	Gills, Left	FRAY	Absent	
5GNE0013	Gills, Left	MRGN	Absent	
5GNE0013	Gills, Left	PALE	Absent	
5GNE0013	Gills, Right	FRAY	Absent	
5GNE0013	Gills, Right	MRGN	Absent	
5GNE0013	Gills, Right	PALE	Absent	
5GNE0013	Fins	ERS	Absent	
5GNE0013	Fins	FRAY	Absent	
5GNE0013	Fins	HMR	Absent	
5GNE0013	Fins	EMB	Absent	
5GNE0016	Gills, Left	FRAY	Absent	
5GNE0016	Gills, Left	MRGN	Absent	
5GNE0016	Gills, Left	PALE	Absent	
5GNE0016	Gills, Right	FRAY	Absent	
5GNE0016	Gills, Right	MRGN	Absent	
5GNE0016	Gills, Right	PALE	Absent	
5GNE0016	Fins	ERS	Absent	
5GNE0016	Fins	FRAY	Present	
5GNE0016	Fins	HMR	Absent	
5GNE0016	Fins	EMB	Absent	
5GNE0019H	Gills, Left	FRAY	Absent	
5GNE0019H	Gills, Left	MRGN	Absent	
5GNE0019H	Gills, Left	PALE	Absent	
5GNE0019H	Gills, Right	FRAY	Absent	
5GNE0019H	Gills, Right	MRGN	Absent	
5GNE0019H	Gills, Right	PALE	Absent	
5GNE0019H	Fins	ERS	Absent	
5GNE0019H	Fins	FRAY	Absent	
5GNE0019H	Fins	HMR	Absent	
5GNE0019H	Fins	EMB	Absent	
5GNE0020H	Gills, Left	FRAY	Absent	
5GNE0020H	Gills, Left	MRGN	Absent	
5GNE0020H	Gills, Left	PALE	Absent	
5GNE0020H	Gills, Right	FRAY	Absent	
5GNE0020H	Gills, Right	MRGN	Absent	
5GNE0020H	Gills, Right	PALE	Absent	
5GNE0020H	Fins	ERS	Absent	
5GNE0020H	Fins	FRAY	Absent	
5GNE0020H	Fins	HMR	Absent	
5GNE0020H	Fins	EMB	Absent	
5GNE0021	Gills, Left	FRAY	Absent	
5GNE0021	Gills, Left	MRGN	Absent	
5GNE0021	Gills, Left	PALE	Absent	
5GNE0021	Gills, Right	FRAY	Absent	
5GNE0021	Gills, Right	MRGN	Absent	
5GNE0021	Gills, Right	PALE	Absent	
5GNE0021	Fins	ERS	Absent	
5GNE0021	Fins	FRAY	Absent	
5GNE0021	Fins	HMR	Absent	
5GNE0021	Fins	EMB	Absent	
5GNE0022H	Gills, Left	FRAY	Absent	
5GNE0022H	Gills, Left	MRGN	Absent	
5GNE0022H	Gills, Left	PALE	Absent	
5GNE0022H	Gills, Right	FRAY	Absent	
5GNE0022H	Gills, Right	MRGN	Absent	
5GNE0022H	Gills, Right	PALE	Absent	
5GNE0022H	Fins	ERS	Absent	
5GNE0022H	Fins	FRAY	Absent	
5GNE0022H	Fins	HMR	Absent	
5GNE0022H	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0023H	Gills, Left	FRAY	Absent	
5GNE0023H	Gills, Left	MRGN	Absent	
5GNE0023H	Gills, Left	PALE	Absent	
5GNE0023H	Gills, Right	FRAY	Absent	
5GNE0023H	Gills, Right	MRGN	Absent	
5GNE0023H	Gills, Right	PALE	Absent	
5GNE0023H	Fins	ERS	Absent	
5GNE0023H	Fins	FRAY	Absent	
5GNE0023H	Fins	HMR	Absent	
5GNE0023H	Fins	EMB	Absent	
5GNE0025H	Gills, Left	FRAY	Absent	
5GNE0025H	Gills, Left	MRGN	Absent	
5GNE0025H	Gills, Left	PALE	Absent	
5GNE0025H	Gills, Right	FRAY	Absent	
5GNE0025H	Gills, Right	MRGN	Absent	
5GNE0025H	Gills, Right	PALE	Absent	
5GNE0025H	Fins	ERS	Absent	
5GNE0025H	Fins	FRAY	Absent	
5GNE0025H	Fins	HMR	Absent	
5GNE0025H	Fins	EMB	Absent	
5GNE0027H	Gills, Left	FRAY	Absent	
5GNE0027H	Gills, Left	MRGN	Absent	
5GNE0027H	Gills, Left	PALE	Absent	
5GNE0027H	Gills, Right	FRAY	Absent	
5GNE0027H	Gills, Right	MRGN	Absent	
5GNE0027H	Gills, Right	PALE	Absent	
5GNE0027H	Fins	ERS	Absent	
5GNE0027H	Fins	FRAY	Absent	
5GNE0027H	Fins	HMR	Absent	
5GNE0027H	Fins	EMB	Absent	
5GNE0028	Gills, Left	FRAY	Absent	
5GNE0028	Gills, Left	MRGN	Absent	
5GNE0028	Gills, Left	PALE	Absent	
5GNE0028	Gills, Right	FRAY	Absent	
5GNE0028	Gills, Right	MRGN	Absent	
5GNE0028	Gills, Right	PALE	Absent	
5GNE0028	Fins	ERS	Absent	
5GNE0028	Fins	FRAY	Absent	
5GNE0028	Fins	HMR	Absent	
5GNE0028	Fins	EMB	Absent	
5GNE0029	Gills, Left	FRAY	Absent	
5GNE0029	Gills, Left	MRGN	Absent	
5GNE0029	Gills, Left	PALE	Absent	
5GNE0029	Gills, Right	FRAY	Absent	
5GNE0029	Gills, Right	MRGN	Absent	
5GNE0029	Gills, Right	PALE	Absent	
5GNE0029	Fins	ERS	Absent	
5GNE0029	Fins	FRAY	Absent	
5GNE0029	Fins	HMR	Absent	
5GNE0029	Fins	EMB	Absent	
5GNE0040	Gills, Left	FRAY	Absent	
5GNE0040	Gills, Left	MRGN	Absent	
5GNE0040	Gills, Left	PALE	Present	
5GNE0040	Gills, Right	FRAY	Absent	
5GNE0040	Gills, Right	MRGN	Absent	
5GNE0040	Gills, Right	PALE	Present	
5GNE0040	Fins	ERS	Absent	
5GNE0040	Fins	FRAY	Present	
5GNE0040	Fins	HMR	Absent	
5GNE0040	Fins	EMB	Absent	
5GNE0041	Gills, Left	FRAY	Absent	
5GNE0041	Gills, Left	MRGN	Absent	
5GNE0041	Gills, Left	PALE	Present	
5GNE0041	Gills, Right	FRAY	Absent	
5GNE0041	Gills, Right	MRGN	Absent	
5GNE0041	Gills, Right	PALE	Present	
5GNE0041	Fins	ERS	Absent	
5GNE0041	Fins	FRAY	Present	
5GNE0041	Fins	HMR	Absent	
5GNE0041	Fins	EMB	Absent	
5GNE0043	Gills, Left	FRAY	Absent	
5GNE0043	Gills, Left	MRGN	Absent	
5GNE0043	Gills, Left	PALE	Absent	
5GNE0043	Gills, Right	FRAY	Absent	
5GNE0043	Gills, Right	MRGN	Absent	
5GNE0043	Gills, Right	PALE	Absent	
5GNE0043	Fins	ERS	Absent	
5GNE0043	Fins	FRAY	Present	
5GNE0043	Fins	HMR	Absent	
5GNE0043	Fins	EMB	Absent	
5GNE0044	Gills, Left	FRAY	Absent	
5GNE0044	Gills, Left	MRGN	Absent	
5GNE0044	Gills, Left	PALE	Absent	
5GNE0044	Gills, Right	FRAY	Absent	
5GNE0044	Gills, Right	MRGN	Absent	
5GNE0044	Gills, Right	PALE	Absent	
5GNE0044	Fins	ERS	Absent	
5GNE0044	Fins	FRAY	Absent	
5GNE0044	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0044	Fins	EMB	Absent	
5GNE0045	Gills, Left	FRAY	Absent	
5GNE0045	Gills, Left	MRGN	Absent	
5GNE0045	Gills, Left	PALE	Absent	
5GNE0045	Gills, Right	FRAY	Absent	
5GNE0045	Gills, Right	MRGN	Absent	
5GNE0045	Gills, Right	PALE	Absent	
5GNE0045	Fins	ERS	Absent	
5GNE0045	Fins	FRAY	Absent	
5GNE0045	Fins	HMR	Absent	
5GNE0045	Fins	EMB	Absent	
5GNE0046	Gills, Left	FRAY	Absent	
5GNE0046	Gills, Left	MRGN	Absent	
5GNE0046	Gills, Left	PALE	Absent	
5GNE0046	Gills, Right	FRAY	Absent	
5GNE0046	Gills, Right	MRGN	Absent	
5GNE0046	Gills, Right	PALE	Absent	
5GNE0046	Fins	ERS	Absent	
5GNE0046	Fins	FRAY	Absent	
5GNE0046	Fins	HMR	Absent	
5GNE0046	Fins	EMB	Absent	
5GNE0047	Gills, Left	FRAY	Absent	
5GNE0047	Gills, Left	MRGN	Absent	
5GNE0047	Gills, Left	PALE	Absent	
5GNE0047	Gills, Right	FRAY	Absent	
5GNE0047	Gills, Right	MRGN	Absent	
5GNE0047	Gills, Right	PALE	Absent	
5GNE0047	Fins	ERS	Absent	
5GNE0047	Fins	FRAY	Absent	
5GNE0047	Fins	HMR	Absent	
5GNE0047	Fins	EMB	Absent	
5GNE0053	Gills, Left	FRAY	Absent	
5GNE0053	Gills, Left	MRGN	Absent	
5GNE0053	Gills, Left	PALE	Absent	
5GNE0053	Gills, Right	FRAY	Absent	
5GNE0053	Gills, Right	MRGN	Absent	
5GNE0053	Gills, Right	PALE	Absent	
5GNE0053	Fins	ERS	Absent	
5GNE0053	Fins	FRAY	Absent	
5GNE0053	Fins	HMR	Absent	
5GNE0053	Fins	EMB	Absent	
5GNE0054	Gills, Left	FRAY	Absent	
5GNE0054	Gills, Left	MRGN	Absent	
5GNE0054	Gills, Left	PALE	Absent	
5GNE0054	Gills, Right	FRAY	Absent	
5GNE0054	Gills, Right	MRGN	Absent	
5GNE0054	Gills, Right	PALE	Absent	
5GNE0054	Fins	ERS	Absent	
5GNE0054	Fins	FRAY	Present	
5GNE0054	Fins	HMR	Absent	
5GNE0054	Fins	EMB	Absent	
5GNE0055	Gills, Left	FRAY	Absent	
5GNE0055	Gills, Left	MRGN	Absent	
5GNE0055	Gills, Left	PALE	Absent	
5GNE0055	Gills, Right	FRAY	Absent	
5GNE0055	Gills, Right	MRGN	Absent	
5GNE0055	Gills, Right	PALE	Absent	
5GNE0055	Fins	ERS	Absent	
5GNE0055	Fins	FRAY	Absent	
5GNE0055	Fins	HMR	Absent	
5GNE0055	Fins	EMB	Absent	
5GNE0055	Fins	OTHER	Present	Damage around base of tail
5GNE0056	Gills, Left	FRAY	Absent	
5GNE0056	Gills, Left	MRGN	Absent	
5GNE0056	Gills, Left	PALE	Absent	
5GNE0056	Gills, Right	FRAY	Absent	
5GNE0056	Gills, Right	MRGN	Absent	
5GNE0056	Gills, Right	PALE	Absent	
5GNE0056	Fins	ERS	Absent	
5GNE0056	Fins	FRAY	Present	
5GNE0056	Fins	HMR	Absent	
5GNE0056	Fins	EMB	Absent	
5GNE0057	Gills, Left	FRAY	Absent	
5GNE0057	Gills, Left	MRGN	Absent	
5GNE0057	Gills, Left	PALE	Absent	
5GNE0057	Gills, Right	FRAY	Absent	
5GNE0057	Gills, Right	MRGN	Absent	
5GNE0057	Gills, Right	PALE	Absent	
5GNE0057	Fins	ERS	Absent	
5GNE0057	Fins	FRAY	Present	
5GNE0057	Fins	HMR	Absent	
5GNE0057	Fins	EMB	Absent	
5GNE0058	Gills, Left	FRAY	Absent	
5GNE0058	Gills, Left	MRGN	Absent	
5GNE0058	Gills, Left	PALE	Absent	
5GNE0058	Gills, Right	FRAY	Absent	
5GNE0058	Gills, Right	MRGN	Absent	
5GNE0058	Gills, Right	PALE	Absent	
5GNE0058	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0058	Fins	FRAY	Present	
5GNE0058	Fins	HMR	Absent	
5GNE0058	Fins	EMB	Absent	
5GNE0059	Gills, Left	FRAY	Absent	
5GNE0059	Gills, Left	MRGN	Absent	
5GNE0059	Gills, Left	PALE	Absent	
5GNE0059	Gills, Right	FRAY	Absent	
5GNE0059	Gills, Right	MRGN	Absent	
5GNE0059	Gills, Right	PALE	Absent	
5GNE0059	Fins	ERS	Absent	
5GNE0059	Fins	FRAY	Present	
5GNE0059	Fins	HMR	Absent	
5GNE0059	Fins	EMB	Absent	
5GNE0060	Gills, Left	FRAY	Absent	
5GNE0060	Gills, Left	MRGN	Absent	
5GNE0060	Gills, Left	PALE	Absent	
5GNE0060	Gills, Right	FRAY	Absent	
5GNE0060	Gills, Right	MRGN	Absent	
5GNE0060	Gills, Right	PALE	Absent	
5GNE0060	Fins	ERS	Absent	
5GNE0060	Fins	FRAY	Present	
5GNE0060	Fins	HMR	Absent	
5GNE0060	Fins	EMB	Absent	
5GNE0061	Gills, Left	FRAY	Absent	
5GNE0061	Gills, Left	MRGN	Absent	
5GNE0061	Gills, Left	PALE	Absent	
5GNE0061	Gills, Right	FRAY	Absent	
5GNE0061	Gills, Right	MRGN	Absent	
5GNE0061	Gills, Right	PALE	Absent	
5GNE0061	Fins	ERS	Absent	
5GNE0061	Fins	FRAY	Present	
5GNE0061	Fins	HMR	Absent	
5GNE0061	Fins	EMB	Absent	
5GNE0062	Gills, Left	FRAY	Absent	
5GNE0062	Gills, Left	MRGN	Absent	
5GNE0062	Gills, Left	PALE	Absent	
5GNE0062	Gills, Right	FRAY	Absent	
5GNE0062	Gills, Right	MRGN	Absent	
5GNE0062	Gills, Right	PALE	Absent	
5GNE0062	Fins	ERS	Absent	
5GNE0062	Fins	FRAY	Present	
5GNE0062	Fins	HMR	Absent	
5GNE0062	Fins	EMB	Absent	
5GNE0063	Gills, Left	FRAY	Absent	
5GNE0063	Gills, Left	MRGN	Absent	
5GNE0063	Gills, Left	PALE	Absent	
5GNE0063	Gills, Right	FRAY	Absent	
5GNE0063	Gills, Right	MRGN	Absent	
5GNE0063	Gills, Right	PALE	Absent	
5GNE0063	Fins	ERS	Absent	
5GNE0063	Fins	FRAY	Present	
5GNE0063	Fins	HMR	Absent	
5GNE0063	Fins	EMB	Absent	
5GNE0064	Gills, Left	FRAY	Absent	
5GNE0064	Gills, Left	MRGN	Absent	
5GNE0064	Gills, Left	PALE	Absent	
5GNE0064	Gills, Right	FRAY	Absent	
5GNE0064	Gills, Right	MRGN	Absent	
5GNE0064	Gills, Right	PALE	Absent	
5GNE0064	Fins	ERS	Absent	
5GNE0064	Fins	FRAY	Present	
5GNE0064	Fins	HMR	Absent	
5GNE0064	Fins	EMB	Absent	
5GNE0065	Gills, Left	FRAY	Absent	
5GNE0065	Gills, Left	MRGN	Absent	
5GNE0065	Gills, Left	PALE	Absent	
5GNE0065	Gills, Right	FRAY	Absent	
5GNE0065	Gills, Right	MRGN	Absent	
5GNE0065	Gills, Right	PALE	Absent	
5GNE0065	Fins	ERS	Absent	
5GNE0065	Fins	FRAY	Present	
5GNE0065	Fins	HMR	Absent	
5GNE0065	Fins	EMB	Absent	
5GNE0066	Gills, Left	FRAY	Absent	
5GNE0066	Gills, Left	MRGN	Absent	
5GNE0066	Gills, Left	PALE	Absent	
5GNE0066	Gills, Right	FRAY	Absent	
5GNE0066	Gills, Right	MRGN	Absent	
5GNE0066	Gills, Right	PALE	Absent	
5GNE0066	Fins	ERS	Absent	
5GNE0066	Fins	FRAY	Present	
5GNE0066	Fins	HMR	Absent	
5GNE0066	Fins	EMB	Absent	
5GNE0067	Gills, Left	FRAY	Absent	
5GNE0067	Gills, Left	MRGN	Absent	
5GNE0067	Gills, Left	PALE	Absent	
5GNE0067	Gills, Right	FRAY	Absent	
5GNE0067	Gills, Right	MRGN	Absent	
5GNE0067	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5GNE0067	Fins	ERS	Absent	
5GNE0067	Fins	FRAY	Present	
5GNE0067	Fins	HMR	Absent	
5GNE0067	Fins	EMB	Absent	
5GNE0068	Gills, Left	FRAY	Absent	
5GNE0068	Gills, Left	MRGN	Absent	
5GNE0068	Gills, Left	PALE	Present	
5GNE0068	Gills, Right	FRAY	Absent	
5GNE0068	Gills, Right	MRGN	Absent	
5GNE0068	Gills, Right	PALE	Present	
5GNE0068	Fins	ERS	Absent	
5GNE0068	Fins	FRAY	Present	
5GNE0068	Fins	HMR	Absent	
5GNE0068	Fins	EMB	Absent	
5GNE0069	Gills, Left	FRAY	Absent	
5GNE0069	Gills, Left	MRGN	Absent	
5GNE0069	Gills, Left	PALE	Present	
5GNE0069	Gills, Right	FRAY	Absent	
5GNE0069	Gills, Right	MRGN	Absent	
5GNE0069	Gills, Right	PALE	Present	
5GNE0069	Fins	ERS	Absent	
5GNE0069	Fins	FRAY	Present	
5GNE0069	Fins	HMR	Absent	
5GNE0069	Fins	EMB	Absent	
5GNE0070	Gills, Left	FRAY	Absent	
5GNE0070	Gills, Left	MRGN	Absent	
5GNE0070	Gills, Left	PALE	Absent	
5GNE0070	Gills, Right	FRAY	Absent	
5GNE0070	Gills, Right	MRGN	Absent	
5GNE0070	Gills, Right	PALE	Absent	
5GNE0070	Fins	ERS	Absent	
5GNE0070	Fins	FRAY	Present	
5GNE0070	Fins	HMR	Absent	
5GNE0070	Fins	EMB	Absent	
5GNE0071	Gills, Left	FRAY	Absent	
5GNE0071	Gills, Left	MRGN	Absent	
5GNE0071	Gills, Left	PALE	Absent	
5GNE0071	Gills, Right	FRAY	Absent	
5GNE0071	Gills, Right	MRGN	Absent	
5GNE0071	Gills, Right	PALE	Absent	
5GNE0071	Fins	ERS	Absent	
5GNE0071	Fins	FRAY	Present	
5GNE0071	Fins	HMR	Absent	
5GNE0071	Fins	EMB	Absent	
5TC0005	Gills, Left	FRAY	Absent	
5TC0005	Gills, Left	MRGN	Absent	
5TC0005	Gills, Left	PALE	Absent	
5TC0005	Gills, Right	FRAY	Absent	
5TC0005	Gills, Right	MRGN	Absent	
5TC0005	Gills, Right	PALE	Absent	
5TC0005	Fins	ERS	Absent	
5TC0005	Fins	FRAY	Absent	
5TC0005	Fins	HMR	Absent	
5TC0005	Fins	EMB	Absent	
5TC0006	Gills, Left	FRAY	Absent	
5TC0006	Gills, Left	MRGN	Absent	
5TC0006	Gills, Left	PALE	Absent	
5TC0006	Gills, Right	FRAY	Absent	
5TC0006	Gills, Right	MRGN	Absent	
5TC0006	Gills, Right	PALE	Absent	
5TC0006	Fins	ERS	Absent	
5TC0006	Fins	FRAY	Absent	
5TC0006	Fins	HMR	Absent	
5TC0006	Fins	EMB	Absent	
5TC0007	Gills, Left	FRAY	Absent	
5TC0007	Gills, Left	MRGN	Absent	
5TC0007	Gills, Left	PALE	Absent	
5TC0007	Gills, Right	FRAY	Absent	
5TC0007	Gills, Right	MRGN	Absent	
5TC0007	Gills, Right	PALE	Absent	
5TC0007	Fins	ERS	Absent	
5TC0007	Fins	FRAY	Absent	
5TC0007	Fins	HMR	Absent	
5TC0007	Fins	EMB	Absent	
5TC0008	Gills, Left	FRAY	Absent	
5TC0008	Gills, Left	MRGN	Absent	
5TC0008	Gills, Left	PALE	Absent	
5TC0008	Gills, Right	FRAY	Absent	
5TC0008	Gills, Right	MRGN	Absent	
5TC0008	Gills, Right	PALE	Absent	
5TC0008	Fins	ERS	Absent	
5TC0008	Fins	FRAY	Absent	
5TC0008	Fins	HMR	Absent	
5TC0008	Fins	EMB	Absent	
5TC0010	Gills, Left	FRAY	Absent	
5TC0010	Gills, Left	MRGN	Absent	
5TC0010	Gills, Left	PALE	Absent	
5TC0010	Gills, Right	FRAY	Absent	
5TC0010	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TC0010	Gills, Right	PALE	Absent	
5TC0010	Fins	ERS	Absent	
5TC0010	Fins	FRAY	Absent	
5TC0010	Fins	HMR	Absent	
5TC0010	Fins	EMB	Absent	
5TC0011	Gills, Left	FRAY	Absent	
5TC0011	Gills, Left	MRGN	Absent	
5TC0011	Gills, Left	PALE	Absent	
5TC0011	Gills, Right	FRAY	Absent	
5TC0011	Gills, Right	MRGN	Absent	
5TC0011	Gills, Right	PALE	Absent	
5TC0011	Fins	ERS	Absent	
5TC0011	Fins	FRAY	Absent	
5TC0011	Fins	HMR	Absent	
5TC0011	Fins	EMB	Absent	
5TC0012	Gills, Left	FRAY	Absent	
5TC0012	Gills, Left	MRGN	Absent	
5TC0012	Gills, Left	PALE	Absent	
5TC0012	Gills, Right	FRAY	Absent	
5TC0012	Gills, Right	MRGN	Absent	
5TC0012	Gills, Right	PALE	Absent	
5TC0012	Fins	ERS	Absent	
5TC0012	Fins	FRAY	Absent	
5TC0012	Fins	HMR	Absent	
5TC0012	Fins	EMB	Absent	
5TC0012	Fins	OTHER	Present	Tear on caudal fin
5TC0013	Gills, Left	FRAY	Absent	
5TC0013	Gills, Left	MRGN	Absent	
5TC0013	Gills, Left	PALE	Absent	
5TC0013	Gills, Right	FRAY	Absent	
5TC0013	Gills, Right	MRGN	Absent	
5TC0013	Gills, Right	PALE	Absent	
5TC0013	Fins	ERS	Absent	
5TC0013	Fins	FRAY	Absent	
5TC0013	Fins	HMR	Absent	
5TC0013	Fins	EMB	Absent	
5TC0014	Gills, Left	FRAY	Absent	
5TC0014	Gills, Left	MRGN	Absent	
5TC0014	Gills, Left	PALE	Absent	
5TC0014	Gills, Right	FRAY	Absent	
5TC0014	Gills, Right	MRGN	Absent	
5TC0014	Gills, Right	PALE	Absent	
5TC0014	Fins	ERS	Absent	
5TC0014	Fins	FRAY	Absent	
5TC0014	Fins	HMR	Absent	
5TC0014	Fins	EMB	Absent	
5TC0015	Gills, Left	FRAY	Absent	
5TC0015	Gills, Left	MRGN	Absent	
5TC0015	Gills, Left	PALE	Absent	
5TC0015	Gills, Right	FRAY	Absent	
5TC0015	Gills, Right	MRGN	Absent	
5TC0015	Gills, Right	PALE	Absent	
5TC0015	Fins	ERS	Absent	
5TC0015	Fins	FRAY	Absent	
5TC0015	Fins	HMR	Absent	
5TC0015	Fins	EMB	Absent	
5TC0016	Gills, Left	FRAY	Absent	
5TC0016	Gills, Left	MRGN	Absent	
5TC0016	Gills, Left	PALE	Absent	
5TC0016	Gills, Right	FRAY	Absent	
5TC0016	Gills, Right	MRGN	Absent	
5TC0016	Gills, Right	PALE	Absent	
5TC0016	Fins	ERS	Absent	
5TC0016	Fins	FRAY	Absent	
5TC0016	Fins	HMR	Absent	
5TC0016	Fins	EMB	Absent	
5TF0001	Gills, Left	FRAY	Absent	
5TF0001	Gills, Left	MRGN	Absent	
5TF0001	Gills, Left	PALE	Absent	
5TF0001	Gills, Right	FRAY	Absent	
5TF0001	Gills, Right	MRGN	Absent	
5TF0001	Gills, Right	PALE	Absent	
5TF0001	Fins	ERS	Absent	
5TF0001	Fins	FRAY	Absent	
5TF0001	Fins	HMR	Absent	
5TF0001	Fins	EMB	Absent	
5TF0002	Gills, Left	FRAY	Absent	
5TF0002	Gills, Left	MRGN	Absent	
5TF0002	Gills, Left	PALE	Absent	
5TF0002	Gills, Right	FRAY	Absent	
5TF0002	Gills, Right	MRGN	Absent	
5TF0002	Gills, Right	PALE	Absent	
5TF0002	Fins	ERS	Absent	
5TF0002	Fins	FRAY	Absent	
5TF0002	Fins	HMR	Absent	
5TF0002	Fins	EMB	Absent	
5TF0003	Gills, Left	FRAY	Absent	
5TF0003	Gills, Left	MRGN	Absent	
5TF0003	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TF0003	Gills, Right	FRAY	Absent	
5TF0003	Gills, Right	MRGN	Absent	
5TF0003	Gills, Right	PALE	Absent	
5TF0003	Fins	ERS	Absent	
5TF0003	Fins	FRAY	Absent	
5TF0003	Fins	HMR	Absent	
5TF0003	Fins	EMB	Absent	
5TF0004	Gills, Left	FRAY	Absent	
5TF0004	Gills, Left	MRGN	Absent	
5TF0004	Gills, Left	PALE	Absent	
5TF0004	Gills, Right	FRAY	Absent	
5TF0004	Gills, Right	MRGN	Absent	
5TF0004	Gills, Right	PALE	Absent	
5TF0004	Fins	ERS	Absent	
5TF0004	Fins	FRAY	Absent	
5TF0004	Fins	HMR	Absent	
5TF0004	Fins	EMB	Absent	
5TF0005	Gills, Left	FRAY	Absent	
5TF0005	Gills, Left	MRGN	Absent	
5TF0005	Gills, Left	PALE	Absent	
5TF0005	Gills, Right	FRAY	Absent	
5TF0005	Gills, Right	MRGN	Absent	
5TF0005	Gills, Right	PALE	Absent	
5TF0005	Fins	ERS	Absent	
5TF0005	Fins	FRAY	Absent	
5TF0005	Fins	HMR	Absent	
5TF0005	Fins	EMB	Absent	
5TF0006	Gills, Left	FRAY	Absent	
5TF0006	Gills, Left	MRGN	Absent	
5TF0006	Gills, Left	PALE	Absent	
5TF0006	Gills, Right	FRAY	Absent	
5TF0006	Gills, Right	MRGN	Absent	
5TF0006	Gills, Right	PALE	Absent	
5TF0006	Fins	ERS	Absent	
5TF0006	Fins	FRAY	Absent	
5TF0006	Fins	HMR	Absent	
5TF0006	Fins	EMB	Absent	
5TF0007	Gills, Left	FRAY	Absent	
5TF0007	Gills, Left	MRGN	Absent	
5TF0007	Gills, Left	PALE	Absent	
5TF0007	Gills, Right	FRAY	Absent	
5TF0007	Gills, Right	MRGN	Absent	
5TF0007	Gills, Right	PALE	Absent	
5TF0007	Fins	ERS	Absent	
5TF0007	Fins	FRAY	Absent	
5TF0007	Fins	HMR	Absent	
5TF0007	Fins	EMB	Absent	
5TF0010	Gills, Left	FRAY	Absent	
5TF0010	Gills, Left	MRGN	Absent	
5TF0010	Gills, Left	PALE	Absent	
5TF0010	Gills, Left	OTHER	Present	Swim bladder extending through gill
5TF0010	Gills, Right	FRAY	Absent	
5TF0010	Gills, Right	MRGN	Absent	
5TF0010	Gills, Right	PALE	Absent	
5TF0010	Gills, Right	OTHER	Present	Swim bladder extending through gill
5TF0010	Fins	ERS	Absent	
5TF0010	Fins	FRAY	Absent	
5TF0010	Fins	HMR	Absent	
5TF0010	Fins	EMB	Absent	
5TF0011	Gills, Left	FRAY	Absent	
5TF0011	Gills, Left	MRGN	Absent	
5TF0011	Gills, Left	PALE	Absent	
5TF0011	Gills, Right	FRAY	Absent	
5TF0011	Gills, Right	MRGN	Absent	
5TF0011	Gills, Right	PALE	Absent	
5TF0011	Fins	ERS	Absent	
5TF0011	Fins	FRAY	Absent	
5TF0011	Fins	HMR	Absent	
5TF0011	Fins	EMB	Absent	
5TF0012	Gills, Left	FRAY	Absent	
5TF0012	Gills, Left	MRGN	Absent	
5TF0012	Gills, Left	PALE	Absent	
5TF0012	Gills, Right	FRAY	Absent	
5TF0012	Gills, Right	MRGN	Absent	
5TF0012	Gills, Right	PALE	Absent	
5TF0012	Fins	ERS	Absent	
5TF0012	Fins	FRAY	Absent	
5TF0012	Fins	HMR	Absent	
5TF0012	Fins	EMB	Absent	
5TF0013	Gills, Left	FRAY	Absent	
5TF0013	Gills, Left	MRGN	Absent	
5TF0013	Gills, Left	PALE	Absent	
5TF0013	Gills, Right	FRAY	Absent	
5TF0013	Gills, Right	MRGN	Absent	
5TF0013	Gills, Right	PALE	Absent	
5TF0013	Fins	ERS	Absent	
5TF0013	Fins	FRAY	Absent	
5TF0013	Fins	HMR	Absent	
5TF0013	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
5TF0014	Gills, Left	FRAY	Absent	
5TF0014	Gills, Left	MRGN	Absent	
5TF0014	Gills, Left	PALE	Absent	
5TF0014	Gills, Right	FRAY	Absent	
5TF0014	Gills, Right	MRGN	Absent	
5TF0014	Gills, Right	PALE	Absent	
5TF0014	Fins	ERS	Absent	
5TF0014	Fins	FRAY	Absent	
5TF0014	Fins	HMR	Absent	
5TF0014	Fins	EMB	Absent	
5TF0015	Gills, Left	FRAY	Absent	
5TF0015	Gills, Left	MRGN	Absent	
5TF0015	Gills, Left	PALE	Absent	
5TF0015	Gills, Right	FRAY	Absent	
5TF0015	Gills, Right	MRGN	Absent	
5TF0015	Gills, Right	PALE	Absent	
5TF0015	Fins	ERS	Absent	
5TF0015	Fins	FRAY	Absent	
5TF0015	Fins	HMR	Absent	
5TF0015	Fins	EMB	Absent	
5TF0016	Gills, Left	FRAY	Absent	
5TF0016	Gills, Left	MRGN	Absent	
5TF0016	Gills, Left	PALE	Absent	
5TF0016	Gills, Right	FRAY	Absent	
5TF0016	Gills, Right	MRGN	Absent	
5TF0016	Gills, Right	PALE	Absent	
5TF0016	Fins	ERS	Absent	
5TF0016	Fins	FRAY	Absent	
5TF0016	Fins	HMR	Absent	
5TF0016	Fins	EMB	Absent	
6EB0001H	Gills, Left	FRAY	Absent	
6EB0001H	Gills, Left	MRGN	Absent	
6EB0001H	Gills, Left	PALE	Absent	
6EB0001H	Gills, Right	FRAY	Absent	
6EB0001H	Gills, Right	MRGN	Absent	
6EB0001H	Gills, Right	PALE	Absent	
6EB0001H	Fins	ERS	Absent	
6EB0001H	Fins	FRAY	Absent	
6EB0001H	Fins	HMR	Absent	
6EB0001H	Fins	EMB	Absent	
6EB0002H	Gills, Left	FRAY	Absent	
6EB0002H	Gills, Left	MRGN	Absent	
6EB0002H	Gills, Left	PALE	Absent	
6EB0002H	Gills, Right	FRAY	Absent	
6EB0002H	Gills, Right	MRGN	Absent	
6EB0002H	Gills, Right	PALE	Absent	
6EB0002H	Fins	ERS	Absent	
6EB0002H	Fins	FRAY	Absent	
6EB0002H	Fins	HMR	Absent	
6EB0002H	Fins	EMB	Absent	
6EB0003H	Gills, Left	FRAY	Absent	
6EB0003H	Gills, Left	MRGN	Absent	
6EB0003H	Gills, Left	PALE	Absent	
6EB0003H	Gills, Right	FRAY	Absent	
6EB0003H	Gills, Right	MRGN	Absent	
6EB0003H	Gills, Right	PALE	Absent	
6EB0003H	Fins	ERS	Absent	
6EB0003H	Fins	FRAY	Absent	
6EB0003H	Fins	HMR	Absent	
6EB0003H	Fins	EMB	Absent	
6EB0004H	Gills, Left	FRAY	Absent	
6EB0004H	Gills, Left	MRGN	Absent	
6EB0004H	Gills, Left	PALE	Present	
6EB0004H	Gills, Right	FRAY	Absent	
6EB0004H	Gills, Right	MRGN	Absent	
6EB0004H	Gills, Right	PALE	Present	
6EB0004H	Fins	ERS	Absent	
6EB0004H	Fins	FRAY	Absent	
6EB0004H	Fins	HMR	Absent	
6EB0004H	Fins	EMB	Absent	
6EB0005H	Gills, Left	FRAY	Absent	
6EB0005H	Gills, Left	MRGN	Absent	
6EB0005H	Gills, Left	PALE	Absent	
6EB0005H	Gills, Right	FRAY	Absent	
6EB0005H	Gills, Right	MRGN	Absent	
6EB0005H	Gills, Right	PALE	Absent	
6EB0005H	Fins	ERS	Absent	
6EB0005H	Fins	FRAY	Absent	
6EB0005H	Fins	HMR	Absent	
6EB0005H	Fins	EMB	Absent	
6EB00065	Gills, Left	FRAY	Absent	
6EB00065	Gills, Left	MRGN	Absent	
6EB00065	Gills, Left	PALE	Present	
6EB00065	Gills, Right	FRAY	Absent	
6EB00065	Gills, Right	MRGN	Absent	
6EB00065	Gills, Right	PALE	Present	
6EB00065	Fins	ERS	Absent	
6EB00065	Fins	FRAY	Absent	
6EB00065	Fins	HMR	Absent	
6EB00065	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB00065	Fins	EMB	Absent	
6EB0006H	Gills, Left	FRAY	Absent	
6EB0006H	Gills, Left	MRGN	Absent	
6EB0006H	Gills, Left	PALE	Absent	
6EB0006H	Gills, Right	FRAY	Absent	
6EB0006H	Gills, Right	MRGN	Absent	
6EB0006H	Gills, Right	PALE	Absent	
6EB0006H	Fins	ERS	Absent	
6EB0006H	Fins	FRAY	Absent	
6EB0006H	Fins	HMR	Absent	
6EB0006H	Fins	EMB	Absent	
6EB0008H	Gills, Left	FRAY	Absent	
6EB0008H	Gills, Left	MRGN	Absent	
6EB0008H	Gills, Left	PALE	Absent	
6EB0008H	Gills, Right	FRAY	Absent	
6EB0008H	Gills, Right	MRGN	Absent	
6EB0008H	Gills, Right	PALE	Absent	
6EB0008H	Fins	ERS	Absent	
6EB0008H	Fins	FRAY	Absent	
6EB0008H	Fins	HMR	Absent	
6EB0008H	Fins	EMB	Absent	
6EB0009W	Gills, Left	FRAY	Absent	
6EB0009W	Gills, Left	MRGN	Absent	
6EB0009W	Gills, Left	PALE	Absent	
6EB0009W	Gills, Right	FRAY	Absent	
6EB0009W	Gills, Right	MRGN	Absent	
6EB0009W	Gills, Right	PALE	Absent	
6EB0009W	Fins	ERS	Absent	
6EB0009W	Fins	FRAY	Absent	
6EB0009W	Fins	HMR	Absent	
6EB0009W	Fins	EMB	Absent	
6EB0010H	Gills, Left	FRAY	Absent	
6EB0010H	Gills, Left	MRGN	Absent	
6EB0010H	Gills, Left	PALE	Absent	
6EB0010H	Gills, Right	FRAY	Absent	
6EB0010H	Gills, Right	MRGN	Absent	
6EB0010H	Gills, Right	PALE	Absent	
6EB0010H	Fins	ERS	Absent	
6EB0010H	Fins	FRAY	Absent	
6EB0010H	Fins	HMR	Absent	
6EB0010H	Fins	EMB	Absent	
6EB0011W	Gills, Left	FRAY	Absent	
6EB0011W	Gills, Left	MRGN	Absent	
6EB0011W	Gills, Left	PALE	Present	
6EB0011W	Gills, Right	FRAY	Absent	
6EB0011W	Gills, Right	MRGN	Absent	
6EB0011W	Gills, Right	PALE	Present	
6EB0011W	Fins	ERS	Absent	
6EB0011W	Fins	FRAY	Absent	
6EB0011W	Fins	HMR	Absent	
6EB0011W	Fins	EMB	Absent	
6EB0012	Gills, Left	FRAY	Absent	
6EB0012	Gills, Left	MRGN	Absent	
6EB0012	Gills, Left	PALE	Absent	
6EB0012	Gills, Right	FRAY	Absent	
6EB0012	Gills, Right	MRGN	Absent	
6EB0012	Gills, Right	PALE	Absent	
6EB0012	Fins	ERS	Absent	
6EB0012	Fins	FRAY	Present	
6EB0012	Fins	HMR	Absent	
6EB0012	Fins	EMB	Absent	
6EB0013H	Gills, Left	FRAY	Absent	
6EB0013H	Gills, Left	MRGN	Absent	
6EB0013H	Gills, Left	PALE	Absent	
6EB0013H	Gills, Right	FRAY	Absent	
6EB0013H	Gills, Right	MRGN	Absent	
6EB0013H	Gills, Right	PALE	Absent	
6EB0013H	Fins	ERS	Absent	
6EB0013H	Fins	FRAY	Absent	
6EB0013H	Fins	HMR	Absent	
6EB0013H	Fins	EMB	Absent	
6EB0014W	Gills, Left	FRAY	Absent	
6EB0014W	Gills, Left	MRGN	Absent	
6EB0014W	Gills, Left	PALE	Present	
6EB0014W	Gills, Right	FRAY	Absent	
6EB0014W	Gills, Right	MRGN	Absent	
6EB0014W	Gills, Right	PALE	Present	
6EB0014W	Fins	ERS	Absent	
6EB0014W	Fins	FRAY	Absent	
6EB0014W	Fins	HMR	Absent	
6EB0014W	Fins	EMB	Absent	
6EB0015H	Gills, Left	FRAY	Absent	
6EB0015H	Gills, Left	MRGN	Absent	
6EB0015H	Gills, Left	PALE	Present	
6EB0015H	Gills, Right	FRAY	Absent	
6EB0015H	Gills, Right	MRGN	Absent	
6EB0015H	Gills, Right	PALE	Present	
6EB0015H	Fins	ERS	Absent	
6EB0015H	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0015H	Fins	HMR	Absent	
6EB0015H	Fins	EMB	Absent	
6EB0016W	Gills, Left	FRAY	Absent	
6EB0016W	Gills, Left	MRGN	Absent	
6EB0016W	Gills, Left	PALE	Present	
6EB0016W	Gills, Right	FRAY	Absent	
6EB0016W	Gills, Right	MRGN	Absent	
6EB0016W	Gills, Right	PALE	Present	
6EB0016W	Fins	ERS	Absent	
6EB0016W	Fins	FRAY	Present	
6EB0016W	Fins	HMR	Absent	
6EB0016W	Fins	EMB	Absent	
6EB0017H	Gills, Left	FRAY	Absent	
6EB0017H	Gills, Left	MRGN	Absent	
6EB0017H	Gills, Left	PALE	Present	
6EB0017H	Gills, Right	FRAY	Absent	
6EB0017H	Gills, Right	MRGN	Absent	
6EB0017H	Gills, Right	PALE	Present	
6EB0017H	Fins	ERS	Absent	
6EB0017H	Fins	FRAY	Absent	
6EB0017H	Fins	HMR	Absent	
6EB0017H	Fins	EMB	Absent	
6EB0017W	Gills, Left	FRAY	Absent	
6EB0017W	Gills, Left	MRGN	Absent	
6EB0017W	Gills, Left	PALE	Present	
6EB0017W	Gills, Right	FRAY	Absent	
6EB0017W	Gills, Right	MRGN	Absent	
6EB0017W	Gills, Right	PALE	Present	
6EB0017W	Fins	ERS	Absent	
6EB0017W	Fins	FRAY	Absent	
6EB0017W	Fins	HMR	Absent	
6EB0017W	Fins	EMB	Absent	
6EB0018H	Gills, Left	FRAY	Absent	
6EB0018H	Gills, Left	MRGN	Absent	
6EB0018H	Gills, Left	PALE	Present	
6EB0018H	Gills, Right	FRAY	Absent	
6EB0018H	Gills, Right	MRGN	Absent	
6EB0018H	Gills, Right	PALE	Present	
6EB0018H	Fins	ERS	Absent	
6EB0018H	Fins	FRAY	Absent	
6EB0018H	Fins	HMR	Absent	
6EB0018H	Fins	EMB	Absent	
6EB0019W	Gills, Left	FRAY	Absent	
6EB0019W	Gills, Left	MRGN	Absent	
6EB0019W	Gills, Left	PALE	Present	
6EB0019W	Gills, Right	FRAY	Absent	
6EB0019W	Gills, Right	MRGN	Absent	
6EB0019W	Gills, Right	PALE	Present	
6EB0019W	Fins	ERS	Absent	
6EB0019W	Fins	FRAY	Absent	
6EB0019W	Fins	HMR	Absent	
6EB0019W	Fins	EMB	Absent	
6EB0020H	Gills, Left	FRAY	Absent	
6EB0020H	Gills, Left	MRGN	Absent	
6EB0020H	Gills, Left	PALE	Absent	
6EB0020H	Gills, Right	FRAY	Absent	
6EB0020H	Gills, Right	MRGN	Absent	
6EB0020H	Gills, Right	PALE	Absent	
6EB0020H	Fins	ERS	Absent	
6EB0020H	Fins	FRAY	Absent	
6EB0020H	Fins	HMR	Absent	
6EB0020H	Fins	EMB	Absent	
6EB0021W	Gills, Left	FRAY	Absent	
6EB0021W	Gills, Left	MRGN	Absent	
6EB0021W	Gills, Left	PALE	Absent	
6EB0021W	Gills, Right	FRAY	Absent	
6EB0021W	Gills, Right	MRGN	Absent	
6EB0021W	Gills, Right	PALE	Absent	
6EB0021W	Fins	ERS	Absent	
6EB0021W	Fins	FRAY	Present	
6EB0021W	Fins	HMR	Absent	
6EB0021W	Fins	EMB	Absent	
6EB0022W	Gills, Left	FRAY	Absent	
6EB0022W	Gills, Left	MRGN	Absent	
6EB0022W	Gills, Left	PALE	Absent	
6EB0022W	Gills, Right	FRAY	Absent	
6EB0022W	Gills, Right	MRGN	Absent	
6EB0022W	Gills, Right	PALE	Absent	
6EB0022W	Fins	ERS	Absent	
6EB0022W	Fins	FRAY	Absent	
6EB0022W	Fins	HMR	Absent	
6EB0022W	Fins	EMB	Absent	
6EB0023W	Gills, Left	FRAY	Absent	
6EB0023W	Gills, Left	MRGN	Absent	
6EB0023W	Gills, Left	PALE	Absent	
6EB0023W	Gills, Left	OTHER	Present	Parasite
6EB0023W	Gills, Right	FRAY	Absent	
6EB0023W	Gills, Right	MRGN	Absent	
6EB0023W	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0023W	Gills, Right	OTHER	Present	Parasite
6EB0023W	Fins	ERS	Absent	
6EB0023W	Fins	FRAY	Absent	
6EB0023W	Fins	HMR	Absent	
6EB0023W	Fins	EMB	Absent	
6EB0024W	Gills, Left	FRAY	Absent	
6EB0024W	Gills, Left	MRGN	Absent	
6EB0024W	Gills, Left	PALE	Absent	
6EB0024W	Gills, Right	FRAY	Absent	
6EB0024W	Gills, Right	MRGN	Absent	
6EB0024W	Gills, Right	PALE	Absent	
6EB0024W	Fins	ERS	Absent	
6EB0024W	Fins	FRAY	Absent	
6EB0024W	Fins	HMR	Absent	
6EB0024W	Fins	EMB	Absent	
6EB0025	Gills, Left	FRAY	Absent	
6EB0025	Gills, Left	MRGN	Absent	
6EB0025	Gills, Left	PALE	Absent	
6EB0025	Gills, Right	FRAY	Absent	
6EB0025	Gills, Right	MRGN	Absent	
6EB0025	Gills, Right	PALE	Absent	
6EB0025	Fins	ERS	Absent	
6EB0025	Fins	FRAY	Absent	
6EB0025	Fins	HMR	Absent	
6EB0025	Fins	EMB	Absent	
6EB0026	Gills, Left	FRAY	Absent	
6EB0026	Gills, Left	MRGN	Absent	
6EB0026	Gills, Left	PALE	Absent	
6EB0026	Gills, Right	FRAY	Absent	
6EB0026	Gills, Right	MRGN	Absent	
6EB0026	Gills, Right	PALE	Absent	
6EB0026	Fins	ERS	Absent	
6EB0026	Fins	FRAY	Absent	
6EB0026	Fins	HMR	Absent	
6EB0026	Fins	EMB	Absent	
6EB0028	Gills, Left	FRAY	Absent	
6EB0028	Gills, Left	MRGN	Absent	
6EB0028	Gills, Left	PALE	Absent	
6EB0028	Gills, Right	FRAY	Absent	
6EB0028	Gills, Right	MRGN	Absent	
6EB0028	Gills, Right	PALE	Absent	
6EB0028	Fins	ERS	Absent	
6EB0028	Fins	FRAY	Absent	
6EB0028	Fins	HMR	Absent	
6EB0028	Fins	EMB	Absent	
6EB0029	Gills, Left	FRAY	Absent	
6EB0029	Gills, Left	MRGN	Absent	
6EB0029	Gills, Left	PALE	Absent	
6EB0029	Gills, Right	FRAY	Absent	
6EB0029	Gills, Right	MRGN	Absent	
6EB0029	Gills, Right	PALE	Absent	
6EB0029	Fins	ERS	Absent	
6EB0029	Fins	FRAY	Absent	
6EB0029	Fins	HMR	Absent	
6EB0029	Fins	EMB	Absent	
6EB0031	Gills, Left	FRAY	Absent	
6EB0031	Gills, Left	MRGN	Absent	
6EB0031	Gills, Left	PALE	Absent	
6EB0031	Gills, Right	FRAY	Absent	
6EB0031	Gills, Right	MRGN	Absent	
6EB0031	Gills, Right	PALE	Absent	
6EB0031	Fins	ERS	Absent	
6EB0031	Fins	FRAY	Absent	
6EB0031	Fins	HMR	Absent	
6EB0031	Fins	EMB	Absent	
6EB0033	Gills, Left	FRAY	Absent	
6EB0033	Gills, Left	MRGN	Absent	
6EB0033	Gills, Left	PALE	Absent	
6EB0033	Gills, Right	FRAY	Absent	
6EB0033	Gills, Right	MRGN	Absent	
6EB0033	Gills, Right	PALE	Absent	
6EB0033	Fins	ERS	Absent	
6EB0033	Fins	FRAY	Absent	
6EB0033	Fins	HMR	Absent	
6EB0033	Fins	EMB	Absent	
6EB0034	Gills, Left	FRAY	Absent	
6EB0034	Gills, Left	MRGN	Absent	
6EB0034	Gills, Left	PALE	Absent	
6EB0034	Gills, Right	FRAY	Absent	
6EB0034	Gills, Right	MRGN	Absent	
6EB0034	Gills, Right	PALE	Absent	
6EB0034	Fins	ERS	Absent	
6EB0034	Fins	FRAY	Absent	
6EB0034	Fins	HMR	Absent	
6EB0034	Fins	EMB	Absent	
6EB0035	Gills, Left	FRAY	Absent	
6EB0035	Gills, Left	MRGN	Absent	
6EB0035	Gills, Left	PALE	Absent	
6EB0035	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0035	Gills, Right	MRGN	Absent	
6EB0035	Gills, Right	PALE	Absent	
6EB0035	Fins	ERS	Absent	
6EB0035	Fins	FRAY	Absent	
6EB0035	Fins	HMR	Absent	
6EB0035	Fins	EMB	Absent	
6EB0036	Gills, Left	FRAY	Absent	
6EB0036	Gills, Left	MRGN	Absent	
6EB0036	Gills, Left	PALE	Absent	
6EB0036	Gills, Right	FRAY	Absent	
6EB0036	Gills, Right	MRGN	Absent	
6EB0036	Gills, Right	PALE	Absent	
6EB0036	Fins	ERS	Absent	
6EB0036	Fins	FRAY	Absent	
6EB0036	Fins	HMR	Absent	
6EB0036	Fins	EMB	Absent	
6EB0037	Gills, Left	FRAY	Absent	
6EB0037	Gills, Left	MRGN	Absent	
6EB0037	Gills, Left	PALE	Absent	
6EB0037	Gills, Right	FRAY	Absent	
6EB0037	Gills, Right	MRGN	Absent	
6EB0037	Gills, Right	PALE	Absent	
6EB0037	Fins	ERS	Absent	
6EB0037	Fins	FRAY	Absent	
6EB0037	Fins	HMR	Absent	
6EB0037	Fins	EMB	Absent	
6EB0038	Gills, Left	FRAY	Absent	
6EB0038	Gills, Left	MRGN	Absent	
6EB0038	Gills, Left	PALE	Absent	
6EB0038	Gills, Right	FRAY	Absent	
6EB0038	Gills, Right	MRGN	Absent	
6EB0038	Gills, Right	PALE	Absent	
6EB0038	Fins	ERS	Absent	
6EB0038	Fins	FRAY	Absent	
6EB0038	Fins	HMR	Absent	
6EB0038	Fins	EMB	Absent	
6EB0040	Gills, Left	FRAY	Absent	
6EB0040	Gills, Left	MRGN	Absent	
6EB0040	Gills, Left	PALE	Absent	
6EB0040	Gills, Right	FRAY	Absent	
6EB0040	Gills, Right	MRGN	Absent	
6EB0040	Gills, Right	PALE	Absent	
6EB0040	Fins	ERS	Absent	
6EB0040	Fins	FRAY	Absent	
6EB0040	Fins	HMR	Absent	
6EB0040	Fins	EMB	Absent	
6EB0042	Gills, Left	FRAY	Absent	
6EB0042	Gills, Left	MRGN	Absent	
6EB0042	Gills, Left	PALE	Absent	
6EB0042	Gills, Right	FRAY	Absent	
6EB0042	Gills, Right	MRGN	Absent	
6EB0042	Gills, Right	PALE	Absent	
6EB0042	Fins	ERS	Absent	
6EB0042	Fins	FRAY	Absent	
6EB0042	Fins	HMR	Absent	
6EB0042	Fins	EMB	Absent	
6EB0043	Gills, Left	FRAY	Absent	
6EB0043	Gills, Left	MRGN	Absent	
6EB0043	Gills, Left	PALE	Absent	
6EB0043	Gills, Right	FRAY	Absent	
6EB0043	Gills, Right	MRGN	Absent	
6EB0043	Gills, Right	PALE	Absent	
6EB0043	Fins	ERS	Absent	
6EB0043	Fins	FRAY	Absent	
6EB0043	Fins	HMR	Absent	
6EB0043	Fins	EMB	Absent	
6EB0044	Gills, Left	FRAY	Absent	
6EB0044	Gills, Left	MRGN	Absent	
6EB0044	Gills, Left	PALE	Absent	
6EB0044	Gills, Right	FRAY	Absent	
6EB0044	Gills, Right	MRGN	Absent	
6EB0044	Gills, Right	PALE	Absent	
6EB0044	Fins	ERS	Absent	
6EB0044	Fins	FRAY	Absent	
6EB0044	Fins	HMR	Absent	
6EB0044	Fins	EMB	Absent	
6EB0045	Gills, Left	FRAY	Absent	
6EB0045	Gills, Left	MRGN	Absent	
6EB0045	Gills, Left	PALE	Absent	
6EB0045	Gills, Right	FRAY	Absent	
6EB0045	Gills, Right	MRGN	Absent	
6EB0045	Gills, Right	PALE	Absent	
6EB0045	Fins	ERS	Absent	
6EB0045	Fins	FRAY	Absent	
6EB0045	Fins	HMR	Absent	
6EB0045	Fins	EMB	Absent	
6EB0046	Gills, Left	FRAY	Absent	
6EB0046	Gills, Left	MRGN	Absent	
6EB0046	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0046	Gills, Right	FRAY	Absent	
6EB0046	Gills, Right	MRGN	Absent	
6EB0046	Gills, Right	PALE	Absent	
6EB0046	Fins	ERS	Absent	
6EB0046	Fins	FRAY	Absent	
6EB0046	Fins	HMR	Absent	
6EB0046	Fins	EMB	Absent	
6EB0047	Gills, Left	FRAY	Absent	
6EB0047	Gills, Left	MRGN	Absent	
6EB0047	Gills, Left	PALE	Absent	
6EB0047	Gills, Right	FRAY	Absent	
6EB0047	Gills, Right	MRGN	Absent	
6EB0047	Gills, Right	PALE	Absent	
6EB0047	Fins	ERS	Absent	
6EB0047	Fins	FRAY	Absent	
6EB0047	Fins	HMR	Absent	
6EB0047	Fins	EMB	Absent	
6EB0049	Gills, Left	FRAY	Absent	
6EB0049	Gills, Left	MRGN	Absent	
6EB0049	Gills, Left	PALE	Absent	
6EB0049	Gills, Right	FRAY	Absent	
6EB0049	Gills, Right	MRGN	Absent	
6EB0049	Gills, Right	PALE	Absent	
6EB0049	Fins	ERS	Absent	
6EB0049	Fins	FRAY	Absent	
6EB0049	Fins	HMR	Absent	
6EB0049	Fins	EMB	Absent	
6EB0050	Gills, Left	FRAY	Absent	
6EB0050	Gills, Left	MRGN	Absent	
6EB0050	Gills, Left	PALE	Absent	
6EB0050	Gills, Right	FRAY	Absent	
6EB0050	Gills, Right	MRGN	Absent	
6EB0050	Gills, Right	PALE	Absent	
6EB0050	Fins	ERS	Absent	
6EB0050	Fins	FRAY	Absent	
6EB0050	Fins	HMR	Absent	
6EB0050	Fins	EMB	Absent	
6EB0051	Gills, Left	FRAY	Absent	
6EB0051	Gills, Left	MRGN	Absent	
6EB0051	Gills, Left	PALE	Absent	
6EB0051	Gills, Right	FRAY	Absent	
6EB0051	Gills, Right	MRGN	Absent	
6EB0051	Gills, Right	PALE	Absent	
6EB0051	Fins	ERS	Absent	
6EB0051	Fins	FRAY	Absent	
6EB0051	Fins	HMR	Absent	
6EB0051	Fins	EMB	Absent	
6EB0052	Gills, Left	FRAY	Absent	
6EB0052	Gills, Left	MRGN	Absent	
6EB0052	Gills, Left	PALE	Absent	
6EB0052	Gills, Right	FRAY	Absent	
6EB0052	Gills, Right	MRGN	Absent	
6EB0052	Gills, Right	PALE	Absent	
6EB0052	Fins	ERS	Absent	
6EB0052	Fins	FRAY	Absent	
6EB0052	Fins	HMR	Absent	
6EB0052	Fins	EMB	Absent	
6EB0053	Gills, Left	FRAY	Absent	
6EB0053	Gills, Left	MRGN	Absent	
6EB0053	Gills, Left	PALE	Absent	
6EB0053	Gills, Right	FRAY	Absent	
6EB0053	Gills, Right	MRGN	Absent	
6EB0053	Gills, Right	PALE	Absent	
6EB0053	Fins	ERS	Absent	
6EB0053	Fins	FRAY	Absent	
6EB0053	Fins	HMR	Absent	
6EB0053	Fins	EMB	Absent	
6EB0055	Gills, Left	FRAY	Absent	
6EB0055	Gills, Left	MRGN	Absent	
6EB0055	Gills, Left	PALE	Absent	
6EB0055	Gills, Right	FRAY	Absent	
6EB0055	Gills, Right	MRGN	Absent	
6EB0055	Gills, Right	PALE	Absent	
6EB0055	Fins	ERS	Absent	
6EB0055	Fins	FRAY	Absent	
6EB0055	Fins	HMR	Absent	
6EB0055	Fins	EMB	Absent	
6EB0057	Gills, Left	FRAY	Absent	
6EB0057	Gills, Left	MRGN	Absent	
6EB0057	Gills, Left	PALE	Absent	
6EB0057	Gills, Right	FRAY	Absent	
6EB0057	Gills, Right	MRGN	Absent	
6EB0057	Gills, Right	PALE	Absent	
6EB0057	Fins	ERS	Absent	
6EB0057	Fins	FRAY	Absent	
6EB0057	Fins	HMR	Absent	
6EB0057	Fins	EMB	Absent	
6EB0058	Gills, Left	FRAY	Absent	
6EB0058	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0058	Gills, Left	PALE	Absent	
6EB0058	Gills, Right	FRAY	Absent	
6EB0058	Gills, Right	MRGN	Absent	
6EB0058	Gills, Right	PALE	Absent	
6EB0058	Fins	ERS	Absent	
6EB0058	Fins	FRAY	Absent	
6EB0058	Fins	HMR	Absent	
6EB0058	Fins	EMB	Absent	
6EB0059	Gills, Left	FRAY	Absent	
6EB0059	Gills, Left	MRGN	Absent	
6EB0059	Gills, Left	PALE	Absent	
6EB0059	Gills, Right	FRAY	Absent	
6EB0059	Gills, Right	MRGN	Absent	
6EB0059	Gills, Right	PALE	Absent	
6EB0059	Fins	ERS	Absent	
6EB0059	Fins	FRAY	Absent	
6EB0059	Fins	HMR	Absent	
6EB0059	Fins	EMB	Absent	
6EB0060A	Gills, Left	FRAY	Absent	
6EB0060A	Gills, Left	MRGN	Absent	
6EB0060A	Gills, Left	PALE	Absent	
6EB0060A	Gills, Right	FRAY	Absent	
6EB0060A	Gills, Right	MRGN	Absent	
6EB0060A	Gills, Right	PALE	Absent	
6EB0060A	Fins	ERS	Absent	
6EB0060A	Fins	FRAY	Absent	
6EB0060A	Fins	HMR	Absent	
6EB0060A	Fins	EMB	Absent	
6EB0060B	Gills, Left	FRAY	Absent	
6EB0060B	Gills, Left	MRGN	Absent	
6EB0060B	Gills, Left	PALE	Absent	
6EB0060B	Gills, Right	FRAY	Absent	
6EB0060B	Gills, Right	MRGN	Absent	
6EB0060B	Gills, Right	PALE	Absent	
6EB0060B	Fins	ERS	Absent	
6EB0060B	Fins	FRAY	Absent	
6EB0060B	Fins	HMR	Absent	
6EB0060B	Fins	EMB	Absent	
6EB0061	Gills, Left	FRAY	Absent	
6EB0061	Gills, Left	MRGN	Absent	
6EB0061	Gills, Left	PALE	Absent	
6EB0061	Gills, Right	FRAY	Absent	
6EB0061	Gills, Right	MRGN	Absent	
6EB0061	Gills, Right	PALE	Absent	
6EB0061	Fins	ERS	Absent	
6EB0061	Fins	FRAY	Absent	
6EB0061	Fins	HMR	Absent	
6EB0061	Fins	EMB	Absent	
6EB0062	Gills, Left	FRAY	Absent	
6EB0062	Gills, Left	MRGN	Absent	
6EB0062	Gills, Left	PALE	Absent	
6EB0062	Gills, Right	FRAY	Absent	
6EB0062	Gills, Right	MRGN	Absent	
6EB0062	Gills, Right	PALE	Absent	
6EB0062	Fins	ERS	Absent	
6EB0062	Fins	FRAY	Absent	
6EB0062	Fins	HMR	Absent	
6EB0062	Fins	EMB	Absent	
6EB0066	Gills, Left	FRAY	Absent	
6EB0066	Gills, Left	MRGN	Absent	
6EB0066	Gills, Left	PALE	Absent	
6EB0066	Gills, Right	FRAY	Absent	
6EB0066	Gills, Right	MRGN	Absent	
6EB0066	Gills, Right	PALE	Absent	
6EB0066	Fins	ERS	Absent	
6EB0066	Fins	FRAY	Absent	
6EB0066	Fins	HMR	Absent	
6EB0066	Fins	EMB	Absent	
6EB0067	Gills, Left	FRAY	Absent	
6EB0067	Gills, Left	MRGN	Absent	
6EB0067	Gills, Left	PALE	Absent	
6EB0067	Gills, Right	FRAY	Absent	
6EB0067	Gills, Right	MRGN	Absent	
6EB0067	Gills, Right	PALE	Absent	
6EB0067	Fins	ERS	Absent	
6EB0067	Fins	FRAY	Absent	
6EB0067	Fins	HMR	Absent	
6EB0067	Fins	EMB	Absent	
6EB0068	Gills, Left	FRAY	Absent	
6EB0068	Gills, Left	MRGN	Absent	
6EB0068	Gills, Left	PALE	Absent	
6EB0068	Gills, Right	FRAY	Absent	
6EB0068	Gills, Right	MRGN	Absent	
6EB0068	Gills, Right	PALE	Absent	
6EB0068	Fins	ERS	Absent	
6EB0068	Fins	FRAY	Absent	
6EB0068	Fins	HMR	Absent	
6EB0068	Fins	EMB	Absent	
6EB0069	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0069	Gills, Left	MRGN	Absent	
6EB0069	Gills, Left	PALE	Absent	
6EB0069	Gills, Right	FRAY	Absent	
6EB0069	Gills, Right	MRGN	Absent	
6EB0069	Gills, Right	PALE	Absent	
6EB0069	Fins	ERS	Absent	
6EB0069	Fins	FRAY	Absent	
6EB0069	Fins	HMR	Absent	
6EB0069	Fins	EMB	Absent	
6EB0070	Gills, Left	FRAY	Absent	
6EB0070	Gills, Left	MRGN	Absent	
6EB0070	Gills, Left	PALE	Absent	
6EB0070	Gills, Right	FRAY	Absent	
6EB0070	Gills, Right	MRGN	Absent	
6EB0070	Gills, Right	PALE	Absent	
6EB0070	Fins	ERS	Absent	
6EB0070	Fins	FRAY	Absent	
6EB0070	Fins	HMR	Absent	
6EB0070	Fins	EMB	Absent	
6EB0071	Gills, Left	FRAY	Absent	
6EB0071	Gills, Left	MRGN	Absent	
6EB0071	Gills, Left	PALE	Absent	
6EB0071	Gills, Right	FRAY	Absent	
6EB0071	Gills, Right	MRGN	Absent	
6EB0071	Gills, Right	PALE	Absent	
6EB0071	Fins	ERS	Absent	
6EB0071	Fins	FRAY	Absent	
6EB0071	Fins	HMR	Absent	
6EB0071	Fins	EMB	Absent	
6EB0072A	Gills, Left	FRAY	Absent	
6EB0072A	Gills, Left	MRGN	Absent	
6EB0072A	Gills, Left	PALE	Absent	
6EB0072A	Gills, Right	FRAY	Absent	
6EB0072A	Gills, Right	MRGN	Absent	
6EB0072A	Gills, Right	PALE	Absent	
6EB0072A	Fins	ERS	Absent	
6EB0072A	Fins	FRAY	Absent	
6EB0072A	Fins	HMR	Absent	
6EB0072A	Fins	EMB	Absent	
6EB0072B	Gills, Left	FRAY	Absent	
6EB0072B	Gills, Left	MRGN	Absent	
6EB0072B	Gills, Left	PALE	Absent	
6EB0072B	Gills, Right	FRAY	Absent	
6EB0072B	Gills, Right	MRGN	Absent	
6EB0072B	Gills, Right	PALE	Absent	
6EB0072B	Fins	ERS	Absent	
6EB0072B	Fins	FRAY	Absent	
6EB0072B	Fins	HMR	Absent	
6EB0072B	Fins	EMB	Absent	
6EB0073	Gills, Left	FRAY	Absent	
6EB0073	Gills, Left	MRGN	Absent	
6EB0073	Gills, Left	PALE	Absent	
6EB0073	Gills, Right	FRAY	Absent	
6EB0073	Gills, Right	MRGN	Absent	
6EB0073	Gills, Right	PALE	Absent	
6EB0073	Fins	ERS	Absent	
6EB0073	Fins	FRAY	Absent	
6EB0073	Fins	HMR	Absent	
6EB0073	Fins	EMB	Absent	
6EB0074	Gills, Left	FRAY	Absent	
6EB0074	Gills, Left	MRGN	Absent	
6EB0074	Gills, Left	PALE	Absent	
6EB0074	Gills, Right	FRAY	Absent	
6EB0074	Gills, Right	MRGN	Absent	
6EB0074	Gills, Right	PALE	Absent	
6EB0074	Fins	ERS	Absent	
6EB0074	Fins	FRAY	Absent	
6EB0074	Fins	HMR	Absent	
6EB0074	Fins	EMB	Absent	
6EB0075	Gills, Left	FRAY	Absent	
6EB0075	Gills, Left	MRGN	Absent	
6EB0075	Gills, Left	PALE	Absent	
6EB0075	Gills, Right	FRAY	Absent	
6EB0075	Gills, Right	MRGN	Absent	
6EB0075	Gills, Right	PALE	Absent	
6EB0075	Fins	ERS	Absent	
6EB0075	Fins	FRAY	Absent	
6EB0075	Fins	HMR	Absent	
6EB0075	Fins	EMB	Absent	
6EB0076	Gills, Left	FRAY	Absent	
6EB0076	Gills, Left	MRGN	Absent	
6EB0076	Gills, Left	PALE	Absent	
6EB0076	Gills, Right	FRAY	Absent	
6EB0076	Gills, Right	MRGN	Absent	
6EB0076	Gills, Right	PALE	Absent	
6EB0076	Fins	ERS	Absent	
6EB0076	Fins	FRAY	Absent	
6EB0076	Fins	HMR	Absent	
6EB0076	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0077	Gills, Left	FRAY	Absent	
6EB0077	Gills, Left	MRGN	Absent	
6EB0077	Gills, Left	PALE	Absent	
6EB0077	Gills, Right	FRAY	Absent	
6EB0077	Gills, Right	MRGN	Absent	
6EB0077	Gills, Right	PALE	Absent	
6EB0077	Fins	ERS	Absent	
6EB0077	Fins	FRAY	Absent	
6EB0077	Fins	HMR	Absent	
6EB0077	Fins	EMB	Absent	
6EB0078	Gills, Left	FRAY	Absent	
6EB0078	Gills, Left	MRGN	Absent	
6EB0078	Gills, Left	PALE	Absent	
6EB0078	Gills, Right	FRAY	Absent	
6EB0078	Gills, Right	MRGN	Absent	
6EB0078	Gills, Right	PALE	Absent	
6EB0078	Fins	ERS	Absent	
6EB0078	Fins	FRAY	Absent	
6EB0078	Fins	HMR	Absent	
6EB0078	Fins	EMB	Absent	
6EB0079	Gills, Left	FRAY	Absent	
6EB0079	Gills, Left	MRGN	Absent	
6EB0079	Gills, Left	PALE	Absent	
6EB0079	Gills, Right	FRAY	Absent	
6EB0079	Gills, Right	MRGN	Absent	
6EB0079	Gills, Right	PALE	Absent	
6EB0079	Fins	ERS	Absent	
6EB0079	Fins	FRAY	Absent	
6EB0079	Fins	HMR	Absent	
6EB0079	Fins	EMB	Absent	
6EB0080	Gills, Left	FRAY	Absent	
6EB0080	Gills, Left	MRGN	Absent	
6EB0080	Gills, Left	PALE	Absent	
6EB0080	Gills, Right	FRAY	Absent	
6EB0080	Gills, Right	MRGN	Absent	
6EB0080	Gills, Right	PALE	Absent	
6EB0080	Fins	ERS	Absent	
6EB0080	Fins	FRAY	Absent	
6EB0080	Fins	HMR	Absent	
6EB0080	Fins	EMB	Absent	
6EB0082	Gills, Left	FRAY	Absent	
6EB0082	Gills, Left	MRGN	Absent	
6EB0082	Gills, Left	PALE	Absent	
6EB0082	Gills, Right	FRAY	Absent	
6EB0082	Gills, Right	MRGN	Absent	
6EB0082	Gills, Right	PALE	Absent	
6EB0082	Fins	ERS	Absent	
6EB0082	Fins	FRAY	Absent	
6EB0082	Fins	HMR	Absent	
6EB0082	Fins	EMB	Absent	
6EB0083	Gills, Left	FRAY	Absent	
6EB0083	Gills, Left	MRGN	Absent	
6EB0083	Gills, Left	PALE	Absent	
6EB0083	Gills, Right	FRAY	Absent	
6EB0083	Gills, Right	MRGN	Absent	
6EB0083	Gills, Right	PALE	Absent	
6EB0083	Fins	ERS	Absent	
6EB0083	Fins	FRAY	Absent	
6EB0083	Fins	HMR	Absent	
6EB0083	Fins	EMB	Absent	
6EB0085	Gills, Left	FRAY	Absent	
6EB0085	Gills, Left	MRGN	Absent	
6EB0085	Gills, Left	PALE	Absent	
6EB0085	Gills, Right	FRAY	Absent	
6EB0085	Gills, Right	MRGN	Absent	
6EB0085	Gills, Right	PALE	Absent	
6EB0085	Fins	ERS	Absent	
6EB0085	Fins	FRAY	Absent	
6EB0085	Fins	HMR	Absent	
6EB0085	Fins	EMB	Absent	
6EB0086	Gills, Left	FRAY	Absent	
6EB0086	Gills, Left	MRGN	Absent	
6EB0086	Gills, Left	PALE	Absent	
6EB0086	Gills, Right	FRAY	Absent	
6EB0086	Gills, Right	MRGN	Absent	
6EB0086	Gills, Right	PALE	Absent	
6EB0086	Fins	ERS	Absent	
6EB0086	Fins	FRAY	Absent	
6EB0086	Fins	HMR	Absent	
6EB0086	Fins	EMB	Absent	
6EB0087	Gills, Left	FRAY	Absent	
6EB0087	Gills, Left	MRGN	Absent	
6EB0087	Gills, Left	PALE	Absent	
6EB0087	Gills, Right	FRAY	Absent	
6EB0087	Gills, Right	MRGN	Absent	
6EB0087	Gills, Right	PALE	Absent	
6EB0087	Fins	ERS	Absent	
6EB0087	Fins	FRAY	Absent	
6EB0087	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0087	Fins	EMB	Absent	
6EB0088	Gills, Left	FRAY	Absent	
6EB0088	Gills, Left	MRGN	Absent	
6EB0088	Gills, Left	PALE	Absent	
6EB0088	Gills, Right	FRAY	Absent	
6EB0088	Gills, Right	MRGN	Absent	
6EB0088	Gills, Right	PALE	Absent	
6EB0088	Fins	ERS	Absent	
6EB0088	Fins	FRAY	Absent	
6EB0088	Fins	HMR	Absent	
6EB0088	Fins	EMB	Absent	
6EB0089	Gills, Left	FRAY	Absent	
6EB0089	Gills, Left	MRGN	Absent	
6EB0089	Gills, Left	PALE	Absent	
6EB0089	Gills, Right	FRAY	Absent	
6EB0089	Gills, Right	MRGN	Absent	
6EB0089	Gills, Right	PALE	Absent	
6EB0089	Fins	ERS	Absent	
6EB0089	Fins	FRAY	Absent	
6EB0089	Fins	HMR	Absent	
6EB0089	Fins	EMB	Absent	
6EB0090	Gills, Left	FRAY	Absent	
6EB0090	Gills, Left	MRGN	Absent	
6EB0090	Gills, Left	PALE	Absent	
6EB0090	Gills, Right	FRAY	Absent	
6EB0090	Gills, Right	MRGN	Absent	
6EB0090	Gills, Right	PALE	Absent	
6EB0090	Fins	ERS	Absent	
6EB0090	Fins	FRAY	Absent	
6EB0090	Fins	HMR	Absent	
6EB0090	Fins	EMB	Absent	
6EB0091	Gills, Left	FRAY	Absent	
6EB0091	Gills, Left	MRGN	Absent	
6EB0091	Gills, Left	PALE	Absent	
6EB0091	Gills, Right	FRAY	Absent	
6EB0091	Gills, Right	MRGN	Absent	
6EB0091	Gills, Right	PALE	Absent	
6EB0091	Fins	ERS	Absent	
6EB0091	Fins	FRAY	Absent	
6EB0091	Fins	HMR	Absent	
6EB0091	Fins	EMB	Absent	
6EB0092	Gills, Left	FRAY	Absent	
6EB0092	Gills, Left	MRGN	Absent	
6EB0092	Gills, Left	PALE	Absent	
6EB0092	Gills, Right	FRAY	Absent	
6EB0092	Gills, Right	MRGN	Absent	
6EB0092	Gills, Right	PALE	Absent	
6EB0092	Fins	ERS	Absent	
6EB0092	Fins	FRAY	Absent	
6EB0092	Fins	HMR	Absent	
6EB0092	Fins	EMB	Absent	
6EB0093	Gills, Left	FRAY	Absent	
6EB0093	Gills, Left	MRGN	Absent	
6EB0093	Gills, Left	PALE	Absent	
6EB0093	Gills, Right	FRAY	Absent	
6EB0093	Gills, Right	MRGN	Absent	
6EB0093	Gills, Right	PALE	Absent	
6EB0093	Fins	ERS	Absent	
6EB0093	Fins	FRAY	Absent	
6EB0093	Fins	HMR	Absent	
6EB0093	Fins	EMB	Absent	
6EB0094	Gills, Left	FRAY	Absent	
6EB0094	Gills, Left	MRGN	Absent	
6EB0094	Gills, Left	PALE	Absent	
6EB0094	Gills, Right	FRAY	Absent	
6EB0094	Gills, Right	MRGN	Absent	
6EB0094	Gills, Right	PALE	Absent	
6EB0094	Fins	ERS	Absent	
6EB0094	Fins	FRAY	Absent	
6EB0094	Fins	HMR	Absent	
6EB0094	Fins	EMB	Absent	
6EB0095	Gills, Left	FRAY	Absent	
6EB0095	Gills, Left	MRGN	Absent	
6EB0095	Gills, Left	PALE	Absent	
6EB0095	Gills, Right	FRAY	Absent	
6EB0095	Gills, Right	MRGN	Absent	
6EB0095	Gills, Right	PALE	Absent	
6EB0095	Fins	ERS	Minor	
6EB0095	Fins	FRAY	Absent	
6EB0095	Fins	HMR	Absent	
6EB0095	Fins	EMB	Absent	
6EB0096	Gills, Left	FRAY	Absent	
6EB0096	Gills, Left	MRGN	Absent	
6EB0096	Gills, Left	PALE	Absent	
6EB0096	Gills, Right	FRAY	Absent	
6EB0096	Gills, Right	MRGN	Absent	
6EB0096	Gills, Right	PALE	Absent	
6EB0096	Fins	ERS	Absent	
6EB0096	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0096	Fins	HMR	Absent	
6EB0096	Fins	EMB	Absent	
6EB0097	Gills, Left	FRAY	Absent	
6EB0097	Gills, Left	MRGN	Absent	
6EB0097	Gills, Left	PALE	Absent	
6EB0097	Gills, Right	FRAY	Absent	
6EB0097	Gills, Right	MRGN	Absent	
6EB0097	Gills, Right	PALE	Absent	
6EB0097	Fins	ERS	Absent	
6EB0097	Fins	FRAY	Absent	
6EB0097	Fins	HMR	Absent	
6EB0097	Fins	EMB	Absent	
6EB0098	Gills, Left	FRAY	Absent	
6EB0098	Gills, Left	MRGN	Absent	
6EB0098	Gills, Left	PALE	Absent	
6EB0098	Gills, Right	FRAY	Absent	
6EB0098	Gills, Right	MRGN	Absent	
6EB0098	Gills, Right	PALE	Absent	
6EB0098	Fins	ERS	Absent	
6EB0098	Fins	FRAY	Absent	
6EB0098	Fins	HMR	Absent	
6EB0098	Fins	EMB	Absent	
6EB0099	Gills, Left	FRAY	Absent	
6EB0099	Gills, Left	MRGN	Absent	
6EB0099	Gills, Left	PALE	Absent	
6EB0099	Gills, Right	FRAY	Absent	
6EB0099	Gills, Right	MRGN	Absent	
6EB0099	Gills, Right	PALE	Absent	
6EB0099	Fins	ERS	Absent	
6EB0099	Fins	FRAY	Absent	
6EB0099	Fins	HMR	Absent	
6EB0099	Fins	EMB	Absent	
6EB0100	Gills, Left	FRAY	Absent	
6EB0100	Gills, Left	MRGN	Absent	
6EB0100	Gills, Left	PALE	Absent	
6EB0100	Gills, Right	FRAY	Absent	
6EB0100	Gills, Right	MRGN	Absent	
6EB0100	Gills, Right	PALE	Absent	
6EB0100	Fins	ERS	Absent	
6EB0100	Fins	FRAY	Absent	
6EB0100	Fins	HMR	Absent	
6EB0100	Fins	EMB	Absent	
6EB0101	Gills, Left	FRAY	Absent	
6EB0101	Gills, Left	MRGN	Absent	
6EB0101	Gills, Left	PALE	Absent	
6EB0101	Gills, Right	FRAY	Absent	
6EB0101	Gills, Right	MRGN	Absent	
6EB0101	Gills, Right	PALE	Absent	
6EB0101	Fins	ERS	Absent	
6EB0101	Fins	FRAY	Absent	
6EB0101	Fins	HMR	Absent	
6EB0101	Fins	EMB	Absent	
6EB0102	Gills, Left	FRAY	Absent	
6EB0102	Gills, Left	MRGN	Absent	
6EB0102	Gills, Left	PALE	Absent	
6EB0102	Gills, Right	FRAY	Absent	
6EB0102	Gills, Right	MRGN	Absent	
6EB0102	Gills, Right	PALE	Absent	
6EB0102	Fins	ERS	Absent	
6EB0102	Fins	FRAY	Absent	
6EB0102	Fins	HMR	Absent	
6EB0102	Fins	EMB	Absent	
6EB0103	Gills, Left	FRAY	Absent	
6EB0103	Gills, Left	MRGN	Absent	
6EB0103	Gills, Left	PALE	Absent	
6EB0103	Gills, Right	FRAY	Absent	
6EB0103	Gills, Right	MRGN	Absent	
6EB0103	Gills, Right	PALE	Absent	
6EB0103	Fins	ERS	Absent	
6EB0103	Fins	FRAY	Absent	
6EB0103	Fins	HMR	Absent	
6EB0103	Fins	EMB	Absent	
6EB0104	Gills, Left	FRAY	Absent	
6EB0104	Gills, Left	MRGN	Absent	
6EB0104	Gills, Left	PALE	Absent	
6EB0104	Gills, Right	FRAY	Absent	
6EB0104	Gills, Right	MRGN	Absent	
6EB0104	Gills, Right	PALE	Absent	
6EB0104	Fins	ERS	Absent	
6EB0104	Fins	FRAY	Absent	
6EB0104	Fins	HMR	Absent	
6EB0104	Fins	EMB	Absent	
6EB0105	Gills, Left	FRAY	Absent	
6EB0105	Gills, Left	MRGN	Absent	
6EB0105	Gills, Left	PALE	Absent	
6EB0105	Gills, Right	FRAY	Absent	
6EB0105	Gills, Right	MRGN	Absent	
6EB0105	Gills, Right	PALE	Absent	
6EB0105	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0105	Fins	FRAY	Absent	
6EB0105	Fins	HMR	Absent	
6EB0105	Fins	EMB	Absent	
6EB0106	Gills, Left	FRAY	Absent	
6EB0106	Gills, Left	MRGN	Absent	
6EB0106	Gills, Left	PALE	Absent	
6EB0106	Gills, Right	FRAY	Absent	
6EB0106	Gills, Right	MRGN	Absent	
6EB0106	Gills, Right	PALE	Absent	
6EB0106	Fins	ERS	Absent	
6EB0106	Fins	FRAY	Absent	
6EB0106	Fins	HMR	Absent	
6EB0106	Fins	EMB	Absent	
6EB0107	Gills, Left	FRAY	Absent	
6EB0107	Gills, Left	MRGN	Absent	
6EB0107	Gills, Left	PALE	Absent	
6EB0107	Gills, Right	FRAY	Absent	
6EB0107	Gills, Right	MRGN	Absent	
6EB0107	Gills, Right	PALE	Absent	
6EB0107	Fins	ERS	Absent	
6EB0107	Fins	FRAY	Absent	
6EB0107	Fins	HMR	Absent	
6EB0107	Fins	EMB	Absent	
6EB0108	Gills, Left	FRAY	Absent	
6EB0108	Gills, Left	MRGN	Absent	
6EB0108	Gills, Left	PALE	Absent	
6EB0108	Gills, Right	FRAY	Absent	
6EB0108	Gills, Right	MRGN	Absent	
6EB0108	Gills, Right	PALE	Absent	
6EB0108	Fins	ERS	Absent	
6EB0108	Fins	FRAY	Absent	
6EB0108	Fins	HMR	Absent	
6EB0108	Fins	EMB	Absent	
6EB0109	Gills, Left	FRAY	Absent	
6EB0109	Gills, Left	MRGN	Absent	
6EB0109	Gills, Left	PALE	Absent	
6EB0109	Gills, Right	FRAY	Absent	
6EB0109	Gills, Right	MRGN	Absent	
6EB0109	Gills, Right	PALE	Absent	
6EB0109	Fins	ERS	Absent	
6EB0109	Fins	FRAY	Absent	
6EB0109	Fins	HMR	Absent	
6EB0109	Fins	EMB	Absent	
6EB0110	Gills, Left	FRAY	Absent	
6EB0110	Gills, Left	MRGN	Absent	
6EB0110	Gills, Left	PALE	Absent	
6EB0110	Gills, Right	FRAY	Absent	
6EB0110	Gills, Right	MRGN	Absent	
6EB0110	Gills, Right	PALE	Absent	
6EB0110	Fins	ERS	Absent	
6EB0110	Fins	FRAY	Absent	
6EB0110	Fins	HMR	Absent	
6EB0110	Fins	EMB	Absent	
6EB0113	Gills, Left	FRAY	Absent	
6EB0113	Gills, Left	MRGN	Absent	
6EB0113	Gills, Left	PALE	Absent	
6EB0113	Gills, Right	FRAY	Absent	
6EB0113	Gills, Right	MRGN	Absent	
6EB0113	Gills, Right	PALE	Absent	
6EB0113	Fins	ERS	Absent	
6EB0113	Fins	FRAY	Absent	
6EB0113	Fins	HMR	Absent	
6EB0113	Fins	EMB	Absent	
6EB0115	Gills, Left	FRAY	Absent	
6EB0115	Gills, Left	MRGN	Absent	
6EB0115	Gills, Left	PALE	Absent	
6EB0115	Gills, Right	FRAY	Absent	
6EB0115	Gills, Right	MRGN	Absent	
6EB0115	Gills, Right	PALE	Absent	
6EB0115	Fins	ERS	Absent	
6EB0115	Fins	FRAY	Absent	
6EB0115	Fins	HMR	Absent	
6EB0115	Fins	EMB	Absent	
6EB0116	Gills, Left	FRAY	Absent	
6EB0116	Gills, Left	MRGN	Absent	
6EB0116	Gills, Left	PALE	Absent	
6EB0116	Gills, Right	FRAY	Absent	
6EB0116	Gills, Right	MRGN	Absent	
6EB0116	Gills, Right	PALE	Absent	
6EB0116	Fins	ERS	Absent	
6EB0116	Fins	FRAY	Absent	
6EB0116	Fins	HMR	Absent	
6EB0116	Fins	EMB	Absent	
6EB0117	Gills, Left	FRAY	Absent	
6EB0117	Gills, Left	MRGN	Absent	
6EB0117	Gills, Left	PALE	Absent	
6EB0117	Gills, Right	FRAY	Absent	
6EB0117	Gills, Right	MRGN	Absent	
6EB0117	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0117	Fins	ERS	Absent	
6EB0117	Fins	FRAY	Absent	
6EB0117	Fins	HMR	Absent	
6EB0117	Fins	EMB	Absent	
6EB0118	Gills, Left	FRAY	Absent	
6EB0118	Gills, Left	MRGN	Absent	
6EB0118	Gills, Left	PALE	Absent	
6EB0118	Gills, Right	FRAY	Absent	
6EB0118	Gills, Right	MRGN	Absent	
6EB0118	Gills, Right	PALE	Absent	
6EB0118	Fins	ERS	Absent	
6EB0118	Fins	FRAY	Absent	
6EB0118	Fins	HMR	Absent	
6EB0118	Fins	EMB	Absent	
6EB0119	Gills, Left	FRAY	Absent	
6EB0119	Gills, Left	MRGN	Absent	
6EB0119	Gills, Left	PALE	Absent	
6EB0119	Gills, Right	FRAY	Absent	
6EB0119	Gills, Right	MRGN	Absent	
6EB0119	Gills, Right	PALE	Absent	
6EB0119	Fins	ERS	Absent	
6EB0119	Fins	FRAY	Absent	
6EB0119	Fins	HMR	Absent	
6EB0119	Fins	EMB	Absent	
6EB0120	Gills, Left	FRAY	Absent	
6EB0120	Gills, Left	MRGN	Absent	
6EB0120	Gills, Left	PALE	Absent	
6EB0120	Gills, Right	FRAY	Absent	
6EB0120	Gills, Right	MRGN	Absent	
6EB0120	Gills, Right	PALE	Absent	
6EB0120	Fins	ERS	Absent	
6EB0120	Fins	FRAY	Absent	
6EB0120	Fins	HMR	Absent	
6EB0120	Fins	EMB	Absent	
6EB0121	Gills, Left	FRAY	Absent	
6EB0121	Gills, Left	MRGN	Absent	
6EB0121	Gills, Left	PALE	Absent	
6EB0121	Gills, Right	FRAY	Absent	
6EB0121	Gills, Right	MRGN	Absent	
6EB0121	Gills, Right	PALE	Absent	
6EB0121	Fins	ERS	Absent	
6EB0121	Fins	FRAY	Absent	
6EB0121	Fins	HMR	Absent	
6EB0121	Fins	EMB	Absent	
6EB0122	Gills, Left	FRAY	Absent	
6EB0122	Gills, Left	MRGN	Absent	
6EB0122	Gills, Left	PALE	Absent	
6EB0122	Gills, Right	FRAY	Absent	
6EB0122	Gills, Right	MRGN	Absent	
6EB0122	Gills, Right	PALE	Absent	
6EB0122	Fins	ERS	Absent	
6EB0122	Fins	FRAY	Absent	
6EB0122	Fins	HMR	Absent	
6EB0122	Fins	EMB	Absent	
6EB0123	Gills, Left	FRAY	Absent	
6EB0123	Gills, Left	MRGN	Absent	
6EB0123	Gills, Left	PALE	Absent	
6EB0123	Gills, Right	FRAY	Absent	
6EB0123	Gills, Right	MRGN	Absent	
6EB0123	Gills, Right	PALE	Absent	
6EB0123	Fins	ERS	Absent	
6EB0123	Fins	FRAY	Absent	
6EB0123	Fins	HMR	Absent	
6EB0123	Fins	EMB	Absent	
6EB0124	Gills, Left	FRAY	Absent	
6EB0124	Gills, Left	MRGN	Absent	
6EB0124	Gills, Left	PALE	Absent	
6EB0124	Gills, Right	FRAY	Absent	
6EB0124	Gills, Right	MRGN	Absent	
6EB0124	Gills, Right	PALE	Absent	
6EB0124	Fins	ERS	Absent	
6EB0124	Fins	FRAY	Absent	
6EB0124	Fins	HMR	Absent	
6EB0124	Fins	EMB	Absent	
6EB0125	Gills, Left	FRAY	Absent	
6EB0125	Gills, Left	MRGN	Absent	
6EB0125	Gills, Left	PALE	Absent	
6EB0125	Gills, Right	FRAY	Absent	
6EB0125	Gills, Right	MRGN	Absent	
6EB0125	Gills, Right	PALE	Absent	
6EB0125	Fins	ERS	Absent	
6EB0125	Fins	FRAY	Absent	
6EB0125	Fins	HMR	Absent	
6EB0125	Fins	EMB	Absent	
6EB0160	Gills, Left	FRAY	Absent	
6EB0160	Gills, Left	MRGN	Absent	
6EB0160	Gills, Left	PALE	Absent	
6EB0160	Gills, Right	FRAY	Absent	
6EB0160	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0160	Gills, Right	PALE	Absent	
6EB0160	Fins	ERS	Absent	
6EB0160	Fins	FRAY	Absent	
6EB0160	Fins	HMR	Absent	
6EB0160	Fins	EMB	Absent	
6EB0161	Gills, Left	FRAY	Absent	
6EB0161	Gills, Left	MRGN	Absent	
6EB0161	Gills, Left	PALE	Absent	
6EB0161	Gills, Right	FRAY	Absent	
6EB0161	Gills, Right	MRGN	Absent	
6EB0161	Gills, Right	PALE	Absent	
6EB0161	Fins	ERS	Absent	
6EB0161	Fins	FRAY	Absent	
6EB0161	Fins	HMR	Absent	
6EB0161	Fins	EMB	Absent	
6EB0162	Gills, Left	FRAY	Absent	
6EB0162	Gills, Left	MRGN	Absent	
6EB0162	Gills, Left	PALE	Absent	
6EB0162	Gills, Right	FRAY	Absent	
6EB0162	Gills, Right	MRGN	Absent	
6EB0162	Gills, Right	PALE	Absent	
6EB0162	Fins	ERS	Absent	
6EB0162	Fins	FRAY	Present	
6EB0162	Fins	HMR	Absent	
6EB0162	Fins	EMB	Absent	
6EB0163a	Gills, Left	FRAY	Absent	
6EB0163a	Gills, Left	MRGN	Absent	
6EB0163a	Gills, Left	PALE	Absent	
6EB0163a	Gills, Right	FRAY	Absent	
6EB0163a	Gills, Right	MRGN	Absent	
6EB0163a	Gills, Right	PALE	Absent	
6EB0163a	Fins	ERS	Absent	
6EB0163a	Fins	FRAY	Absent	
6EB0163a	Fins	HMR	Absent	
6EB0163a	Fins	EMB	Absent	
6EB0163b	Gills, Left	FRAY	Absent	
6EB0163b	Gills, Left	MRGN	Absent	
6EB0163b	Gills, Left	PALE	Absent	
6EB0163b	Gills, Right	FRAY	Absent	
6EB0163b	Gills, Right	MRGN	Absent	
6EB0163b	Gills, Right	PALE	Absent	
6EB0163b	Fins	ERS	Absent	
6EB0163b	Fins	FRAY	Absent	
6EB0163b	Fins	HMR	Absent	
6EB0163b	Fins	EMB	Absent	
6EB0164	Gills, Left	FRAY	Absent	
6EB0164	Gills, Left	MRGN	Absent	
6EB0164	Gills, Left	PALE	Absent	
6EB0164	Gills, Right	FRAY	Absent	
6EB0164	Gills, Right	MRGN	Absent	
6EB0164	Gills, Right	PALE	Absent	
6EB0164	Fins	ERS	Absent	
6EB0164	Fins	FRAY	Absent	
6EB0164	Fins	HMR	Absent	
6EB0164	Fins	EMB	Absent	
6EB0165	Gills, Left	FRAY	Absent	
6EB0165	Gills, Left	MRGN	Absent	
6EB0165	Gills, Left	PALE	Absent	
6EB0165	Gills, Right	FRAY	Absent	
6EB0165	Gills, Right	MRGN	Absent	
6EB0165	Gills, Right	PALE	Absent	
6EB0165	Fins	ERS	Absent	
6EB0165	Fins	FRAY	Absent	
6EB0165	Fins	HMR	Absent	
6EB0165	Fins	EMB	Absent	
6EB0166	Gills, Left	FRAY	Absent	
6EB0166	Gills, Left	MRGN	Absent	
6EB0166	Gills, Left	PALE	Absent	
6EB0166	Gills, Left	OTHER	Present	Mucous
6EB0166	Gills, Right	FRAY	Absent	
6EB0166	Gills, Right	MRGN	Absent	
6EB0166	Gills, Right	PALE	Absent	
6EB0166	Gills, Right	OTHER	Present	Mucous
6EB0166	Fins	ERS	Absent	
6EB0166	Fins	FRAY	Absent	
6EB0166	Fins	HMR	Absent	
6EB0166	Fins	EMB	Absent	
6EB0167	Gills, Left	FRAY	Absent	
6EB0167	Gills, Left	MRGN	Absent	
6EB0167	Gills, Left	PALE	Absent	
6EB0167	Gills, Right	FRAY	Absent	
6EB0167	Gills, Right	MRGN	Absent	
6EB0167	Gills, Right	PALE	Absent	
6EB0167	Fins	ERS	Absent	
6EB0167	Fins	FRAY	Absent	
6EB0167	Fins	HMR	Absent	
6EB0167	Fins	EMB	Absent	
6EB0168	Gills, Left	FRAY	Absent	
6EB0168	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0168	Gills, Left	PALE	Absent	
6EB0168	Gills, Right	FRAY	Absent	
6EB0168	Gills, Right	MRGN	Absent	
6EB0168	Gills, Right	PALE	Absent	
6EB0168	Fins	ERS	Absent	
6EB0168	Fins	FRAY	Absent	
6EB0168	Fins	HMR	Absent	
6EB0168	Fins	EMB	Absent	
6EB0169	Gills, Left	FRAY	Absent	
6EB0169	Gills, Left	MRGN	Absent	
6EB0169	Gills, Left	PALE	Absent	
6EB0169	Gills, Right	FRAY	Absent	
6EB0169	Gills, Right	MRGN	Absent	
6EB0169	Gills, Right	PALE	Absent	
6EB0169	Fins	ERS	Absent	
6EB0169	Fins	FRAY	Absent	
6EB0169	Fins	HMR	Absent	
6EB0169	Fins	EMB	Absent	
6EB0170	Gills, Left	FRAY	Absent	
6EB0170	Gills, Left	MRGN	Absent	
6EB0170	Gills, Left	PALE	Absent	
6EB0170	Gills, Right	FRAY	Absent	
6EB0170	Gills, Right	MRGN	Absent	
6EB0170	Gills, Right	PALE	Absent	
6EB0170	Fins	ERS	Absent	
6EB0170	Fins	FRAY	Absent	
6EB0170	Fins	HMR	Absent	
6EB0170	Fins	EMB	Absent	
6EB0171	Gills, Left	FRAY	Absent	
6EB0171	Gills, Left	MRGN	Absent	
6EB0171	Gills, Left	PALE	Absent	
6EB0171	Gills, Right	FRAY	Absent	
6EB0171	Gills, Right	MRGN	Absent	
6EB0171	Gills, Right	PALE	Absent	
6EB0171	Fins	ERS	Absent	
6EB0171	Fins	FRAY	Present	
6EB0171	Fins	HMR	Absent	
6EB0171	Fins	EMB	Absent	
6EB0172	Gills, Left	FRAY	Absent	
6EB0172	Gills, Left	MRGN	Absent	
6EB0172	Gills, Left	PALE	Absent	
6EB0172	Gills, Right	FRAY	Absent	
6EB0172	Gills, Right	MRGN	Absent	
6EB0172	Gills, Right	PALE	Absent	
6EB0172	Fins	ERS	Absent	
6EB0172	Fins	FRAY	Present	
6EB0172	Fins	HMR	Absent	
6EB0172	Fins	EMB	Absent	
6EB0173	Gills, Left	FRAY	Absent	
6EB0173	Gills, Left	MRGN	Absent	
6EB0173	Gills, Left	PALE	Absent	
6EB0173	Gills, Right	FRAY	Absent	
6EB0173	Gills, Right	MRGN	Absent	
6EB0173	Gills, Right	PALE	Absent	
6EB0173	Fins	ERS	Absent	
6EB0173	Fins	FRAY	Absent	
6EB0173	Fins	HMR	Absent	
6EB0173	Fins	EMB	Absent	
6EB0174	Gills, Left	FRAY	Absent	
6EB0174	Gills, Left	MRGN	Absent	
6EB0174	Gills, Left	PALE	Absent	
6EB0174	Gills, Right	FRAY	Absent	
6EB0174	Gills, Right	MRGN	Absent	
6EB0174	Gills, Right	PALE	Absent	
6EB0174	Fins	ERS	Absent	
6EB0174	Fins	FRAY	Absent	
6EB0174	Fins	HMR	Absent	
6EB0174	Fins	EMB	Absent	
6EB0175	Gills, Left	FRAY	Absent	
6EB0175	Gills, Left	MRGN	Absent	
6EB0175	Gills, Left	PALE	Absent	
6EB0175	Gills, Right	FRAY	Absent	
6EB0175	Gills, Right	MRGN	Absent	
6EB0175	Gills, Right	PALE	Absent	
6EB0175	Fins	ERS	Absent	
6EB0175	Fins	FRAY	Absent	
6EB0175	Fins	HMR	Absent	
6EB0175	Fins	EMB	Absent	
6EB0176	Gills, Left	FRAY	Absent	
6EB0176	Gills, Left	MRGN	Absent	
6EB0176	Gills, Left	PALE	Absent	
6EB0176	Gills, Right	FRAY	Absent	
6EB0176	Gills, Right	MRGN	Absent	
6EB0176	Gills, Right	PALE	Absent	
6EB0176	Fins	ERS	Absent	
6EB0176	Fins	FRAY	Present	
6EB0176	Fins	HMR	Absent	
6EB0176	Fins	EMB	Absent	
6EB0177	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0177	Gills, Left	MRGN	Absent	
6EB0177	Gills, Left	PALE	Absent	
6EB0177	Gills, Right	FRAY	Absent	
6EB0177	Gills, Right	MRGN	Absent	
6EB0177	Gills, Right	PALE	Absent	
6EB0177	Fins	ERS	Absent	
6EB0177	Fins	FRAY	Absent	
6EB0177	Fins	HMR	Absent	
6EB0177	Fins	EMB	Absent	
6EB0178	Gills, Left	FRAY	Absent	
6EB0178	Gills, Left	MRGN	Absent	
6EB0178	Gills, Left	PALE	Absent	
6EB0178	Gills, Right	FRAY	Absent	
6EB0178	Gills, Right	MRGN	Absent	
6EB0178	Gills, Right	PALE	Absent	
6EB0178	Fins	ERS	Absent	
6EB0178	Fins	FRAY	Absent	
6EB0178	Fins	HMR	Absent	
6EB0178	Fins	EMB	Absent	
6EB0179	Gills, Left	FRAY	Absent	
6EB0179	Gills, Left	MRGN	Absent	
6EB0179	Gills, Left	PALE	Absent	
6EB0179	Gills, Right	FRAY	Absent	
6EB0179	Gills, Right	MRGN	Absent	
6EB0179	Gills, Right	PALE	Absent	
6EB0179	Fins	ERS	Absent	
6EB0179	Fins	FRAY	Absent	
6EB0179	Fins	HMR	Absent	
6EB0179	Fins	EMB	Absent	
6EB0180	Gills, Left	FRAY	Absent	
6EB0180	Gills, Left	MRGN	Absent	
6EB0180	Gills, Left	PALE	Absent	
6EB0180	Gills, Right	FRAY	Absent	
6EB0180	Gills, Right	MRGN	Absent	
6EB0180	Gills, Right	PALE	Absent	
6EB0180	Fins	ERS	Absent	
6EB0180	Fins	FRAY	Absent	
6EB0180	Fins	HMR	Absent	
6EB0180	Fins	EMB	Absent	
6EB0181H	Gills, Left	FRAY	Absent	
6EB0181H	Gills, Left	MRGN	Absent	
6EB0181H	Gills, Left	PALE	Present	
6EB0181H	Gills, Right	FRAY	Absent	
6EB0181H	Gills, Right	MRGN	Absent	
6EB0181H	Gills, Right	PALE	Present	
6EB0181H	Fins	ERS	Absent	
6EB0181H	Fins	FRAY	Absent	
6EB0181H	Fins	HMR	Absent	
6EB0181H	Fins	EMB	Absent	
6EB0182H	Gills, Left	FRAY	Absent	
6EB0182H	Gills, Left	MRGN	Absent	
6EB0182H	Gills, Left	PALE	Absent	
6EB0182H	Gills, Right	FRAY	Absent	
6EB0182H	Gills, Right	MRGN	Absent	
6EB0182H	Gills, Right	PALE	Absent	
6EB0182H	Fins	ERS	Absent	
6EB0182H	Fins	FRAY	Absent	
6EB0182H	Fins	HMR	Absent	
6EB0182H	Fins	EMB	Absent	
6EB0183H	Gills, Left	FRAY	Absent	
6EB0183H	Gills, Left	MRGN	Absent	
6EB0183H	Gills, Left	PALE	Absent	
6EB0183H	Gills, Right	FRAY	Absent	
6EB0183H	Gills, Right	MRGN	Absent	
6EB0183H	Gills, Right	PALE	Absent	
6EB0183H	Fins	ERS	Minor	
6EB0183H	Fins	FRAY	Present	
6EB0183H	Fins	HMR	Absent	
6EB0183H	Fins	EMB	Absent	
6EB0184H	Gills, Left	FRAY	Absent	
6EB0184H	Gills, Left	MRGN	Absent	
6EB0184H	Gills, Left	PALE	Present	
6EB0184H	Gills, Right	FRAY	Absent	
6EB0184H	Gills, Right	MRGN	Absent	
6EB0184H	Gills, Right	PALE	Present	
6EB0184H	Fins	ERS	Absent	
6EB0184H	Fins	FRAY	Absent	
6EB0184H	Fins	HMR	Absent	
6EB0184H	Fins	EMB	Absent	
6EB0185H	Gills, Left	FRAY	Absent	
6EB0185H	Gills, Left	MRGN	Absent	
6EB0185H	Gills, Left	PALE	Present	
6EB0185H	Gills, Right	FRAY	Absent	
6EB0185H	Gills, Right	MRGN	Absent	
6EB0185H	Gills, Right	PALE	Present	
6EB0185H	Fins	ERS	Absent	
6EB0185H	Fins	FRAY	Present	
6EB0185H	Fins	HMR	Absent	
6EB0185H	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0186H	Gills, Left	FRAY	Absent	
6EB0186H	Gills, Left	MRGN	Absent	
6EB0186H	Gills, Left	PALE	Absent	
6EB0186H	Gills, Right	FRAY	Absent	
6EB0186H	Gills, Right	MRGN	Absent	
6EB0186H	Gills, Right	PALE	Absent	
6EB0186H	Fins	ERS	Absent	
6EB0186H	Fins	FRAY	Present	
6EB0186H	Fins	HMR	Absent	
6EB0186H	Fins	EMB	Absent	
6EB0187W	Gills, Left	FRAY	Absent	
6EB0187W	Gills, Left	MRGN	Absent	
6EB0187W	Gills, Left	PALE	Absent	
6EB0187W	Gills, Right	FRAY	Absent	
6EB0187W	Gills, Right	MRGN	Absent	
6EB0187W	Gills, Right	PALE	Absent	
6EB0187W	Fins	ERS	Absent	
6EB0187W	Fins	FRAY	Absent	
6EB0187W	Fins	HMR	Absent	
6EB0187W	Fins	EMB	Absent	
6EB0188	Gills, Left	FRAY	Absent	
6EB0188	Gills, Left	MRGN	Absent	
6EB0188	Gills, Left	PALE	Absent	
6EB0188	Gills, Right	FRAY	Absent	
6EB0188	Gills, Right	MRGN	Absent	
6EB0188	Gills, Right	PALE	Absent	
6EB0188	Fins	ERS	Absent	
6EB0188	Fins	FRAY	Absent	
6EB0188	Fins	HMR	Absent	
6EB0188	Fins	EMB	Absent	
6EB0189	Gills, Left	FRAY	Absent	
6EB0189	Gills, Left	MRGN	Absent	
6EB0189	Gills, Left	PALE	Absent	
6EB0189	Gills, Right	FRAY	Absent	
6EB0189	Gills, Right	MRGN	Absent	
6EB0189	Gills, Right	PALE	Absent	
6EB0189	Fins	ERS	Absent	
6EB0189	Fins	FRAY	Absent	
6EB0189	Fins	HMR	Absent	
6EB0189	Fins	EMB	Absent	
6EB0190	Gills, Left	FRAY	Absent	
6EB0190	Gills, Left	MRGN	Absent	
6EB0190	Gills, Left	PALE	Absent	
6EB0190	Gills, Right	FRAY	Absent	
6EB0190	Gills, Right	MRGN	Absent	
6EB0190	Gills, Right	PALE	Absent	
6EB0190	Fins	ERS	Absent	
6EB0190	Fins	FRAY	Absent	
6EB0190	Fins	HMR	Absent	
6EB0190	Fins	EMB	Absent	
6EB0191	Gills, Left	FRAY	Absent	
6EB0191	Gills, Left	MRGN	Absent	
6EB0191	Gills, Left	PALE	Absent	
6EB0191	Gills, Right	FRAY	Absent	
6EB0191	Gills, Right	MRGN	Absent	
6EB0191	Gills, Right	PALE	Absent	
6EB0191	Fins	ERS	Absent	
6EB0191	Fins	FRAY	Absent	
6EB0191	Fins	HMR	Absent	
6EB0191	Fins	EMB	Absent	
6EB0192	Gills, Left	FRAY	Absent	
6EB0192	Gills, Left	MRGN	Absent	
6EB0192	Gills, Left	PALE	Absent	
6EB0192	Gills, Right	FRAY	Absent	
6EB0192	Gills, Right	MRGN	Absent	
6EB0192	Gills, Right	PALE	Absent	
6EB0192	Fins	ERS	Absent	
6EB0192	Fins	FRAY	Absent	
6EB0192	Fins	HMR	Absent	
6EB0192	Fins	EMB	Absent	
6EB0193	Gills, Left	FRAY	Absent	
6EB0193	Gills, Left	MRGN	Absent	
6EB0193	Gills, Left	PALE	Absent	
6EB0193	Gills, Right	FRAY	Absent	
6EB0193	Gills, Right	MRGN	Absent	
6EB0193	Gills, Right	PALE	Absent	
6EB0193	Fins	ERS	Absent	
6EB0193	Fins	FRAY	Absent	
6EB0193	Fins	HMR	Absent	
6EB0193	Fins	EMB	Absent	
6EB0194	Gills, Left	FRAY	Absent	
6EB0194	Gills, Left	MRGN	Absent	
6EB0194	Gills, Left	PALE	Absent	
6EB0194	Gills, Right	FRAY	Absent	
6EB0194	Gills, Right	MRGN	Absent	
6EB0194	Gills, Right	PALE	Absent	
6EB0194	Fins	ERS	Absent	
6EB0194	Fins	FRAY	Absent	
6EB0194	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0194	Fins	EMB	Absent	
6EB0195	Gills, Left	FRAY	Absent	
6EB0195	Gills, Left	MRGN	Absent	
6EB0195	Gills, Left	PALE	Absent	
6EB0195	Gills, Right	FRAY	Absent	
6EB0195	Gills, Right	MRGN	Absent	
6EB0195	Gills, Right	PALE	Absent	
6EB0195	Fins	ERS	Absent	
6EB0195	Fins	FRAY	Absent	
6EB0195	Fins	HMR	Absent	
6EB0195	Fins	EMB	Absent	
6EB0196	Gills, Left	FRAY	Absent	
6EB0196	Gills, Left	MRGN	Absent	
6EB0196	Gills, Left	PALE	Absent	
6EB0196	Gills, Right	FRAY	Absent	
6EB0196	Gills, Right	MRGN	Absent	
6EB0196	Gills, Right	PALE	Absent	
6EB0196	Fins	ERS	Absent	
6EB0196	Fins	FRAY	Absent	
6EB0196	Fins	HMR	Absent	
6EB0196	Fins	EMB	Absent	
6EB0197	Gills, Left	FRAY	Absent	
6EB0197	Gills, Left	MRGN	Absent	
6EB0197	Gills, Left	PALE	Absent	
6EB0197	Gills, Right	FRAY	Absent	
6EB0197	Gills, Right	MRGN	Absent	
6EB0197	Gills, Right	PALE	Absent	
6EB0197	Fins	ERS	Absent	
6EB0197	Fins	FRAY	Absent	
6EB0197	Fins	HMR	Absent	
6EB0197	Fins	EMB	Absent	
6EB0198	Gills, Left	FRAY	Absent	
6EB0198	Gills, Left	MRGN	Absent	
6EB0198	Gills, Left	PALE	Absent	
6EB0198	Gills, Right	FRAY	Absent	
6EB0198	Gills, Right	MRGN	Absent	
6EB0198	Gills, Right	PALE	Absent	
6EB0198	Fins	ERS	Absent	
6EB0198	Fins	FRAY	Absent	
6EB0198	Fins	HMR	Absent	
6EB0198	Fins	EMB	Absent	
6EB0199	Gills, Left	FRAY	Absent	
6EB0199	Gills, Left	MRGN	Absent	
6EB0199	Gills, Left	PALE	Absent	
6EB0199	Gills, Right	FRAY	Absent	
6EB0199	Gills, Right	MRGN	Absent	
6EB0199	Gills, Right	PALE	Absent	
6EB0199	Fins	ERS	Absent	
6EB0199	Fins	FRAY	Absent	
6EB0199	Fins	HMR	Absent	
6EB0199	Fins	EMB	Absent	
6EB0200	Gills, Left	FRAY	Absent	
6EB0200	Gills, Left	MRGN	Absent	
6EB0200	Gills, Left	PALE	Absent	
6EB0200	Gills, Right	FRAY	Absent	
6EB0200	Gills, Right	MRGN	Absent	
6EB0200	Gills, Right	PALE	Absent	
6EB0200	Fins	ERS	Absent	
6EB0200	Fins	FRAY	Absent	
6EB0200	Fins	HMR	Absent	
6EB0200	Fins	EMB	Absent	
6EB0201	Gills, Left	FRAY	Absent	
6EB0201	Gills, Left	MRGN	Absent	
6EB0201	Gills, Left	PALE	Absent	
6EB0201	Gills, Right	FRAY	Absent	
6EB0201	Gills, Right	MRGN	Absent	
6EB0201	Gills, Right	PALE	Absent	
6EB0201	Fins	ERS	Absent	
6EB0201	Fins	FRAY	Absent	
6EB0201	Fins	HMR	Absent	
6EB0201	Fins	EMB	Absent	
6EB0202	Gills, Left	FRAY	Absent	
6EB0202	Gills, Left	MRGN	Absent	
6EB0202	Gills, Left	PALE	Absent	
6EB0202	Gills, Right	FRAY	Absent	
6EB0202	Gills, Right	MRGN	Absent	
6EB0202	Gills, Right	PALE	Absent	
6EB0202	Fins	ERS	Absent	
6EB0202	Fins	FRAY	Absent	
6EB0202	Fins	HMR	Absent	
6EB0202	Fins	EMB	Absent	
6EB0203	Gills, Left	FRAY	Absent	
6EB0203	Gills, Left	MRGN	Absent	
6EB0203	Gills, Left	PALE	Absent	
6EB0203	Gills, Right	FRAY	Absent	
6EB0203	Gills, Right	MRGN	Absent	
6EB0203	Gills, Right	PALE	Absent	
6EB0203	Fins	ERS	Absent	
6EB0203	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0203	Fins	HMR	Absent	
6EB0203	Fins	EMB	Absent	
6EB0204	Gills, Left	FRAY	Absent	
6EB0204	Gills, Left	MRGN	Absent	
6EB0204	Gills, Left	PALE	Absent	
6EB0204	Gills, Right	FRAY	Absent	
6EB0204	Gills, Right	MRGN	Absent	
6EB0204	Gills, Right	PALE	Absent	
6EB0204	Fins	ERS	Absent	
6EB0204	Fins	FRAY	Absent	
6EB0204	Fins	HMR	Absent	
6EB0204	Fins	EMB	Absent	
6EB0205	Gills, Left	FRAY	Absent	
6EB0205	Gills, Left	MRGN	Absent	
6EB0205	Gills, Left	PALE	Absent	
6EB0205	Gills, Right	FRAY	Absent	
6EB0205	Gills, Right	MRGN	Absent	
6EB0205	Gills, Right	PALE	Absent	
6EB0205	Fins	ERS	Absent	
6EB0205	Fins	FRAY	Absent	
6EB0205	Fins	HMR	Absent	
6EB0205	Fins	EMB	Absent	
6EB0206	Gills, Left	FRAY	Absent	
6EB0206	Gills, Left	MRGN	Absent	
6EB0206	Gills, Left	PALE	Absent	
6EB0206	Gills, Right	FRAY	Absent	
6EB0206	Gills, Right	MRGN	Absent	
6EB0206	Gills, Right	PALE	Absent	
6EB0206	Fins	ERS	Absent	
6EB0206	Fins	FRAY	Absent	
6EB0206	Fins	HMR	Absent	
6EB0206	Fins	EMB	Absent	
6EB0207	Gills, Left	FRAY	Absent	
6EB0207	Gills, Left	MRGN	Absent	
6EB0207	Gills, Left	PALE	Absent	
6EB0207	Gills, Right	FRAY	Absent	
6EB0207	Gills, Right	MRGN	Absent	
6EB0207	Gills, Right	PALE	Absent	
6EB0207	Fins	ERS	Absent	
6EB0207	Fins	FRAY	Absent	
6EB0207	Fins	HMR	Absent	
6EB0207	Fins	EMB	Absent	
6EB0208	Gills, Left	FRAY	Absent	
6EB0208	Gills, Left	MRGN	Absent	
6EB0208	Gills, Left	PALE	Absent	
6EB0208	Gills, Right	FRAY	Absent	
6EB0208	Gills, Right	MRGN	Absent	
6EB0208	Gills, Right	PALE	Absent	
6EB0208	Fins	ERS	Absent	
6EB0208	Fins	FRAY	Absent	
6EB0208	Fins	HMR	Absent	
6EB0208	Fins	EMB	Absent	
6EB0210	Gills, Left	FRAY	Absent	
6EB0210	Gills, Left	MRGN	Absent	
6EB0210	Gills, Left	PALE	Absent	
6EB0210	Gills, Right	FRAY	Absent	
6EB0210	Gills, Right	MRGN	Absent	
6EB0210	Gills, Right	PALE	Absent	
6EB0210	Fins	ERS	Absent	
6EB0210	Fins	FRAY	Absent	
6EB0210	Fins	HMR	Absent	
6EB0210	Fins	EMB	Absent	
6EB0211	Gills, Left	FRAY	Absent	
6EB0211	Gills, Left	MRGN	Absent	
6EB0211	Gills, Left	PALE	Absent	
6EB0211	Gills, Right	FRAY	Absent	
6EB0211	Gills, Right	MRGN	Absent	
6EB0211	Gills, Right	PALE	Absent	
6EB0211	Fins	ERS	Absent	
6EB0211	Fins	FRAY	Absent	
6EB0211	Fins	HMR	Absent	
6EB0211	Fins	EMB	Absent	
6EB0212	Gills, Left	FRAY	Absent	
6EB0212	Gills, Left	MRGN	Absent	
6EB0212	Gills, Left	PALE	Absent	
6EB0212	Gills, Right	FRAY	Absent	
6EB0212	Gills, Right	MRGN	Absent	
6EB0212	Gills, Right	PALE	Absent	
6EB0212	Fins	ERS	Absent	
6EB0212	Fins	FRAY	Absent	
6EB0212	Fins	HMR	Absent	
6EB0212	Fins	EMB	Absent	
6EB0213	Gills, Left	FRAY	Absent	
6EB0213	Gills, Left	MRGN	Absent	
6EB0213	Gills, Left	PALE	Absent	
6EB0213	Gills, Right	FRAY	Absent	
6EB0213	Gills, Right	MRGN	Absent	
6EB0213	Gills, Right	PALE	Absent	
6EB0213	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0213	Fins	FRAY	Absent	
6EB0213	Fins	HMR	Absent	
6EB0213	Fins	EMB	Absent	
6EB0214	Gills, Left	FRAY	Absent	
6EB0214	Gills, Left	MRGN	Absent	
6EB0214	Gills, Left	PALE	Absent	
6EB0214	Gills, Right	FRAY	Absent	
6EB0214	Gills, Right	MRGN	Absent	
6EB0214	Gills, Right	PALE	Absent	
6EB0214	Fins	ERS	Absent	
6EB0214	Fins	FRAY	Absent	
6EB0214	Fins	HMR	Absent	
6EB0214	Fins	EMB	Absent	
6EB0220	Gills, Left	FRAY	Absent	
6EB0220	Gills, Left	MRGN	Absent	
6EB0220	Gills, Left	PALE	Absent	
6EB0220	Gills, Right	FRAY	Absent	
6EB0220	Gills, Right	MRGN	Absent	
6EB0220	Gills, Right	PALE	Absent	
6EB0220	Fins	ERS	Absent	
6EB0220	Fins	FRAY	Absent	
6EB0220	Fins	HMR	Absent	
6EB0220	Fins	EMB	Absent	
6EB0221	Gills, Left	FRAY	Absent	
6EB0221	Gills, Left	MRGN	Absent	
6EB0221	Gills, Left	PALE	Absent	
6EB0221	Gills, Right	FRAY	Absent	
6EB0221	Gills, Right	MRGN	Absent	
6EB0221	Gills, Right	PALE	Absent	
6EB0221	Fins	ERS	Absent	
6EB0221	Fins	FRAY	Absent	
6EB0221	Fins	HMR	Absent	
6EB0221	Fins	EMB	Absent	
6EB0222	Gills, Left	FRAY	Absent	
6EB0222	Gills, Left	MRGN	Absent	
6EB0222	Gills, Left	PALE	Absent	
6EB0222	Gills, Right	FRAY	Absent	
6EB0222	Gills, Right	MRGN	Absent	
6EB0222	Gills, Right	PALE	Absent	
6EB0222	Fins	ERS	Absent	
6EB0222	Fins	FRAY	Absent	
6EB0222	Fins	HMR	Absent	
6EB0222	Fins	EMB	Absent	
6EB0223	Gills, Left	FRAY	Absent	
6EB0223	Gills, Left	MRGN	Absent	
6EB0223	Gills, Left	PALE	Absent	
6EB0223	Gills, Right	FRAY	Absent	
6EB0223	Gills, Right	MRGN	Absent	
6EB0223	Gills, Right	PALE	Absent	
6EB0223	Fins	ERS	Absent	
6EB0223	Fins	FRAY	Absent	
6EB0223	Fins	HMR	Absent	
6EB0223	Fins	EMB	Absent	
6EB0224H	Gills, Left	FRAY	Absent	
6EB0224H	Gills, Left	MRGN	Absent	
6EB0224H	Gills, Left	PALE	Absent	
6EB0224H	Gills, Right	FRAY	Absent	
6EB0224H	Gills, Right	MRGN	Absent	
6EB0224H	Gills, Right	PALE	Absent	
6EB0224H	Fins	ERS	Absent	
6EB0224H	Fins	FRAY	Absent	
6EB0224H	Fins	HMR	Absent	
6EB0224H	Fins	EMB	Absent	
6EB0225H	Gills, Left	FRAY	Absent	
6EB0225H	Gills, Left	MRGN	Absent	
6EB0225H	Gills, Left	PALE	Absent	
6EB0225H	Gills, Right	FRAY	Absent	
6EB0225H	Gills, Right	MRGN	Absent	
6EB0225H	Gills, Right	PALE	Absent	
6EB0225H	Fins	ERS	Absent	
6EB0225H	Fins	FRAY	Absent	
6EB0225H	Fins	HMR	Absent	
6EB0225H	Fins	EMB	Absent	
6EB0226H	Gills, Left	FRAY	Absent	
6EB0226H	Gills, Left	MRGN	Absent	
6EB0226H	Gills, Left	PALE	Absent	
6EB0226H	Gills, Right	FRAY	Absent	
6EB0226H	Gills, Right	MRGN	Absent	
6EB0226H	Gills, Right	PALE	Absent	
6EB0226H	Fins	ERS	Absent	
6EB0226H	Fins	FRAY	Absent	
6EB0226H	Fins	HMR	Absent	
6EB0226H	Fins	EMB	Absent	
6EB0227	Gills, Left	FRAY	Absent	
6EB0227	Gills, Left	MRGN	Absent	
6EB0227	Gills, Left	PALE	Absent	
6EB0227	Gills, Right	FRAY	Absent	
6EB0227	Gills, Right	MRGN	Absent	
6EB0227	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6EB0227	Fins	ERS	Absent	
6EB0227	Fins	FRAY	Present	
6EB0227	Fins	HMR	Absent	
6EB0227	Fins	EMB	Absent	
6ED0001	Gills, Left	FRAY	Absent	
6ED0001	Gills, Left	MRGN	Absent	
6ED0001	Gills, Left	PALE	Absent	
6ED0001	Gills, Right	FRAY	Absent	
6ED0001	Gills, Right	MRGN	Absent	
6ED0001	Gills, Right	PALE	Absent	
6ED0001	Fins	ERS	Absent	
6ED0001	Fins	FRAY	Present	
6ED0001	Fins	HMR	Absent	
6ED0001	Fins	EMB	Absent	
6ED0002	Gills, Left	FRAY	Absent	
6ED0002	Gills, Left	MRGN	Absent	
6ED0002	Gills, Left	PALE	Absent	
6ED0002	Gills, Right	FRAY	Absent	
6ED0002	Gills, Right	MRGN	Absent	
6ED0002	Gills, Right	PALE	Absent	
6ED0002	Fins	ERS	Absent	
6ED0002	Fins	FRAY	Absent	
6ED0002	Fins	HMR	Absent	
6ED0002	Fins	EMB	Absent	
6ED0003	Gills, Left	FRAY	Absent	
6ED0003	Gills, Left	MRGN	Absent	
6ED0003	Gills, Left	PALE	Absent	
6ED0003	Gills, Right	FRAY	Absent	
6ED0003	Gills, Right	MRGN	Absent	
6ED0003	Gills, Right	PALE	Absent	
6ED0003	Fins	ERS	Absent	
6ED0003	Fins	FRAY	Present	
6ED0003	Fins	HMR	Absent	
6ED0003	Fins	EMB	Absent	
6ED0004	Gills, Left	FRAY	Absent	
6ED0004	Gills, Left	MRGN	Absent	
6ED0004	Gills, Left	PALE	Absent	
6ED0004	Gills, Left	OTHER	Present	Mucous
6ED0004	Gills, Right	FRAY	Absent	
6ED0004	Gills, Right	MRGN	Absent	
6ED0004	Gills, Right	PALE	Absent	
6ED0004	Gills, Right	OTHER	Present	Mucous
6ED0004	Fins	ERS	Absent	
6ED0004	Fins	FRAY	Absent	
6ED0004	Fins	HMR	Absent	
6ED0004	Fins	EMB	Absent	
6ED0005	Gills, Left	FRAY	Absent	
6ED0005	Gills, Left	MRGN	Absent	
6ED0005	Gills, Left	PALE	Absent	
6ED0005	Gills, Right	FRAY	Absent	
6ED0005	Gills, Right	MRGN	Absent	
6ED0005	Gills, Right	PALE	Absent	
6ED0005	Fins	ERS	Absent	
6ED0005	Fins	FRAY	Absent	
6ED0005	Fins	HMR	Absent	
6ED0005	Fins	EMB	Absent	
6ED0006	Gills, Left	FRAY	Absent	
6ED0006	Gills, Left	MRGN	Absent	
6ED0006	Gills, Left	PALE	Absent	
6ED0006	Gills, Right	FRAY	Absent	
6ED0006	Gills, Right	MRGN	Absent	
6ED0006	Gills, Right	PALE	Absent	
6ED0006	Fins	ERS	Absent	
6ED0006	Fins	FRAY	Absent	
6ED0006	Fins	HMR	Absent	
6ED0006	Fins	EMB	Absent	
6ED0007	Gills, Left	FRAY	Absent	
6ED0007	Gills, Left	MRGN	Absent	
6ED0007	Gills, Left	PALE	Absent	
6ED0007	Gills, Right	FRAY	Absent	
6ED0007	Gills, Right	MRGN	Absent	
6ED0007	Gills, Right	PALE	Absent	
6ED0007	Fins	ERS	Absent	
6ED0007	Fins	FRAY	Absent	
6ED0007	Fins	HMR	Absent	
6ED0007	Fins	EMB	Absent	
6ED0008	Gills, Left	FRAY	Absent	
6ED0008	Gills, Left	MRGN	Absent	
6ED0008	Gills, Left	PALE	Absent	
6ED0008	Gills, Right	FRAY	Absent	
6ED0008	Gills, Right	MRGN	Absent	
6ED0008	Gills, Right	PALE	Absent	
6ED0008	Fins	ERS	Absent	
6ED0008	Fins	FRAY	Present	
6ED0008	Fins	HMR	Absent	
6ED0008	Fins	EMB	Absent	
6ED0009	Gills, Left	FRAY	Absent	
6ED0009	Gills, Left	MRGN	Absent	
6ED0009	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0009	Gills, Right	FRAY	Absent	
6ED0009	Gills, Right	MRGN	Absent	
6ED0009	Gills, Right	PALE	Absent	
6ED0009	Fins	ERS	Absent	
6ED0009	Fins	FRAY	Absent	
6ED0009	Fins	HMR	Absent	
6ED0009	Fins	EMB	Absent	
6ED0010	Gills, Left	FRAY	Absent	
6ED0010	Gills, Left	MRGN	Absent	
6ED0010	Gills, Left	PALE	Absent	
6ED0010	Gills, Right	FRAY	Absent	
6ED0010	Gills, Right	MRGN	Absent	
6ED0010	Gills, Right	PALE	Absent	
6ED0010	Fins	ERS	Absent	
6ED0010	Fins	FRAY	Present	
6ED0010	Fins	HMR	Absent	
6ED0010	Fins	EMB	Absent	
6ED0011	Gills, Left	FRAY	Absent	
6ED0011	Gills, Left	MRGN	Absent	
6ED0011	Gills, Left	PALE	Absent	
6ED0011	Gills, Right	FRAY	Absent	
6ED0011	Gills, Right	MRGN	Absent	
6ED0011	Gills, Right	PALE	Absent	
6ED0011	Fins	ERS	Absent	
6ED0011	Fins	FRAY	Absent	
6ED0011	Fins	HMR	Absent	
6ED0011	Fins	EMB	Absent	
6ED0012	Gills, Left	FRAY	Absent	
6ED0012	Gills, Left	MRGN	Absent	
6ED0012	Gills, Left	PALE	Absent	
6ED0012	Gills, Right	FRAY	Absent	
6ED0012	Gills, Right	MRGN	Absent	
6ED0012	Gills, Right	PALE	Absent	
6ED0012	Fins	ERS	Absent	
6ED0012	Fins	FRAY	Present	
6ED0012	Fins	HMR	Absent	
6ED0012	Fins	EMB	Absent	
6ED0013H	Gills, Left	FRAY	Absent	
6ED0013H	Gills, Left	MRGN	Absent	
6ED0013H	Gills, Left	PALE	Absent	
6ED0013H	Gills, Right	FRAY	Absent	
6ED0013H	Gills, Right	MRGN	Absent	
6ED0013H	Gills, Right	PALE	Absent	
6ED0013H	Fins	ERS	Absent	
6ED0013H	Fins	FRAY	Absent	
6ED0013H	Fins	HMR	Absent	
6ED0013H	Fins	EMB	Absent	
6ED0014H	Gills, Left	FRAY	Absent	
6ED0014H	Gills, Left	MRGN	Absent	
6ED0014H	Gills, Left	PALE	Present	
6ED0014H	Gills, Right	FRAY	Absent	
6ED0014H	Gills, Right	MRGN	Absent	
6ED0014H	Gills, Right	PALE	Present	
6ED0014H	Fins	ERS	Absent	
6ED0014H	Fins	FRAY	Absent	
6ED0014H	Fins	HMR	Absent	
6ED0014H	Fins	EMB	Absent	
6ED0015H	Gills, Left	FRAY	Absent	
6ED0015H	Gills, Left	MRGN	Absent	
6ED0015H	Gills, Left	PALE	Absent	
6ED0015H	Gills, Right	FRAY	Absent	
6ED0015H	Gills, Right	MRGN	Absent	
6ED0015H	Gills, Right	PALE	Absent	
6ED0015H	Fins	ERS	Absent	
6ED0015H	Fins	FRAY	Absent	
6ED0015H	Fins	HMR	Absent	
6ED0015H	Fins	EMB	Absent	
6ED0016	Gills, Left	FRAY	Absent	
6ED0016	Gills, Left	MRGN	Absent	
6ED0016	Gills, Left	PALE	Absent	
6ED0016	Gills, Right	FRAY	Absent	
6ED0016	Gills, Right	MRGN	Absent	
6ED0016	Gills, Right	PALE	Absent	
6ED0016	Fins	ERS	Absent	
6ED0016	Fins	FRAY	Absent	
6ED0016	Fins	HMR	Absent	
6ED0016	Fins	EMB	Absent	
6ED0017	Gills, Left	FRAY	Absent	
6ED0017	Gills, Left	MRGN	Absent	
6ED0017	Gills, Left	PALE	Absent	
6ED0017	Gills, Right	FRAY	Absent	
6ED0017	Gills, Right	MRGN	Absent	
6ED0017	Gills, Right	PALE	Absent	
6ED0017	Fins	ERS	Absent	
6ED0017	Fins	FRAY	Absent	
6ED0017	Fins	HMR	Absent	
6ED0017	Fins	EMB	Absent	
6ED0018	Gills, Left	FRAY	Absent	
6ED0018	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0018	Gills, Left	PALE	Absent	
6ED0018	Gills, Right	FRAY	Absent	
6ED0018	Gills, Right	MRGN	Absent	
6ED0018	Gills, Right	PALE	Absent	
6ED0018	Fins	ERS	Absent	
6ED0018	Fins	FRAY	Absent	
6ED0018	Fins	HMR	Absent	
6ED0018	Fins	EMB	Absent	
6ED0022	Gills, Left	FRAY	Absent	
6ED0022	Gills, Left	MRGN	Absent	
6ED0022	Gills, Left	PALE	Absent	
6ED0022	Gills, Right	FRAY	Absent	
6ED0022	Gills, Right	MRGN	Absent	
6ED0022	Gills, Right	PALE	Absent	
6ED0022	Fins	ERS	Absent	
6ED0022	Fins	FRAY	Absent	
6ED0022	Fins	HMR	Absent	
6ED0022	Fins	EMB	Absent	
6ED0023	Gills, Left	FRAY	Absent	
6ED0023	Gills, Left	MRGN	Absent	
6ED0023	Gills, Left	PALE	Absent	
6ED0023	Gills, Right	FRAY	Absent	
6ED0023	Gills, Right	MRGN	Absent	
6ED0023	Gills, Right	PALE	Absent	
6ED0023	Fins	ERS	Absent	
6ED0023	Fins	FRAY	Absent	
6ED0023	Fins	HMR	Absent	
6ED0023	Fins	EMB	Absent	
6ED0024	Gills, Left	FRAY	Absent	
6ED0024	Gills, Left	MRGN	Absent	
6ED0024	Gills, Left	PALE	Absent	
6ED0024	Gills, Right	FRAY	Absent	
6ED0024	Gills, Right	MRGN	Absent	
6ED0024	Gills, Right	PALE	Absent	
6ED0024	Fins	ERS	Absent	
6ED0024	Fins	FRAY	Absent	
6ED0024	Fins	HMR	Absent	
6ED0024	Fins	EMB	Absent	
6ED0025	Gills, Left	FRAY	Absent	
6ED0025	Gills, Left	MRGN	Absent	
6ED0025	Gills, Left	PALE	Absent	
6ED0025	Gills, Right	FRAY	Absent	
6ED0025	Gills, Right	MRGN	Absent	
6ED0025	Gills, Right	PALE	Absent	
6ED0025	Fins	ERS	Absent	
6ED0025	Fins	FRAY	Absent	
6ED0025	Fins	HMR	Absent	
6ED0025	Fins	EMB	Absent	
6ED0026	Gills, Left	FRAY	Absent	
6ED0026	Gills, Left	MRGN	Absent	
6ED0026	Gills, Left	PALE	Absent	
6ED0026	Gills, Right	FRAY	Absent	
6ED0026	Gills, Right	MRGN	Absent	
6ED0026	Gills, Right	PALE	Absent	
6ED0026	Fins	ERS	Severe	
6ED0026	Fins	FRAY	Absent	
6ED0026	Fins	HMR	Absent	
6ED0026	Fins	EMB	Absent	
6ED0027	Gills, Left	FRAY	Absent	
6ED0027	Gills, Left	MRGN	Absent	
6ED0027	Gills, Left	PALE	Absent	
6ED0027	Gills, Right	FRAY	Absent	
6ED0027	Gills, Right	MRGN	Absent	
6ED0027	Gills, Right	PALE	Absent	
6ED0027	Fins	ERS	Absent	
6ED0027	Fins	FRAY	Absent	
6ED0027	Fins	HMR	Absent	
6ED0027	Fins	EMB	Absent	
6ED0028	Gills, Left	FRAY	Absent	
6ED0028	Gills, Left	MRGN	Absent	
6ED0028	Gills, Left	PALE	Absent	
6ED0028	Gills, Right	FRAY	Absent	
6ED0028	Gills, Right	MRGN	Absent	
6ED0028	Gills, Right	PALE	Absent	
6ED0028	Fins	ERS	Absent	
6ED0028	Fins	FRAY	Absent	
6ED0028	Fins	HMR	Absent	
6ED0028	Fins	EMB	Absent	
6ED0029	Gills, Left	FRAY	Absent	
6ED0029	Gills, Left	MRGN	Absent	
6ED0029	Gills, Left	PALE	Absent	
6ED0029	Gills, Right	FRAY	Absent	
6ED0029	Gills, Right	MRGN	Absent	
6ED0029	Gills, Right	PALE	Absent	
6ED0029	Fins	ERS	Absent	
6ED0029	Fins	FRAY	Absent	
6ED0029	Fins	HMR	Absent	
6ED0029	Fins	EMB	Absent	
6ED0030	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0030	Gills, Left	MRGN	Absent	
6ED0030	Gills, Left	PALE	Absent	
6ED0030	Gills, Right	FRAY	Absent	
6ED0030	Gills, Right	MRGN	Absent	
6ED0030	Gills, Right	PALE	Absent	
6ED0030	Fins	ERS	Absent	
6ED0030	Fins	FRAY	Absent	
6ED0030	Fins	HMR	Absent	
6ED0030	Fins	EMB	Absent	
6ED0031	Gills, Left	FRAY	Absent	
6ED0031	Gills, Left	MRGN	Absent	
6ED0031	Gills, Left	PALE	Absent	
6ED0031	Gills, Right	FRAY	Absent	
6ED0031	Gills, Right	MRGN	Absent	
6ED0031	Gills, Right	PALE	Absent	
6ED0031	Fins	ERS	Absent	
6ED0031	Fins	FRAY	Absent	
6ED0031	Fins	HMR	Absent	
6ED0031	Fins	EMB	Absent	
6ED0032	Gills, Left	FRAY	Absent	
6ED0032	Gills, Left	MRGN	Absent	
6ED0032	Gills, Left	PALE	Absent	
6ED0032	Gills, Right	FRAY	Absent	
6ED0032	Gills, Right	MRGN	Absent	
6ED0032	Gills, Right	PALE	Absent	
6ED0032	Fins	ERS	Absent	
6ED0032	Fins	FRAY	Absent	
6ED0032	Fins	HMR	Absent	
6ED0032	Fins	EMB	Absent	
6ED0033	Gills, Left	FRAY	Absent	
6ED0033	Gills, Left	MRGN	Absent	
6ED0033	Gills, Left	PALE	Absent	
6ED0033	Gills, Right	FRAY	Absent	
6ED0033	Gills, Right	MRGN	Absent	
6ED0033	Gills, Right	PALE	Absent	
6ED0033	Fins	ERS	Absent	
6ED0033	Fins	FRAY	Absent	
6ED0033	Fins	HMR	Absent	
6ED0033	Fins	EMB	Absent	
6ED0034	Gills, Left	FRAY	Absent	
6ED0034	Gills, Left	MRGN	Absent	
6ED0034	Gills, Left	PALE	Absent	
6ED0034	Gills, Right	FRAY	Absent	
6ED0034	Gills, Right	MRGN	Absent	
6ED0034	Gills, Right	PALE	Absent	
6ED0034	Fins	ERS	Absent	
6ED0034	Fins	FRAY	Absent	
6ED0034	Fins	HMR	Absent	
6ED0034	Fins	EMB	Absent	
6ED0035	Gills, Left	FRAY	Absent	
6ED0035	Gills, Left	MRGN	Absent	
6ED0035	Gills, Left	PALE	Absent	
6ED0035	Gills, Right	FRAY	Absent	
6ED0035	Gills, Right	MRGN	Absent	
6ED0035	Gills, Right	PALE	Absent	
6ED0035	Fins	ERS	Absent	
6ED0035	Fins	FRAY	Absent	
6ED0035	Fins	HMR	Absent	
6ED0035	Fins	EMB	Absent	
6ED0036	Gills, Left	FRAY	Absent	
6ED0036	Gills, Left	MRGN	Absent	
6ED0036	Gills, Left	PALE	Absent	
6ED0036	Gills, Right	FRAY	Absent	
6ED0036	Gills, Right	MRGN	Absent	
6ED0036	Gills, Right	PALE	Absent	
6ED0036	Fins	ERS	Absent	
6ED0036	Fins	FRAY	Absent	
6ED0036	Fins	HMR	Absent	
6ED0036	Fins	EMB	Absent	
6ED0037	Gills, Left	FRAY	Absent	
6ED0037	Gills, Left	MRGN	Absent	
6ED0037	Gills, Left	PALE	Absent	
6ED0037	Gills, Right	FRAY	Absent	
6ED0037	Gills, Right	MRGN	Absent	
6ED0037	Gills, Right	PALE	Absent	
6ED0037	Fins	ERS	Absent	
6ED0037	Fins	FRAY	Absent	
6ED0037	Fins	HMR	Absent	
6ED0037	Fins	EMB	Absent	
6ED0038	Gills, Left	FRAY	Absent	
6ED0038	Gills, Left	FRAY	Absent	
6ED0038	Gills, Left	MRGN	Absent	
6ED0038	Gills, Left	MRGN	Absent	
6ED0038	Gills, Left	PALE	Absent	
6ED0038	Gills, Left	PALE	Absent	
6ED0038	Gills, Right	FRAY	Absent	
6ED0038	Gills, Right	FRAY	Absent	
6ED0038	Gills, Right	MRGN	Absent	
6ED0038	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0038	Gills, Right	PALE	Absent	
6ED0038	Gills, Right	PALE	Absent	
6ED0038	Fins	ERS	Absent	
6ED0038	Fins	ERS	Absent	
6ED0038	Fins	FRAY	Absent	
6ED0038	Fins	FRAY	Absent	
6ED0038	Fins	HMR	Absent	
6ED0038	Fins	HMR	Absent	
6ED0038	Fins	EMB	Absent	
6ED0038	Fins	EMB	Absent	
6ED0038	Fins	OTHER	Present	Lesion
6ED0039	Gills, Left	FRAY	Absent	
6ED0039	Gills, Left	MRGN	Absent	
6ED0039	Gills, Left	PALE	Absent	
6ED0039	Gills, Right	FRAY	Absent	
6ED0039	Gills, Right	MRGN	Absent	
6ED0039	Gills, Right	PALE	Absent	
6ED0039	Fins	ERS	Absent	
6ED0039	Fins	FRAY	Absent	
6ED0039	Fins	HMR	Absent	
6ED0039	Fins	EMB	Absent	
6ED0040	Gills, Left	FRAY	Absent	
6ED0040	Gills, Left	MRGN	Absent	
6ED0040	Gills, Left	PALE	Absent	
6ED0040	Gills, Right	FRAY	Absent	
6ED0040	Gills, Right	MRGN	Absent	
6ED0040	Gills, Right	PALE	Absent	
6ED0040	Fins	ERS	Absent	
6ED0040	Fins	FRAY	Absent	
6ED0040	Fins	HMR	Absent	
6ED0040	Fins	EMB	Absent	
6ED0041	Gills, Left	FRAY	Absent	
6ED0041	Gills, Left	MRGN	Absent	
6ED0041	Gills, Left	PALE	Absent	
6ED0041	Gills, Right	FRAY	Absent	
6ED0041	Gills, Right	MRGN	Absent	
6ED0041	Gills, Right	PALE	Absent	
6ED0041	Fins	ERS	Absent	
6ED0041	Fins	FRAY	Absent	
6ED0041	Fins	HMR	Absent	
6ED0041	Fins	EMB	Absent	
6ED0042	Gills, Left	FRAY	Absent	
6ED0042	Gills, Left	MRGN	Absent	
6ED0042	Gills, Left	PALE	Absent	
6ED0042	Gills, Right	FRAY	Absent	
6ED0042	Gills, Right	MRGN	Absent	
6ED0042	Gills, Right	PALE	Absent	
6ED0042	Fins	ERS	Absent	
6ED0042	Fins	FRAY	Absent	
6ED0042	Fins	HMR	Absent	
6ED0042	Fins	EMB	Absent	
6ED0043H	Gills, Left	FRAY	Absent	
6ED0043H	Gills, Left	MRGN	Absent	
6ED0043H	Gills, Left	PALE	Absent	
6ED0043H	Gills, Right	FRAY	Absent	
6ED0043H	Gills, Right	MRGN	Absent	
6ED0043H	Gills, Right	PALE	Absent	
6ED0043H	Fins	ERS	Absent	
6ED0043H	Fins	FRAY	Absent	
6ED0043H	Fins	HMR	Absent	
6ED0043H	Fins	EMB	Absent	
6ED0044	Gills, Left	FRAY	Absent	
6ED0044	Gills, Left	MRGN	Absent	
6ED0044	Gills, Left	PALE	Absent	
6ED0044	Gills, Right	FRAY	Absent	
6ED0044	Gills, Right	MRGN	Absent	
6ED0044	Gills, Right	PALE	Absent	
6ED0044	Fins	ERS	Absent	
6ED0044	Fins	FRAY	Absent	
6ED0044	Fins	HMR	Absent	
6ED0044	Fins	EMB	Absent	
6ED0045	Gills, Left	FRAY	Absent	
6ED0045	Gills, Left	MRGN	Absent	
6ED0045	Gills, Left	PALE	Absent	
6ED0045	Gills, Right	FRAY	Absent	
6ED0045	Gills, Right	MRGN	Absent	
6ED0045	Gills, Right	PALE	Absent	
6ED0045	Fins	ERS	Absent	
6ED0045	Fins	FRAY	Absent	
6ED0045	Fins	HMR	Absent	
6ED0045	Fins	EMB	Absent	
6ED0046	Gills, Left	FRAY	Absent	
6ED0046	Gills, Left	MRGN	Absent	
6ED0046	Gills, Left	PALE	Absent	
6ED0046	Gills, Right	FRAY	Absent	
6ED0046	Gills, Right	MRGN	Absent	
6ED0046	Gills, Right	PALE	Absent	
6ED0046	Fins	ERS	Absent	
6ED0046	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0046	Fins	HMR	Absent	
6ED0046	Fins	EMB	Absent	
6ED0047	Gills, Left	FRAY	Absent	
6ED0047	Gills, Left	MRGN	Absent	
6ED0047	Gills, Left	PALE	Absent	
6ED0047	Gills, Right	FRAY	Absent	
6ED0047	Gills, Right	MRGN	Absent	
6ED0047	Gills, Right	PALE	Absent	
6ED0047	Fins	ERS	Absent	
6ED0047	Fins	FRAY	Absent	
6ED0047	Fins	HMR	Absent	
6ED0047	Fins	EMB	Absent	
6ED0048	Gills, Left	FRAY	Absent	
6ED0048	Gills, Left	MRGN	Absent	
6ED0048	Gills, Left	PALE	Absent	
6ED0048	Gills, Right	FRAY	Absent	
6ED0048	Gills, Right	MRGN	Absent	
6ED0048	Gills, Right	PALE	Absent	
6ED0048	Fins	ERS	Absent	
6ED0048	Fins	FRAY	Absent	
6ED0048	Fins	HMR	Absent	
6ED0048	Fins	EMB	Absent	
6ED0049	Gills, Left	FRAY	Absent	
6ED0049	Gills, Left	MRGN	Absent	
6ED0049	Gills, Left	PALE	Absent	
6ED0049	Gills, Right	FRAY	Absent	
6ED0049	Gills, Right	MRGN	Absent	
6ED0049	Gills, Right	PALE	Absent	
6ED0049	Fins	ERS	Absent	
6ED0049	Fins	FRAY	Absent	
6ED0049	Fins	HMR	Absent	
6ED0049	Fins	EMB	Absent	
6ED0050	Gills, Left	FRAY	Absent	
6ED0050	Gills, Left	MRGN	Absent	
6ED0050	Gills, Left	PALE	Absent	
6ED0050	Gills, Right	FRAY	Absent	
6ED0050	Gills, Right	MRGN	Absent	
6ED0050	Gills, Right	PALE	Absent	
6ED0050	Fins	ERS	Absent	
6ED0050	Fins	FRAY	Absent	
6ED0050	Fins	HMR	Absent	
6ED0050	Fins	EMB	Absent	
6ED0052	Gills, Left	FRAY	Absent	
6ED0052	Gills, Left	MRGN	Absent	
6ED0052	Gills, Left	PALE	Absent	
6ED0052	Gills, Right	FRAY	Absent	
6ED0052	Gills, Right	MRGN	Absent	
6ED0052	Gills, Right	PALE	Absent	
6ED0052	Fins	ERS	Absent	
6ED0052	Fins	FRAY	Absent	
6ED0052	Fins	HMR	Absent	
6ED0052	Fins	EMB	Absent	
6ED0053	Gills, Left	FRAY	Absent	
6ED0053	Gills, Left	MRGN	Absent	
6ED0053	Gills, Left	PALE	Absent	
6ED0053	Gills, Right	FRAY	Absent	
6ED0053	Gills, Right	MRGN	Absent	
6ED0053	Gills, Right	PALE	Absent	
6ED0053	Fins	ERS	Absent	
6ED0053	Fins	FRAY	Absent	
6ED0053	Fins	HMR	Absent	
6ED0053	Fins	EMB	Absent	
6ED0054	Gills, Left	FRAY	Absent	
6ED0054	Gills, Left	MRGN	Absent	
6ED0054	Gills, Left	PALE	Absent	
6ED0054	Gills, Right	FRAY	Absent	
6ED0054	Gills, Right	MRGN	Absent	
6ED0054	Gills, Right	PALE	Absent	
6ED0054	Fins	ERS	Absent	
6ED0054	Fins	FRAY	Absent	
6ED0054	Fins	HMR	Absent	
6ED0054	Fins	EMB	Absent	
6ED0055	Gills, Left	FRAY	Absent	
6ED0055	Gills, Left	MRGN	Absent	
6ED0055	Gills, Left	PALE	Absent	
6ED0055	Gills, Right	FRAY	Absent	
6ED0055	Gills, Right	MRGN	Absent	
6ED0055	Gills, Right	PALE	Absent	
6ED0055	Fins	ERS	Absent	
6ED0055	Fins	FRAY	Absent	
6ED0055	Fins	HMR	Absent	
6ED0055	Fins	EMB	Absent	
6ED0056	Gills, Left	FRAY	Absent	
6ED0056	Gills, Left	MRGN	Absent	
6ED0056	Gills, Left	PALE	Absent	
6ED0056	Gills, Right	FRAY	Absent	
6ED0056	Gills, Right	MRGN	Absent	
6ED0056	Gills, Right	PALE	Absent	
6ED0056	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0056	Fins	FRAY	Absent	
6ED0056	Fins	HMR	Absent	
6ED0056	Fins	EMB	Absent	
6ED0057	Gills, Left	FRAY	Absent	
6ED0057	Gills, Left	MRGN	Absent	
6ED0057	Gills, Left	PALE	Absent	
6ED0057	Gills, Right	FRAY	Absent	
6ED0057	Gills, Right	MRGN	Absent	
6ED0057	Gills, Right	PALE	Absent	
6ED0057	Fins	ERS	Absent	
6ED0057	Fins	FRAY	Absent	
6ED0057	Fins	HMR	Absent	
6ED0057	Fins	EMB	Absent	
6ED0059	Gills, Left	FRAY	Absent	
6ED0059	Gills, Left	MRGN	Absent	
6ED0059	Gills, Left	PALE	Absent	
6ED0059	Gills, Right	FRAY	Absent	
6ED0059	Gills, Right	MRGN	Absent	
6ED0059	Gills, Right	PALE	Absent	
6ED0059	Fins	ERS	Absent	
6ED0059	Fins	FRAY	Absent	
6ED0059	Fins	HMR	Absent	
6ED0059	Fins	EMB	Absent	
6ED0061	Gills, Left	FRAY	Absent	
6ED0061	Gills, Left	MRGN	Absent	
6ED0061	Gills, Left	PALE	Absent	
6ED0061	Gills, Right	FRAY	Absent	
6ED0061	Gills, Right	MRGN	Absent	
6ED0061	Gills, Right	PALE	Absent	
6ED0061	Fins	ERS	Absent	
6ED0061	Fins	FRAY	Absent	
6ED0061	Fins	HMR	Absent	
6ED0061	Fins	EMB	Absent	
6ED0065	Gills, Left	FRAY	Absent	
6ED0065	Gills, Left	MRGN	Absent	
6ED0065	Gills, Left	PALE	Absent	
6ED0065	Gills, Right	FRAY	Absent	
6ED0065	Gills, Right	MRGN	Absent	
6ED0065	Gills, Right	PALE	Absent	
6ED0065	Fins	ERS	Absent	
6ED0065	Fins	FRAY	Absent	
6ED0065	Fins	HMR	Absent	
6ED0065	Fins	EMB	Absent	
6ED0066	Gills, Left	FRAY	Absent	
6ED0066	Gills, Left	MRGN	Absent	
6ED0066	Gills, Left	PALE	Absent	
6ED0066	Gills, Right	FRAY	Absent	
6ED0066	Gills, Right	MRGN	Absent	
6ED0066	Gills, Right	PALE	Absent	
6ED0066	Fins	ERS	Absent	
6ED0066	Fins	FRAY	Absent	
6ED0066	Fins	HMR	Absent	
6ED0066	Fins	EMB	Absent	
6ED0067	Gills, Left	FRAY	Absent	
6ED0067	Gills, Left	MRGN	Absent	
6ED0067	Gills, Left	PALE	Absent	
6ED0067	Gills, Right	FRAY	Absent	
6ED0067	Gills, Right	MRGN	Absent	
6ED0067	Gills, Right	PALE	Absent	
6ED0067	Fins	ERS	Absent	
6ED0067	Fins	FRAY	Absent	
6ED0067	Fins	HMR	Absent	
6ED0067	Fins	EMB	Absent	
6ED0068A	Gills, Left	FRAY	Absent	
6ED0068A	Gills, Left	MRGN	Absent	
6ED0068A	Gills, Left	PALE	Absent	
6ED0068A	Gills, Right	FRAY	Absent	
6ED0068A	Gills, Right	MRGN	Absent	
6ED0068A	Gills, Right	PALE	Absent	
6ED0068A	Fins	ERS	Absent	
6ED0068A	Fins	FRAY	Absent	
6ED0068A	Fins	HMR	Absent	
6ED0068A	Fins	EMB	Absent	
6ED0068B	Gills, Left	FRAY	Absent	
6ED0068B	Gills, Left	MRGN	Absent	
6ED0068B	Gills, Left	PALE	Absent	
6ED0068B	Gills, Right	FRAY	Absent	
6ED0068B	Gills, Right	MRGN	Absent	
6ED0068B	Gills, Right	PALE	Absent	
6ED0068B	Fins	ERS	Absent	
6ED0068B	Fins	FRAY	Absent	
6ED0068B	Fins	HMR	Absent	
6ED0068B	Fins	EMB	Absent	
6ED0073	Gills, Left	FRAY	Absent	
6ED0073	Gills, Left	MRGN	Absent	
6ED0073	Gills, Left	PALE	Absent	
6ED0073	Gills, Right	FRAY	Absent	
6ED0073	Gills, Right	MRGN	Absent	
6ED0073	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0073	Fins	ERS	Absent	
6ED0073	Fins	FRAY	Absent	
6ED0073	Fins	HMR	Absent	
6ED0073	Fins	EMB	Absent	
6ED0074	Gills, Left	FRAY	Absent	
6ED0074	Gills, Left	MRGN	Absent	
6ED0074	Gills, Left	PALE	Absent	
6ED0074	Gills, Right	FRAY	Absent	
6ED0074	Gills, Right	MRGN	Absent	
6ED0074	Gills, Right	PALE	Absent	
6ED0074	Fins	ERS	Absent	
6ED0074	Fins	FRAY	Absent	
6ED0074	Fins	HMR	Absent	
6ED0074	Fins	EMB	Absent	
6ED0075	Gills, Left	FRAY	Absent	
6ED0075	Gills, Left	MRGN	Absent	
6ED0075	Gills, Left	PALE	Absent	
6ED0075	Gills, Right	FRAY	Absent	
6ED0075	Gills, Right	MRGN	Absent	
6ED0075	Gills, Right	PALE	Absent	
6ED0075	Fins	ERS	Absent	
6ED0075	Fins	FRAY	Absent	
6ED0075	Fins	HMR	Absent	
6ED0075	Fins	EMB	Absent	
6ED0080	Gills, Left	FRAY	Absent	
6ED0080	Gills, Left	MRGN	Absent	
6ED0080	Gills, Left	PALE	Absent	
6ED0080	Gills, Right	FRAY	Absent	
6ED0080	Gills, Right	MRGN	Absent	
6ED0080	Gills, Right	PALE	Absent	
6ED0080	Fins	ERS	Absent	
6ED0080	Fins	FRAY	Absent	
6ED0080	Fins	HMR	Absent	
6ED0080	Fins	EMB	Absent	
6ED0081	Gills, Left	FRAY	Absent	
6ED0081	Gills, Left	MRGN	Absent	
6ED0081	Gills, Left	PALE	Absent	
6ED0081	Gills, Right	FRAY	Absent	
6ED0081	Gills, Right	MRGN	Absent	
6ED0081	Gills, Right	PALE	Absent	
6ED0081	Fins	ERS	Absent	
6ED0081	Fins	FRAY	Absent	
6ED0081	Fins	HMR	Absent	
6ED0081	Fins	EMB	Absent	
6ED0082	Gills, Left	FRAY	Absent	
6ED0082	Gills, Left	MRGN	Absent	
6ED0082	Gills, Left	PALE	Absent	
6ED0082	Gills, Right	FRAY	Absent	
6ED0082	Gills, Right	MRGN	Absent	
6ED0082	Gills, Right	PALE	Absent	
6ED0082	Fins	ERS	Absent	
6ED0082	Fins	FRAY	Absent	
6ED0082	Fins	HMR	Absent	
6ED0082	Fins	EMB	Absent	
6ED0083	Gills, Left	FRAY	Absent	
6ED0083	Gills, Left	MRGN	Absent	
6ED0083	Gills, Left	PALE	Absent	
6ED0083	Gills, Right	FRAY	Absent	
6ED0083	Gills, Right	MRGN	Absent	
6ED0083	Gills, Right	PALE	Absent	
6ED0083	Fins	ERS	Absent	
6ED0083	Fins	FRAY	Absent	
6ED0083	Fins	HMR	Absent	
6ED0083	Fins	EMB	Absent	
6ED0084	Gills, Left	FRAY	Absent	
6ED0084	Gills, Left	MRGN	Absent	
6ED0084	Gills, Left	PALE	Absent	
6ED0084	Gills, Right	FRAY	Absent	
6ED0084	Gills, Right	MRGN	Absent	
6ED0084	Gills, Right	PALE	Absent	
6ED0084	Fins	ERS	Absent	
6ED0084	Fins	FRAY	Absent	
6ED0084	Fins	HMR	Absent	
6ED0084	Fins	EMB	Absent	
6ED0086	Gills, Left	FRAY	Absent	
6ED0086	Gills, Left	MRGN	Absent	
6ED0086	Gills, Left	PALE	Absent	
6ED0086	Gills, Right	FRAY	Absent	
6ED0086	Gills, Right	MRGN	Absent	
6ED0086	Gills, Right	PALE	Absent	
6ED0086	Fins	ERS	Absent	
6ED0086	Fins	FRAY	Present	
6ED0086	Fins	HMR	Absent	
6ED0086	Fins	EMB	Absent	
6ED0088	Gills, Left	FRAY	Absent	
6ED0088	Gills, Left	MRGN	Absent	
6ED0088	Gills, Left	PALE	Absent	
6ED0088	Gills, Right	FRAY	Absent	
6ED0088	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6ED0088	Gills, Right	PALE	Absent	
6ED0088	Fins	ERS	Absent	
6ED0088	Fins	FRAY	Absent	
6ED0088	Fins	HMR	Absent	
6ED0088	Fins	EMB	Absent	
6ED0092	Gills, Left	FRAY	Absent	
6ED0092	Gills, Left	MRGN	Absent	
6ED0092	Gills, Left	PALE	Absent	
6ED0092	Gills, Right	FRAY	Absent	
6ED0092	Gills, Right	MRGN	Absent	
6ED0092	Gills, Right	PALE	Absent	
6ED0092	Fins	ERS	Absent	
6ED0092	Fins	FRAY	Absent	
6ED0092	Fins	HMR	Absent	
6ED0092	Fins	EMB	Absent	
6ED0093	Gills, Left	FRAY	Absent	
6ED0093	Gills, Left	MRGN	Absent	
6ED0093	Gills, Left	PALE	Absent	
6ED0093	Gills, Right	FRAY	Absent	
6ED0093	Gills, Right	MRGN	Absent	
6ED0093	Gills, Right	PALE	Absent	
6ED0093	Fins	ERS	Absent	
6ED0093	Fins	FRAY	Absent	
6ED0093	Fins	HMR	Absent	
6ED0093	Fins	EMB	Absent	
6ED0099	Gills, Left	FRAY	Absent	
6ED0099	Gills, Left	MRGN	Absent	
6ED0099	Gills, Left	PALE	Absent	
6ED0099	Gills, Right	FRAY	Absent	
6ED0099	Gills, Right	MRGN	Absent	
6ED0099	Gills, Right	PALE	Absent	
6ED0099	Fins	ERS	Absent	
6ED0099	Fins	FRAY	Absent	
6ED0099	Fins	HMR	Absent	
6ED0099	Fins	EMB	Absent	
6ED0109	Gills, Left	FRAY	Absent	
6ED0109	Gills, Left	MRGN	Absent	
6ED0109	Gills, Left	PALE	Absent	
6ED0109	Gills, Right	FRAY	Absent	
6ED0109	Gills, Right	MRGN	Absent	
6ED0109	Gills, Right	PALE	Absent	
6ED0109	Fins	ERS	Absent	
6ED0109	Fins	FRAY	Absent	
6ED0109	Fins	HMR	Absent	
6ED0109	Fins	EMB	Absent	
6ED0117	Gills, Left	FRAY	Absent	
6ED0117	Gills, Left	MRGN	Absent	
6ED0117	Gills, Left	PALE	Absent	
6ED0117	Gills, Right	FRAY	Absent	
6ED0117	Gills, Right	MRGN	Absent	
6ED0117	Gills, Right	PALE	Absent	
6ED0117	Fins	ERS	Absent	
6ED0117	Fins	FRAY	Present	
6ED0117	Fins	HMR	Absent	
6ED0117	Fins	EMB	Absent	
6GNA0001	Gills, Left	FRAY	Absent	
6GNA0001	Gills, Left	MRGN	Absent	
6GNA0001	Gills, Left	PALE	Present	
6GNA0001	Gills, Right	FRAY	Absent	
6GNA0001	Gills, Right	MRGN	Absent	
6GNA0001	Gills, Right	PALE	Present	
6GNA0001	Fins	ERS	Minor	
6GNA0001	Fins	FRAY	Present	
6GNA0001	Fins	HMR	Absent	
6GNA0001	Fins	EMB	Absent	
6GNA0002	Gills, Left	FRAY	Absent	
6GNA0002	Gills, Left	MRGN	Absent	
6GNA0002	Gills, Left	PALE	Absent	
6GNA0002	Gills, Right	FRAY	Absent	
6GNA0002	Gills, Right	MRGN	Absent	
6GNA0002	Gills, Right	PALE	Absent	
6GNA0002	Fins	ERS	Absent	
6GNA0002	Fins	FRAY	Present	
6GNA0002	Fins	HMR	Absent	
6GNA0002	Fins	EMB	Absent	
6GNA0003	Gills, Left	FRAY	Absent	
6GNA0003	Gills, Left	MRGN	Absent	
6GNA0003	Gills, Left	PALE	Present	
6GNA0003	Gills, Right	FRAY	Absent	
6GNA0003	Gills, Right	MRGN	Absent	
6GNA0003	Gills, Right	PALE	Present	
6GNA0003	Fins	ERS	Absent	
6GNA0003	Fins	FRAY	Present	
6GNA0003	Fins	HMR	Absent	
6GNA0003	Fins	EMB	Absent	
6GNA0004	Gills, Left	FRAY	Absent	
6GNA0004	Gills, Left	MRGN	Absent	
6GNA0004	Gills, Left	PALE	Present	
6GNA0004	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0004	Gills, Right	MRGN	Absent	
6GNA0004	Gills, Right	PALE	Present	
6GNA0004	Fins	ERS	Absent	
6GNA0004	Fins	FRAY	Present	
6GNA0004	Fins	HMR	Absent	
6GNA0004	Fins	EMB	Absent	
6GNA0005	Gills, Left	FRAY	Absent	
6GNA0005	Gills, Left	MRGN	Absent	
6GNA0005	Gills, Left	PALE	Present	
6GNA0005	Gills, Right	FRAY	Absent	
6GNA0005	Gills, Right	MRGN	Absent	
6GNA0005	Gills, Right	PALE	Present	
6GNA0005	Fins	ERS	Absent	
6GNA0005	Fins	FRAY	Present	
6GNA0005	Fins	HMR	Absent	
6GNA0005	Fins	EMB	Absent	
6GNA0006	Gills, Left	FRAY	Absent	
6GNA0006	Gills, Left	MRGN	Absent	
6GNA0006	Gills, Left	PALE	Present	
6GNA0006	Gills, Right	FRAY	Absent	
6GNA0006	Gills, Right	MRGN	Absent	
6GNA0006	Gills, Right	PALE	Present	
6GNA0006	Fins	ERS	Absent	
6GNA0006	Fins	FRAY	Present	
6GNA0006	Fins	HMR	Absent	
6GNA0006	Fins	EMB	Absent	
6GNA0007	Gills, Left	FRAY	Absent	
6GNA0007	Gills, Left	MRGN	Absent	
6GNA0007	Gills, Left	PALE	Present	
6GNA0007	Gills, Right	FRAY	Absent	
6GNA0007	Gills, Right	MRGN	Absent	
6GNA0007	Gills, Right	PALE	Present	
6GNA0007	Fins	ERS	Absent	
6GNA0007	Fins	FRAY	Present	
6GNA0007	Fins	HMR	Absent	
6GNA0007	Fins	EMB	Absent	
6GNA0007H	Gills, Left	FRAY	Absent	
6GNA0007H	Gills, Left	MRGN	Absent	
6GNA0007H	Gills, Left	PALE	Absent	
6GNA0007H	Gills, Right	FRAY	Absent	
6GNA0007H	Gills, Right	MRGN	Absent	
6GNA0007H	Gills, Right	PALE	Absent	
6GNA0007H	Fins	ERS	Absent	
6GNA0007H	Fins	FRAY	Absent	
6GNA0007H	Fins	HMR	Absent	
6GNA0007H	Fins	EMB	Absent	
6GNA0008	Gills, Left	FRAY	Absent	
6GNA0008	Gills, Left	MRGN	Absent	
6GNA0008	Gills, Left	PALE	Absent	
6GNA0008	Gills, Right	FRAY	Absent	
6GNA0008	Gills, Right	MRGN	Absent	
6GNA0008	Gills, Right	PALE	Absent	
6GNA0008	Fins	ERS	Absent	
6GNA0008	Fins	FRAY	Present	
6GNA0008	Fins	HMR	Absent	
6GNA0008	Fins	EMB	Absent	
6GNA0009	Gills, Left	FRAY	Absent	
6GNA0009	Gills, Left	MRGN	Absent	
6GNA0009	Gills, Left	PALE	Present	
6GNA0009	Gills, Right	FRAY	Absent	
6GNA0009	Gills, Right	MRGN	Absent	
6GNA0009	Gills, Right	PALE	Present	
6GNA0009	Fins	ERS	Absent	
6GNA0009	Fins	FRAY	Present	
6GNA0009	Fins	HMR	Absent	
6GNA0009	Fins	EMB	Absent	
6GNA0010	Gills, Left	FRAY	Absent	
6GNA0010	Gills, Left	MRGN	Absent	
6GNA0010	Gills, Left	PALE	Absent	
6GNA0010	Gills, Right	FRAY	Absent	
6GNA0010	Gills, Right	MRGN	Absent	
6GNA0010	Gills, Right	PALE	Absent	
6GNA0010	Fins	ERS	Absent	
6GNA0010	Fins	FRAY	Present	
6GNA0010	Fins	HMR	Absent	
6GNA0010	Fins	EMB	Absent	
6GNA0011	Gills, Left	FRAY	Absent	
6GNA0011	Gills, Left	MRGN	Absent	
6GNA0011	Gills, Left	PALE	Absent	
6GNA0011	Gills, Right	FRAY	Absent	
6GNA0011	Gills, Right	MRGN	Absent	
6GNA0011	Gills, Right	PALE	Absent	
6GNA0011	Fins	ERS	Absent	
6GNA0011	Fins	FRAY	Present	
6GNA0011	Fins	HMR	Absent	
6GNA0011	Fins	EMB	Absent	
6GNA0012	Gills, Left	FRAY	Absent	
6GNA0012	Gills, Left	MRGN	Absent	
6GNA0012	Gills, Left	PALE	Present	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0012	Gills, Right	FRAY	Absent	
6GNA0012	Gills, Right	MRGN	Absent	
6GNA0012	Gills, Right	PALE	Present	
6GNA0012	Fins	ERS	Absent	
6GNA0012	Fins	FRAY	Present	
6GNA0012	Fins	HMR	Absent	
6GNA0012	Fins	EMB	Absent	
6GNA0013	Gills, Left	FRAY	Absent	
6GNA0013	Gills, Left	MRGN	Absent	
6GNA0013	Gills, Left	PALE	Absent	
6GNA0013	Gills, Right	FRAY	Absent	
6GNA0013	Gills, Right	MRGN	Absent	
6GNA0013	Gills, Right	PALE	Absent	
6GNA0013	Fins	ERS	Absent	
6GNA0013	Fins	FRAY	Present	
6GNA0013	Fins	HMR	Absent	
6GNA0013	Fins	EMB	Absent	
6GNA0014	Gills, Left	FRAY	Absent	
6GNA0014	Gills, Left	MRGN	Absent	
6GNA0014	Gills, Left	PALE	Absent	
6GNA0014	Gills, Right	FRAY	Absent	
6GNA0014	Gills, Right	MRGN	Absent	
6GNA0014	Gills, Right	PALE	Absent	
6GNA0014	Fins	ERS	Absent	
6GNA0014	Fins	FRAY	Present	
6GNA0014	Fins	HMR	Absent	
6GNA0014	Fins	EMB	Absent	
6GNA0015	Gills, Left	FRAY	Absent	
6GNA0015	Gills, Left	MRGN	Absent	
6GNA0015	Gills, Left	PALE	Absent	
6GNA0015	Gills, Right	FRAY	Absent	
6GNA0015	Gills, Right	MRGN	Absent	
6GNA0015	Gills, Right	PALE	Absent	
6GNA0015	Fins	ERS	Absent	
6GNA0015	Fins	FRAY	Present	
6GNA0015	Fins	HMR	Absent	
6GNA0015	Fins	EMB	Absent	
6GNA0016	Gills, Left	FRAY	Absent	
6GNA0016	Gills, Left	MRGN	Absent	
6GNA0016	Gills, Left	PALE	Absent	
6GNA0016	Gills, Right	FRAY	Absent	
6GNA0016	Gills, Right	MRGN	Absent	
6GNA0016	Gills, Right	PALE	Absent	
6GNA0016	Fins	ERS	Absent	
6GNA0016	Fins	FRAY	Absent	
6GNA0016	Fins	HMR	Absent	
6GNA0016	Fins	EMB	Absent	
6GNA0017	Gills, Left	FRAY	Absent	
6GNA0017	Gills, Left	MRGN	Absent	
6GNA0017	Gills, Left	PALE	Absent	
6GNA0017	Gills, Right	FRAY	Absent	
6GNA0017	Gills, Right	MRGN	Absent	
6GNA0017	Gills, Right	PALE	Absent	
6GNA0017	Fins	ERS	Absent	
6GNA0017	Fins	FRAY	Absent	
6GNA0017	Fins	HMR	Absent	
6GNA0017	Fins	EMB	Absent	
6GNA0018	Gills, Left	FRAY	Absent	
6GNA0018	Gills, Left	MRGN	Absent	
6GNA0018	Gills, Left	PALE	Absent	
6GNA0018	Gills, Right	FRAY	Absent	
6GNA0018	Gills, Right	MRGN	Absent	
6GNA0018	Gills, Right	PALE	Absent	
6GNA0018	Fins	ERS	Absent	
6GNA0018	Fins	FRAY	Absent	
6GNA0018	Fins	HMR	Absent	
6GNA0018	Fins	EMB	Absent	
6GNA0019	Gills, Left	FRAY	Absent	
6GNA0019	Gills, Left	MRGN	Absent	
6GNA0019	Gills, Left	PALE	Absent	
6GNA0019	Gills, Right	FRAY	Absent	
6GNA0019	Gills, Right	MRGN	Absent	
6GNA0019	Gills, Right	PALE	Absent	
6GNA0019	Fins	ERS	Absent	
6GNA0019	Fins	FRAY	Absent	
6GNA0019	Fins	HMR	Absent	
6GNA0019	Fins	EMB	Absent	
6GNA0020	Gills, Left	FRAY	Absent	
6GNA0020	Gills, Left	MRGN	Absent	
6GNA0020	Gills, Left	PALE	Absent	
6GNA0020	Gills, Right	FRAY	Absent	
6GNA0020	Gills, Right	MRGN	Absent	
6GNA0020	Gills, Right	PALE	Absent	
6GNA0020	Fins	ERS	Absent	
6GNA0020	Fins	FRAY	Absent	
6GNA0020	Fins	HMR	Absent	
6GNA0020	Fins	EMB	Absent	
6GNA0021	Gills, Left	FRAY	Absent	
6GNA0021	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0021	Gills, Left	PALE	Absent	
6GNA0021	Gills, Right	FRAY	Absent	
6GNA0021	Gills, Right	MRGN	Absent	
6GNA0021	Gills, Right	PALE	Absent	
6GNA0021	Fins	ERS	Absent	
6GNA0021	Fins	FRAY	Absent	
6GNA0021	Fins	HMR	Absent	
6GNA0021	Fins	EMB	Absent	
6GNA0022A	Gills, Left	FRAY	Absent	
6GNA0022A	Gills, Left	MRGN	Absent	
6GNA0022A	Gills, Left	PALE	Absent	
6GNA0022A	Gills, Right	FRAY	Absent	
6GNA0022A	Gills, Right	MRGN	Absent	
6GNA0022A	Gills, Right	PALE	Absent	
6GNA0022A	Fins	ERS	Absent	
6GNA0022A	Fins	FRAY	Absent	
6GNA0022A	Fins	HMR	Absent	
6GNA0022A	Fins	EMB	Absent	
6GNA0023	Gills, Left	FRAY	Absent	
6GNA0023	Gills, Left	MRGN	Absent	
6GNA0023	Gills, Left	PALE	Absent	
6GNA0023	Gills, Right	FRAY	Absent	
6GNA0023	Gills, Right	MRGN	Absent	
6GNA0023	Gills, Right	PALE	Absent	
6GNA0023	Fins	ERS	Absent	
6GNA0023	Fins	FRAY	Absent	
6GNA0023	Fins	HMR	Absent	
6GNA0023	Fins	EMB	Absent	
6GNA0024	Gills, Left	FRAY	Absent	
6GNA0024	Gills, Left	MRGN	Absent	
6GNA0024	Gills, Left	PALE	Absent	
6GNA0024	Gills, Right	FRAY	Absent	
6GNA0024	Gills, Right	MRGN	Absent	
6GNA0024	Gills, Right	PALE	Absent	
6GNA0024	Fins	ERS	Absent	
6GNA0024	Fins	FRAY	Present	
6GNA0024	Fins	HMR	Absent	
6GNA0024	Fins	EMB	Absent	
6GNA0025	Gills, Left	FRAY	Absent	
6GNA0025	Gills, Left	MRGN	Absent	
6GNA0025	Gills, Left	PALE	Absent	
6GNA0025	Gills, Right	FRAY	Absent	
6GNA0025	Gills, Right	MRGN	Absent	
6GNA0025	Gills, Right	PALE	Absent	
6GNA0025	Fins	ERS	Absent	
6GNA0025	Fins	FRAY	Present	
6GNA0025	Fins	HMR	Absent	
6GNA0025	Fins	EMB	Absent	
6GNA0026	Gills, Left	FRAY	Absent	
6GNA0026	Gills, Left	MRGN	Absent	
6GNA0026	Gills, Left	PALE	Absent	
6GNA0026	Gills, Right	FRAY	Absent	
6GNA0026	Gills, Right	MRGN	Absent	
6GNA0026	Gills, Right	PALE	Absent	
6GNA0026	Fins	ERS	Absent	
6GNA0026	Fins	FRAY	Present	
6GNA0026	Fins	HMR	Absent	
6GNA0026	Fins	EMB	Absent	
6GNA0027	Gills, Left	FRAY	Absent	
6GNA0027	Gills, Left	MRGN	Absent	
6GNA0027	Gills, Left	PALE	Absent	
6GNA0027	Gills, Right	FRAY	Absent	
6GNA0027	Gills, Right	MRGN	Absent	
6GNA0027	Gills, Right	PALE	Absent	
6GNA0027	Fins	ERS	Absent	
6GNA0027	Fins	FRAY	Absent	
6GNA0027	Fins	HMR	Absent	
6GNA0027	Fins	EMB	Absent	
6GNA0027a	Gills, Left	FRAY	Absent	
6GNA0027a	Gills, Left	MRGN	Absent	
6GNA0027a	Gills, Left	PALE	Absent	
6GNA0027a	Gills, Right	FRAY	Absent	
6GNA0027a	Gills, Right	MRGN	Absent	
6GNA0027a	Gills, Right	PALE	Absent	
6GNA0027a	Fins	ERS	Absent	
6GNA0027a	Fins	FRAY	Absent	
6GNA0027a	Fins	HMR	Absent	
6GNA0027a	Fins	EMB	Absent	
6GNA0028	Gills, Left	FRAY	Absent	
6GNA0028	Gills, Left	FRAY	Absent	
6GNA0028	Gills, Left	MRGN	Absent	
6GNA0028	Gills, Left	MRGN	Absent	
6GNA0028	Gills, Left	PALE	Absent	
6GNA0028	Gills, Left	PALE	Absent	
6GNA0028	Gills, Right	FRAY	Absent	
6GNA0028	Gills, Right	FRAY	Absent	
6GNA0028	Gills, Right	MRGN	Absent	
6GNA0028	Gills, Right	MRGN	Absent	
6GNA0028	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0028	Gills, Right	PALE	Absent	
6GNA0028	Fins	ERS	Absent	
6GNA0028	Fins	ERS	Absent	
6GNA0028	Fins	FRAY	Present	
6GNA0028	Fins	FRAY	Absent	
6GNA0028	Fins	HMR	Absent	
6GNA0028	Fins	HMR	Absent	
6GNA0028	Fins	EMB	Absent	
6GNA0028	Fins	EMB	Absent	
6GNA0029	Gills, Left	FRAY	Absent	
6GNA0029	Gills, Left	FRAY	Absent	
6GNA0029	Gills, Left	MRGN	Absent	
6GNA0029	Gills, Left	MRGN	Absent	
6GNA0029	Gills, Left	PALE	Absent	
6GNA0029	Gills, Left	PALE	Absent	
6GNA0029	Gills, Right	FRAY	Absent	
6GNA0029	Gills, Right	FRAY	Absent	
6GNA0029	Gills, Right	MRGN	Absent	
6GNA0029	Gills, Right	MRGN	Absent	
6GNA0029	Gills, Right	PALE	Absent	
6GNA0029	Gills, Right	PALE	Absent	
6GNA0029	Fins	ERS	Absent	
6GNA0029	Fins	ERS	Absent	
6GNA0029	Fins	FRAY	Present	
6GNA0029	Fins	FRAY	Absent	
6GNA0029	Fins	HMR	Absent	
6GNA0029	Fins	HMR	Absent	
6GNA0029	Fins	EMB	Absent	
6GNA0029	Fins	EMB	Absent	
6GNA0030	Gills, Left	FRAY	Absent	
6GNA0030	Gills, Left	FRAY	Absent	
6GNA0030	Gills, Left	MRGN	Absent	
6GNA0030	Gills, Left	MRGN	Absent	
6GNA0030	Gills, Left	PALE	Absent	
6GNA0030	Gills, Left	PALE	Absent	
6GNA0030	Gills, Right	FRAY	Absent	
6GNA0030	Gills, Right	FRAY	Absent	
6GNA0030	Gills, Right	MRGN	Absent	
6GNA0030	Gills, Right	MRGN	Absent	
6GNA0030	Gills, Right	PALE	Absent	
6GNA0030	Gills, Right	PALE	Absent	
6GNA0030	Fins	ERS	Absent	
6GNA0030	Fins	ERS	Absent	
6GNA0030	Fins	FRAY	Absent	
6GNA0030	Fins	FRAY	Absent	
6GNA0030	Fins	HMR	Absent	
6GNA0030	Fins	HMR	Absent	
6GNA0030	Fins	EMB	Absent	
6GNA0030	Fins	EMB	Absent	
6GNA0031	Gills, Left	FRAY	Absent	
6GNA0031	Gills, Left	FRAY	Absent	
6GNA0031	Gills, Left	MRGN	Absent	
6GNA0031	Gills, Left	MRGN	Absent	
6GNA0031	Gills, Left	PALE	Absent	
6GNA0031	Gills, Left	PALE	Absent	
6GNA0031	Gills, Right	FRAY	Absent	
6GNA0031	Gills, Right	FRAY	Absent	
6GNA0031	Gills, Right	MRGN	Absent	
6GNA0031	Gills, Right	MRGN	Absent	
6GNA0031	Gills, Right	PALE	Absent	
6GNA0031	Gills, Right	PALE	Absent	
6GNA0031	Fins	ERS	Absent	
6GNA0031	Fins	ERS	Absent	
6GNA0031	Fins	FRAY	Present	
6GNA0031	Fins	FRAY	Present	
6GNA0031	Fins	HMR	Absent	
6GNA0031	Fins	HMR	Absent	
6GNA0031	Fins	EMB	Absent	
6GNA0031	Fins	EMB	Absent	
6GNA0032	Gills, Left	FRAY	Absent	
6GNA0032	Gills, Left	FRAY	Absent	
6GNA0032	Gills, Left	MRGN	Absent	
6GNA0032	Gills, Left	MRGN	Absent	
6GNA0032	Gills, Left	PALE	Present	
6GNA0032	Gills, Left	PALE	Absent	
6GNA0032	Gills, Right	FRAY	Absent	
6GNA0032	Gills, Right	FRAY	Absent	
6GNA0032	Gills, Right	MRGN	Absent	
6GNA0032	Gills, Right	MRGN	Absent	
6GNA0032	Gills, Right	PALE	Present	
6GNA0032	Gills, Right	PALE	Absent	
6GNA0032	Fins	ERS	Severe	
6GNA0032	Fins	ERS	Absent	
6GNA0032	Fins	FRAY	Absent	
6GNA0032	Fins	FRAY	Present	
6GNA0032	Fins	HMR	Absent	
6GNA0032	Fins	HMR	Absent	
6GNA0032	Fins	EMB	Absent	
6GNA0032	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0033	Gills, Left	FRAY	Absent	
6GNA0033	Gills, Left	FRAY	Absent	
6GNA0033	Gills, Left	MRGN	Absent	
6GNA0033	Gills, Left	MRGN	Absent	
6GNA0033	Gills, Left	PALE	Present	
6GNA0033	Gills, Left	PALE	Absent	
6GNA0033	Gills, Right	FRAY	Absent	
6GNA0033	Gills, Right	FRAY	Absent	
6GNA0033	Gills, Right	MRGN	Absent	
6GNA0033	Gills, Right	MRGN	Absent	
6GNA0033	Gills, Right	PALE	Present	
6GNA0033	Gills, Right	PALE	Absent	
6GNA0033	Fins	ERS	Absent	
6GNA0033	Fins	ERS	Absent	
6GNA0033	Fins	FRAY	Present	
6GNA0033	Fins	FRAY	Present	
6GNA0033	Fins	HMR	Absent	
6GNA0033	Fins	HMR	Absent	
6GNA0033	Fins	EMB	Absent	
6GNA0033	Fins	EMB	Absent	
6GNA0034	Gills, Left	FRAY	Absent	
6GNA0034	Gills, Left	FRAY	Absent	
6GNA0034	Gills, Left	MRGN	Absent	
6GNA0034	Gills, Left	MRGN	Absent	
6GNA0034	Gills, Left	PALE	Absent	
6GNA0034	Gills, Left	PALE	Absent	
6GNA0034	Gills, Right	FRAY	Absent	
6GNA0034	Gills, Right	FRAY	Absent	
6GNA0034	Gills, Right	MRGN	Absent	
6GNA0034	Gills, Right	MRGN	Absent	
6GNA0034	Gills, Right	PALE	Absent	
6GNA0034	Gills, Right	PALE	Absent	
6GNA0034	Fins	ERS	Absent	
6GNA0034	Fins	ERS	Absent	
6GNA0034	Fins	FRAY	Present	
6GNA0034	Fins	FRAY	Absent	
6GNA0034	Fins	HMR	Absent	
6GNA0034	Fins	HMR	Absent	
6GNA0034	Fins	EMB	Absent	
6GNA0034	Fins	EMB	Absent	
6GNA0035	Gills, Left	FRAY	Absent	
6GNA0035	Gills, Left	FRAY	Absent	
6GNA0035	Gills, Left	MRGN	Absent	
6GNA0035	Gills, Left	MRGN	Absent	
6GNA0035	Gills, Left	PALE	Absent	
6GNA0035	Gills, Left	PALE	Absent	
6GNA0035	Gills, Right	FRAY	Absent	
6GNA0035	Gills, Right	FRAY	Absent	
6GNA0035	Gills, Right	MRGN	Absent	
6GNA0035	Gills, Right	MRGN	Absent	
6GNA0035	Gills, Right	PALE	Absent	
6GNA0035	Gills, Right	PALE	Absent	
6GNA0035	Fins	ERS	Absent	
6GNA0035	Fins	ERS	Absent	
6GNA0035	Fins	FRAY	Present	
6GNA0035	Fins	FRAY	Absent	
6GNA0035	Fins	HMR	Absent	
6GNA0035	Fins	HMR	Absent	
6GNA0035	Fins	EMB	Absent	
6GNA0035	Fins	EMB	Absent	
6GNA0036	Gills, Left	FRAY	Absent	
6GNA0036	Gills, Left	FRAY	Absent	
6GNA0036	Gills, Left	MRGN	Absent	
6GNA0036	Gills, Left	MRGN	Absent	
6GNA0036	Gills, Left	PALE	Absent	
6GNA0036	Gills, Left	PALE	Present	
6GNA0036	Gills, Right	FRAY	Absent	
6GNA0036	Gills, Right	FRAY	Absent	
6GNA0036	Gills, Right	MRGN	Absent	
6GNA0036	Gills, Right	MRGN	Absent	
6GNA0036	Gills, Right	PALE	Absent	
6GNA0036	Gills, Right	PALE	Present	
6GNA0036	Fins	ERS	Absent	
6GNA0036	Fins	ERS	Absent	
6GNA0036	Fins	FRAY	Absent	
6GNA0036	Fins	FRAY	Present	
6GNA0036	Fins	HMR	Absent	
6GNA0036	Fins	HMR	Absent	
6GNA0036	Fins	EMB	Absent	
6GNA0036	Fins	EMB	Absent	
6GNA0037	Gills, Left	FRAY	Absent	
6GNA0037	Gills, Left	FRAY	Absent	
6GNA0037	Gills, Left	MRGN	Absent	
6GNA0037	Gills, Left	MRGN	Absent	
6GNA0037	Gills, Left	PALE	Present	
6GNA0037	Gills, Left	PALE	Absent	
6GNA0037	Gills, Right	FRAY	Absent	
6GNA0037	Gills, Right	FRAY	Absent	
6GNA0037	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0037	Gills, Right	MRGN	Absent	
6GNA0037	Gills, Right	PALE	Present	
6GNA0037	Gills, Right	PALE	Absent	
6GNA0037	Fins	ERS	Absent	
6GNA0037	Fins	ERS	Absent	
6GNA0037	Fins	FRAY	Present	
6GNA0037	Fins	FRAY	Absent	
6GNA0037	Fins	HMR	Absent	
6GNA0037	Fins	HMR	Absent	
6GNA0037	Fins	EMB	Absent	
6GNA0037	Fins	EMB	Absent	
6GNA0037	Fins	OTHER	Present	Tear on dorsal fin
6GNA0038	Gills, Left	FRAY	Absent	
6GNA0038	Gills, Left	MRGN	Absent	
6GNA0038	Gills, Left	PALE	Absent	
6GNA0038	Gills, Right	FRAY	Absent	
6GNA0038	Gills, Right	MRGN	Absent	
6GNA0038	Gills, Right	PALE	Absent	
6GNA0038	Fins	ERS	Absent	
6GNA0038	Fins	FRAY	Absent	
6GNA0038	Fins	HMR	Absent	
6GNA0038	Fins	EMB	Absent	
6GNA0039	Gills, Left	FRAY	Absent	
6GNA0039	Gills, Left	FRAY	Absent	
6GNA0039	Gills, Left	MRGN	Absent	
6GNA0039	Gills, Left	MRGN	Absent	
6GNA0039	Gills, Left	PALE	Present	
6GNA0039	Gills, Left	PALE	Present	
6GNA0039	Gills, Right	FRAY	Absent	
6GNA0039	Gills, Right	FRAY	Absent	
6GNA0039	Gills, Right	MRGN	Absent	
6GNA0039	Gills, Right	MRGN	Absent	
6GNA0039	Gills, Right	PALE	Present	
6GNA0039	Gills, Right	PALE	Present	
6GNA0039	Fins	ERS	Absent	
6GNA0039	Fins	ERS	Absent	
6GNA0039	Fins	FRAY	Present	
6GNA0039	Fins	FRAY	Absent	
6GNA0039	Fins	HMR	Absent	
6GNA0039	Fins	HMR	Absent	
6GNA0039	Fins	EMB	Absent	
6GNA0039	Fins	EMB	Absent	
6GNA0040	Gills, Left	FRAY	Absent	
6GNA0040	Gills, Left	MRGN	Absent	
6GNA0040	Gills, Left	PALE	Absent	
6GNA0040	Gills, Right	FRAY	Absent	
6GNA0040	Gills, Right	MRGN	Absent	
6GNA0040	Gills, Right	PALE	Absent	
6GNA0040	Fins	ERS	Absent	
6GNA0040	Fins	FRAY	Absent	
6GNA0040	Fins	HMR	Absent	
6GNA0040	Fins	EMB	Absent	
6GNA0041	Gills, Left	FRAY	Absent	
6GNA0041	Gills, Left	MRGN	Absent	
6GNA0041	Gills, Left	PALE	Absent	
6GNA0041	Gills, Right	FRAY	Absent	
6GNA0041	Gills, Right	MRGN	Absent	
6GNA0041	Gills, Right	PALE	Absent	
6GNA0041	Fins	ERS	Absent	
6GNA0041	Fins	FRAY	Present	
6GNA0041	Fins	HMR	Absent	
6GNA0041	Fins	EMB	Absent	
6GNA0042	Gills, Left	FRAY	Absent	
6GNA0042	Gills, Left	MRGN	Absent	
6GNA0042	Gills, Left	PALE	Absent	
6GNA0042	Gills, Right	FRAY	Absent	
6GNA0042	Gills, Right	MRGN	Absent	
6GNA0042	Gills, Right	PALE	Absent	
6GNA0042	Fins	ERS	Absent	
6GNA0042	Fins	FRAY	Absent	
6GNA0042	Fins	HMR	Absent	
6GNA0042	Fins	EMB	Absent	
6GNA0043	Gills, Left	FRAY	Absent	
6GNA0043	Gills, Left	MRGN	Absent	
6GNA0043	Gills, Left	PALE	Absent	
6GNA0043	Gills, Right	FRAY	Absent	
6GNA0043	Gills, Right	MRGN	Absent	
6GNA0043	Gills, Right	PALE	Absent	
6GNA0043	Fins	ERS	Absent	
6GNA0043	Fins	FRAY	Present	
6GNA0043	Fins	HMR	Absent	
6GNA0043	Fins	EMB	Absent	
6GNA0044	Gills, Left	FRAY	Absent	
6GNA0044	Gills, Left	MRGN	Absent	
6GNA0044	Gills, Left	PALE	Absent	
6GNA0044	Gills, Right	FRAY	Absent	
6GNA0044	Gills, Right	MRGN	Absent	
6GNA0044	Gills, Right	PALE	Absent	
6GNA0044	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0044	Fins	FRAY	Present	
6GNA0044	Fins	HMR	Absent	
6GNA0044	Fins	EMB	Absent	
6GNA0045	Gills, Left	FRAY	Absent	
6GNA0045	Gills, Left	MRGN	Absent	
6GNA0045	Gills, Left	PALE	Absent	
6GNA0045	Gills, Right	FRAY	Absent	
6GNA0045	Gills, Right	MRGN	Absent	
6GNA0045	Gills, Right	PALE	Absent	
6GNA0045	Fins	ERS	Absent	
6GNA0045	Fins	FRAY	Absent	
6GNA0045	Fins	HMR	Absent	
6GNA0045	Fins	EMB	Absent	
6GNA0046	Gills, Left	FRAY	Absent	
6GNA0046	Gills, Left	MRGN	Absent	
6GNA0046	Gills, Left	PALE	Absent	
6GNA0046	Gills, Right	FRAY	Absent	
6GNA0046	Gills, Right	MRGN	Absent	
6GNA0046	Gills, Right	PALE	Absent	
6GNA0046	Fins	ERS	Absent	
6GNA0046	Fins	FRAY	Present	
6GNA0046	Fins	HMR	Absent	
6GNA0046	Fins	EMB	Absent	
6GNA0047	Gills, Left	FRAY	Absent	
6GNA0047	Gills, Left	MRGN	Absent	
6GNA0047	Gills, Left	PALE	Absent	
6GNA0047	Gills, Right	FRAY	Absent	
6GNA0047	Gills, Right	MRGN	Absent	
6GNA0047	Gills, Right	PALE	Absent	
6GNA0047	Fins	ERS	Absent	
6GNA0047	Fins	FRAY	Absent	
6GNA0047	Fins	HMR	Absent	
6GNA0047	Fins	EMB	Absent	
6GNA0048	Gills, Left	FRAY	Absent	
6GNA0048	Gills, Left	MRGN	Absent	
6GNA0048	Gills, Left	PALE	Absent	
6GNA0048	Gills, Right	FRAY	Absent	
6GNA0048	Gills, Right	MRGN	Absent	
6GNA0048	Gills, Right	PALE	Absent	
6GNA0048	Fins	ERS	Absent	
6GNA0048	Fins	FRAY	Present	
6GNA0048	Fins	HMR	Absent	
6GNA0048	Fins	EMB	Absent	
6GNA0049	Gills, Left	FRAY	Absent	
6GNA0049	Gills, Left	MRGN	Absent	
6GNA0049	Gills, Left	PALE	Absent	
6GNA0049	Gills, Right	FRAY	Absent	
6GNA0049	Gills, Right	MRGN	Absent	
6GNA0049	Gills, Right	PALE	Absent	
6GNA0049	Fins	ERS	Absent	
6GNA0049	Fins	FRAY	Present	
6GNA0049	Fins	HMR	Absent	
6GNA0049	Fins	EMB	Absent	
6GNA0050	Gills, Left	FRAY	Absent	
6GNA0050	Gills, Left	MRGN	Absent	
6GNA0050	Gills, Left	PALE	Absent	
6GNA0050	Gills, Right	FRAY	Absent	
6GNA0050	Gills, Right	MRGN	Absent	
6GNA0050	Gills, Right	PALE	Absent	
6GNA0050	Fins	ERS	Absent	
6GNA0050	Fins	FRAY	Absent	
6GNA0050	Fins	HMR	Absent	
6GNA0050	Fins	EMB	Absent	
6GNA0051	Gills, Left	FRAY	Absent	
6GNA0051	Gills, Left	MRGN	Absent	
6GNA0051	Gills, Left	PALE	Absent	
6GNA0051	Gills, Right	FRAY	Absent	
6GNA0051	Gills, Right	MRGN	Absent	
6GNA0051	Gills, Right	PALE	Absent	
6GNA0051	Fins	ERS	Absent	
6GNA0051	Fins	FRAY	Absent	
6GNA0051	Fins	HMR	Absent	
6GNA0051	Fins	EMB	Absent	
6GNA0052	Gills, Left	FRAY	Absent	
6GNA0052	Gills, Left	MRGN	Absent	
6GNA0052	Gills, Left	PALE	Absent	
6GNA0052	Gills, Right	FRAY	Absent	
6GNA0052	Gills, Right	MRGN	Absent	
6GNA0052	Gills, Right	PALE	Absent	
6GNA0052	Fins	ERS	Absent	
6GNA0052	Fins	FRAY	Absent	
6GNA0052	Fins	HMR	Absent	
6GNA0052	Fins	EMB	Absent	
6GNA0053	Gills, Left	FRAY	Absent	
6GNA0053	Gills, Left	MRGN	Absent	
6GNA0053	Gills, Left	PALE	Present	
6GNA0053	Gills, Right	FRAY	Absent	
6GNA0053	Gills, Right	MRGN	Absent	
6GNA0053	Gills, Right	PALE	Present	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0053	Fins	ERS	Absent	
6GNA0053	Fins	FRAY	Present	
6GNA0053	Fins	HMR	Absent	
6GNA0053	Fins	EMB	Absent	
6GNA0054	Gills, Left	FRAY	Absent	
6GNA0054	Gills, Left	MRGN	Absent	
6GNA0054	Gills, Left	PALE	Absent	
6GNA0054	Gills, Right	FRAY	Absent	
6GNA0054	Gills, Right	MRGN	Absent	
6GNA0054	Gills, Right	PALE	Absent	
6GNA0054	Fins	ERS	Absent	
6GNA0054	Fins	FRAY	Present	
6GNA0054	Fins	HMR	Absent	
6GNA0054	Fins	EMB	Absent	
6GNA0055W	Gills, Left	FRAY	Absent	
6GNA0055W	Gills, Left	MRGN	Absent	
6GNA0055W	Gills, Left	PALE	Present	
6GNA0055W	Gills, Right	FRAY	Absent	
6GNA0055W	Gills, Right	MRGN	Absent	
6GNA0055W	Gills, Right	PALE	Present	
6GNA0055W	Fins	ERS	Absent	
6GNA0055W	Fins	FRAY	Present	
6GNA0055W	Fins	HMR	Absent	
6GNA0055W	Fins	EMB	Absent	
6GNA0056H	Gills, Left	FRAY	Absent	
6GNA0056H	Gills, Left	MRGN	Absent	
6GNA0056H	Gills, Left	PALE	Absent	
6GNA0056H	Gills, Right	FRAY	Absent	
6GNA0056H	Gills, Right	MRGN	Absent	
6GNA0056H	Gills, Right	PALE	Absent	
6GNA0056H	Fins	ERS	Absent	
6GNA0056H	Fins	FRAY	Present	
6GNA0056H	Fins	HMR	Absent	
6GNA0056H	Fins	EMB	Absent	
6GNA0057W	Gills, Left	FRAY	Absent	
6GNA0057W	Gills, Left	MRGN	Absent	
6GNA0057W	Gills, Left	PALE	Present	
6GNA0057W	Gills, Right	FRAY	Absent	
6GNA0057W	Gills, Right	MRGN	Absent	
6GNA0057W	Gills, Right	PALE	Present	
6GNA0057W	Fins	ERS	Absent	
6GNA0057W	Fins	FRAY	Present	
6GNA0057W	Fins	HMR	Absent	
6GNA0057W	Fins	EMB	Absent	
6GNA0058W	Gills, Left	FRAY	Absent	
6GNA0058W	Gills, Left	MRGN	Absent	
6GNA0058W	Gills, Left	PALE	Absent	
6GNA0058W	Gills, Right	FRAY	Absent	
6GNA0058W	Gills, Right	MRGN	Absent	
6GNA0058W	Gills, Right	PALE	Absent	
6GNA0058W	Fins	ERS	Absent	
6GNA0058W	Fins	FRAY	Present	
6GNA0058W	Fins	HMR	Absent	
6GNA0058W	Fins	EMB	Absent	
6GNA0059H	Gills, Left	FRAY	Absent	
6GNA0059H	Gills, Left	MRGN	Absent	
6GNA0059H	Gills, Left	PALE	Absent	
6GNA0059H	Gills, Right	FRAY	Absent	
6GNA0059H	Gills, Right	MRGN	Absent	
6GNA0059H	Gills, Right	PALE	Absent	
6GNA0059H	Fins	ERS	Absent	
6GNA0059H	Fins	FRAY	Absent	
6GNA0059H	Fins	HMR	Absent	
6GNA0059H	Fins	EMB	Absent	
6GNA0060H	Gills, Left	FRAY	Absent	
6GNA0060H	Gills, Left	MRGN	Absent	
6GNA0060H	Gills, Left	PALE	Absent	
6GNA0060H	Gills, Right	FRAY	Absent	
6GNA0060H	Gills, Right	MRGN	Absent	
6GNA0060H	Gills, Right	PALE	Absent	
6GNA0060H	Fins	ERS	Absent	
6GNA0060H	Fins	FRAY	Absent	
6GNA0060H	Fins	HMR	Absent	
6GNA0060H	Fins	EMB	Absent	
6GNA0061H	Gills, Left	FRAY	Absent	
6GNA0061H	Gills, Left	MRGN	Absent	
6GNA0061H	Gills, Left	PALE	Absent	
6GNA0061H	Gills, Right	FRAY	Absent	
6GNA0061H	Gills, Right	MRGN	Absent	
6GNA0061H	Gills, Right	PALE	Absent	
6GNA0061H	Fins	ERS	Absent	
6GNA0061H	Fins	FRAY	Absent	
6GNA0061H	Fins	HMR	Absent	
6GNA0061H	Fins	EMB	Absent	
6GNA0062H	Gills, Left	FRAY	Absent	
6GNA0062H	Gills, Left	MRGN	Absent	
6GNA0062H	Gills, Left	PALE	Absent	
6GNA0062H	Gills, Right	FRAY	Absent	
6GNA0062H	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0062H	Gills, Right	PALE	Absent	
6GNA0062H	Fins	ERS	Absent	
6GNA0062H	Fins	FRAY	Absent	
6GNA0062H	Fins	HMR	Absent	
6GNA0062H	Fins	EMB	Absent	
6GNA0063H	Gills, Left	FRAY	Absent	
6GNA0063H	Gills, Left	MRGN	Absent	
6GNA0063H	Gills, Left	PALE	Absent	
6GNA0063H	Gills, Right	FRAY	Absent	
6GNA0063H	Gills, Right	MRGN	Absent	
6GNA0063H	Gills, Right	PALE	Absent	
6GNA0063H	Fins	ERS	Absent	
6GNA0063H	Fins	FRAY	Absent	
6GNA0063H	Fins	HMR	Absent	
6GNA0063H	Fins	EMB	Absent	
6GNA0064H	Gills, Left	FRAY	Absent	
6GNA0064H	Gills, Left	MRGN	Absent	
6GNA0064H	Gills, Left	PALE	Absent	
6GNA0064H	Gills, Right	FRAY	Absent	
6GNA0064H	Gills, Right	MRGN	Absent	
6GNA0064H	Gills, Right	PALE	Absent	
6GNA0064H	Fins	ERS	Absent	
6GNA0064H	Fins	FRAY	Absent	
6GNA0064H	Fins	HMR	Absent	
6GNA0064H	Fins	EMB	Absent	
6GNA0065H	Gills, Left	FRAY	Absent	
6GNA0065H	Gills, Left	MRGN	Absent	
6GNA0065H	Gills, Left	PALE	Absent	
6GNA0065H	Gills, Right	FRAY	Absent	
6GNA0065H	Gills, Right	MRGN	Absent	
6GNA0065H	Gills, Right	PALE	Absent	
6GNA0065H	Fins	ERS	Absent	
6GNA0065H	Fins	FRAY	Present	
6GNA0065H	Fins	HMR	Absent	
6GNA0065H	Fins	EMB	Absent	
6GNA0066	Gills, Left	FRAY	Absent	
6GNA0066	Gills, Left	MRGN	Absent	
6GNA0066	Gills, Left	PALE	Absent	
6GNA0066	Gills, Right	FRAY	Absent	
6GNA0066	Gills, Right	MRGN	Absent	
6GNA0066	Gills, Right	PALE	Absent	
6GNA0066	Fins	ERS	Absent	
6GNA0066	Fins	FRAY	Present	
6GNA0066	Fins	HMR	Absent	
6GNA0066	Fins	EMB	Absent	
6GNA0067	Gills, Left	FRAY	Absent	
6GNA0067	Gills, Left	MRGN	Absent	
6GNA0067	Gills, Left	PALE	Absent	
6GNA0067	Gills, Right	FRAY	Absent	
6GNA0067	Gills, Right	MRGN	Absent	
6GNA0067	Gills, Right	PALE	Absent	
6GNA0067	Fins	ERS	Absent	
6GNA0067	Fins	FRAY	Absent	
6GNA0067	Fins	HMR	Absent	
6GNA0067	Fins	EMB	Absent	
6GNA0069	Gills, Left	FRAY	Absent	
6GNA0069	Gills, Left	MRGN	Absent	
6GNA0069	Gills, Left	PALE	Absent	
6GNA0069	Gills, Right	FRAY	Absent	
6GNA0069	Gills, Right	MRGN	Absent	
6GNA0069	Gills, Right	PALE	Absent	
6GNA0069	Fins	ERS	Absent	
6GNA0069	Fins	FRAY	Present	
6GNA0069	Fins	HMR	Absent	
6GNA0069	Fins	EMB	Absent	
6GNA0070	Gills, Left	FRAY	Absent	
6GNA0070	Gills, Left	MRGN	Absent	
6GNA0070	Gills, Left	PALE	Absent	
6GNA0070	Gills, Right	FRAY	Absent	
6GNA0070	Gills, Right	MRGN	Absent	
6GNA0070	Gills, Right	PALE	Absent	
6GNA0070	Fins	ERS	Absent	
6GNA0070	Fins	FRAY	Present	
6GNA0070	Fins	HMR	Absent	
6GNA0070	Fins	EMB	Absent	
6GNA0071	Gills, Left	FRAY	Absent	
6GNA0071	Gills, Left	MRGN	Absent	
6GNA0071	Gills, Left	PALE	Absent	
6GNA0071	Gills, Right	FRAY	Absent	
6GNA0071	Gills, Right	MRGN	Absent	
6GNA0071	Gills, Right	PALE	Absent	
6GNA0071	Fins	ERS	Absent	
6GNA0071	Fins	FRAY	Present	
6GNA0071	Fins	HMR	Absent	
6GNA0071	Fins	EMB	Absent	
6GNA0072	Gills, Left	FRAY	Absent	
6GNA0072	Gills, Left	MRGN	Absent	
6GNA0072	Gills, Left	PALE	Absent	
6GNA0072	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0072	Gills, Right	MRGN	Absent	
6GNA0072	Gills, Right	PALE	Absent	
6GNA0072	Fins	ERS	Absent	
6GNA0072	Fins	FRAY	Present	
6GNA0072	Fins	HMR	Absent	
6GNA0072	Fins	EMB	Absent	
6GNA0073	Gills, Left	FRAY	Absent	
6GNA0073	Gills, Left	MRGN	Absent	
6GNA0073	Gills, Left	PALE	Absent	
6GNA0073	Gills, Right	FRAY	Absent	
6GNA0073	Gills, Right	MRGN	Absent	
6GNA0073	Gills, Right	PALE	Absent	
6GNA0073	Fins	ERS	Absent	
6GNA0073	Fins	FRAY	Present	
6GNA0073	Fins	HMR	Absent	
6GNA0073	Fins	EMB	Absent	
6GNA0074	Gills, Left	FRAY	Absent	
6GNA0074	Gills, Left	MRGN	Absent	
6GNA0074	Gills, Left	PALE	Absent	
6GNA0074	Gills, Right	FRAY	Absent	
6GNA0074	Gills, Right	MRGN	Absent	
6GNA0074	Gills, Right	PALE	Absent	
6GNA0074	Fins	ERS	Absent	
6GNA0074	Fins	FRAY	Present	
6GNA0074	Fins	HMR	Absent	
6GNA0074	Fins	EMB	Absent	
6GNA0075	Gills, Left	FRAY	Absent	
6GNA0075	Gills, Left	MRGN	Absent	
6GNA0075	Gills, Left	PALE	Absent	
6GNA0075	Gills, Right	FRAY	Absent	
6GNA0075	Gills, Right	MRGN	Absent	
6GNA0075	Gills, Right	PALE	Absent	
6GNA0075	Fins	ERS	Absent	
6GNA0075	Fins	FRAY	Absent	
6GNA0075	Fins	HMR	Absent	
6GNA0075	Fins	EMB	Absent	
6GNA0076	Gills, Left	FRAY	Absent	
6GNA0076	Gills, Left	MRGN	Absent	
6GNA0076	Gills, Left	PALE	Absent	
6GNA0076	Gills, Right	FRAY	Absent	
6GNA0076	Gills, Right	MRGN	Absent	
6GNA0076	Gills, Right	PALE	Absent	
6GNA0076	Fins	ERS	Absent	
6GNA0076	Fins	FRAY	Absent	
6GNA0076	Fins	HMR	Absent	
6GNA0076	Fins	EMB	Absent	
6GNA0081	Gills, Left	FRAY	Absent	
6GNA0081	Gills, Left	MRGN	Absent	
6GNA0081	Gills, Left	PALE	Absent	
6GNA0081	Gills, Right	FRAY	Absent	
6GNA0081	Gills, Right	MRGN	Absent	
6GNA0081	Gills, Right	PALE	Absent	
6GNA0081	Fins	ERS	Absent	
6GNA0081	Fins	FRAY	Present	
6GNA0081	Fins	HMR	Absent	
6GNA0081	Fins	EMB	Absent	
6GNA0082W	Gills, Left	FRAY	Absent	
6GNA0082W	Gills, Left	MRGN	Absent	
6GNA0082W	Gills, Left	PALE	Absent	
6GNA0082W	Gills, Right	FRAY	Absent	
6GNA0082W	Gills, Right	MRGN	Absent	
6GNA0082W	Gills, Right	PALE	Absent	
6GNA0082W	Fins	ERS	Absent	
6GNA0082W	Fins	FRAY	Absent	
6GNA0082W	Fins	HMR	Absent	
6GNA0082W	Fins	EMB	Absent	
6GNA0083H	Gills, Left	FRAY	Absent	
6GNA0083H	Gills, Left	MRGN	Absent	
6GNA0083H	Gills, Left	PALE	Absent	
6GNA0083H	Gills, Right	FRAY	Absent	
6GNA0083H	Gills, Right	MRGN	Absent	
6GNA0083H	Gills, Right	PALE	Absent	
6GNA0083H	Fins	ERS	Absent	
6GNA0083H	Fins	FRAY	Absent	
6GNA0083H	Fins	HMR	Absent	
6GNA0083H	Fins	EMB	Absent	
6GNA0084H	Gills, Left	FRAY	Absent	
6GNA0084H	Gills, Left	MRGN	Absent	
6GNA0084H	Gills, Left	PALE	Absent	
6GNA0084H	Gills, Right	FRAY	Absent	
6GNA0084H	Gills, Right	MRGN	Absent	
6GNA0084H	Gills, Right	PALE	Absent	
6GNA0084H	Fins	ERS	Absent	
6GNA0084H	Fins	FRAY	Absent	
6GNA0084H	Fins	HMR	Absent	
6GNA0084H	Fins	EMB	Absent	
6GNA0085H	Gills, Left	FRAY	Absent	
6GNA0085H	Gills, Left	MRGN	Absent	
6GNA0085H	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0085H	Gills, Right	FRAY	Absent	
6GNA0085H	Gills, Right	MRGN	Absent	
6GNA0085H	Gills, Right	PALE	Absent	
6GNA0085H	Fins	ERS	Absent	
6GNA0085H	Fins	FRAY	Absent	
6GNA0085H	Fins	HMR	Absent	
6GNA0085H	Fins	EMB	Absent	
6GNA0086H	Gills, Left	FRAY	Absent	
6GNA0086H	Gills, Left	MRGN	Absent	
6GNA0086H	Gills, Left	PALE	Absent	
6GNA0086H	Gills, Right	FRAY	Absent	
6GNA0086H	Gills, Right	MRGN	Absent	
6GNA0086H	Gills, Right	PALE	Absent	
6GNA0086H	Fins	ERS	Absent	
6GNA0086H	Fins	FRAY	Absent	
6GNA0086H	Fins	HMR	Absent	
6GNA0086H	Fins	EMB	Absent	
6GNA0087H	Gills, Left	FRAY	Absent	
6GNA0087H	Gills, Left	MRGN	Absent	
6GNA0087H	Gills, Left	PALE	Absent	
6GNA0087H	Gills, Right	FRAY	Absent	
6GNA0087H	Gills, Right	MRGN	Absent	
6GNA0087H	Gills, Right	PALE	Absent	
6GNA0087H	Fins	ERS	Absent	
6GNA0087H	Fins	FRAY	Absent	
6GNA0087H	Fins	HMR	Absent	
6GNA0087H	Fins	EMB	Absent	
6GNA0088H	Gills, Left	FRAY	Absent	
6GNA0088H	Gills, Left	MRGN	Absent	
6GNA0088H	Gills, Left	PALE	Absent	
6GNA0088H	Gills, Right	FRAY	Absent	
6GNA0088H	Gills, Right	MRGN	Absent	
6GNA0088H	Gills, Right	PALE	Absent	
6GNA0088H	Fins	ERS	Absent	
6GNA0088H	Fins	FRAY	Absent	
6GNA0088H	Fins	HMR	Absent	
6GNA0088H	Fins	EMB	Absent	
6GNA0089H	Gills, Left	FRAY	Absent	
6GNA0089H	Gills, Left	MRGN	Absent	
6GNA0089H	Gills, Left	PALE	Absent	
6GNA0089H	Gills, Right	FRAY	Absent	
6GNA0089H	Gills, Right	MRGN	Absent	
6GNA0089H	Gills, Right	PALE	Absent	
6GNA0089H	Fins	ERS	Absent	
6GNA0089H	Fins	FRAY	Present	
6GNA0089H	Fins	HMR	Absent	
6GNA0089H	Fins	EMB	Absent	
6GNA0090W	Gills, Left	FRAY	Absent	
6GNA0090W	Gills, Left	MRGN	Absent	
6GNA0090W	Gills, Left	PALE	Absent	
6GNA0090W	Gills, Right	FRAY	Absent	
6GNA0090W	Gills, Right	MRGN	Absent	
6GNA0090W	Gills, Right	PALE	Absent	
6GNA0090W	Fins	ERS	Absent	
6GNA0090W	Fins	FRAY	Present	
6GNA0090W	Fins	HMR	Absent	
6GNA0090W	Fins	EMB	Absent	
6GNA0091W	Gills, Left	FRAY	Absent	
6GNA0091W	Gills, Left	MRGN	Absent	
6GNA0091W	Gills, Left	PALE	Absent	
6GNA0091W	Gills, Right	FRAY	Absent	
6GNA0091W	Gills, Right	MRGN	Absent	
6GNA0091W	Gills, Right	PALE	Absent	
6GNA0091W	Fins	ERS	Absent	
6GNA0091W	Fins	FRAY	Present	
6GNA0091W	Fins	HMR	Absent	
6GNA0091W	Fins	EMB	Absent	
6GNA0092W	Gills, Left	FRAY	Absent	
6GNA0092W	Gills, Left	MRGN	Absent	
6GNA0092W	Gills, Left	PALE	Absent	
6GNA0092W	Gills, Right	FRAY	Absent	
6GNA0092W	Gills, Right	MRGN	Absent	
6GNA0092W	Gills, Right	PALE	Absent	
6GNA0092W	Fins	ERS	Absent	
6GNA0092W	Fins	FRAY	Absent	
6GNA0092W	Fins	HMR	Absent	
6GNA0092W	Fins	EMB	Absent	
6GNA0093H	Gills, Left	FRAY	Absent	
6GNA0093H	Gills, Left	MRGN	Absent	
6GNA0093H	Gills, Left	PALE	Absent	
6GNA0093H	Gills, Right	FRAY	Absent	
6GNA0093H	Gills, Right	MRGN	Absent	
6GNA0093H	Gills, Right	PALE	Absent	
6GNA0093H	Fins	ERS	Absent	
6GNA0093H	Fins	FRAY	Absent	
6GNA0093H	Fins	HMR	Absent	
6GNA0093H	Fins	EMB	Absent	
6GNA0094H	Gills, Left	FRAY	Absent	
6GNA0094H	Gills, Left	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0094H	Gills, Left	PALE	Absent	
6GNA0094H	Gills, Right	FRAY	Absent	
6GNA0094H	Gills, Right	MRGN	Absent	
6GNA0094H	Gills, Right	PALE	Absent	
6GNA0094H	Fins	ERS	Absent	
6GNA0094H	Fins	FRAY	Absent	
6GNA0094H	Fins	HMR	Absent	
6GNA0094H	Fins	EMB	Absent	
6GNA0095H	Gills, Left	FRAY	Absent	
6GNA0095H	Gills, Left	MRGN	Absent	
6GNA0095H	Gills, Left	PALE	Absent	
6GNA0095H	Gills, Right	FRAY	Absent	
6GNA0095H	Gills, Right	MRGN	Absent	
6GNA0095H	Gills, Right	PALE	Absent	
6GNA0095H	Fins	ERS	Absent	
6GNA0095H	Fins	FRAY	Absent	
6GNA0095H	Fins	HMR	Absent	
6GNA0095H	Fins	EMB	Absent	
6GNA0096H	Gills, Left	FRAY	Absent	
6GNA0096H	Gills, Left	MRGN	Absent	
6GNA0096H	Gills, Left	PALE	Absent	
6GNA0096H	Gills, Right	FRAY	Absent	
6GNA0096H	Gills, Right	MRGN	Absent	
6GNA0096H	Gills, Right	PALE	Absent	
6GNA0096H	Fins	ERS	Absent	
6GNA0096H	Fins	FRAY	Absent	
6GNA0096H	Fins	HMR	Absent	
6GNA0096H	Fins	EMB	Absent	
6GNA0097H	Gills, Left	FRAY	Absent	
6GNA0097H	Gills, Left	MRGN	Absent	
6GNA0097H	Gills, Left	PALE	Absent	
6GNA0097H	Gills, Right	FRAY	Absent	
6GNA0097H	Gills, Right	MRGN	Absent	
6GNA0097H	Gills, Right	PALE	Absent	
6GNA0097H	Fins	ERS	Absent	
6GNA0097H	Fins	FRAY	Absent	
6GNA0097H	Fins	HMR	Absent	
6GNA0097H	Fins	EMB	Absent	
6GNA0098H	Gills, Left	FRAY	Absent	
6GNA0098H	Gills, Left	MRGN	Absent	
6GNA0098H	Gills, Left	PALE	Absent	
6GNA0098H	Gills, Right	FRAY	Absent	
6GNA0098H	Gills, Right	MRGN	Absent	
6GNA0098H	Gills, Right	PALE	Absent	
6GNA0098H	Fins	ERS	Absent	
6GNA0098H	Fins	FRAY	Absent	
6GNA0098H	Fins	HMR	Absent	
6GNA0098H	Fins	EMB	Absent	
6GNA0099H	Gills, Left	FRAY	Absent	
6GNA0099H	Gills, Left	MRGN	Absent	
6GNA0099H	Gills, Left	PALE	Absent	
6GNA0099H	Gills, Right	FRAY	Absent	
6GNA0099H	Gills, Right	MRGN	Absent	
6GNA0099H	Gills, Right	PALE	Absent	
6GNA0099H	Fins	ERS	Absent	
6GNA0099H	Fins	FRAY	Absent	
6GNA0099H	Fins	HMR	Absent	
6GNA0099H	Fins	EMB	Absent	
6GNA0100H	Gills, Left	FRAY	Absent	
6GNA0100H	Gills, Left	MRGN	Absent	
6GNA0100H	Gills, Left	PALE	Absent	
6GNA0100H	Gills, Right	FRAY	Absent	
6GNA0100H	Gills, Right	MRGN	Absent	
6GNA0100H	Gills, Right	PALE	Absent	
6GNA0100H	Fins	ERS	Absent	
6GNA0100H	Fins	FRAY	Absent	
6GNA0100H	Fins	HMR	Absent	
6GNA0100H	Fins	EMB	Absent	
6GNA0101H	Gills, Left	FRAY	Absent	
6GNA0101H	Gills, Left	MRGN	Absent	
6GNA0101H	Gills, Left	PALE	Absent	
6GNA0101H	Gills, Right	FRAY	Absent	
6GNA0101H	Gills, Right	MRGN	Absent	
6GNA0101H	Gills, Right	PALE	Absent	
6GNA0101H	Fins	ERS	Absent	
6GNA0101H	Fins	FRAY	Absent	
6GNA0101H	Fins	HMR	Absent	
6GNA0101H	Fins	EMB	Absent	
6GNA0102H	Gills, Left	FRAY	Absent	
6GNA0102H	Gills, Left	MRGN	Absent	
6GNA0102H	Gills, Left	PALE	Absent	
6GNA0102H	Gills, Right	FRAY	Absent	
6GNA0102H	Gills, Right	MRGN	Absent	
6GNA0102H	Gills, Right	PALE	Absent	
6GNA0102H	Fins	ERS	Absent	
6GNA0102H	Fins	FRAY	Absent	
6GNA0102H	Fins	HMR	Absent	
6GNA0102H	Fins	EMB	Absent	
6GNA0103H	Gills, Left	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0103H	Gills, Left	MRGN	Absent	
6GNA0103H	Gills, Left	PALE	Absent	
6GNA0103H	Gills, Right	FRAY	Absent	
6GNA0103H	Gills, Right	MRGN	Absent	
6GNA0103H	Gills, Right	PALE	Absent	
6GNA0103H	Fins	ERS	Absent	
6GNA0103H	Fins	FRAY	Absent	
6GNA0103H	Fins	HMR	Absent	
6GNA0103H	Fins	EMB	Absent	
6GNA0104H	Gills, Left	FRAY	Absent	
6GNA0104H	Gills, Left	MRGN	Absent	
6GNA0104H	Gills, Left	PALE	Absent	
6GNA0104H	Gills, Right	FRAY	Absent	
6GNA0104H	Gills, Right	MRGN	Absent	
6GNA0104H	Gills, Right	PALE	Absent	
6GNA0104H	Fins	ERS	Absent	
6GNA0104H	Fins	FRAY	Absent	
6GNA0104H	Fins	HMR	Absent	
6GNA0104H	Fins	EMB	Absent	
6GNA0105H	Gills, Left	FRAY	Absent	
6GNA0105H	Gills, Left	MRGN	Absent	
6GNA0105H	Gills, Left	PALE	Absent	
6GNA0105H	Gills, Right	FRAY	Absent	
6GNA0105H	Gills, Right	MRGN	Absent	
6GNA0105H	Gills, Right	PALE	Absent	
6GNA0105H	Fins	ERS	Absent	
6GNA0105H	Fins	FRAY	Present	
6GNA0105H	Fins	HMR	Absent	
6GNA0105H	Fins	EMB	Absent	
6GNA0106W	Gills, Left	FRAY	Absent	
6GNA0106W	Gills, Left	MRGN	Absent	
6GNA0106W	Gills, Left	PALE	Absent	
6GNA0106W	Gills, Right	FRAY	Absent	
6GNA0106W	Gills, Right	MRGN	Absent	
6GNA0106W	Gills, Right	PALE	Absent	
6GNA0106W	Fins	ERS	Absent	
6GNA0106W	Fins	FRAY	Present	
6GNA0106W	Fins	HMR	Absent	
6GNA0106W	Fins	EMB	Absent	
6GNA0107H	Gills, Left	FRAY	Absent	
6GNA0107H	Gills, Left	MRGN	Absent	
6GNA0107H	Gills, Left	PALE	Absent	
6GNA0107H	Gills, Right	FRAY	Absent	
6GNA0107H	Gills, Right	MRGN	Absent	
6GNA0107H	Gills, Right	PALE	Absent	
6GNA0107H	Fins	ERS	Absent	
6GNA0107H	Fins	FRAY	Present	
6GNA0107H	Fins	HMR	Absent	
6GNA0107H	Fins	EMB	Absent	
6GNA0108	Gills, Left	FRAY	Absent	
6GNA0108	Gills, Left	MRGN	Absent	
6GNA0108	Gills, Left	PALE	Absent	
6GNA0108	Gills, Right	FRAY	Absent	
6GNA0108	Gills, Right	MRGN	Absent	
6GNA0108	Gills, Right	PALE	Absent	
6GNA0108	Fins	ERS	Absent	
6GNA0108	Fins	FRAY	Present	
6GNA0108	Fins	HMR	Absent	
6GNA0108	Fins	EMB	Absent	
6GNA0109	Gills, Left	FRAY	Absent	
6GNA0109	Gills, Left	MRGN	Absent	
6GNA0109	Gills, Left	PALE	Absent	
6GNA0109	Gills, Right	FRAY	Absent	
6GNA0109	Gills, Right	MRGN	Absent	
6GNA0109	Gills, Right	PALE	Absent	
6GNA0109	Fins	ERS	Absent	
6GNA0109	Fins	FRAY	Absent	
6GNA0109	Fins	HMR	Absent	
6GNA0109	Fins	EMB	Absent	
6GNA0110	Gills, Left	FRAY	Absent	
6GNA0110	Gills, Left	MRGN	Absent	
6GNA0110	Gills, Left	PALE	Absent	
6GNA0110	Gills, Right	FRAY	Absent	
6GNA0110	Gills, Right	MRGN	Absent	
6GNA0110	Gills, Right	PALE	Absent	
6GNA0110	Fins	ERS	Absent	
6GNA0110	Fins	FRAY	Absent	
6GNA0110	Fins	HMR	Absent	
6GNA0110	Fins	EMB	Absent	
6GNA0111	Gills, Left	FRAY	Absent	
6GNA0111	Gills, Left	MRGN	Absent	
6GNA0111	Gills, Left	PALE	Absent	
6GNA0111	Gills, Right	FRAY	Absent	
6GNA0111	Gills, Right	MRGN	Absent	
6GNA0111	Gills, Right	PALE	Absent	
6GNA0111	Fins	ERS	Absent	
6GNA0111	Fins	FRAY	Absent	
6GNA0111	Fins	HMR	Absent	
6GNA0111	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0116	Gills, Left	FRAY	Absent	
6GNA0116	Gills, Left	MRGN	Absent	
6GNA0116	Gills, Left	PALE	Absent	
6GNA0116	Gills, Right	FRAY	Absent	
6GNA0116	Gills, Right	MRGN	Absent	
6GNA0116	Gills, Right	PALE	Absent	
6GNA0116	Fins	ERS	Absent	
6GNA0116	Fins	FRAY	Present	
6GNA0116	Fins	HMR	Absent	
6GNA0116	Fins	EMB	Absent	
6GNA0117	Gills, Left	FRAY	Absent	
6GNA0117	Gills, Left	MRGN	Absent	
6GNA0117	Gills, Left	PALE	Absent	
6GNA0117	Gills, Right	FRAY	Absent	
6GNA0117	Gills, Right	MRGN	Absent	
6GNA0117	Gills, Right	PALE	Absent	
6GNA0117	Fins	ERS	Absent	
6GNA0117	Fins	FRAY	Absent	
6GNA0117	Fins	HMR	Absent	
6GNA0117	Fins	EMB	Absent	
6GNA0118	Gills, Left	FRAY	Absent	
6GNA0118	Gills, Left	MRGN	Absent	
6GNA0118	Gills, Left	PALE	Absent	
6GNA0118	Gills, Right	FRAY	Absent	
6GNA0118	Gills, Right	MRGN	Absent	
6GNA0118	Gills, Right	PALE	Absent	
6GNA0118	Fins	ERS	Absent	
6GNA0118	Fins	FRAY	Absent	
6GNA0118	Fins	HMR	Absent	
6GNA0118	Fins	EMB	Absent	
6GNA0119	Gills, Left	FRAY	Absent	
6GNA0119	Gills, Left	MRGN	Absent	
6GNA0119	Gills, Left	PALE	Absent	
6GNA0119	Gills, Right	FRAY	Absent	
6GNA0119	Gills, Right	MRGN	Absent	
6GNA0119	Gills, Right	PALE	Absent	
6GNA0119	Fins	ERS	Absent	
6GNA0119	Fins	FRAY	Absent	
6GNA0119	Fins	HMR	Absent	
6GNA0119	Fins	EMB	Absent	
6GNA0120	Gills, Left	FRAY	Absent	
6GNA0120	Gills, Left	MRGN	Absent	
6GNA0120	Gills, Left	PALE	Absent	
6GNA0120	Gills, Right	FRAY	Absent	
6GNA0120	Gills, Right	MRGN	Absent	
6GNA0120	Gills, Right	PALE	Absent	
6GNA0120	Fins	ERS	Absent	
6GNA0120	Fins	FRAY	Absent	
6GNA0120	Fins	HMR	Absent	
6GNA0120	Fins	EMB	Absent	
6GNA0121	Gills, Left	FRAY	Absent	
6GNA0121	Gills, Left	MRGN	Absent	
6GNA0121	Gills, Left	PALE	Absent	
6GNA0121	Gills, Right	FRAY	Absent	
6GNA0121	Gills, Right	MRGN	Absent	
6GNA0121	Gills, Right	PALE	Absent	
6GNA0121	Fins	ERS	Absent	
6GNA0121	Fins	FRAY	Absent	
6GNA0121	Fins	HMR	Absent	
6GNA0121	Fins	EMB	Absent	
6GNA0129	Gills, Left	FRAY	Absent	
6GNA0129	Gills, Left	MRGN	Absent	
6GNA0129	Gills, Left	PALE	Absent	
6GNA0129	Gills, Right	FRAY	Absent	
6GNA0129	Gills, Right	MRGN	Absent	
6GNA0129	Gills, Right	PALE	Absent	
6GNA0129	Fins	ERS	Absent	
6GNA0129	Fins	FRAY	Absent	
6GNA0129	Fins	HMR	Absent	
6GNA0129	Fins	EMB	Absent	
6GNA0130H	Gills, Left	FRAY	Absent	
6GNA0130H	Gills, Left	MRGN	Absent	
6GNA0130H	Gills, Left	PALE	Absent	
6GNA0130H	Gills, Right	FRAY	Absent	
6GNA0130H	Gills, Right	MRGN	Absent	
6GNA0130H	Gills, Right	PALE	Absent	
6GNA0130H	Fins	ERS	Absent	
6GNA0130H	Fins	FRAY	Absent	
6GNA0130H	Fins	HMR	Absent	
6GNA0130H	Fins	EMB	Absent	
6GNA0131H	Gills, Left	FRAY	Absent	
6GNA0131H	Gills, Left	MRGN	Absent	
6GNA0131H	Gills, Left	PALE	Absent	
6GNA0131H	Gills, Right	FRAY	Absent	
6GNA0131H	Gills, Right	MRGN	Absent	
6GNA0131H	Gills, Right	PALE	Absent	
6GNA0131H	Fins	ERS	Absent	
6GNA0131H	Fins	FRAY	Absent	
6GNA0131H	Fins	HMR	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNA0131H	Fins	EMB	Absent	
6GNA0132H	Gills, Left	FRAY	Absent	
6GNA0132H	Gills, Left	MRGN	Absent	
6GNA0132H	Gills, Left	PALE	Absent	
6GNA0132H	Gills, Right	FRAY	Absent	
6GNA0132H	Gills, Right	MRGN	Absent	
6GNA0132H	Gills, Right	PALE	Absent	
6GNA0132H	Fins	ERS	Absent	
6GNA0132H	Fins	FRAY	Absent	
6GNA0132H	Fins	HMR	Absent	
6GNA0132H	Fins	EMB	Absent	
6GNE0001	Gills, Left	FRAY	Absent	
6GNE0001	Gills, Left	MRGN	Absent	
6GNE0001	Gills, Left	PALE	Absent	
6GNE0001	Gills, Right	FRAY	Absent	
6GNE0001	Gills, Right	MRGN	Absent	
6GNE0001	Gills, Right	PALE	Absent	
6GNE0001	Fins	ERS	Absent	
6GNE0001	Fins	FRAY	Absent	
6GNE0001	Fins	HMR	Absent	
6GNE0001	Fins	EMB	Absent	
6GNE0002	Gills, Left	FRAY	Absent	
6GNE0002	Gills, Left	MRGN	Absent	
6GNE0002	Gills, Left	PALE	Absent	
6GNE0002	Gills, Right	FRAY	Absent	
6GNE0002	Gills, Right	MRGN	Absent	
6GNE0002	Gills, Right	PALE	Absent	
6GNE0002	Fins	ERS	Minor	
6GNE0002	Fins	FRAY	Absent	
6GNE0002	Fins	HMR	Absent	
6GNE0002	Fins	EMB	Absent	
6GNE0003	Gills, Left	FRAY	Absent	
6GNE0003	Gills, Left	MRGN	Absent	
6GNE0003	Gills, Left	PALE	Absent	
6GNE0003	Gills, Right	FRAY	Absent	
6GNE0003	Gills, Right	MRGN	Absent	
6GNE0003	Gills, Right	PALE	Absent	
6GNE0003	Fins	ERS	Absent	
6GNE0003	Fins	FRAY	Present	
6GNE0003	Fins	HMR	Absent	
6GNE0003	Fins	EMB	Absent	
6GNE0004H	Gills, Left	FRAY	Absent	
6GNE0004H	Gills, Left	MRGN	Absent	
6GNE0004H	Gills, Left	PALE	Absent	
6GNE0004H	Gills, Right	FRAY	Absent	
6GNE0004H	Gills, Right	MRGN	Absent	
6GNE0004H	Gills, Right	PALE	Absent	
6GNE0004H	Fins	ERS	Absent	
6GNE0004H	Fins	FRAY	Absent	
6GNE0004H	Fins	HMR	Absent	
6GNE0004H	Fins	EMB	Absent	
6GNE0005	Gills, Left	FRAY	Absent	
6GNE0005	Gills, Left	MRGN	Absent	
6GNE0005	Gills, Left	PALE	Absent	
6GNE0005	Gills, Right	FRAY	Absent	
6GNE0005	Gills, Right	MRGN	Absent	
6GNE0005	Gills, Right	PALE	Absent	
6GNE0005	Fins	ERS	Absent	
6GNE0005	Fins	FRAY	Absent	
6GNE0005	Fins	HMR	Absent	
6GNE0005	Fins	EMB	Absent	
6GNE0006H	Gills, Left	FRAY	Absent	
6GNE0006H	Gills, Left	MRGN	Absent	
6GNE0006H	Gills, Left	PALE	Absent	
6GNE0006H	Gills, Right	FRAY	Absent	
6GNE0006H	Gills, Right	MRGN	Absent	
6GNE0006H	Gills, Right	PALE	Absent	
6GNE0006H	Fins	ERS	Absent	
6GNE0006H	Fins	FRAY	Absent	
6GNE0006H	Fins	HMR	Absent	
6GNE0006H	Fins	EMB	Absent	
6GNE0008H	Gills, Left	FRAY	Absent	
6GNE0008H	Gills, Left	MRGN	Absent	
6GNE0008H	Gills, Left	PALE	Absent	
6GNE0008H	Gills, Right	FRAY	Absent	
6GNE0008H	Gills, Right	MRGN	Absent	
6GNE0008H	Gills, Right	PALE	Absent	
6GNE0008H	Fins	ERS	Absent	
6GNE0008H	Fins	FRAY	Absent	
6GNE0008H	Fins	HMR	Absent	
6GNE0008H	Fins	EMB	Absent	
6GNE0009H	Gills, Left	FRAY	Absent	
6GNE0009H	Gills, Left	MRGN	Absent	
6GNE0009H	Gills, Left	PALE	Absent	
6GNE0009H	Gills, Right	FRAY	Absent	
6GNE0009H	Gills, Right	MRGN	Absent	
6GNE0009H	Gills, Right	PALE	Absent	
6GNE0009H	Fins	ERS	Absent	
6GNE0009H	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6GNE0009H	Fins	HMR	Absent	
6GNE0009H	Fins	EMB	Absent	
6SE0001	Gills, Left	FRAY	Absent	
6SE0001	Gills, Left	MRGN	Absent	
6SE0001	Gills, Left	PALE	Absent	
6SE0001	Gills, Right	FRAY	Absent	
6SE0001	Gills, Right	MRGN	Absent	
6SE0001	Gills, Right	PALE	Absent	
6SE0001	Fins	ERS	Absent	
6SE0001	Fins	FRAY	Absent	
6SE0001	Fins	HMR	Absent	
6SE0001	Fins	EMB	Absent	
6SE0002	Gills, Left	FRAY	Absent	
6SE0002	Gills, Left	MRGN	Absent	
6SE0002	Gills, Left	PALE	Absent	
6SE0002	Gills, Right	FRAY	Absent	
6SE0002	Gills, Right	MRGN	Absent	
6SE0002	Gills, Right	PALE	Absent	
6SE0002	Fins	ERS	Absent	
6SE0002	Fins	FRAY	Absent	
6SE0002	Fins	HMR	Absent	
6SE0002	Fins	EMB	Absent	
6SE0003	Gills, Left	FRAY	Absent	
6SE0003	Gills, Left	MRGN	Absent	
6SE0003	Gills, Left	PALE	Absent	
6SE0003	Gills, Right	FRAY	Absent	
6SE0003	Gills, Right	MRGN	Absent	
6SE0003	Gills, Right	PALE	Absent	
6SE0003	Fins	ERS	Absent	
6SE0003	Fins	FRAY	Absent	
6SE0003	Fins	HMR	Absent	
6SE0003	Fins	EMB	Absent	
6SE0004	Gills, Left	FRAY	Absent	
6SE0004	Gills, Left	MRGN	Absent	
6SE0004	Gills, Left	PALE	Absent	
6SE0004	Gills, Right	FRAY	Absent	
6SE0004	Gills, Right	MRGN	Absent	
6SE0004	Gills, Right	PALE	Absent	
6SE0004	Fins	ERS	Absent	
6SE0004	Fins	FRAY	Absent	
6SE0004	Fins	HMR	Absent	
6SE0004	Fins	EMB	Absent	
6SE0005	Gills, Left	FRAY	Absent	
6SE0005	Gills, Left	MRGN	Absent	
6SE0005	Gills, Left	PALE	Absent	
6SE0005	Gills, Right	FRAY	Absent	
6SE0005	Gills, Right	MRGN	Absent	
6SE0005	Gills, Right	PALE	Absent	
6SE0005	Fins	ERS	Absent	
6SE0005	Fins	FRAY	Absent	
6SE0005	Fins	HMR	Absent	
6SE0005	Fins	EMB	Absent	
6SE0006	Gills, Left	FRAY	Absent	
6SE0006	Gills, Left	MRGN	Absent	
6SE0006	Gills, Left	PALE	Absent	
6SE0006	Gills, Right	FRAY	Absent	
6SE0006	Gills, Right	MRGN	Absent	
6SE0006	Gills, Right	PALE	Absent	
6SE0006	Fins	ERS	Absent	
6SE0006	Fins	FRAY	Absent	
6SE0006	Fins	HMR	Absent	
6SE0006	Fins	EMB	Absent	
6SE0007	Gills, Left	FRAY	Absent	
6SE0007	Gills, Left	MRGN	Absent	
6SE0007	Gills, Left	PALE	Absent	
6SE0007	Gills, Right	FRAY	Absent	
6SE0007	Gills, Right	MRGN	Absent	
6SE0007	Gills, Right	PALE	Absent	
6SE0007	Fins	ERS	Absent	
6SE0007	Fins	FRAY	Absent	
6SE0007	Fins	HMR	Absent	
6SE0007	Fins	EMB	Absent	
6SE0008	Gills, Left	FRAY	Absent	
6SE0008	Gills, Left	MRGN	Absent	
6SE0008	Gills, Left	PALE	Absent	
6SE0008	Gills, Right	FRAY	Absent	
6SE0008	Gills, Right	MRGN	Absent	
6SE0008	Gills, Right	PALE	Absent	
6SE0008	Fins	ERS	Absent	
6SE0008	Fins	FRAY	Absent	
6SE0008	Fins	HMR	Absent	
6SE0008	Fins	EMB	Absent	
6SE0010	Gills, Left	FRAY	Absent	
6SE0010	Gills, Left	MRGN	Absent	
6SE0010	Gills, Left	PALE	Absent	
6SE0010	Gills, Right	FRAY	Absent	
6SE0010	Gills, Right	MRGN	Absent	
6SE0010	Gills, Right	PALE	Absent	
6SE0010	Fins	ERS	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6SE0010	Fins	FRAY	Absent	
6SE0010	Fins	HMR	Absent	
6SE0010	Fins	EMB	Absent	
6SE0015	Gills, Left	FRAY	Absent	
6SE0015	Gills, Left	MRGN	Absent	
6SE0015	Gills, Left	PALE	Absent	
6SE0015	Gills, Right	FRAY	Absent	
6SE0015	Gills, Right	MRGN	Absent	
6SE0015	Gills, Right	PALE	Absent	
6SE0015	Fins	ERS	Absent	
6SE0015	Fins	FRAY	Absent	
6SE0015	Fins	HMR	Absent	
6SE0015	Fins	EMB	Absent	
6SE0016	Gills, Left	FRAY	Absent	
6SE0016	Gills, Left	MRGN	Absent	
6SE0016	Gills, Left	PALE	Absent	
6SE0016	Gills, Right	FRAY	Absent	
6SE0016	Gills, Right	MRGN	Absent	
6SE0016	Gills, Right	PALE	Absent	
6SE0016	Fins	ERS	Absent	
6SE0016	Fins	FRAY	Absent	
6SE0016	Fins	HMR	Absent	
6SE0016	Fins	EMB	Absent	
6SE0017	Gills, Left	FRAY	Absent	
6SE0017	Gills, Left	MRGN	Absent	
6SE0017	Gills, Left	PALE	Absent	
6SE0017	Gills, Right	FRAY	Absent	
6SE0017	Gills, Right	MRGN	Absent	
6SE0017	Gills, Right	PALE	Absent	
6SE0017	Fins	ERS	Absent	
6SE0017	Fins	FRAY	Absent	
6SE0017	Fins	HMR	Absent	
6SE0017	Fins	EMB	Absent	
6SE0018	Gills, Left	FRAY	Absent	
6SE0018	Gills, Left	MRGN	Absent	
6SE0018	Gills, Left	PALE	Absent	
6SE0018	Gills, Right	FRAY	Absent	
6SE0018	Gills, Right	MRGN	Absent	
6SE0018	Gills, Right	PALE	Absent	
6SE0018	Fins	ERS	Absent	
6SE0018	Fins	FRAY	Absent	
6SE0018	Fins	HMR	Absent	
6SE0018	Fins	EMB	Absent	
6TC0001	Gills, Left	FRAY	Absent	
6TC0001	Gills, Left	MRGN	Absent	
6TC0001	Gills, Left	PALE	Absent	
6TC0001	Gills, Right	FRAY	Absent	
6TC0001	Gills, Right	MRGN	Absent	
6TC0001	Gills, Right	PALE	Absent	
6TC0001	Fins	ERS	Absent	
6TC0001	Fins	FRAY	Absent	
6TC0001	Fins	HMR	Absent	
6TC0001	Fins	EMB	Absent	
6TC0019	Gills, Left	FRAY	Absent	
6TC0019	Gills, Left	MRGN	Absent	
6TC0019	Gills, Left	PALE	Absent	
6TC0019	Gills, Right	FRAY	Absent	
6TC0019	Gills, Right	MRGN	Absent	
6TC0019	Gills, Right	PALE	Absent	
6TC0019	Fins	ERS	Absent	
6TC0019	Fins	FRAY	Absent	
6TC0019	Fins	HMR	Absent	
6TC0019	Fins	EMB	Absent	
6TC0020	Gills, Left	FRAY	Absent	
6TC0020	Gills, Left	MRGN	Absent	
6TC0020	Gills, Left	PALE	Absent	
6TC0020	Gills, Right	FRAY	Absent	
6TC0020	Gills, Right	MRGN	Absent	
6TC0020	Gills, Right	PALE	Absent	
6TC0020	Fins	ERS	Absent	
6TC0020	Fins	FRAY	Absent	
6TC0020	Fins	HMR	Absent	
6TC0020	Fins	EMB	Absent	
6TF0015	Gills, Left	FRAY	Absent	
6TF0015	Gills, Left	MRGN	Absent	
6TF0015	Gills, Left	PALE	Absent	
6TF0015	Gills, Right	FRAY	Absent	
6TF0015	Gills, Right	MRGN	Absent	
6TF0015	Gills, Right	PALE	Absent	
6TF0015	Fins	ERS	Absent	
6TF0015	Fins	FRAY	Absent	
6TF0015	Fins	HMR	Absent	
6TF0015	Fins	EMB	Absent	
6TF0016	Gills, Left	FRAY	Absent	
6TF0016	Gills, Left	MRGN	Absent	
6TF0016	Gills, Left	PALE	Absent	
6TF0016	Gills, Right	FRAY	Absent	
6TF0016	Gills, Right	MRGN	Absent	
6TF0016	Gills, Right	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
6TF0016	Fins	ERS	Absent	
6TF0016	Fins	FRAY	Absent	
6TF0016	Fins	HMR	Absent	
6TF0016	Fins	EMB	Absent	
6TF0021	Gills, Left	FRAY	Absent	
6TF0021	Gills, Left	MRGN	Absent	
6TF0021	Gills, Left	PALE	Absent	
6TF0021	Gills, Right	FRAY	Absent	
6TF0021	Gills, Right	MRGN	Absent	
6TF0021	Gills, Right	PALE	Absent	
6TF0021	Fins	ERS	Absent	
6TF0021	Fins	FRAY	Absent	
6TF0021	Fins	HMR	Absent	
6TF0021	Fins	EMB	Absent	
6TF0021	Fins	OTHER	Present	Gill net damage
A21N0001W	Gills, Left	FRAY	Absent	
A21N0001W	Gills, Left	MRGN	Absent	
A21N0001W	Gills, Left	PALE	Absent	
A21N0001W	Gills, Right	FRAY	Absent	
A21N0001W	Gills, Right	MRGN	Absent	
A21N0001W	Gills, Right	PALE	Absent	
A21N0001W	Fins	ERS	Absent	
A21N0001W	Fins	FRAY	Absent	
A21N0001W	Fins	HMR	Absent	
A21N0001W	Fins	EMB	Absent	
A21N0002H	Gills, Left	FRAY	Absent	
A21N0002H	Gills, Left	MRGN	Absent	
A21N0002H	Gills, Left	PALE	Absent	
A21N0002H	Gills, Right	FRAY	Absent	
A21N0002H	Gills, Right	MRGN	Absent	
A21N0002H	Gills, Right	PALE	Absent	
A21N0002H	Fins	ERS	Absent	
A21N0002H	Fins	FRAY	Absent	
A21N0002H	Fins	HMR	Absent	
A21N0002H	Fins	EMB	Absent	
A2-1N-0003	Gills, Left	FRAY	Absent	
A2-1N-0003	Gills, Left	MRGN	Absent	
A2-1N-0003	Gills, Left	PALE	Absent	
A2-1N-0003	Gills, Right	FRAY	Absent	
A2-1N-0003	Gills, Right	MRGN	Absent	
A2-1N-0003	Gills, Right	PALE	Absent	
A2-1N-0003	Fins	ERS	Absent	
A2-1N-0003	Fins	FRAY	Absent	
A2-1N-0003	Fins	HMR	Absent	
A2-1N-0003	Fins	EMB	Absent	
A21N0004H	Gills, Left	FRAY	Absent	
A21N0004H	Gills, Left	MRGN	Absent	
A21N0004H	Gills, Left	PALE	Absent	
A21N0004H	Gills, Right	FRAY	Absent	
A21N0004H	Gills, Right	MRGN	Absent	
A21N0004H	Gills, Right	PALE	Absent	
A21N0004H	Fins	ERS	Absent	
A21N0004H	Fins	FRAY	Absent	
A21N0004H	Fins	HMR	Absent	
A21N0004H	Fins	EMB	Absent	
A21N0004H	Fins	OTHER	Present	Lacerations on caudal fin
A21N0005H	Gills, Left	FRAY	Absent	
A21N0005H	Gills, Left	MRGN	Absent	
A21N0005H	Gills, Left	PALE	Absent	
A21N0005H	Gills, Right	FRAY	Absent	
A21N0005H	Gills, Right	MRGN	Absent	
A21N0005H	Gills, Right	PALE	Absent	
A21N0005H	Fins	ERS	Absent	
A21N0005H	Fins	FRAY	Absent	
A21N0005H	Fins	HMR	Absent	
A21N0005H	Fins	EMB	Absent	
A21N0006H	Gills, Left	FRAY	Absent	
A21N0006H	Gills, Left	MRGN	Absent	
A21N0006H	Gills, Left	PALE	Absent	
A21N0006H	Gills, Right	FRAY	Absent	
A21N0006H	Gills, Right	MRGN	Absent	
A21N0006H	Gills, Right	PALE	Absent	
A21N0006H	Fins	ERS	Absent	
A21N0006H	Fins	FRAY	Absent	
A21N0006H	Fins	HMR	Absent	
A21N0006H	Fins	EMB	Absent	
A2-1N-0007	Gills, Left	FRAY	Absent	
A2-1N-0007	Gills, Left	MRGN	Absent	
A2-1N-0007	Gills, Left	PALE	Absent	
A2-1N-0007	Gills, Right	FRAY	Absent	
A2-1N-0007	Gills, Right	MRGN	Absent	
A2-1N-0007	Gills, Right	PALE	Absent	
A2-1N-0007	Fins	ERS	Absent	
A2-1N-0007	Fins	FRAY	Absent	
A2-1N-0007	Fins	HMR	Absent	
A2-1N-0007	Fins	EMB	Absent	
A21N0008H	Gills, Left	FRAY	Absent	
A21N0008H	Gills, Left	MRGN	Absent	
A21N0008H	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A21N0008H	Gills, Right	FRAY	Absent	
A21N0008H	Gills, Right	MRGN	Absent	
A21N0008H	Gills, Right	PALE	Absent	
A21N0008H	Fins	ERS	Absent	
A21N0008H	Fins	FRAY	Absent	
A21N0008H	Fins	HMR	Absent	
A21N0008H	Fins	EMB	Absent	
A21N0008H	Fins	OTHER	Present	Gillnet damage on right pectoral fin
A21N0009H	Gills, Left	FRAY	Absent	
A21N0009H	Gills, Left	MRGN	Absent	
A21N0009H	Gills, Left	PALE	Absent	
A21N0009H	Gills, Right	FRAY	Absent	
A21N0009H	Gills, Right	MRGN	Absent	
A21N0009H	Gills, Right	PALE	Absent	
A21N0009H	Fins	ERS	Absent	
A21N0009H	Fins	FRAY	Absent	
A21N0009H	Fins	HMR	Absent	
A21N0009H	Fins	EMB	Absent	
A21N0009H	Fins	OTHER	Present	Fungus
A2-1N-0010H	Gills, Left	FRAY	Absent	
A2-1N-0010H	Gills, Left	MRGN	Absent	
A2-1N-0010H	Gills, Left	PALE	Absent	
A2-1N-0010H	Gills, Right	FRAY	Absent	
A2-1N-0010H	Gills, Right	MRGN	Absent	
A2-1N-0010H	Gills, Right	PALE	Absent	
A2-1N-0010H	Fins	ERS	Absent	
A2-1N-0010H	Fins	FRAY	Absent	
A2-1N-0010H	Fins	HMR	Absent	
A2-1N-0010H	Fins	EMB	Absent	
A2-1N-0011	Gills, Left	FRAY	Absent	
A2-1N-0011	Gills, Left	MRGN	Absent	
A2-1N-0011	Gills, Left	PALE	Absent	
A2-1N-0011	Gills, Right	FRAY	Absent	
A2-1N-0011	Gills, Right	MRGN	Absent	
A2-1N-0011	Gills, Right	PALE	Absent	
A2-1N-0011	Fins	ERS	Absent	
A2-1N-0011	Fins	FRAY	Absent	
A2-1N-0011	Fins	HMR	Absent	
A2-1N-0011	Fins	EMB	Absent	
A21N0012H	Gills, Left	FRAY	Absent	
A21N0012H	Gills, Left	MRGN	Absent	
A21N0012H	Gills, Left	PALE	Absent	
A21N0012H	Gills, Right	FRAY	Absent	
A21N0012H	Gills, Right	MRGN	Absent	
A21N0012H	Gills, Right	PALE	Absent	
A21N0012H	Fins	ERS	Absent	
A21N0012H	Fins	FRAY	Absent	
A21N0012H	Fins	HMR	Absent	
A21N0012H	Fins	EMB	Absent	
A21N0013H	Gills, Left	FRAY	Absent	
A21N0013H	Gills, Left	MRGN	Absent	
A21N0013H	Gills, Left	PALE	Absent	
A21N0013H	Gills, Right	FRAY	Absent	
A21N0013H	Gills, Right	MRGN	Absent	
A21N0013H	Gills, Right	PALE	Absent	
A21N0013H	Fins	ERS	Minor	
A21N0013H	Fins	FRAY	Absent	
A21N0013H	Fins	HMR	Absent	
A21N0013H	Fins	EMB	Absent	
A2-1N-0014	Gills, Left	FRAY	Absent	
A2-1N-0014	Gills, Left	MRGN	Absent	
A2-1N-0014	Gills, Left	PALE	Absent	
A2-1N-0014	Gills, Right	FRAY	Absent	
A2-1N-0014	Gills, Right	MRGN	Absent	
A2-1N-0014	Gills, Right	PALE	Absent	
A2-1N-0014	Fins	ERS	Absent	
A2-1N-0014	Fins	FRAY	Absent	
A2-1N-0014	Fins	HMR	Absent	
A2-1N-0014	Fins	EMB	Absent	
A2-1N-0015	Gills, Left	FRAY	Absent	
A2-1N-0015	Gills, Left	MRGN	Absent	
A2-1N-0015	Gills, Left	PALE	Absent	
A2-1N-0015	Gills, Right	FRAY	Absent	
A2-1N-0015	Gills, Right	MRGN	Absent	
A2-1N-0015	Gills, Right	PALE	Absent	
A2-1N-0015	Fins	ERS	Absent	
A2-1N-0015	Fins	FRAY	Absent	
A2-1N-0015	Fins	HMR	Absent	
A2-1N-0015	Fins	EMB	Absent	
A21N0016H	Gills, Left	FRAY	Absent	
A21N0016H	Gills, Left	MRGN	Absent	
A21N0016H	Gills, Left	PALE	Absent	
A21N0016H	Gills, Right	FRAY	Absent	
A21N0016H	Gills, Right	MRGN	Absent	
A21N0016H	Gills, Right	PALE	Absent	
A21N0016H	Fins	ERS	Absent	
A21N0016H	Fins	FRAY	Absent	
A21N0016H	Fins	HMR	Absent	
A21N0016H	Fins	EMB	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
A21N0017H	Gills, Left	FRAY	Absent	
A21N0017H	Gills, Left	MRGN	Absent	
A21N0017H	Gills, Left	PALE	Absent	
A21N0017H	Gills, Right	FRAY	Absent	
A21N0017H	Gills, Right	MRGN	Absent	
A21N0017H	Gills, Right	PALE	Absent	
A21N0017H	Fins	ERS	Absent	
A21N0017H	Fins	FRAY	Absent	
A21N0017H	Fins	HMR	Absent	
A21N0017H	Fins	EMB	Absent	
A21N0018H	Gills, Left	FRAY	Absent	
A21N0018H	Gills, Left	MRGN	Absent	
A21N0018H	Gills, Left	PALE	Absent	
A21N0018H	Gills, Right	FRAY	Absent	
A21N0018H	Gills, Right	MRGN	Absent	
A21N0018H	Gills, Right	PALE	Absent	
A21N0018H	Fins	ERS	Absent	
A21N0018H	Fins	FRAY	Absent	
A21N0018H	Fins	HMR	Absent	
A21N0018H	Fins	EMB	Absent	
A21N0019H	Gills, Left	FRAY	Absent	
A21N0019H	Gills, Left	MRGN	Absent	
A21N0019H	Gills, Left	PALE	Absent	
A21N0019H	Gills, Right	FRAY	Absent	
A21N0019H	Gills, Right	MRGN	Absent	
A21N0019H	Gills, Right	PALE	Absent	
A21N0019H	Fins	ERS	Absent	
A21N0019H	Fins	FRAY	Absent	
A21N0019H	Fins	HMR	Absent	
A21N0019H	Fins	EMB	Absent	
A21N0019H	Fins	OTHER	Present	Right pelvic fin atrophied
A21N0020H	Gills, Left	FRAY	Absent	
A21N0020H	Gills, Left	MRGN	Absent	
A21N0020H	Gills, Left	PALE	Absent	
A21N0020H	Gills, Right	FRAY	Absent	
A21N0020H	Gills, Right	MRGN	Absent	
A21N0020H	Gills, Right	PALE	Absent	
A21N0020H	Fins	ERS	Absent	
A21N0020H	Fins	FRAY	Present	
A21N0020H	Fins	HMR	Absent	
A21N0020H	Fins	EMB	Absent	
C2GN0092H	Gills, Left	FRAY	Absent	
C2GN0092H	Gills, Left	MRGN	Absent	
C2GN0092H	Gills, Left	PALE	Absent	
C2GN0092H	Gills, Right	FRAY	Absent	
C2GN0092H	Gills, Right	MRGN	Absent	
C2GN0092H	Gills, Right	PALE	Absent	
C2GN0092H	Fins	ERS	Absent	
C2GN0092H	Fins	FRAY	Absent	
C2GN0092H	Fins	HMR	Absent	
C2GN0092H	Fins	EMB	Absent	
C2GN0093W	Gills, Left	FRAY	Absent	
C2GN0093W	Gills, Left	MRGN	Absent	
C2GN0093W	Gills, Left	PALE	Absent	
C2GN0093W	Gills, Right	FRAY	Absent	
C2GN0093W	Gills, Right	MRGN	Absent	
C2GN0093W	Gills, Right	PALE	Absent	
C2GN0093W	Fins	ERS	Absent	
C2GN0093W	Fins	FRAY	Absent	
C2GN0093W	Fins	HMR	Absent	
C2GN0093W	Fins	EMB	Absent	
C2GN0094W	Gills, Left	FRAY	Absent	
C2GN0094W	Gills, Left	MRGN	Absent	
C2GN0094W	Gills, Left	PALE	Absent	
C2GN0094W	Gills, Right	FRAY	Absent	
C2GN0094W	Gills, Right	MRGN	Absent	
C2GN0094W	Gills, Right	PALE	Absent	
C2GN0094W	Fins	ERS	Absent	
C2GN0094W	Fins	FRAY	Absent	
C2GN0094W	Fins	HMR	Absent	
C2GN0094W	Fins	EMB	Absent	
C2GN0095	Gills, Left	FRAY	Absent	
C2GN0095	Gills, Left	MRGN	Absent	
C2GN0095	Gills, Left	PALE	Absent	
C2GN0095	Gills, Right	FRAY	Absent	
C2GN0095	Gills, Right	MRGN	Absent	
C2GN0095	Gills, Right	PALE	Absent	
C2GN0095	Fins	ERS	Absent	
C2GN0095	Fins	FRAY	Present	
C2GN0095	Fins	HMR	Absent	
C2GN0095	Fins	EMB	Absent	
C2GN0096	Gills, Left	FRAY	Absent	
C2GN0096	Gills, Left	MRGN	Absent	
C2GN0096	Gills, Left	PALE	Absent	
C2GN0096	Gills, Right	FRAY	Absent	
C2GN0096	Gills, Right	MRGN	Absent	
C2GN0096	Gills, Right	PALE	Absent	
C2GN0096	Fins	ERS	Absent	
C2GN0096	Fins	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0096	Fins	HMR	Absent	
C2GN0096	Fins	EMB	Absent	
C2GN0097H	Gills, Left	FRAY	Absent	
C2GN0097H	Gills, Left	MRGN	Absent	
C2GN0097H	Gills, Left	PALE	Absent	
C2GN0097H	Gills, Right	FRAY	Absent	
C2GN0097H	Gills, Right	MRGN	Absent	
C2GN0097H	Gills, Right	PALE	Absent	
C2GN0097H	Fins	ERS	Absent	
C2GN0097H	Fins	FRAY	Present	
C2GN0097H	Fins	HMR	Absent	
C2GN0097H	Fins	EMB	Absent	
C2GN0099	Gills, Left	FRAY	Absent	
C2GN0099	Gills, Left	MRGN	Absent	
C2GN0099	Gills, Left	PALE	Absent	
C2GN0099	Gills, Right	FRAY	Absent	
C2GN0099	Gills, Right	MRGN	Absent	
C2GN0099	Gills, Right	PALE	Absent	
C2GN0099	Fins	ERS	Absent	
C2GN0099	Fins	FRAY	Absent	
C2GN0099	Fins	HMR	Absent	
C2GN0099	Fins	EMB	Absent	
C2GN0100W	Gills, Left	FRAY	Absent	
C2GN0100W	Gills, Left	MRGN	Absent	
C2GN0100W	Gills, Left	PALE	Absent	
C2GN0100W	Gills, Right	FRAY	Absent	
C2GN0100W	Gills, Right	MRGN	Absent	
C2GN0100W	Gills, Right	PALE	Absent	
C2GN0100W	Fins	ERS	Absent	
C2GN0100W	Fins	FRAY	Absent	
C2GN0100W	Fins	HMR	Absent	
C2GN0100W	Fins	EMB	Absent	
C2GN0101W	Gills, Left	FRAY	Absent	
C2GN0101W	Gills, Left	MRGN	Absent	
C2GN0101W	Gills, Left	PALE	Absent	
C2GN0101W	Gills, Left	OTHER	Present	White spots
C2GN0101W	Gills, Right	FRAY	Absent	
C2GN0101W	Gills, Right	MRGN	Absent	
C2GN0101W	Gills, Right	PALE	Absent	
C2GN0101W	Gills, Right	OTHER	Present	White spots
C2GN0101W	Fins	ERS	Absent	
C2GN0101W	Fins	FRAY	Present	
C2GN0101W	Fins	HMR	Absent	
C2GN0101W	Fins	EMB	Absent	
C2GN0102	Gills, Left	FRAY	Absent	
C2GN0102	Gills, Left	MRGN	Absent	
C2GN0102	Gills, Left	PALE	Absent	
C2GN0102	Gills, Right	FRAY	Absent	
C2GN0102	Gills, Right	MRGN	Absent	
C2GN0102	Gills, Right	PALE	Absent	
C2GN0102	Fins	ERS	Absent	
C2GN0102	Fins	FRAY	Absent	
C2GN0102	Fins	HMR	Absent	
C2GN0102	Fins	EMB	Absent	
C2GN0103W	Gills, Left	FRAY	Absent	
C2GN0103W	Gills, Left	MRGN	Absent	
C2GN0103W	Gills, Left	PALE	Absent	
C2GN0103W	Gills, Right	FRAY	Absent	
C2GN0103W	Gills, Right	MRGN	Absent	
C2GN0103W	Gills, Right	PALE	Absent	
C2GN0103W	Fins	ERS	Minor	
C2GN0103W	Fins	FRAY	Absent	
C2GN0103W	Fins	HMR	Absent	
C2GN0103W	Fins	EMB	Absent	
C2GN0104	Gills, Left	FRAY	Absent	
C2GN0104	Gills, Left	MRGN	Absent	
C2GN0104	Gills, Left	PALE	Absent	
C2GN0104	Gills, Right	FRAY	Absent	
C2GN0104	Gills, Right	MRGN	Absent	
C2GN0104	Gills, Right	PALE	Absent	
C2GN0104	Fins	ERS	Absent	
C2GN0104	Fins	FRAY	Absent	
C2GN0104	Fins	HMR	Absent	
C2GN0104	Fins	EMB	Absent	
C2GN0115	Gills, Left	FRAY	Absent	
C2GN0115	Gills, Left	MRGN	Absent	
C2GN0115	Gills, Left	PALE	Absent	
C2GN0115	Gills, Right	FRAY	Absent	
C2GN0115	Gills, Right	MRGN	Absent	
C2GN0115	Gills, Right	PALE	Absent	
C2GN0115	Fins	ERS	Absent	
C2GN0115	Fins	FRAY	Absent	
C2GN0115	Fins	HMR	Absent	
C2GN0115	Fins	EMB	Absent	
C2GN0116	Gills, Left	FRAY	Absent	
C2GN0116	Gills, Left	MRGN	Absent	
C2GN0116	Gills, Left	PALE	Absent	
C2GN0116	Gills, Right	FRAY	Absent	
C2GN0116	Gills, Right	MRGN	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
C2GN0116	Gills, Right	PALE	Absent	
C2GN0116	Fins	ERS	Absent	
C2GN0116	Fins	FRAY	Absent	
C2GN0116	Fins	HMR	Absent	
C2GN0116	Fins	EMB	Absent	
C2GN0117	Gills, Left	FRAY	Absent	
C2GN0117	Gills, Left	MRGN	Absent	
C2GN0117	Gills, Left	PALE	Absent	
C2GN0117	Gills, Right	FRAY	Absent	
C2GN0117	Gills, Right	MRGN	Absent	
C2GN0117	Gills, Right	PALE	Absent	
C2GN0117	Fins	ERS	Absent	
C2GN0117	Fins	FRAY	Absent	
C2GN0117	Fins	HMR	Absent	
C2GN0117	Fins	EMB	Absent	
C2GN0118	Gills, Left	FRAY	Absent	
C2GN0118	Gills, Left	MRGN	Absent	
C2GN0118	Gills, Left	PALE	Absent	
C2GN0118	Gills, Right	FRAY	Absent	
C2GN0118	Gills, Right	MRGN	Absent	
C2GN0118	Gills, Right	PALE	Absent	
C2GN0118	Fins	ERS	Absent	
C2GN0118	Fins	FRAY	Absent	
C2GN0118	Fins	HMR	Absent	
C2GN0118	Fins	EMB	Absent	
C2GN0119	Gills, Left	FRAY	Absent	
C2GN0119	Gills, Left	MRGN	Absent	
C2GN0119	Gills, Left	PALE	Absent	
C2GN0119	Gills, Right	FRAY	Absent	
C2GN0119	Gills, Right	MRGN	Absent	
C2GN0119	Gills, Right	PALE	Absent	
C2GN0119	Fins	ERS	Absent	
C2GN0119	Fins	FRAY	Absent	
C2GN0119	Fins	HMR	Absent	
C2GN0119	Fins	EMB	Absent	
C2GN0120	Gills, Left	FRAY	Absent	
C2GN0120	Gills, Left	MRGN	Absent	
C2GN0120	Gills, Left	PALE	Absent	
C2GN0120	Gills, Right	FRAY	Absent	
C2GN0120	Gills, Right	MRGN	Absent	
C2GN0120	Gills, Right	PALE	Absent	
C2GN0120	Fins	ERS	Absent	
C2GN0120	Fins	FRAY	Absent	
C2GN0120	Fins	HMR	Absent	
C2GN0120	Fins	EMB	Absent	
C2GN0121	Gills, Left	FRAY	Absent	
C2GN0121	Gills, Left	MRGN	Absent	
C2GN0121	Gills, Left	PALE	Absent	
C2GN0121	Gills, Right	FRAY	Absent	
C2GN0121	Gills, Right	MRGN	Absent	
C2GN0121	Gills, Right	PALE	Absent	
C2GN0121	Fins	ERS	Absent	
C2GN0121	Fins	FRAY	Absent	
C2GN0121	Fins	HMR	Absent	
C2GN0121	Fins	EMB	Absent	
C2GN20112	Gills, Left	FRAY	Absent	
C2GN20112	Gills, Left	MRGN	Absent	
C2GN20112	Gills, Left	PALE	Absent	
C2GN20112	Gills, Right	FRAY	Absent	
C2GN20112	Gills, Right	MRGN	Absent	
C2GN20112	Gills, Right	PALE	Absent	
C2GN20112	Fins	ERS	Absent	
C2GN20112	Fins	FRAY	Absent	
C2GN20112	Fins	HMR	Absent	
C2GN20112	Fins	EMB	Absent	
C2GN20113	Gills, Left	FRAY	Absent	
C2GN20113	Gills, Left	MRGN	Absent	
C2GN20113	Gills, Left	PALE	Absent	
C2GN20113	Gills, Right	FRAY	Absent	
C2GN20113	Gills, Right	MRGN	Absent	
C2GN20113	Gills, Right	PALE	Absent	
C2GN20113	Fins	ERS	Absent	
C2GN20113	Fins	FRAY	Absent	
C2GN20113	Fins	HMR	Absent	
C2GN20113	Fins	EMB	Absent	
C2GN20114	Gills, Left	FRAY	Absent	
C2GN20114	Gills, Left	MRGN	Absent	
C2GN20114	Gills, Left	PALE	Absent	
C2GN20114	Gills, Right	FRAY	Absent	
C2GN20114	Gills, Right	MRGN	Absent	
C2GN20114	Gills, Right	PALE	Absent	
C2GN20114	Fins	ERS	Absent	
C2GN20114	Fins	FRAY	Absent	
C2GN20114	Fins	HMR	Absent	
C2GN20114	Fins	EMB	Absent	
N1-BS-0001W	Gills, Left	FRAY	Absent	
N1-BS-0001W	Gills, Left	MRGN	Absent	
N1-BS-0001W	Gills, Left	PALE	Absent	
N1-BS-0001W	Gills, Right	FRAY	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
N1-BS-0001W	Gills, Right	MRGN	Absent	
N1-BS-0001W	Gills, Right	PALE	Absent	
N1-BS-0001W	Fins	ERS	Absent	
N1-BS-0001W	Fins	FRAY	Absent	
N1-BS-0001W	Fins	HMR	Absent	
N1-BS-0001W	Fins	EMB	Absent	
N1BS0002	Gills, Left	FRAY	Absent	
N1BS0002	Gills, Left	MRGN	Absent	
N1BS0002	Gills, Left	PALE	Present	
N1BS0002	Gills, Right	FRAY	Absent	
N1BS0002	Gills, Right	MRGN	Absent	
N1BS0002	Gills, Right	PALE	Absent	
N1BS0002	Fins	ERS	Absent	
N1BS0002	Fins	FRAY	Absent	
N1BS0002	Fins	HMR	Absent	
N1BS0002	Fins	EMB	Absent	
N1BS0003	Gills, Left	FRAY	Absent	
N1BS0003	Gills, Left	MRGN	Absent	
N1BS0003	Gills, Left	PALE	Absent	
N1BS0003	Gills, Right	FRAY	Absent	
N1BS0003	Gills, Right	MRGN	Absent	
N1BS0003	Gills, Right	PALE	Absent	
N1BS0003	Fins	ERS	Absent	
N1BS0003	Fins	FRAY	Absent	
N1BS0003	Fins	HMR	Absent	
N1BS0003	Fins	EMB	Absent	
N1BS0004	Gills, Left	FRAY	Absent	
N1BS0004	Gills, Left	MRGN	Absent	
N1BS0004	Gills, Left	PALE	Absent	
N1BS0004	Gills, Right	FRAY	Absent	
N1BS0004	Gills, Right	MRGN	Absent	
N1BS0004	Gills, Right	PALE	Absent	
N1BS0004	Fins	ERS	Absent	
N1BS0004	Fins	FRAY	Absent	
N1BS0004	Fins	HMR	Absent	
N1BS0004	Fins	EMB	Absent	
N1-BS-0005	Gills, Left	FRAY	Absent	
N1-BS-0005	Gills, Left	MRGN	Absent	
N1-BS-0005	Gills, Left	PALE	Absent	
N1-BS-0005	Gills, Right	FRAY	Absent	
N1-BS-0005	Gills, Right	MRGN	Absent	
N1-BS-0005	Gills, Right	PALE	Absent	
N1-BS-0005	Fins	ERS	Absent	
N1-BS-0005	Fins	FRAY	Absent	
N1-BS-0005	Fins	HMR	Absent	
N1-BS-0005	Fins	EMB	Absent	
N1-BS-0006	Gills, Left	FRAY	Absent	
N1-BS-0006	Gills, Left	MRGN	Absent	
N1-BS-0006	Gills, Left	PALE	Absent	
N1-BS-0006	Gills, Right	FRAY	Absent	
N1-BS-0006	Gills, Right	MRGN	Absent	
N1-BS-0006	Gills, Right	PALE	Absent	
N1-BS-0006	Fins	ERS	Absent	
N1-BS-0006	Fins	FRAY	Absent	
N1-BS-0006	Fins	HMR	Absent	
N1-BS-0006	Fins	EMB	Absent	
N1-BS-0007	Gills, Left	FRAY	Absent	
N1-BS-0007	Gills, Left	MRGN	Absent	
N1-BS-0007	Gills, Left	PALE	Absent	
N1-BS-0007	Gills, Right	FRAY	Absent	
N1-BS-0007	Gills, Right	MRGN	Absent	
N1-BS-0007	Gills, Right	PALE	Absent	
N1-BS-0007	Fins	ERS	Absent	
N1-BS-0007	Fins	FRAY	Absent	
N1-BS-0007	Fins	HMR	Absent	
N1-BS-0007	Fins	EMB	Absent	
N1-BS-0008	Gills, Left	FRAY	Absent	
N1-BS-0008	Gills, Left	MRGN	Absent	
N1-BS-0008	Gills, Left	PALE	Absent	
N1-BS-0008	Gills, Right	FRAY	Absent	
N1-BS-0008	Gills, Right	MRGN	Absent	
N1-BS-0008	Gills, Right	PALE	Absent	
N1-BS-0008	Fins	ERS	Absent	
N1-BS-0008	Fins	FRAY	Absent	
N1-BS-0008	Fins	HMR	Absent	
N1-BS-0008	Fins	EMB	Absent	
N1-BS-0009	Gills, Left	FRAY	Absent	
N1-BS-0009	Gills, Left	MRGN	Absent	
N1-BS-0009	Gills, Left	PALE	Absent	
N1-BS-0009	Gills, Right	FRAY	Absent	
N1-BS-0009	Gills, Right	MRGN	Absent	
N1-BS-0009	Gills, Right	PALE	Absent	
N1-BS-0009	Fins	ERS	Absent	
N1-BS-0009	Fins	FRAY	Absent	
N1-BS-0009	Fins	HMR	Absent	
N1-BS-0009	Fins	EMB	Absent	
N1-BS-0010W	Gills, Left	FRAY	Absent	
N1-BS-0010W	Gills, Left	MRGN	Absent	
N1-BS-0010W	Gills, Left	PALE	Absent	

Table C-3. 2009 Fish Examination Data (Gills and Fins)

Sample_ID	Organ	Lesion_Type	Lesion_Severity	Comments
N1-BS-0010W	Gills, Right	FRAY	Absent	
N1-BS-0010W	Gills, Right	MRGN	Absent	
N1-BS-0010W	Gills, Right	PALE	Absent	
N1-BS-0010W	Fins	ERS	Absent	
N1-BS-0010W	Fins	FRAY	Absent	
N1-BS-0010W	Fins	HMR	Absent	
N1-BS-0010W	Fins	EMB	Absent	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1E10034
 Species: BLACK CRAPPIE Weight (g): <1 Length (mm): 56

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <i>NA</i></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0138 ¹³³

Species: Black Crayfish Weight (g): 12.5 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>R.S. Red Spot</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0187
 Species: BC Weight (g): 10.0 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>hemorrhage spots on belly</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0114
 Species: Black Crappie Weight (g): 12.8 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36D0115
 Species: Black Crappie Weight (g): 6.3 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0116
 Species: Black crappie Weight (g): 6.9 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0117
 Species: Black Crappie Weight (g): 8.0 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0132
 Species: Black Crappie Weight (g): 11.0 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EDD0134
 Species: Black Crappie Weight (g): 8.8 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed and</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36DD158
 Species: Black Crappie Weight (g): 5.1 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0159
 Species: Black Crappie Weight (g): 9.4 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E00160
 Species: Black Crappie Weight (g): 16.8 Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0161
 Species: Black Crappie Weight (g): 9.8 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (dorsal)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0162
 Species: Black Crappie Weight (g): 9.8 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (dorsal, caudal, anal)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0163
 Species: Black Crappie Weight (g): 11.0 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed (anal) <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3E00164

Species: Black Crappie

Weight (g): 9.5

Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0165
 Species: Black Crappie Weight (g): 7.6 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36D0166

Species: Black Crappie

Weight (g): 7.8

Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (caudal)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E1D0232
 Species: Black Crappie Weight (g): 8.3 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36DD0233
 Species: 36DD0 Black Crappie Weight (g): 9.1 Length (mm): 88
85 10/7/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0234
 Species: Black Crappie Weight (g): 11.2 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36D0235
 Species: Black Crappie Weight (g): 2.0 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EDD0274
 Species: Black Crappie Weight (g): 5.1 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. JED0310

Species: Black Crappie Weight (g): 15.4 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3 (P33)

Species: Black Crappie

Weight (g): 10.3

Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EP0312
 Species: Black Crayfish Weight (g): 12.2 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Damage from zip tie</u>	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EPO 315

Species: Black Crayfish

Weight (g): 10.4

Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>damage from zip tie</u>
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. JED0339
 Species: Black Crappie Weight (g): 5.6 Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36F0034

Species: BLACK CRAPPIE

Weight (g): 5.7g

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0194
 Species: Black Crappie Weight (g): 19.8 Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. GED0060

Species: Black crappie

Weight (g): 13.0

Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0021
 Species: Blue Gill Weight (g): 41 Length (mm): 36

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0076
 Species: Blue Gill Weight (g): 1 Length (mm): 38

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0080
 Species: Blue Gill Weight (g): 41 Length (mm): 28

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen-nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009

Reach: 2

Indiv. Fish Sample No. 2AC1081

Species: Blue Gill

Weight (g): 1

Length (mm): 33

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0048
 Species: Blue Gill Weight (g): 41 Length (mm): 36

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0006

Species: Blue Gill Weight (g): < 1 Length (mm): 35

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240007
 Species: Bluegill Weight (g): < 1 Length (mm): 36

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body (<i>ventral</i>)</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. ZGN10099
 Species: Blue Gill Weight (g): 0.4 Length (mm): 29

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2GN10100
 Species: Blue Gill Weight (g): 0.4 Length (mm): 28

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1st 2

Indiv. Fish Sample No. 26N10101

Species: Blue Gill

Weight (g): 0.5

Length (mm): 28

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 12 Indiv. Fish Sample No. 2GN10102
 Species: Blue Gill Weight (g): 0.3 Length (mm): 26

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2GN10097
 Species: Blue Gill Weight (g): 0.3 Length (mm): 26

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No: 2GN10098

Species: Blue Gill

Weight (g): 0.3

Length (mm): 28

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. CZGN0120
 Species: B G Weight (g): 0.9 Length (mm): 20

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. C2G10121
 Species: BG Weight (g): 0.6 Length (mm): 26

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 65E0001
 Species: BG Weight (g): 1.3 Length (mm): 45

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GSE0003
 Species: BG Weight (g): 1.9 Length (mm): 50

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 65E0004
 Species: BG Weight (g): 1.3 Length (mm): 45

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. WSE 0015

Species: BG

Weight (g): 1.5

Length (mm): 47

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 65E0016
 Species: BG Weight (g): 1.0 Length (mm): 40

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 60

Indiv. Fish Sample No. 65E0017

Species: BG

Weight (g): 1.7

Length (mm): 50

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 20px;"><input type="checkbox"/> white spots <li style="padding-left: 20px;"><input type="checkbox"/> leech(es) <li style="padding-left: 20px;"><input type="checkbox"/> black spot(s) <li style="padding-left: 20px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 65E0018

Species: BG

Weight (g): 0.9

Length (mm): 40

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1B7C0001

Species: Burbot

Weight (g): 645

Length (mm): 555

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 2626028
 Species: BURBOT Weight (g): 1137 Length (mm): 561

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2CBT2105
 Species: Burbot Weight (g): 609 Length (mm): 479

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>red spots on ventral side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/2009 Reach: § 2 Indiv. Fish Sample No: 2BTC0004
 Species: Burbot Weight (g): 1366g Length (mm): 623

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Burbot

Reach: 3 Indiv. Fish Sample No. 3BTC0005
 Weight (g): 570⁷¹⁸ Length (mm): 570
8/10/6/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) (<u>Left</u>)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> missing (<u>Left</u>) <small>10/6/09</small></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3BTC0006
 Species: Burbot Weight (g): 730 Length (mm): 522

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body (<u>left</u>)</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>leech on left side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0105^D
 Species: Burbot Weight (g): 541 Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009

Reach: 3

Indiv. Fish Sample No. 36NA0020

Species: Burbot

Weight (g): 493

Length (mm): 461

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0021
 Species: Booby Weight (g): 566 Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0069
 Species: Burbot Weight (g): 511 Length (mm): 436

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input type="checkbox"/> other (specify): <u>- smashed head</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0070
 Species: Burbot Weight (g): 1085 Length (mm): 570

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Grill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____

Reach: 3

Indiv. Fish Sample No. 36N0029

Species: Burbot

Weight (g): 632

Length (mm): 484

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

based on photo 1/2/09

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 3 Indiv. Fish Sample No. 36NC0040
 Species: Burbot Weight (g): 578 Length (mm): 479

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>red spots on tail</u> _____ _____
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Based on photo 11/2/07

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: Barbot

Reach: 3

Indiv. Fish Sample No. 3BT0007

Weight (g): 541

Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/19 Reach: 3 Indiv. Fish Sample No. 3BT0008
 Species: Burbot Weight (g): 662 Length (mm): 470

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>reddened lesion</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>reddened lesions</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 3 Indiv. Fish Sample No. 3BT0009
 Species: Burbot Weight (g): 857 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: Burbot

Reach: 3
 Weight (g): 927

Indiv. Fish Sample No. 3BT0010
 Length (mm): 600

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 3 Indiv. Fish Sample No. 36NC0039
 Species: Burbot Weight (g): 790 Length (mm): 540

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0010
 Species: BURBOT Weight (g): 538 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0397
 Species: Burbot Weight (g): 970 Length (mm): 605

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- healed lesion on abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4TF0001

Species: BURBOT

Weight (g): 944

Length (mm): 570

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input checked="" type="checkbox"/> other (specify): <u>recessed eye</u></p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4TF0002

Species: BURBOT

Weight (g): 781

Length (mm): 525

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input checked="" type="checkbox"/> other (specify): <u>recessed eye</u></p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4TF0003
 Species: BURBOT Weight (g): 448 Length (mm): 420

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 12/9/09

Reach: 4

Indiv. Fish Sample No. 21TF0004

Species: BURBOT

Weight (g): 828

Length (mm): 540

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4TF0007
 Species: BURBOT Weight (g): 666 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Species: BURBOT

Reach: 4

Weight (g): 796

Indiv. Fish Sample No. 4TF0008

Length (mm): 540

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4TF0010
 Species: Burbot Weight (g): 888 Length (mm): 585

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 8/10/09
 Reach: 4 Indiv. Fish Sample No. 48TF0011
 Species: BURBOT Weight (g): 845 Length (mm): 590

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 48 BTFO012
 Species: BURBOT Weight (g): 1194 Length (mm): 494 620

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4TF0013
 Species: BURBOT Weight (g): 798⁷⁷⁵ Length (mm): 591 ^{10/10/09}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EB0063
 Species: BURBOT Weight (g): 632 Length (mm): 543

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EB0031
 Species: Burbot Weight (g): 600 Length (mm): 539

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EB0064
 Species: BURBOT Weight (g): 400 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EB0065
 Species: BURBOT Weight (g): 437 Length (mm): 450

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> raised growth(s) (<u>right</u>)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0461
 Species: Burbot Weight (g): 424 Length (mm): 433

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0099
 Species: Burbot Weight (g): 753 Length (mm): 493

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0600
 Species: Bubot Weight (g): 710 Length (mm): 483

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0601
 Species: Bulbot Weight (g): 471 Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4E00602
 Species: Barbot Weight (g): 800 Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>slight hemorrhagic</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 4

Indiv. Fish Sample No. 4ED0603

Species: Burbot

Weight (g): 1090

Length (mm): 570

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4VE00604
 Species: Bulbot Weight (g): 709 Length (mm): 555

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>Laceration on left opercula</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/08 Reach: 4 Indiv. Fish Sample No. 4420605
 Species: Bwbpt Weight (g): 401 Length (mm): 511

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p><input checked="" type="checkbox"/> <u>mouth sore on bottom</u></p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4E00606
 Species: Barbot Weight (g): 886 Length (mm): 545

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 4

Indiv. Fish Sample No. YED0607

Species: BURBOT

Weight (g): 502

Length (mm): 467

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0608
 Species: Bulbot Weight (g): 866 Length (mm): 558

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0609
 Species: Burbot Weight (g): 393 Length (mm): 420

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0610
 Species: Bulbot Weight (g): 641 Length (mm): ~~417~~ 486

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0611
 Species: Burbot Weight (g): 833 Length (mm): 552

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09
 Species: burbot

Reach: 104 ^{B. 10/1/09} Indiv. Fish Sample No. 4ED0612
 Weight (g): 789 Length (mm): 523

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophalmic</td> <td style="border: none;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0613
 Species: Burbot Weight (g): 779 Length (mm): 518

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4E00614
 Species: Burbot Weight (g): 806 Length (mm): 547

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 4ENE0611
 Species: BARBOT Weight (g): 645 Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) <u>on (L)</u></p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 4GNE0613
 Species: Burbot Weight (g): 1034 Length (mm): 573

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage,</u> <u>lesion on right</u> <u>side below dorsal</u> <u>fin</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5BC0001
 Species: BURBOT Weight (g): 948 Length (mm): 612

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5BC0002
 Species: BURBOT Weight (g): 863 Length (mm): 522

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 56C0003

Species: BURBOT

Weight (g): 571

Length (mm): 526

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: BURBOT

Reach: 5
 Weight (g): 750

Indiv. Fish Sample No: 5B0004
 Length (mm): 549

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: BURBOT

Reach: 5
 Weight (g): 651

Indiv. Fish Sample No. 5EB0103
 Length (mm): 549

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB0104
 Species: BURBOT Weight (g): 664 Length (mm): 556

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5E B005 ⁰¹⁰⁵ _{CAC}

Species: BURBOT Weight (g): 534 Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 6/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0129
 Species: BULLHOG Weight (g): 993 Length (mm): 594

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0121
 Species: BURBOT Weight (g): 500 Length (mm): 508

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56-NA0053
 Species: BURBOT Weight (g): 515 Length (mm): 440

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>dishooked</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TC0005
 Species: BURBOT Weight (g): 877 Length (mm): 578

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TC 0006
 Species: BURBOT Weight (g): 920 Length (mm): 561

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TC0007
 Species: BURBOT Weight (g): 730 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p style="text-align: right; margin-right: 20px;"><i>10/13/09</i></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>red spot appear</u> <u>on left</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TC 0008
 Species: BURBOT Weight (g): 698 Length (mm): 556

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TF0001
 Species: BURBOT Weight (g): 1072 Length (mm): 591

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. STP0002
 Species: BURBOT Weight (g): 1017 Length (mm): 580

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) - <u>Belly</u></p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p><u>PARASITE ON AL</u></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TF0003
 Species: BURBOT Weight (g): 1172 Length (mm): 624

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5TF0006

Species: BURBOT

Weight (g): 783

Length (mm): 565

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5TF0007
 Species: BURBOT Weight (g): 1064 Length (mm): 586

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 56NE0004

Species: Burbot

Weight (g): 852 Length (mm): 540

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0045
 Species: Burbot Weight (g): 1073 Length (mm): 570

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage,</u> <u>discoloration</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0046
 Species: Burbot Weight (g): 571 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5720010
 Species: BURBOT Weight (g): 522 Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TC0011
 Species: BURBOT Weight (g): 870 Length (mm): 586

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) (<u>belly down</u>)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>teeth marks left side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5TLC0012

Species: BURBOT

Weight (g): 722

Length (mm): 562

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>redness around anal cavity</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>loke on lower caudal fin</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TC0013
 Species: BURBOT Weight (g): 943 Length (mm): 616

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TC0014
 Species: Burbot Weight (g): 692 Length (mm): 537

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) <i>left side</i></p> <p><input type="checkbox"/> spinal deformities <i>below dorsal</i></p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TC0015
 Species: BURBOT Weight (g): 940 Length (mm): 601

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 57C0016

Species: BURBOT

Weight (g): 448

Length (mm): 495

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TF0010
 Species: Burbot Weight (g): 676 Length (mm): 555

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>swimbladder extending through gill</u></p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TF0011
 Species: Burbot Weight (g): 604 Length (mm): 523

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TF0012
 Species: Burbot Weight (g): 901 Length (mm): 590

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <i>Overall body pale particularly face</i></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TF0013
 Species: Burbot Weight (g): 741 Length (mm): 509

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. STFC0016
 Species: Burbot Weight (g): 713 Length (mm): 507

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0178
 Species: BURBOT Weight (g): 543 Length (mm): 524

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0179
 Species: BURBOT Weight (g): 850 Length (mm): 565

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0180
 Species: 6EB0180 CAL BURBOT Weight (g): 708 Length (mm): 540

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. WED0016
 Species: BURBOT Weight (g): 733 Length (mm): 490

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. LEB0017

Species: BURBOT

Weight (g): 532

Length (mm): 490

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 620018
 Species: BURBOT Weight (g): 669 Length (mm): 525

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GENA0020
 Species: Burbot Weight (g): 515 Length (mm): 463

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>yellow marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. UGN1A0221
 Species: BWROF Weight (g): 591 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA0081

Species: Bu

Weight (g): 653 Length (mm): 515

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 1e Indiv. Fish Sample No. CGNA0041
 Species: Burrbot Weight (g): 572 Length (mm): 445

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6TF0024^{CA}21

Species: BURBOT

Weight (g): 978 Length (mm): 567

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. GT2001
 Species: BURBOT Weight (g): 634 Length (mm): 528

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6TC0019
~~66NA~~

Species: BU

Weight (g): 623

Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6E80223
 Species: Booby Weight (g): 673 Length (mm): 494

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0038
 Species: burbot Weight (g): 532 Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Scratches on body, discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 06D0039
 Species: BURBOT Weight (g): 488 Length (mm): 548

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): lesion on caudal fin

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0040
 Species: burbot Weight (g): 481 Length (mm): 478

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0041
 Species: Burbot Weight (g): 381 Length (mm): 429

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 0ED0042

Species: burbot

Weight (g): 439

Length (mm): 504

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6EP0044

Species: burbot

Weight (g): 616 Length (mm): 555

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY):

10/17/09

Reach:

6

Indiv. Fish
Sample No.

6ED 0045
~~66A~~

Species:

burbot

Weight (g):

543

Length (mm):

502

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 60 Indiv. Fish Sample No. 66N10129
 Species: burbot Weight (g): 1044 Length (mm): 532

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNE0001
 Species: burbot Weight (g): 848 Length (mm): 536

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NE0002
 Species: burbot Weight (g): 1202 Length (mm): 570

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 06NE0003
 Species: burbot Weight (g): 549 Length (mm): 473

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NE0005
 Species: burbot Weight (g): 535 Length (mm): 449

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6 TC 00207/09
 Species: bowbot Weight (g): 532 Length (mm): 514

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1N0001(H)
 Species: Kokanee Weight (g): 383 Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30 Reach: 1 Indiv. Fish Sample No. 1 N000 2 (H)
 Species: Kokanee Weight (g): 339 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p style="text-align: center; font-size: 1.5em;">NA</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 1 Indiv. Fish Sample No. 1N0003(4)
 Species: Kokanee Weight (g): 332g Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net marks across</u></p> <p style="padding-left: 20px;"><u>abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>NA</u></p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1N0005 (4)
 Species: Kokanee Weight (g): 377 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>- healed scar on left side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1N0007(H)
 Species: Kokanee Hatchery Weight (g): 307 Length (mm): 285

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 110008(H)
 Species: Kokanee - Hatchery Weight (g): 32.6 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Sill Net Damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/09 Reach: 1 Indiv. Fish Sample No. 110009 (W) total
 Species: H^{M3} Kokanee - Wild Weight (g): 333 Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1N0010 *batch*
 Species: Kokanee Weight (g): 1235 Length (mm): 485

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/24/2009 Reach: 1 Indiv. Fish Sample No. 1N0013H
 Species: Kokanee Weight (g): 328 Length (mm): 290

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>ms</u> <u>Head Dent</u> <u>Silk Net Wound</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input checked="" type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. cmd 10/7/09 01N 0016 (H)
 Species: Kokanee Weight (g): 313 Length (mm): 294

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <u>NA</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/09 Reach: 1 Indiv. Fish Sample No. W0019(LW)
 Species: Kokanee wild Weight (g): 319 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 16N1000/4H
 Species: Kokanee Weight (g): 469 Length (mm): 339

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 1 Indiv. Fish Sample No. 16N1002
 Species: Kolcanee Weight (g): 377 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 1 Indiv. Fish Sample No. IGN10003
 Species: Kolcanee Weight (g): 340 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 1 Indiv. Fish Sample No. 16N10007
 Species: Kolcanee Weight (g): 438 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. IGN10008(LH)
 Species: Kokanee Weight (g): 366 Length (mm): 337

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 1 Indiv. Fish Sample No. 1GN10009(H)
 Species: Kokanee Weight (g): 307 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p> <p style="padding-left: 20px;"><u>on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 16N/10019(4)
 Species: Kokanee Weight (g): 384 Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u> <u>on belly</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 1 Indiv. Fish Sample No. 16N10021(H)
 Species: ~~16N10021~~^{PS} Kokanee Weight (g): 283 Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <u>NA</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1GN10028(LH)
 Species: Kokanee Weight (g): 328 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30

Reach: 1

Indiv. Fish Sample No. 16N10029(4)

Species: Kokanee

Weight (g): 431

Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. IGN1003(H)
 Species: Kokanee Weight (g): 299 Length (mm): 287

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal NA <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 07/30/2009 Reach: 1 Indiv. Fish Sample No. 16N10015 (H)
 Species: Kokanee Weight (g): 349 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2007 Reach: 1 Indiv. Fish Sample No. 1E0019
 Species: Kokanee Weight (g): 204 Length (mm): 265

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0002(4)
 Species: Kokanee Weight (g): 200 Length (mm): 273

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 100031 (H)
 Species: Kolawee Weight (g): 281 Length (mm): 291

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009

Reach: 1

Indiv. Fish Sample No. 1N0032 (A)

Species: Kokanee

Weight (g): 368

Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1N0033 (H)
 Species: Kokanee Weight (g): 399 Length (mm): 327

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1N0035(H)
 Species: Kokanee - Hatchery Weight (g): 322 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1N0053(+)
 Species: Koleanoe - Hatchery Weight (g): 438 Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1N0096 (H)
 Species: Kolanee Weight (g): 274 Length (mm): 309

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N10034CH
 Species: Kokanee (H) Weight (g): 301 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N10037 (H)
 Species: Kokanee (H) Weight (g): 324 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N10038 (H)
 Species: Kokanee (H) Weight (g): 348 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. ²²⁴ IN+0039 (CH)

Species: Kokanee (CH)

Weight (g): 312

Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/01 Reach: 1 Indiv. Fish Sample No. 1N10040 (H)
 Species: Kokanee Weight (g): 279 Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. W10041(H)
 Species: Kokanee (H) Weight (g): 309 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <p>white spots <input type="checkbox"/></p> <p>leech(es) <input type="checkbox"/></p> <p>black spot(s) <input type="checkbox"/></p> <p>anchor worm(s) <input type="checkbox"/></p> </div> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 16N10020(H)

Species: Kokanee hatchery

Weight (g): 303

Length (mm): 292

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N/002747
 Species: Kohanee Weight (g): 308 Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks on body</u> <u>hemorrhaging near anal fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____ _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 16N10022(4)

Species: Kokanee - Hatchery

Weight (g): 323

Length (mm): 208

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10024(H)
 Species: Kokanee-hatchery Weight (g): 327 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10030 (H)
 Species: Kohannee Weight (g): 365 Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish 111111
 Species: Kolawee Hatchery Weight (g): 384 Length (mm): 327
 Sample No. 16N/0032(H)

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 1 Indiv. Fish Sample No. 16N10034(H)
 Species: Kohance (H) Weight (g): 378 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>GILLS: Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10036(H)
 Species: Kohanee Weight (g): 305 Length (mm): 303

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1 GN10037(H)
 Species: Kokanee (H) Weight (g): 358 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10038(H)
 Species: Kohanee (H) Weight (g): 278 Length (mm): 292

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1GN10039 (A)
 Species: Kokanee (H) Weight (g): 354 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10040(H)
 Species: Kohawee (H) Weight (g): 346 Length (mm): 303

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10041(H)
 Species: Kohanee (H) Weight (g): 263 Length (mm): 282

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 16N10042(H)

Species: Kohanee (H)

Weight (g): 337 Length (mm): 312

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10043CH
 Species: Kokanee CH Weight (g): 406 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10046(H)
 Species: Kohanee (H) Weight (g): 382 Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IGN10051^A(H)
 Species: Kokanee (H) Weight (g): 427 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. IGN10051^B(W)

Species: Kokanee (W)

Weight (g): 324

Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input checked="" type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Fungal caudal fin, and pelvic</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IGN10052 CW
 Species: Kokanee CW Weight (g): 339 Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net markings</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Fungal on caudal + left pelvic</u></p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IGN10053 (4)
 Species: Kokanee (H) Weight (g): 250 Length (mm): 293

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net cuts/marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IGN10054 (H)
 Species: Kokanee (H) Weight (g): 297 Length (mm): 306

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net markings</u> <u>& lacerations on rt. side</u> <u>of body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____ _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1GN10055CH

Species: Kokanee (H)

Weight (g): 365

Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10058 (H)
 Species: Kokanee (H) Weight (g): 268 Length (mm): 272

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Gill net damage</u></p> <p style="padding-left: 20px;"><u>along body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1E10030 (4)

Species: KOYANBE (H)

Weight (g): 390 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1E10036 (H)
 Species: Kokanee (H) Weight (g): 315 Length (mm): 306

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <i>NA</i> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10045(H)
 Species: KOYANEE (H) Weight (g): ~~528~~³²⁸ Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>GILL NET</u> <u>CALCULATIONS</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10053 (H)
 Species: KOYANBE (H) Weight (g): 358 Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>GILL NET</u></p> <p style="padding-left: 40px;"><u>LABRATIONS NEAR</u></p> <p style="padding-left: 40px;"><u>ANUS</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1E10456 (H)

Species: KOKOJEE

Weight (g): 222 Length (mm): 278

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>LACERATIONS</u></p> <p style="padding-left: 40px;"><u>+ VENTRAL DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009

Reach: 2

Indiv. Fish Sample No. 2E0004 (A)

Species: Kolganee

Weight (g): 314³⁷⁶₀₅

Length (mm): 396₀₅ 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 2E0005
 Species: Kokanee - Hatchery Weight (g): 287 Length (mm): 288

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>lacerations</u> <u>Right Side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 260006(H)
 Species: Kokanee Weight (g): 504 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/09 Reach: 2 Indiv. Fish Sample No. 2GN0066(H)
 Species: Colcaneel Weight (g): 234 Length (mm): 263

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 20px;">white spots <input type="checkbox"/></p> <p style="padding-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 20px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p style="text-align: center; font-size: 1.5em;">NA</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/09 Reach: 2 Indiv. Fish Sample No. ZGN0067(H)
 Species: Kokanee Weight (g): 330 Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input checked="" type="checkbox"/> other (specify): <u>-major gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN0068 (H)
 Species: Kokanee Weight (g): 294 Length (mm): 284

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p style="text-align: center; padding-left: 40px;"><u>NA</u></p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 29N0069
 Species: Kolcanne Weight (g): 350 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN0070(H)
 Species: Kokanee Weight (g): 301 Length (mm): 293

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p> <p style="padding-left: 20px;"><u>- head smashed in</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 20px;"><u>- smashed head</u></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td colspan="2" style="border: none; padding-left: 20px;"><u>- smashed in</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<u>- smashed in</u>		<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																							
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																							
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																							
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																							
<input type="checkbox"/> missing	<input type="checkbox"/> missing																							
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																							
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																							
<u>- smashed in</u>																								
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																							
_____	_____																							
_____	_____																							

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 26N0071(H)
 Species: Kokanee Weight (g): 353 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p align="center" style="font-size: 1.2em;">NA</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 26N0072(H)
 Species: KOH Weight (g): 414 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify):</p> <p><input checked="" type="checkbox"/> other (specify): <u>Smashed</u></p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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FINS:

normal frayed other (specify):

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 26N0073(H)
 Species: Kokanee Weight (g): 307 Length (mm): 288

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26N10038 (H)
 Species: 26N10038 (H) KOH Weight (g): 363 Length (mm): 322

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>GILL NET</u></p> <p style="padding-left: 40px;"><u>DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 29N10039(H)
 Species: KOH Weight (g): 415 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26210041(H)
 Species: KOYANEE Weight (g): 302 Length (mm): 289

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Gill net</u></p> <p style="padding-left: 40px;"><u>DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26N40020(H)
 Species: Kokanee (H) Weight (g): 457 Length (mm): 347

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>GILL NET</u></p> <p style="padding-left: 40px;"><u>COULAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26-10040 (H)
 Species: KOKOJEE Weight (g): 298 Length (mm): 283

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>GILL NET</u></p> <p style="padding-left: 40px;"><u>DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN90071(H)
 Species: KOH Weight (g): 421 Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed tail</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. A21N004 (H)
 Species: Kokanee Weight (g): 363 Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. A21N0016 (H)
 Species: Kokanee (H) Weight (g): 310 Length (mm): 294

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. A21N0018(H)
 Species: Kokanee (H) Weight (g): 333 Length (mm): 317

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify):																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. A21W0002 (H)
 Species: Kokanee (H) Weight (g): 357 Length (mm): 306

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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FINS:

normal frayed other (specify):

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. A21N0013 (r1)
 Species: Kokanee (H) Weight (g): 341 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. A211/0019

Species: Kokanee (H)

Weight (g): 366

Length (mm): 211

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Gillnet Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. A21N6020(H)
 Species: Kohonee (H) Weight (g): 336 Length (mm): 296

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p><u>gill net laceration</u> <u>dorsal side between head</u> <u>and dorsal fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening (left)

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>Pelvic FIGHT</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>ATROPHIED</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. K21W0005(H)
 Species: Kohanes (H) Weight (g): 469 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input checked="" type="checkbox"/> other (specify): <u>slight sunk in</u></p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>lacerations on caudal fin</u></p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. AZ1N0006(H)
 Species: Kohausee (H) Weight (g): 321 Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish A21N0008 (H)
 Species: Kohanee (H) Weight (g): 316 Length (mm): 332 Sample No. A21N0008 ⁽¹³⁾ _{10/30/09}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. A21N0009(H)
 Species: Kohonee (H) Weight (g): 455 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>gill net damage on right pectoral fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. AZIN0012(H)

Species: Kohane (H)

Weight (g): 278

Length (mm): 290

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill w/ mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. A21N0017(H)
 Species: Kohanee (H) Weight (g): 342 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><i>sill net mark, dent on head from clubbing</i></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. AZIN0021(H)

Species: Kohanee (H)

Weight (g): 333 Length (mm): 291

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><i>hemorrhaging from gill net on ventral side behind pectoral fin</i></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. C26N0100 (w)
 Species: Kokanee Weight (g): 1207 Length (mm): 485

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. C26N0092(H)
 Species: Kohanee Weight (g): 452 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: Left:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>rip on caudal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. C2GN0097(H)
 Species: Kohanee (H) Weight (g): 422 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <p>white spots <input type="checkbox"/></p> <p>leech(es) <input type="checkbox"/></p> <p>black spot(s) <input type="checkbox"/></p> <p>anchor worm(s) <input type="checkbox"/></p> </div> <p><input checked="" type="checkbox"/> other (specify): <i>sillnet lacerations</i> <i>ventral side, sillnet marks</i></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____ _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. 2GNA0073(H)
 Species: KOH Weight (g): 339 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26VA0074(H)
 Species: Kokanee (H) Weight (g): 479 Length (mm): 333

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. 2GNA0075(H)
 Species: KOH Weight (g): 343 Length (mm): 309

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): old injury
missing pelvic fin

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26NA0077(H)

Species: Kokanee (H) Weight (g): 376 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. ZGNO098(H)

Species: Kohanee (H)

Weight (g): 400

Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. ZGNA0076 (H)
 Species: ~~ZGNA0076 (M)~~ KOH Weight (g): 318 Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EG0100 H
 Species: Kokanee Weight (g): 369 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/07

Reach: 3

Indiv. Fish Sample No. 36NE0001 ^H

Species: KOKANEE (H)

Weight (g): 357

Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36NE0003⁴
 Species: KOKANEE Weight (g): 418 Length (mm): 338

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u> <u>on body</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Kotanee

Reach: 3
 Weight (g): 368

Indiv. Fish Sample No. 3GNE0004 H
3EDD
 Length (mm): 337

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: KOKANE (H)

Reach: 3

Indiv. Fish Sample No. 36NE0005^H

Weight (g): 378 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNE0009^H

Species: Kokanee

Weight (g): 396

Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p> <p style="padding-left: 20px;"><u>on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNE0015^w

Species: KOKANEE (WILD)

Weight (g): _____

Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>laceration left side</u> <u>near pelvic fin</u> <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): deformed adipose fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNE 0024^H

Species: KOKANEE

Weight (g): 460 Length (mm): 333

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36-NE0031
 Species: Kokanee - Hatchery Weight (g): 415 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 34NE0033^H

Species: KOKANEE (#)

Weight (g): 366

Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u> <u>on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3GNE0035 ^H
 Species: KOKANEE H Weight (g): 420 Length (mm): 351

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: KOKANE H

Reach: 3
 Weight (g): 293

Indiv. Fish Sample No. 34NF0036
 Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3GNE0041^H
 Species: 3GNE0041^H Weight (g): 421 Length (mm): 324
KOKANEEL

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36NE0042^H
 Species: KOKANEE^H Weight (g): 365 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNE0043 ⁴

Species: KOYANEE #

Weight (g): 322

Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet mads</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 34NE 0004 ^{0044H}
 Species: KOKANE 4 Weight (g): 370 Length (mm): 311 ^{8/10/09}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3G NE 0046 H *8-10/26/09*
 Species: Kolawee Weight (g): 284 Length (mm): 299 *8-10/26/09*

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed (caudal)
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): Frayed caudal fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36 N 60047 (H)
 Species: Collared Weight (g): 32.9 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Net Marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): dorsal fin frayed

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 6/7/09 Reach: 3 Indiv. Fish Sample No. 36-NE-0050 H
 Species: Kokanee Weight (g): 389 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> <u>old laceration on right flank</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36 NE005 (H)

Species: kokanee

Weight (g): 254

Length (mm): 294

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NE0053 (H)
 Species: Kolcan 20 Weight (g): 946 Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Net Marks</u> <u>Discoloration on belly</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3GNE0061 CH
 Species: Kokanee Weight (g): 333 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input checked="" type="checkbox"/> body fungus (<i>dorsal fin</i>) <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> <u>Laceration on tail</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NE0062 (H)
 Species: Kokanee Weight (g): 418 Length (mm): 339

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/21/09
 Species: Kokanee

Reach: 3
 Weight (g): 336

Indiv. Fish Sample No. 36N60063 (A)
 Length (mm): 292

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <i>on belly</i> <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2007 Reach: 3 Indiv. Fish Sample No. 3EB 0036²⁴
 Species: KOKANE^H Weight (g): 406 Length (mm): 328

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36B0037th
 Species: KOKANEK # Weight (g): 389 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GB0038^H
 Species: KOKANEI Weight (g): 293 Length (mm): 288

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 2ED0320
 Species: kokanee Weight (g): 377.9 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input checked="" type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify):</p> <p style="text-align: center;"><u>Fungus on all fins</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0003
 Species: Kolcanee Weight (g): 294 Length (mm): 291

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <u>NA</u> <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0006
 Species: Kokanee Weight (g): 691 Length (mm): 392

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- spawned out</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input checked="" type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. ^{85 10h 107} 3EF 3GNE0017
 Species: Kokanee # Weight (g): 181.9 Length (mm): 269

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>left operacula damaged</u>
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0039
 Species: KOKANZE # Weight (g): 390 Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net</u> <u>damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input type="checkbox"/> normal	<input type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GNA0040^H

Species: KOKANEE H

Weight (g): 317

Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Minor gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: KOKANIE

Reach: 3
 Weight (g): 403

Indiv. Fish Sample No. 36NA0041^H
 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNAD042 ^H
 Species: KOKANEE Weight (g): 336 Length (mm): 296

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input checked="" type="checkbox"/> parasites(s) (specify): <u>10/8/09</u> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>minor gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0043⁴
 Species: KOKANEE # Weight (g): 282 Length (mm): 281

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: KOKANEEL #

Reach: 3

Indiv. Fish Sample No. 36NA0044 #

Weight (g): 471

Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0045H
 Species: KOKANEE H Weight (g): 404 Length (mm): 330 ^{10/23/09}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GNA0046^H

Species: KOKANE^H

Weight (g): 437 Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>fungus on caudal fin (below fin)</u>
<input type="checkbox"/> mild erosion	<input checked="" type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0118
 Species: Kokanee - hatchery Weight (g): 364 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0119

Species: Kokanee hatchery Weight (g): 440 Length (mm): 338

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 10/8/09 Reach: 3 Indiv. Fish Sample No. 39NA0120
 Species: Walleye Kokanee (H) Weight (g): 365 Length (mm): 328

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 ^{u 10/8/09} ~~10/27~~ _{10/8/09} Reach: 3 Indiv. Fish Sample No. 3GNA0614
 Species: Kokanee - hatchery Weight (g): 299 Length (mm): 292

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body <i>fr. gill net</i></p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0122
 Species: Kokanee - hatchery Weight (g): 524 Length (mm): 354

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/14 Reach: 3 Indiv. Fish Sample No. 3GNA0123
 Species: Kokanee - hatchery Weight (g): 323 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/19
 Species: Kokanee

Reach: 3

Indiv. Fish Sample No. 36NA0124

Weight (g): 332 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

10/23/99 H

Date (MM/DD/YYYY): 10/8/99
Species: Kokanee

Reach: 3

Indiv. Fish Sample No. 36NA0125

Weight (g): 273 Length (mm): 283

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILKS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: Kokanee

Reach: 3

Indiv. Fish Sample No. 36NA0126H

Weight (g): 302 Length (mm): 297 SL
10/23/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 3 Indiv. Fish Sample No. 36NA 0130
 Species: Kokanee Weight (g): 460 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>Gill net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/08

Reach: 3

Indiv. Fish Sample No. 36NA0131H

Species: Kokanee hatchery

Weight (g): 318

Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish 36NAD132
 Species: Kokanee-hatchery Weight (g): 37g Sample No. 36NAD132
 Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net mounds</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>tear on</u> <u>caudal fin</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 3 Indiv. Fish Sample No. 36NA-0133
 Species: ~~36NA-012~~ Weight (g): 314 Length (mm): 303

KOH cit 10/15/99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>bill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: Rokanee

Reach: 3

Indiv. Fish Sample No. 36NA0134

Weight (g): 385 Length (mm): 303

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic emboli</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic emboli	<input type="checkbox"/> hemorrhagic emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic emboli	<input type="checkbox"/> hemorrhagic emboli															
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0135H
 Species: Kokanee - hatchery Weight (g): 312 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0136H
 Species: Kokanee Weight (g): 352 Length (mm): 312

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>cut fr. gill</u></p> <p style="padding-left: 20px;"><u>net</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>tear on</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>caudal</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NAD137H
 Species: Kokanee - hatchery Weight (g): 277 Length (mm): 288

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>milnet marks</u> <u>& cuts</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>tear on</u> <u>caudal fin</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09

Reach: 3

Indiv. Fish Sample No. 36NE00664

Species: Kokanee - lt

Weight (g): 362

Length (mm): 316

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 40px;"><u>laceration - upper lip</u></p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 36WE~~0067~~H

Species: Kokanee

Weight (g): 324

Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill NET MARKS</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p align="center" style="font-size: 2em;">N/A</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 36NE0068H

Species: Kokanee-H

Weight (g): _____

Length (mm): 366

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill not marks</u></p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNE00694
 Species: Kokanee - H Weight (g): 465 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 3 Indiv. Fish Sample No. 3GNE0074
 Species: Kokanee - H Weight (g): 355 Length (mm): 316

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 34NE007517
 Species: Kokanee - 1+ Weight (g): 317 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NE8076H
 Species: Kokanee-H Weight (g): 276 Length (mm): 204

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet marks</u> _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <u>N/A</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 3

Indiv. Fish Sample No. 3GNE0083H 8/10/23/09

Species: Kokanee - lt

Weight (g): 227 Length (mm): 296

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p><u>Laceration under tail</u></p> <p><u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify):

Missing lower 1/2 of CAUDAL

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4EB0023
 Species: Kolcanee Weight (g): 604 Length (mm): 388

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 41 .Indiv. Fish Sample No. 4EB0024H
 Species: Kott Weight (g): 282 Length (mm): 286

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <i>NT</i> <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4EB0020
 Species: ~~RAINBOW TROUT~~ KOKANEE Weight (g): 280 Length (mm): 295
JS 10/9/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>missing scales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: KOKANEE H

Reach: 4

Indiv. Fish Sample No. 4EB0021

Weight (g): 322 Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4G-NAC0054H
 Species: Kokanee (Hatchery) Weight (g): ~~32~~390 Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0055H
 Species: Kokanee (Hatchery) Weight (g): ~~323~~ 396 Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 12/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0050

Species: Kokanee - hatchery

Weight (g): 334

Length (mm): 299

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
12/

Reach: 4

Indiv. Fish Sample No. 46NA0057

Species: Kokanee - hatchery

Weight (g): 315

Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. AGNA0058H
 Species: Kokanee Weight (g): 389 Length (mm): 322

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 40px;"> <p>white spots <input type="checkbox"/></p> <p>leech(es) <input type="checkbox"/></p> <p>black spot(s) <input type="checkbox"/></p> <p>anchor worm(s) <input type="checkbox"/></p> </div> <p><input type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA-0059H
 Species: Kokanee (Hatchery) Weight (g): 346 Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Hole in tail fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0060H
 Species: Kokanee (Hatchery) Weight (g): 368 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0061H
 Species: Kokanee Weight (g): 298 Length (mm): 396

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage,</u> <u>prior wound</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____ _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: KOKANEE (#)

Reach: 4
 Weight (g): 924

Indiv. Fish Sample No: 16NA0082
 Length (mm): 418

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>growth on inside</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>growth (fungus)</u></p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: KORANEE

Reach: 4 Indiv. Fish Sample No. 46NA0083
 Weight (g): 322 Length (mm): 298

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
Species: KOKANEE (H)

Reach: 4
Weight (g): 375

Indiv. Fish Sample No. 46NA0084
Length (mm): 328

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: KOKANEF

Reach: 4
 Weight (g): 414

Indiv. Fish Sample No. 46NA0087
 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0458
 Species: Kokanee # Weight (g): 411 Length (mm): 317

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. UGNA0080

Species: Kokanee

Weight (g): 393

Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46WA0081
 Species: Kokanee Weight (g): 340 Length (mm): 381

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0085

Species: Kokanee

Weight (g): 339 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0086
 Species: Kokanee Weight (g): 353 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Species: KOKANEE #

Reach: 4

Weight (g): 205

Indiv. Fish Sample No. 46-NA0107

Length (mm): 279

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>hemorrhagic</u></p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

based on photo 11/2/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46-NA0108^H

Species: KOKANIE

Weight (g): 420

Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> <u>discolored along spine</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: KOKANEE

Reach: 4
 Weight (g): 435

Indiv. Fish Sample No. 46NAD110
 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input checked="" type="checkbox"/> other (specify): <u>damaged</u>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4GNA0111[#]
 Species: KOYANEE # Weight (g): 443 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net</u> <u>markings</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4GNAD112^{tr}
 Species: LOKANEK Weight (g): 340 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0113

Species: Kokanee

Weight (g): 304

Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46-NA0114 #

Species: KOKANEE

Weight (g): 457

Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 4

Indiv. Fish Sample No. 46NA0115^H

Species: KOLANEE

Weight (g): 305

Length (mm): 293

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Gill net damage</u></p> <p style="padding-left: 20px;"><u>Missing scales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46-NA0116

Species: KOKANEE

Weight (g): 316

Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0117

Species: Kokanee #

Weight (g): 357 Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA018^H

Species: KOKANEE

Weight (g): 347

Length (mm): 299

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="margin-left: 20px;"><u>gill net damage</u></p> <p style="margin-left: 20px;"><u>MISSING gales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 41

Indiv. Fish Sample No. 46NA0119

Species: Kokanee H

Weight (g): 463

Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46-NA0120
 Species: KOKANEE Weight (g): 295 Length (mm): 285

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> <u>loss of scales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____ _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____ _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____ _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____ _____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0001

Species: Kokanee #

Weight (g): 344 Length (mm): 316

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Species: Kokanee H

Reach: 4

Weight (g): 350

Indiv. Fish Sample No. 46NE0003

Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0005

Species: Kokanee

Weight (g): 421

Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>Gill net damage on (Rt) side</u>	
<input type="checkbox"/> slight shortening		
<input type="checkbox"/> severe shortening		

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0009
 Species: Kokanee Weight (g): 461 Length (mm): 351

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0010

Species: Kokanee

Weight (g): 337 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: kokanee H

Reach: 4

Indiv. Fish Sample No. 46NE0012

Weight (g): 345 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0016

Species: Kokanee

Weight (g): 695

Length (mm): 379

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Spawned and</u></p> <p style="padding-left: 40px;"><u>Scaleless</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>Caudal fin</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Kokanee H

Reach: 4
 Weight (g): 526

Indiv. Fish Sample No. 46NE0017
 Length (mm): 362

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0018

Species: kokanee H

Weight (g): 277 Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0019
 Species: Kokanee (CH) Weight (g): 356 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 40px;"><i>damage to lower right jaw</i></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SEB00204

Species: Kokanee (H)

Weight (g): 572 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 40px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0021
 Species: Kokanee (H) Weight (g): 510 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 50D00114
 Species: Kokanee Weight (g): 320 Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>lft side scare - between</u> <u>pez / dorsal</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Hole @ adipose</u> <u>Adipose missing</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5ED00124

Species: Kokanee

Weight (g): 331

Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0413 H
 Species: KOKANEE H Weight (g): 303 Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <i>N/A</i> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Damaged dorsal</u> <u>SCARRED CAUDAL</u>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0001H
 Species: Kokanee (H) Weight (g): 378 Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SGNA00024

Species: Kokanee (H)

Weight (g): 400 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 56NA0004H
 Species: Kokanee (H) Weight (g): 342 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0010H
 Species: Kokanee (H) Weight (g): 404 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0012W

Species: ~~DANNO TROUT~~ Kokanee Weight (g): 981 Length (mm): 441

UB EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0013H
 Species: Kokanee (H) Weight (g): 359 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGNA0014A
 Species: Kokanee (H) Weight (g): 349 Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0092¹⁺
 Species: KOKANEK Weight (g): 344 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB0093^H
 Species: KOKANEE Weight (g): 425 Length (mm): 333

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB 0104 #
 Species: KOKANEE Weight (g): 459 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0100
 Species: KOKANEE Weight (g): 318 Length (mm): 299

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0101

Species: Kokanee

Weight (g): 291

Length (mm): 345 ^{OK} 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>old laceration</u> <u>on (L) side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0102^H
 Species: KOKANEI Weight (g): 465 Length (mm): 353

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. SEDO103

Species: Kokanee

Weight (g): 493

Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>healed lacerations</u> <u>on L side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0105 ⁴

Species: KOKANE Weight (g): 422^{dh} Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>large patch in belly?</u> <u>scar on mouth</u> ^{Right} <u>possibly from tumor? netting?</u>	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <u>scar on mouth (L)</u> <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EDD106 ^H
 Species: KOKANEFF Weight (g): 203 Length (mm): 269

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: KOYANEE

Reach: 5
 Weight (g): 222

Indiv. Fish Sample No. 5ED0107¹⁴
 Length (mm): 290

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Scaring L+R side</u> <u>chunk out of R side</u> <u>of body</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophalmic</td> <td style="border: none;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Species: KOKANEE

Reach: 5

Weight (g): 333

Indiv. Fish Sample No. 5ED0108^H

Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>scarring on Rt L</u></p> <p style="padding-left: 20px;"><u>shell of body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0109^H

Species: KOKANE

Weight (g): 343

Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 40px;"><i>GLANDS ON L & R side</i></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: KOKANEE

Reach: 5

Indiv. Fish Sample No. 5ED0110^H

Weight (g): 311

Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. SED0111

Species: Kokanee - H

Weight (g): 448

Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Kokanee - H

Reach: 5

Indiv. Fish Sample No. 5ED0141

Weight (g): 542

Length (mm): ~~387~~ ^{ML} 357

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 40px;">white spots <input type="checkbox"/> <li style="padding-left: 40px;">leech(es) <input type="checkbox"/> <li style="padding-left: 40px;">black spot(s) <input type="checkbox"/> <li style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
Species: Kokanee - A

Reach: 5
Weight (g): 424

Indiv. Fish Sample No. SE00142
Length (mm): 347

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NA 0003 #
 Species: KOKANEEL Weight (g): 285 Length (mm): 293

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 56NA0005

Species: KOKANEE

Weight (g): 143

Length (mm): 245

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Kokanee

Reach: 5
 Weight (g): 429

Indiv. Fish Sample No. 56NA0011H
 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0001H
 Species: Kokanee Weight (g): 398 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0008 ⁴

Species: KOH Weight (g): 270 Length (mm): 271

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 56NA0015^{IT}

Species: KOKANEER

Weight (g): 278

Length (mm): 299

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0018[#]
 Species: KOKANFI Weight (g): 323 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: KOKANEET

Reach: 5
 Weight (g): 372

Indiv. Fish Sample No. 56NE0019
 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u> <u>discoloration</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0020H
 Species: Kokanee Weight (g): 393 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0021H
 Species: Kokanee Weight (g): 331 Length (mm): 307

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/2008 Reach: 5 Indiv. Fish Sample No. 50150022
 Species: LOFT Weight (g): 294 Length (mm): 791

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input checked="" type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/2007 Reach: 5 Indiv. Fish Sample No. SGNE002314
 Species: KOH Weight (g): 268 Length (mm): 285

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>(L) SIDE LACERATIONS</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 56NE0025

Species: KOKANEE H

Weight (g): 382

Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophalmic</td> <td style="border: none;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0027
 Species: KOKANEE # Weight (g): 512 Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>tom right opercula</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: KO KANEET #

Reach: 5

Indiv. Fish Sample No. SHNE0029

Weight (g): 315 Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) <i>(on bud)</i></p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/08 Reach: 10 Indiv. Fish Sample No. 6EB0006H
 Species: Kokanee-hatchery Weight (g): 207 Length (mm): 271

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <p>white spots <input type="checkbox"/></p> <p>leech(es) <input type="checkbox"/></p> <p>black spot(s) <input type="checkbox"/></p> <p>anchor worm(s) <input type="checkbox"/></p> </div> <p><input checked="" type="checkbox"/> other (specify): <u>laceration on tail</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. GEB0014H

Species: KOH

Weight (g): 493

Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <i>near tail</i> <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. CEB0181H

Species: KOH

Weight (g): 205

Length (mm): 270

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 12

Indiv. Fish Sample No. 6EB01824

Species: KOH

Weight (g): 352

Length (mm): 316

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____
<u>Left</u>	<u>Right</u>							
<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli							
<input type="checkbox"/> other (specify): _____ _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____							
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____								

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): damage

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0183H

Species: KOH

Weight (g): 375

Length (mm): 824² 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 6 Indiv. Fish Sample No. 6EPO14 H
 Species: Kolkae Weight (g): 493 Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

based on photo 11/2/03

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. GED0015H

Species: KOH

Weight (g): 188

Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>abrasion right side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NAD060
 Species: Kokanee - hatchery Weight (g): 454 Length (mm): 354

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. UGNA0061H
 Species: Kokanee-hatchery Weight (g): 395 Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> <u>laceration @ behind gill</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. OGN A006 2H

Species: Kokanee-hatchery

Weight (g): 352

Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. UGNAD063H

Species: Kokanee-hatchery

Weight (g): 279

Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 11/16/09

Reach: 6

Indiv. Fish Sample No. UGNAD0064H

Species: Kokanee - hatchery

Weight (g): 329

Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 06NAD065H
 Species: Lokanee-hatchery Weight (g): 169 Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6EBO224CH
 Species: Kokanee (H) Weight (g): 223 Length (mm): 288

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6EB0225
 Species: Kokanee (H) Weight (g): 331 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6EB0226 #
 Species: KOKANEE (H) Weight (g): 357 Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net mks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6ED0043

Species: Kokanee

Weight (g): 305

Length (mm): 296

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GINA0083
 Species: Kokanee (H) Weight (g): 344 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0084CH
 Species: Kokanee (H) Weight (g): 422 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA008541
 Species: Kokanee (H) Weight (g): 403 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0086(A)
 Species: Kokanee CH1 Weight (g): 338 Length (mm): 298

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet mauls</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6 GNA0087(L)
 Species: Kokanee (H) Weight (g): 357 Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 0 GN A0088 CH
 Species: Kokanee CH Weight (g): 341 Length (mm): 309

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 69NA0095

Species: Kokanee (H)

Weight (g): 349 Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net Marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0096(H)
 Species: Kokanee (CH) Weight (g): 453 Length (mm): 353

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6GNA0097

Species: KOKONNE (H)

Weight (g): 352

Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66-NA0098
 Species: Kokanee Weight (g): 448 Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA-0100-11 ^{0099 H}

Species: Kokanee Weight (g): 408 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6 GNA 0100 #
 Species: KOKANEE (H) Weight (g): 301 Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0101 (H)
 Species: Kokanee (H) Weight (g): 349 Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 60 Indiv. Fish Sample No. 106NA01024
 Species: KOKANEPE (4) Weight (g): 385 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA-0103 14
 Species: Kokanee Weight (g): 364 Length (mm): 311

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. BGNA0104
 Species: Kokanee (H) Weight (g): 330 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 60 Indiv. Fish Sample No. 66NA0105¹³
 Species: Kokanee^H Weight (g): 501 Length (mm): 339

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; text-align: center;"><input type="checkbox"/> other (specify):</td> <td style="border: none; text-align: center;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

Caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 60 Indiv. Fish Sample No. 66-NA0106^w
 Species: Kokanee (w) Weight (g): 381 Length (mm): 534

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6GNA0107 #

Species: Kokanee

Weight (g): 151

Length (mm): 245

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net marks on right</u></p> <p style="padding-left: 20px;"><u>- wound on left side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 66NA0130

Species: Kokanee

Weight (g): 403

Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 66NA0131^H

Species: Kokanee #

Weight (g): 329

Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____	<p>_____</p> <p>_____</p>																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 60 Indiv. Fish Sample No. 66-N/A0132
 Species: Kokanee th Weight (g): 184 Length (mm): 278

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks, wounds on left side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	---

FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NE000414
 Species: Kokanee Weight (g): 186 Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> <u>cut on right side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____
<u>Left</u>	<u>Right</u>																			
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																			
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																			
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																			
<input type="checkbox"/> missing	<input type="checkbox"/> missing																			
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																			
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																			
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																			
_____	_____																			

OPERCULA:

 normal
 other (specify): not torn opercula
 slight shortening
 severe shortening 10/17/09

<p>GILLS: Left:</p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 69ME 0007 A

Species: Kokanee

Weight (g): 420 Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NE0006 H
 Species: Kokanee Weight (g): 395 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 0NE0008H
 Species: Kokanee Weight (g): 375 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: Co Indiv. Fish Sample No. 66NE0009 #
 Species: Kokanee Weight (g): 272 Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 01/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0007
 Species: Large Scale Sucker Weight (g): 78 Length (mm): 204

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input checked="" type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input checked="" type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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★ Discarded ★

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0021
 Species: largescale sucker Weight (g): 2 Length (mm): 63

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS: p5

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input checked="" type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1E10048

Species: Largescale Sucker

Weight (g): 1492 Length (mm): 508

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify):

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E/0050
 Species: Largemouth sucker Weight (g): 1218 Length (mm): 493

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10056
 Species: Large scale sucker Weight (g): 1715 Length (mm): 577

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E1007a
 Species: largescale sucker Weight (g): 14.8 Length (mm): 122

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10073
 Species: largescale sucker Weight (g): 13.7 Length (mm): 117

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10078
 Species: largescale sucker Weight (g): 2.3 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 1 Indiv. Fish Sample No. 1E10079
 Species: Largescale Sucker Weight (g): 82.4 Length (mm): 197

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10080
 Species: Largescale sucker Weight (g): 25.0 Length (mm): 144

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 1 Indiv. Fish Sample No. 1510082
 Species: Largescale Sucker Weight (g): 16.3 Length (mm): 120

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10083
 Species: Largescale Sucker Weight (g): 10.8 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10088

Species: Largescale sucker

Weight (g): 7

Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Lesion rear dorsal fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p><u>Lesion</u></p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1670089
 Species: Largescale Sucker Weight (g): 12 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><input checked="" type="checkbox"/> <u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<input checked="" type="checkbox"/> <u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<input checked="" type="checkbox"/> <u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10090

Species: Large scale sucker

Weight (g): 12

Length (mm): 113

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10096
 Species: Largescale Sucker Weight (g): 12.4 Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10098
 Species: Largescale sucker Weight (g): 12.1 Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10100
 Species: Largescale sucker Weight (g): 7 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0003
 Species: large scale ~~longnose sucker~~ Weight (g): 3 Length (mm): 59

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input checked="" type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>slight</u></p> <p><u>damage to tail</u> (15/9/2009)</p> <p><u>caudal fin</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 7/30/09 Reach: 2 Indiv. Fish Sample No. 240005
 Species: Large scale sucker Weight (g): < 1 Length (mm): 43

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240015
 Species: large scale sucker Weight (g): 63 Length (mm): 65
(9/30/09)

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 2 Indiv. Fish Sample No. 2A0022
 Species: Largescale sucker Weight (g): 14 Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0023
 Species: large scale sucker Weight (g): 14 Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body (<u>belly</u>)</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0024
 Species: Sw 9/30/09 N. Pike minnow Large scale Sucker Weight (g): 4 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

nyc

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0025
Species: largescale sucker Weight (g): 5 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240028
 Species: largescale sucker Weight (g): <1 Length (mm): 52

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0029
 Species: largescale sucker Weight (g): 1 Length (mm): 55

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0032
 Species: large scale sucker Weight (g): 2 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0044
 Species: Lg Scale Sucker Weight (g): 107 Length (mm): 221

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0047
 Species: Large scale Weight (g): 77 Length (mm): 208

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 2 Indiv. Fish Sample No. 2GN10081
 Species: largescale sucker Weight (g): 1248 Length (mm): 493

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>nodule on anal fin</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. C26N0095
 Species: LARGE SCALE SUCKER Weight (g): 439 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. CZGN0102
 Species: LS Weight (g): 925 Length (mm): 418

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify):</p>

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>Multiple white spots</u></p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>left pect tail fin</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p><u>+</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 62620115
 Species: Largescale sucker Weight (g): 1.9 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: A Indiv. Fish Sample No. C2GN0116
 Species: 6W Large scale Sucker Weight (g): 1.4 Length (mm): 56

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. C2GN0117
 Species: LS Weight (g): 1.3 Length (mm): 55

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: N/A</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. C2GN0118
 Species: Lampesque Sucker Weight (g): 0.9 Length (mm): 47

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2GINA0079
 Species: Largescale Sucker Weight (g): 97.3 Length (mm): 212

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0013
 Species: Large scale Sucker Weight (g): 18.1 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED004
 Species: Largescale sucker Weight (g): 2.8 Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0015
 Species: Largescale sucker Weight (g): 12.8 Length (mm): 117

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2ED0042

Species: Lampbrush sucker

Weight (g): 127.8

Length (mm): 232

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>on fin and skin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0044
 Species: Largescale Sucker Weight (g): 0.9 Length (mm): 51

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 280045
 Species: Largescale sucker Weight (g): 1.0 Length (mm): 52

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2 GN10092
 Species: Largescale Sucker Weight (g): 1.7 Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N10095
 Species: Largescale sucker Weight (g): 1.8 Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0012
 Species: Large scale sucker Weight (g): 1437 Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Damaged dorsal</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0013
 Species: Large scale sucker Weight (g): 1804 Length (mm): 562

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>Damaged dorsal</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0017
 Species: Largescale Sucker Weight (g): 16.0 Length (mm): 129

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ER0019
 Species: Large scale sucker Weight (g): 21.0 Length (mm): 136

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0021
 Species: largescale sucker Weight (g): 9.2 Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Damaged gut</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0072
 Species: Longscale sucker Weight (g): 2135 Length (mm): 583

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09

Reach: 2

Indiv. Fish Sample No. 2ED0073

Species: largescale sucker

Weight (g): 1519

Length (mm): 496

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0074
 Species: Largemouth Weight (g): 1573 Length (mm): 519

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0075
 Species: Large Scale Sucker Weight (g): 948 Length (mm): 444

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0078
 Species: largescale sucker Weight (g): 1026 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09

Reach: 2

Indiv. Fish Sample No. ZED0079

Species: Largescale Sucker

Weight (g): 260

Length (mm): 275

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): TAIL

~~CAUDAL~~

CAUDAL

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09

Reach: a

Indiv. Fish Sample No. 2ED0080

Species: Largescale sucker

Weight (g): 1429

Length (mm): 468

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 2 Indiv. Fish Sample No. 2ED0081
 Species: White Sucker Weight (g): 692 Length (mm): 440
Ly Scale

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>ulceration</u> <u>near anal fin</u> <u>right side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0085
 Species: longnose sucker Weight (g): 0.8 Length (mm): 51

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0086
 Species: Large scale sucker Weight (g): 3.5 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>caudal fin damage</u> <u>cm3</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3EF0005

Species: Large scale Sucker

Weight (g): 1846

Length (mm): 511

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Near Anal Fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EF0006
 Species: LARGESCALE SUCKER Weight (g): 1362 Length (mm): 495

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3EF0007

Species: L. Scale Sucker

Weight (g): 2116

Length (mm): 594

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>minor R. Side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3EF008

Species: Largescale Sucker

Weight (g): 1945

Length (mm): 502

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
Species: LARGE SCALE SUCKER

Reach: 3

Indiv. Fish Sample No. 3EF009

Weight (g): 1903 Length (mm): 570

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Surface tissue damage</u> <u>L. side some R</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00090
 Species: Largescale sucker Weight (g): 2.1 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0109

Species: Largescale sucker Weight (g): 56 Length (mm): 181

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>healed lacerations</u> <u>on body</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E10125

Species: Largescale sucker

Weight (g): 60.2

Length (mm): 178

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0127
 Species: LARGE SCALE SUCKER Weight (g): 56 Length (mm): 171

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input checked="" type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0137

Species: Largescale sucker

Weight (g): 33

Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00143
 Species: largescale Weight (g): 10.5 Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): <u>hemorrhaging near pelvic fins</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00148
 Species: Largemouth bass Weight (g): 41.8 Length (mm): 162

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>tail</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00153

Species: Largescale sucker

Weight (g): 36.3

Length (mm): 156

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Injury on dorsal</u></p> <p style="padding-left: 20px;"><u>side of body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EDD256
 Species: Large scale sucker Weight (g): 29.5 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>red spot under</u> <u>left gill</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0022
 Species: Log Scale Smoker Weight (g): 1222 Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) <i>right</i></p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0023
 Species: Large Scale Sucker Weight (g): 1490 Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36NA-0024

Species: Log Scale Sucker Weight (g): 1113 Length (mm): 473

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3GNAD025

Species: Ly Scale Sucker Weight (g): 981 Length (mm): 440

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNA0065

Species: Ly Scale Sucker

Weight (g): 1350

Length (mm): 501

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36NA0066
 Species: Lg Scale Sucker Weight (g): 1236 Length (mm): 472

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> </div> <p><input checked="" type="checkbox"/> other (specify): <u>gill nit marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36NA0067
 Species: Log Scale Sucker Weight (g): 952 Length (mm): 423

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u> <u>red spot on underbelly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0008
 Species: Log Scale Sucker Weight (g): 1599 Length (mm): 1599-528

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36-NE0020
 Species: Large scale sucker Weight (g): 1440 Length (mm): 497

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36NE0021
 Species: Large Scale Sucker Weight (g): 1780 Length (mm): 472

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Net Marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Large Scale Sucker

Reach: 3

Indiv. Fish Sample No. 34NE0025

Weight (g): 1635 Length (mm): 538

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify):</p> <p><u>fracture - caudal 8/10/09</u></p> <p><u>caudal</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNE0028

Species: large scale sucker

Weight (g): 1932 Length (mm): 542

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GNE0073
 Species: Large Scale Sucker Weight (g): 964 Length (mm): 425

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>some gill net</u> <u>damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> slight shortening (<u>right</u>) <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36B0046
 Species: largescale Sucker Weight (g): 61 Length (mm): 180

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EB0056
 Species: large scale sucker Weight (g): 79 Length (mm): 187

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed (<i>caudal</i>) <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 34B0057
 Species: large scale sucker Weight (g): 29 Length (mm): 153

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> slight shortening (R+L) <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E00308
 Species: Large scale sucker Weight (g): 1917 Length (mm): 585

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0385
 Species: largescale sucker Weight (g): 57.0 Length (mm): 168

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> ^{cm3} normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>scar on body</u></p> <p style="padding-left: 20px;"><u>right side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0390
 Species: largescale sucker Weight (g): 56.3 Length (mm): 177

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0018
 Species: Longscale sucker Weight (g): 16.5 Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>stomach skin open due to storage or handling</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): caudal fin frayed

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0020

Species: Largescale sucker Weight (g): 20.3 Length (mm): 134

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EE0025
 Species: large scale sucker Weight (g): 237.1 Length (mm): 275

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli							
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____							
_____	_____							

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed (dorsal + caudal) <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EFO031
 Species: largescale Weight (g): 43.1 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>laceration on both sides</u> <u>Discoloration on belly</u> <u>across body</u>	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): <u>frayed caudal</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0108
 Species: Largescale sucker Weight (g): 461 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0109
 Species: Large scale sucker Weight (g): 1122 Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify):
<input type="checkbox"/> slight shortening	<u>- scarring on left opercle</u>
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0110
 Species: largescale sucker Weight (g): 1112 Length (mm): 471

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0111
 Species: Largescale sucker Weight (g): 1026 Length (mm): 445

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>- spot of fungus</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0112
 Species: Largescale sucker Weight (g): 1280 Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- red spots behind</u></p> <p style="padding-left: 20px;"><u>right opercle</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

36NA0113 ⁸ 120019

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0113

Species: Largescale sucker Weight (g): 1175 Length (mm): 454

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damaged</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 ^{CAL} Reach: 3 Indiv. Fish Sample No. RED0368
 Species: Walleye Longscale Sucker Weight (g): 48.5 Length (mm): 175

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0373
 Species: LARGESCALE SUCKER Weight (g): 172.5 Length (mm): 255^{CAL} 255

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: _____ Indiv. Fish Sample No. 3ED0374
 Species: Largescale sucker Weight (g): 42.8 Length (mm): 185

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>discoloration on right side of abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 2ED0392
 Species: largescale sucker Weight (g): 7.8 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Body change handle/crease</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4630028
 Species: LS Weight (g): 1505 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10-8-09 Reach: 4 SW Indiv. Fish Sample No. 4E30025
 Species: CS Weight (g): 2134 Length (mm): 622

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>LACK OF GOLD</u> <u>COLORATION</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>CSO (D) PCTPA</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 4 Indiv. Fish Sample No. 4EB0026
 Species: LSS Weight (g): 700 Length (mm): 505

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input checked="" type="checkbox"/> body fungus <u>Tail</u></p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>Coddle Fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): some fungus on coddle fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: LSS

Reach: 4
 Weight (g): 1656

Indiv. Fish Sample No. 4EB0027
 Length (mm): 525

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>Left head</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0405
 Species: LS Weight (g): 12.5 Length (mm): 114

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4GINA0044
 Species: LS Weight (g): 457 Length (mm): 1044

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4ETBC032

Species: longnose sucker

Weight (g): 1673

Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4E R 0033
 Species: large scale sucker Weight (g): 1887 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: large scale sucker

Reach: 4
 Weight (g): 1985

Indiv. Fish Sample No. 4EB0034
 Length (mm): 550

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0567
 Species: largescale sucker Weight (g): 111 Length (mm): 212

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0027
 Species: large scale sucker Weight (g): 103 Length (mm): 211

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46-NE0028
 Species: large scale sucker Weight (g): 111 Length (mm): 203

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> <u>missing scales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0034

Species: largescale sucker

Weight (g): 89

Length (mm): 200

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): dorsal - rot

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 64^{CR}

Indiv. Fish Sample No. 46NE0603

Species: Largemouth Sucker
Largescale

Weight (g): 1072 Length (mm): 430

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Split Caudal fin

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0094
 Species: largescale sucker Weight (g): 2529 Length (mm): 623

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body <i>(left)</i></p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5E160095
 Species: largescale sucker Weight (g): 1122 Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0096

Species: Largescale sucker

Weight (g): 1542

Length (mm): 561

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <i>dorsal</i></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0097

Species: large scale sucker

Weight (g): 1476

Length (mm): 525

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (dorsal)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5GNE0007

Species: Large scale sucker

Weight (g): 328

Length (mm): 295

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 0EB0103

Species: Wingscale Sucker

Weight (g): 2360

Length (mm): 604

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>dorsal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0164
 Species: Largescale Sucker Weight (g): 1897 Length (mm): 574

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>Slight hemorrhaging</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6E80165
 Species: LS Weight (g): 2150 Length (mm): 553

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0166

Species: Large Scale Sucker

Weight (g): 1514

Length (mm): 554

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0167
 Species: Largescale Sucker Weight (g): 1993 Length (mm): 560

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>mucus on gills</u>	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0168

Species: Largescale Sucker

Weight (g): 1774

Length (mm): 527

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EBO169
 Species: Largescale Sucker Weight (g): 1496 / ~~505~~ Length (mm): 505

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Slight lesion</u>	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Slight lesion</u>
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0170
 Species: LS Weight (g): 2479 / 2170 Length (mm): 615

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. VER20171
 Species: LARGE SCALE SNOOKER Weight (g): 2392 Length (mm): 590

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0172

Species: Largescale Sucker

Weight (g): 1787 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>dorsal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. WFB0173

Species: Largescale sucker

Weight (g): 1540

Length (mm): 513

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed caudal, dorsal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0174
 Species: Largescale Sucker Weight (g): 1698 Length (mm): 518

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0175

Species: Largescale Sucker

Weight (g): ¹⁵⁹²
~~1698~~

Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0176

Species: Wingscale sucker

Weight (g): 1811

Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"></td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input checked="" type="checkbox"/> missing	
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input checked="" type="checkbox"/> missing																		

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. WEB 0177
 Species: Wingsal Weight (g): 1530 Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>dorsal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6ED0001

Species: Large scale Sucker

Weight (g): 1571

Length (mm): 528

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0002
 Species: Wingscale Sucker Weight (g): 1211 Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0003
 Species: Largescale Sucker Weight (g): 2015 Length (mm): 555

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

Based on photo 11/2/09

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. LEP0004

Species: Large Scale Sucker

Weight (g): 1508

Length (mm): 483

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6ED0005

Species: Largescale sucker

Weight (g): 1307

Length (mm): 494

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="text-align: center;"><i>hemorrhaging</i></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>mucus on gills</u></p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6ED0806

Species: Largescale Sucker

Weight (g): 1695 Length (mm): 505

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>n/a</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GED0007
 Species: Snake Weight (g): 1519 Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/ Reach: 6 Indiv. Fish Sample No. 6ED0008
 Species: Largescale Sucker Weight (g): 2121 Length (mm): 537

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. GED0009

Species: Largescale Smelt

Weight (g): 1559

Length (mm): 525

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0010
 Species: Largeside Sucker Weight (g): 504 Length (mm): 1645

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Slight Hemo</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): ^{10/16/09} ~~12~~ 10/16/09 Reach: 6 Indiv. Fish Sample No. 0ED0011
 Species: Large scale Sucker Weight (g): 1342 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0012
 Species: Larval Scale Sucker Weight (g): 1685 Length (mm): 572

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6EBO220
 Species: Largescale Sucker Weight (g): 2003 Length (mm): 550

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6E00221

Species: Largescale Sucker Weight (g): 1706 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6EB0002
 Species: LS Weight (g): 1850 Length (mm): 549

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0003
 Species: Longnose sucker Weight (g): 15 Length (mm): 111

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- large wound</u></p> <p style="padding-left: 20px;"><u>on abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0004
 Species: Longnose sucker Weight (g): 5 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>wound on</u> <u>abdomen</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <u>N</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/29/09 Reach: 1 Indiv. Fish Sample No. 1E0008
 Species: Long Nose Sucker Weight (g): 40g Length (mm): 164

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0012
 Species: Long Nose Sucker Weight (g): 16 Length (mm): 118

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Ventral cupping</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0013
 Species: Longnose sucker Weight (g): 4 Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- wound on abdomen</u> <u>from handling</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: I Indiv. Fish Sample No. 1E10061
 Species: LN Weight (g): 37 Length (mm): 167

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10063
 Species: Longnose Sucker Weight (g): 39 Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: N/A</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>Small</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>lesion by dorsal fin</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1G7N10059

Species: Longnose Sucker

Weight (g): 651

Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240001
 Species: longnose sucker Weight (g): 23 Length (mm): 132

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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~~Discard~~

FISH EXTERNAL EXAMINATION FORM Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240002
Species: longnose sucker Weight (g): 3 Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	HEAD and ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table><tr><td><u>Left</u></td><td><u>Right</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> exophthalmic</td><td><input type="checkbox"/> exophthalmic</td></tr><tr><td><input type="checkbox"/> opaque</td><td><input type="checkbox"/> opaque</td></tr><tr><td><input type="checkbox"/> missing</td><td><input type="checkbox"/> missing</td></tr><tr><td><input type="checkbox"/> hemorrhagic</td><td><input type="checkbox"/> hemorrhagic</td></tr><tr><td><input type="checkbox"/> emboli</td><td><input type="checkbox"/> emboli</td></tr></table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

GILLS: <table><tr><td><u>Left:</u></td><td><u>Right:</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> frayed</td><td><input type="checkbox"/> frayed</td></tr><tr><td><input type="checkbox"/> marginate</td><td><input type="checkbox"/> marginate</td></tr><tr><td><input type="checkbox"/> pale</td><td><input type="checkbox"/> pale</td></tr><tr><td><input type="checkbox"/> other (specify): _____</td><td><input type="checkbox"/> other (specify): _____</td></tr></table>	<u>Left:</u>	<u>Right:</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left:</u>	<u>Right:</u>											
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal											
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed											
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate											
<input type="checkbox"/> pale	<input type="checkbox"/> pale											
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____											

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

~~0152001~~

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 7/30/09 Reach: 2 Indiv. Fish Sample No. 240004
Species: Longnose sucker Weight (g): 1 Length (mm): 54

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	HEAD and ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table><tr><td><u>Left</u></td><td><u>Right</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> exophthalmic</td><td><input type="checkbox"/> exophthalmic</td></tr><tr><td><input type="checkbox"/> opaque</td><td><input type="checkbox"/> opaque</td></tr><tr><td><input type="checkbox"/> missing</td><td><input type="checkbox"/> missing</td></tr><tr><td><input type="checkbox"/> hemorrhagic</td><td><input type="checkbox"/> hemorrhagic</td></tr><tr><td><input type="checkbox"/> emboli</td><td><input type="checkbox"/> emboli</td></tr></table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

GILLS: <table><tr><td><u>Left:</u></td><td><u>Right:</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> frayed</td><td><input type="checkbox"/> frayed</td></tr><tr><td><input type="checkbox"/> marginate</td><td><input type="checkbox"/> marginate</td></tr><tr><td><input type="checkbox"/> pale</td><td><input type="checkbox"/> pale</td></tr><tr><td><input type="checkbox"/> other (specify): _____</td><td><input type="checkbox"/> other (specify): _____</td></tr></table>	<u>Left:</u>	<u>Right:</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left:</u>	<u>Right:</u>											
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal											
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed											
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate											
<input type="checkbox"/> pale	<input type="checkbox"/> pale											
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____											

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240008
 Species: long nose sucker Weight (g): 48 Length (mm): 169

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS: (15) 9/30/09

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>dorsal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>w/ lesion</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0009
 Species: Longnose sucker Weight (g): 50 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>lesion on</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>anal fin</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 c/f
 Species: long nose sucker Weight (g): 43 Length (mm): 158
 Indiv. Fish 2A 1/15/2
 Sample No. A20010

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input checked="" type="checkbox"/> other (specify): <u>lesion above</u></p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240011
 Species: long nose sucker Weight (g): 44 Length (mm): 165

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

c14 10/5/4

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A
A20012
Species: Longnose sucker Weight (g): 47 Length (mm): 169

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>nodules on dorsal fin</u> _____ _____
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~~Disturb~~

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240016
Species: long nose sucker Weight (g): 2 Length (mm): 58

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	HEAD and ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table border="0"><tr><td></td><td style="text-align: center;"><u>Left</u></td><td style="text-align: center;"><u>Right</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> exophthalmic</td><td><input type="checkbox"/> exophthalmic</td><td><input type="checkbox"/> exophthalmic</td></tr><tr><td><input type="checkbox"/> opaque</td><td><input type="checkbox"/> opaque</td><td><input type="checkbox"/> opaque</td></tr><tr><td><input type="checkbox"/> missing</td><td><input type="checkbox"/> missing</td><td><input type="checkbox"/> missing</td></tr><tr><td><input type="checkbox"/> hemorrhagic</td><td><input type="checkbox"/> hemorrhagic</td><td><input type="checkbox"/> hemorrhagic</td></tr><tr><td><input type="checkbox"/> emboli</td><td><input type="checkbox"/> emboli</td><td><input type="checkbox"/> emboli</td></tr></table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____		<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
	<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

GILLS: <table border="0"><tr><td><u>Left:</u></td><td><u>Right:</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> frayed</td><td><input type="checkbox"/> frayed</td></tr><tr><td><input type="checkbox"/> marginate</td><td><input type="checkbox"/> marginate</td></tr><tr><td><input type="checkbox"/> pale</td><td><input type="checkbox"/> pale</td></tr><tr><td><input type="checkbox"/> other (specify): _____</td><td><input type="checkbox"/> other (specify): _____</td></tr></table>	<u>Left:</u>	<u>Right:</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> frayed	<input type="checkbox"/> marginate	<input type="checkbox"/> marginate	<input type="checkbox"/> pale	<input type="checkbox"/> pale	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left:</u>	<u>Right:</u>											
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal											
<input type="checkbox"/> frayed	<input type="checkbox"/> frayed											
<input type="checkbox"/> marginate	<input type="checkbox"/> marginate											
<input type="checkbox"/> pale	<input type="checkbox"/> pale											
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____											

FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09

Reach: 2

Indiv. Fish Sample No. 2A0033

Species: Longnose Sucker

Weight (g): 7

Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0030
 Species: longnose sucker Weight (g): 6 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0034
 Species: long nose sucker Weight (g): 2 Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0046
 Species: Longnose Sucker Weight (g): 165 Length (mm): 235

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Lesion pelvic</u> <u>at base of pelvic fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> hemorrhagic (Pectoral)</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240045
 Species: longnose sucker Weight (g): 112 Length (mm): 222

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 26NS0036
 Species: LN Weight (g): 171 Length (mm): 247

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <i>N/A</i></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. C26N019

Species: Longnose sucker

Weight (g): 0.6

Length (mm): 40

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
---	---

FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. C26N0119

Species: Longnose sucker

Weight (g): 0.6

Length (mm): 40

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. CZGN2012
 Species: LN Weight (g): 1.06 Length (mm): 55

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. C2GN20114
 Species: LN Weight (g): 2.0g Length (mm): 53

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. C26N20113

Species: Longnose sucker

Weight (g): 2.6

Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>small red lesions</u></p> <p style="padding-left: 40px;"><u>on the belly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2600012

Species: Longnose Sucker

Weight (g): 38.4

Length (mm): 163

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2EDD033
 Species: Longnose Weight (g): 2.2 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2E100041

Species: ^{longnose}
longnose sucker

Weight (g): 309.3

Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>small red lesions</u></p> <p style="padding-left: 40px;"><u>on stomach and fins</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2ED0043

Species: Longnose sucker

Weight (g): 217.5

Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>small hemorrhagic</u></p> <p style="padding-left: 20px;"><u>body on left nose</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 26N1009

Species: Longnose Sucker

Weight (g): 2.5

Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26-N1093
 Species: Longnose Sucker Weight (g): 1.1 Length (mm): 50

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N10094
 Species: Longnose sucker Weight (g): 1.5 Length (mm): 57

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 26M10096

Species: Longnose sucker

Weight (g): 1.1

Length (mm): 53

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. ZED0069
 Species: LNS Weight (g): 0.7 Length (mm): 49

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>stomach ruptured,</u> <u>body compressed</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____ _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>caudal & anal</u> <u>pale fin frayed</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0071
 Species: longnose sucker Weight (g): 259 Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0076
 Species: Longnose Sucker Weight (g): 748 Length (mm): 401

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0077
 Species: Longnose Sucker Weight (g): 321 Length (mm): 306

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0083
 Species: longnose sucker Weight (g): 670 Length (mm): 378

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0084
 Species: Lungnose Sucker Weight (g): 770 Length (mm): 408

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED 0107
 Species: LONG NOSE SUCKER Weight (g): ~~115~~ 115 Length (mm): 227

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>LATERAL ABRASION</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EP0108
 Species: Longnose sucker Weight (g): 81 Length (mm): 200

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>healed scarring</u></p> <p style="padding-left: 20px;"><u>on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0124
 Species: longnose sucker Weight (g): 80 Length (mm): 197

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>healed laceration</u> <u>on left side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0126
 Species: longnose sucker Weight (g): 70.9 Length (mm): 191

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00128
 Species: Longnose Sucker Weight (g): 69 Length (mm): 200

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0030
 Species: Longnose Sucker Weight (g): W Length (mm): 166

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0131

Species: LONG NOSE

Weight (g): 56.8 Length (mm): 179

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p><u>FINS / Body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify):

Spotty on Fins

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0135

Species: Longnose Sucker

Weight (g): 6.6

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00136

Species: Longnose Sucker

Weight (g): 5.8

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EP0138
 Species: Longnose sucker Weight (g): 39 Length (mm): 152

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>lesion on top of head</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00142
 Species: longnose sucker Weight (g): 9.5 Length (mm): 103

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00144

Species: Longnose Sucker

Weight (g): 4.8

Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0146

Species: longnose sucker

Weight (g): 8.5

Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>hemorrhaging near tail</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Longnose Sucker

Reach: 3

Indiv. Fish Sample No. 3ED0152

Weight (g): 2.7 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input checked="" type="checkbox"/> other (specify): <u>red spot</u></p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00154

Species: Longnose sucker

Weight (g): 33.9

Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>slight hemorrhage on caudal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0156

Species: Longnose Sucker

Weight (g): 35.7

Length (mm): 157

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0157
 Species: Longnose Sucker Weight (g): 5.8 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00203

Species: Longnose Sucker Weight (g): 8 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E0004
 Species: Longnose Sucker Weight (g): 10.6 Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00205

Species: Longnose sucker

Weight (g): 5.8

Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0206
 Species: Longnose Sucker Weight (g): 5.5 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

8-26-09
Indiv. Fish Sample No. 3EDG207

Species: Lognooe Sucker

Weight (g): 4.8

Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. ZE00208
 Species: Longnose sucker Weight (g): 7.6 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>red spots on belly</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00209
 Species: Longnose Sucker Weight (g): 63g Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>small abrasion on</u> <u>bottom of tail</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00210

Species: Longnose sucker

Weight (g): 38.5

Length (mm): 159

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00211

Species: Longnose Sucker

Weight (g): 7.7

Length (mm): 93

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>abrasion on belly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

<input type="checkbox"/> normal	<input type="checkbox"/> other (specify):	_____
<input type="checkbox"/> slight shortening		_____
<input type="checkbox"/> severe shortening		_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0212
 Species: Longnose Sucker Weight (g): 5.1 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): <u>dorsal fin</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0214
 Species: Longnose sucker Weight (g): 4.6 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0213
 Species: Longnose Sucker Weight (g): 2.4 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0215
 Species: 3ED0215 longnose sucker Weight (g): 5.8 Length (mm): 87
10/6/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0216
 Species: Longnose Sucker Weight (g): 10.2 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input checked="" type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 150px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input type="checkbox"/> other (specify): <u>on head</u></p>	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify):
<input type="checkbox"/> slight shortening	
<input type="checkbox"/> severe shortening	

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify):
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify):
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0237
 Species: Longnose Sucker Weight (g): 5.4 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0240

Species: Longnose Sucker

Weight (g): 5

Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0241

Species: Largescale Sucker Weight (g): 18 Length (mm): 122

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0242
 Species: Longnose Sucker Weight (g): 12.2 Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0243
 Species: Longnose sucker Weight (g): 2.8 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3600253

Species: Longnose sucker

Weight (g): 37.5

Length (mm): 162

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>red lesion by left opercula</u>	
<input type="checkbox"/> slight shortening		
<input type="checkbox"/> severe shortening		

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E100254
 Species: Longnose sucker Weight (g): 11.8 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E100255

Species: Longnose Sucker

Weight (g): 60

Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Right pectoral fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00257

Species: Longnose Sucker

Weight (g): 5.9

Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): slight

hemorrhaging on dorsal

fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0258
 Species: Longnose Sucker Weight (g): 6.3 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>large abrasion on tail</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00288
 Species: Longnose Sucker Weight (g): _____ Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal 54</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>on belly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0289
 Species: Longnose Sucker Weight (g): 6.4 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E100291
 Species: Longnose Sucker Weight (g): 1.8 Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E1000293
 Species: Longnose sucker Weight (g): 1.3 Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3680047
 Species: longnose sucker Weight (g): 82 Length (mm): 199

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed (left peduncle) <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3EB0048
 Species: long nose sucker Weight (g): 61 Length (mm): 186

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> slight shortening (<u>left</u>) <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0331
 Species: Longnose Sucker Weight (g): 45.5 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. JED0382
 Species: longnose sucker Weight (g): 3.7 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0388
 Species: longnose sucker Weight (g): 5.6 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3ED0391

Species: longnose sucker

Weight (g): 54.7

Length (mm): 174

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EF0013

Species: Longnose Sucker

Weight (g): 94.3 Length (mm): 209

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0022
 Species: Longnose Sucker Weight (g): 85.7 Length (mm): 201

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) <u>(right)</u></p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>cut on belly</u> <u>left side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0023
 Species: longnose sucker Weight (g): 40.0 Length (mm): 168

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>hemorrhaging left opercle</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0026
 Species: Longnose sucker Weight (g): 120 Length (mm): 230

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <u>NA</u> <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ED0370
 Species: longnose sucker Weight (g): 2.9 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ED0383
 Species: longnose sucker Weight (g): 4.8 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>damage from handle/weight</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 10/23/09 Reach: 3 Indiv. Fish Sample No. 3SE0002
 Species: Longnose Sucker 3SE0002 Weight (g): 2.2 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: N/A</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Frayed CAUDAL</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3SE0012
 Species: Longnose ~~Large~~ sucker Weight (g): 4.0 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>ruptured abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: N/A</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3SE4022

Species: Longnose Sucker

Weight (g): 1.8

Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <i>N/A</i> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0030
 Species: Longnose Sucker Weight (g): 8.5 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 9ED0402

Species: Longnose sucker

Weight (g): 88.7

Length (mm): 200

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>- hemorrhage spot on left opercle</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: longnose sucker

Reach: 4
 Weight (g): 9

Indiv. Fish Sample No. 4EB0029
 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	--

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EE 0006
 Species: Longnose Sucker Weight (g): 7.3 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EE0007
 Species: longnose sucker Weight (g): 9.2 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EE0008

Species: longnose sucker

Weight (g): 5.5

Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): tail rot

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EE0009

Species: longnose sucker ✓

Weight (g): 4.8

Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46-NA0122
 Species: longnose sucker Weight (g): 13 Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NAD123
 Species: longnose sucker Weight (g): 6.0 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0124

Species: longnose sucker

Weight (g): 7

Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4GNA0125
 Species: longnose sucker Weight (g): 6.0 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>abdominal wound</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46-NA0126
 Species: longnose sucker Weight (g): 9.0 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>							
<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli							
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____							

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>left pectoral damage</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA 0127
 Species: Longnose Sucker Weight (g): 5.1 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>Caudal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0128

Species: Longnose Sucker

Weight (g): 4.6

Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0121
 Species: largescale sucker Weight (g): 12 Length (mm): 110
longnose

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0022
 Species: Long nose sucker Weight (g): 938 Length (mm): 432

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 4ED0615
 Species: LN Weight (g): 7 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 104

Indiv. Fish

Sample No. 46N20605

Species: longnose sucker

Weight (g): 932

Length (mm): 425

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input checked="" type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 6^{OR}4 Indiv. Fish Sample No. 46NE0008
 Species: Longnose Sucker Weight (g): 1101 Length (mm): 428

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <u>Caudal</u>	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 46NE0600
 Species: Longnose Sucker Weight (g): 1298 Length (mm): 450

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 46NE0601
 Species: longnose Weight (g): 837 Length (mm): 387

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 4GNE0602
 Species: Longnose Sucker Weight (g): 956 Length (mm): 411

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 64 ^{AC}

Indiv. Fish Sample No. 46NE0604

Species: Longnose sucker

Weight (g): 1203

Length (mm): 430

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed Caudal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09
Species: longnose sucker

Reach: 4
Weight (g): 877

Indiv. Fish Sample No. YGNE0606
Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet mark</u>	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 4GNE0607
 Species: Lognose Sucker Weight (g): 1028 Length (mm): 431

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 4

Indiv. Fish Sample No. UGNE0609

Species: Longnose Sucker

Weight (g): 1049

Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 4GNE0610
 Species: Longnose Sucker Weight (g): 195 Length (mm): 384

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0119
 Species: longnose sucker Weight (g): 277 Length (mm): ~~5ED0119~~ 264 ^{8/13/09}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. SED0196

Species: Longnose Sucker

Weight (g): 206

Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4GNG0013
 Species: Peamouth Weight (g): 173 Length (mm): 277

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed caudle other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0023
 Species: Peamouth Weight (g): 166 Length (mm): 264

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed caudal</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4GNF0024
 Species: Peamouth Weight (g): 178 Length (mm): 271

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NF0032
 Species: Peamouth Weight (g): 285 Length (mm): 213

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/26/09 Reach: 1 Indiv. Fish Sample No. 1E10075
 Species: Pike minnow Weight (g): 8.3 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10076
 Species: Pileminnow Weight (g): 2.3 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10084

Species: Varner pike/minnow

Weight (g): 5.7

Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10087
 Species: Northern Pike minnow Weight (g): 28 Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10102

Species: Northern Pike minnow

Weight (g): 9

Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0017
 Species: Northern pike Weight (g): 37 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0018
 Species: Northern pike/minnow Weight (g): 30 Length (mm): 150

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 8/30/09 Reach: 2 Indiv. Fish Sample No. 240019
 Species: Notropis lucionus Weight (g): 8 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09

Reach: 2

Indiv. Fish Sample No. 2A0080

Species: N. Pike minnow

Weight (g): 6

Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0031
 Species: N. Pikeminnow Weight (g): 3 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 2/30/09 Reach: 2 Indiv. Fish Sample No. 240043
 Species: Northern pike Weight (g): 39 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0050
 Species: Northern pike/minnow Weight (g): 7 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 2 Indiv. Fish Sample No. 2A0049
 Species: N. P. keminnow Weight (g): 5 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0051
 Species: N. Pike minnow Weight (g): ^{SW}85.5 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0053
 Species: W. Pikeminnow Weight (g): 8 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240054
 Species: Northern pike/minnow Weight (g): 26 Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion <i>caudal</i></p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/01

Reach: 2

Indiv. Fish Sample No. 240057

Species: N. Pike minnow

Weight (g): 7

Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0058
 Species: N. P. Komimew Weight (g): 6 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09

Reach: 2

Indiv. Fish Sample No. 2A0062

Species: N. Pike minnow

Weight (g): 13

Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0064
 Species: Northern Pike minnow Weight (g): 6 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9 Reach: 2 Indiv. Fish Sample No. 2A0067
 Species: N. Pikeminnow Weight (g): 8 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0069
 Species: N. P. Keminnow Weight (g): 9 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal
 slight shortening
 severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>
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FINS:

normal
 mild erosion
 severe erosion

frayed
 hemorrhagic
 emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0070
 Species: Northern pike minnow Weight (g): 11 Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0071
 Species: Northern Pike minnow Weight (g): 7 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>Severe</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>caudal fin erosion</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0072
 Species: N. P. Keminnow Weight (g): 8 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
---	---

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26-00063
 Species: Pike Minnow Weight (g): 151 Length (mm): 292

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <p>white spots <input type="checkbox"/></p> <p>leech(es) <input type="checkbox"/></p> <p>black spot(s) <input type="checkbox"/></p> <p>anchor worm(s) <input type="checkbox"/></p> </div> <p><input type="checkbox"/> other (specify):</p> <p style="margin-left: 20px;"><u>GILL NET</u></p> <p style="margin-left: 20px;"><u>DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/2009 Reach: 2 Indiv. Fish Sample No. (Captured dead) 2GN90070
 Species: Northern Pike Minnow Weight (g): 139 Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 20px;">white spots <input type="checkbox"/> <li style="padding-left: 20px;">leech(es) <input type="checkbox"/> <li style="padding-left: 20px;">black spot(s) <input type="checkbox"/> <li style="padding-left: 20px;">anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u> 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

<input type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed (<u>caudal</u>)	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN90072
 Species: PM Weight (g): 175 Length (mm): 264

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/2009 Reach: 2 Indiv. Fish Sample No. C26N0096
 Species: Northern pike minnow Weight (g): 141.7 Length (mm): 248

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Gillnet marks. Scale loss</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. C26N0099
 Species: Notthern Pike Minnow Weight (g): 106.7 Length (mm): 219

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>small net damage / scale loss</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <u>rounded fin</u>	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. CZ6W0104
 Species: Northern Pike minnow Weight (g): 122.5 Length (mm): 244

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks & laceration</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion (<u>caudal</u>)</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. A2-1W-0003

Species: Pike minnow

Weight (g): 138.5

Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09
 Species: N. Pike Minnow

Reach: 2

Indiv. Fish Sample No. A2-IN-0007

Weight (g): 212.6 Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09

Reach: 2

Indiv. Fish Sample No. AZ-1N-0011

Species: Pike minnow

Weight (g): 139.7 Length (mm): 243

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. A2-1N-0014

Species: N. P. Keminnow

Weight (g): 154.2

Length (mm): 254

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): <u>Caudal fin</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. A2 IN0015

Species: N. P. Minnow

Weight (g): 128.1

Length (mm): 257

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED011
 Species: Ribcinnov Weight (g): 29.1 Length (mm): 155

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2500024
 Species: Northern Pike Minnow Weight (g): 23.2 Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2021 Reach: 3 Indiv. Fish Sample No. 3ED0110

Species: N. Pike minnow Weight (g): 16.4 Length (mm): 129

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00129
 Species: Northern Pike minnow Weight (g): 60 Length (mm): 215

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Scar on belly</u></p> <p style="padding-left: 20px;"><u>between pectoral fins</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 3

Indiv. Fish Sample No. 3ED0190

Species: N. Pitmanii

Weight (g): 16.2 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E D0191
 Species: N. P. Kemnow Weight (g): 16.3 Length (mm): 126

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 3

Indiv. Fish Sample No. 3ED0192

Species: Northern Pike Minnow

Weight (g): 18.2

Length (mm): 133

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0194
 Species: N. P. Keminnow Weight (g): 11.2 Length (mm): 116

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00197

Species: N. Pike minnow

Weight (g): 13

Length (mm): 120

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0198
 Species: N. Pike minnow Weight (g): 13.2 Length (mm): 118

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0236
 Species: N. P. Kemisnow Weight (g): 22 Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>caudal fin partial</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	<u>decomposition</u>

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00271
 Species: N. P. keminnow Weight (g): 13.6 Length (mm): 121

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3ED0275
 Species: N. Pike minnow Weight (g): 16.2 Length (mm): 131

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E00276

Species: N. P. Kemmerer

Weight (g): 14.6

Length (mm): 12.2

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: N. P. Keminnow

Reach: 3
 Weight (g): 24.9

Indiv. Fish Sample No. 3ED0277
 Length (mm): 14.4

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E06278
 Species: N. P. keminnow Weight (g): 18 Length (mm): 132

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify):</p> <p style="text-align: center;"><u>Split Caudal Fin</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): ^{13.06.17.09} 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3EB0043
 Species: ~~KOKA~~ Notemigonus crysoleucas Weight (g): 204 Length (mm): 283

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>(caudal)</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 3 Indiv. Fish Sample No. 36B0044
 Species: Northon Pikeminnow Weight (g): 203 Length (mm): 276

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EB0059
 Species: White eye Pike Minnow ^{Northern} Weight (g): 24 Length (mm): 149
8/10/10/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3EB0060
 Species: Northern Pike Minnow Weight (g): 18 Length (mm): 133

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/9
 Species: N P Minnow

Reach: 3
 Weight (g): 19.5

Indiv. Fish Sample No. 3E00111
 Length (mm): 137

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09
 Species: NP Mimow

Reach: 3
 Weight (g): 4.4

Indiv. Fish Sample No. 3EP0112
 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>due to handling</u> <u>raptured Belly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____ _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): <u>tail fin</u> _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED0193
 Species: NP Minnow Weight (g): 17.0 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EP0195
 Species: N P Minnow Weight (g): 14.3 Length (mm): 123

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09
 Species: NP Mummichog

Reach: #3
 Weight (g): 15.3

Indiv. Fish Sample No. 3E10231
 Length (mm): 122

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED0260
 Species: 14 NPM minnow Weight (g): 4.4 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED0292
 Species: MP Minnow Weight (g): 7.9 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0319
 Species: Pike minnow Weight (g): 57.5 Length (mm): 183

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0375
 Species: Pileminnow Weight (g): 109.8 Length (mm): 232

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 7ED0726

Species: Pike minnow

Weight (g): 172.7

Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0329
 Species: Pike minnow Weight (g): 66.4 Length (mm): 193

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EPO03/4
 Species: Northern Pike minnow Weight (g): 26.4 Length (mm): 148

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Tail fin frayed</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EPO316
 Species: Northern Pike Minnow Weight (g): 20.6 Length (mm): 152

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Damage from 2-p file</u>
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3ED0320

Species: Pike minnow

Weight (g): 42.5

Length (mm): 174

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E00321
 Species: Northern P. Kemnner Weight (g): 27.4 Length (mm): 156

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0327
 Species: Pike Minnow Weight (g): 128.5 Length (mm): 246

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0337
 Species: Pike minnow Weight (g): 67.1 Length (mm): 198

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0394
 Species: Pike minnow Weight (g): 18.6 Length (mm): 136

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/07 Reach: 3 Indiv. Fish Sample No. 3ED0335
 Species: Northern Pike Minnow Weight (g): 116 Length (mm): 241

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>healed wound on</u> <u>left + right</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0329
 Species: Pileminnow Weight (g): 32.6 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0347
 Species: Northern Weight (g): 44 Length (mm): 181

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>red markings on nghts side</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0348
 Species: Pike minnow Weight (g): 18.6 Length (mm): 136

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0349
 Species: Pikeminnow Weight (g): 24.5 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0360
 Species: Northern Pikeminnow Weight (g): 22 Length (mm): 139

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0363
 Species: Pike minnow Weight (g): 13.9 Length (mm): 124

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 2ED0281
 Species: Pikeminnow Weight (g): 22.8 Length (mm): 128

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EF0011

Species: Northern Pike Minnow

Weight (g): 190.5 Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>red spots on tail fin</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0016
 Species: Southern Pygmy Noddy Weight (g): 17.7 Length (mm): 133

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0017

Species: Northern pike minnow Weight (g): 16.3 Length (mm): 132

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening (*right*)

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0019
 Species: Northern Pike minnow Weight (g): 54 Length (mm): 181

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0026
 Species: N. P. heminnow Weight (g): 13.3 Length (mm): 123

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>frail caudal</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0029
 Species: N. Pileminnow Weight (g): 16.3 Length (mm): 126

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening (both)

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0004
 Species: Northern Pitminnow Weight (g): 127 Length (mm): 242

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36N140005

Species: Pike Minnow

Weight (g): ~~237~~ 237 Length (mm): 296

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): FRAYED TAIL

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0027
 Species: Northern Pike minnow Weight (g): 142 Length (mm): 247

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <u>NA</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 01/7/09 Reach: 3 Indiv. Fish Sample No. 36NE5049
 Species: Northon Pike minnow Weight (g): 155 Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Left opercula damage</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3GNA 0074

Species: Pikeminnow

Weight (g): 158

Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0318
 Species: Pikeminnow Weight (g): 154 Length (mm): 254

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0318 ²⁴ _{CAK}
 Species: Pikeminnow Weight (g): _____ Length (mm): 274

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>scarring on</u> <u>belly, scales missing</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/2009 Reach: 3 Indiv. Fish Sample No. 3E00332
 Species: PM Weight (g): 53 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10-8-01 Reach: 3 Indiv. Fish Sample No. 3ED0340
 Species: Pike Minnow Weight (g): 79.7 Length (mm): 215

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>lesion on stomach</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0342
 Species: Northern pike minnow Weight (g): 15.5 Length (mm): 128

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/18/2009
 Species: PM

Reach: 3
 Weight (g): 18.1

Indiv. Fish Sample No. 3620345
 Length (mm): 139

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0346
 Species: North American pikeminnow Weight (g): 24.0 Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>lesion on belly</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3600354
 Species: pm Weight (g): 13 Length (mm): 128

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. RED0359
 Species: Northern pike minnow Weight (g): 13.2 Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED0362

Species: Northern pike minnow

Weight (g): 14.5

Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>missing scales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ED0364
 Species: Pike minnow Weight (g): 14.7 Length (mm): 127

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 0365
~~200365~~ *arc*

Species: Northern pike minnow

Weight (g): 18.2

Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/2009 Reach: 3 Indiv. Fish Sample No. 3600371
 Species: Piemont Weight (g): 39 Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED0384

Species: Northern pike minnow

Weight (g): 7.7

Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0394
 Species: NORTHERN PIKE MINNOW Weight (g): 3.0 Length (mm): 70
EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3GNAC071
 Species: Pikemi Weight (g): 220 Length (mm): 272

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 361NA0072

Species: R. lemming

Weight (g): 215

Length (mm): 285

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 36NA 0073

Species: Pike minnow

Weight (g): 184

Length (mm): 271

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 36W 36NA 0075

Species: Pike minnow

Weight (g): 144

Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09
 Species: Pikeminnow

Reach: 3
 Weight (g): 131

Indiv. Fish Sample No. 36NA-0076
 Length (mm): 228

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: Pike Minnow

Reach: 3
 Weight (g): 170

Indiv. Fish Sample No. 36NA-0125
 Length (mm): 259

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 3 Indiv. Fish Sample No. 36NE4070
 Species: ~~GO~~ Pikeminnow Weight (g): 135 Length (mm): 253

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <u>N/A</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GNE0071

Species: Pike minnow

Weight (g): 132

Length (mm): 244

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>gill net marks /</u></p> <p style="padding-left: 40px;"><u>Ventral lesions</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Frayed CAUDAL</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GWE0072

Species: Pike minnow

Weight (g): 162

Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p align="center"><i>- gill net damage</i></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>W/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input checked="" type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Frayed CAUDAL

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GNE0078

Species: Pikeminnow

Weight (g): 133 Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks/damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 40px;"><u>lacerated - gillnet</u></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal - gill net damage other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>Frayed caudal</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 3 Indiv. Fish Sample No. 3GNE4879
 Species: Pike minnow Weight (g): 173 Length (mm): 256

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>gill marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>frayed caudal</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3SE0021
 Species: N. P. Kemunow Weight (g): 4.8 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0410
 Species: Piterningon Weight (g): 7.3 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0031
 Species: Pileminnow Weight (g): 177 Length (mm): 277

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0028
 Species: Pikeminnow Weight (g): 121 Length (mm): 240

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0001(W)
 Species: Rainbow Trout Weight (g): 65 Length (mm): 180

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0011(LW)
 Species: Rainbow Trout Weight (g): 15g Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/09 Reach: 1 Indiv. Fish Sample No. 1E0022(w)
 Species: Rainbow Trout Weight (g): 1206 Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. IE 0023(W)
 Species: Rainbow trout Weight (g): 693 Length (mm): 398

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0024(w)
 Species: Rainbow Trout Weight (g): 1055 Length (mm): 463

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E 0025(w)
 Species: Rainbow Trout Weight (g): 105 Length (mm): 218

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0026(w)
 Species: Rainbow Trout Weight (g): 834 Length (mm): 425

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 19N10004(w)
 Species: Rainbow Trout Weight (g): 882 Length (mm): 444

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 16N10012(w)
 Species: Rainbow Trout Weight (g): 1819 Length (mm): 565

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p align="center" style="font-size: 2em;">NA</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish ^{EMB 1017109}
 Species: Rainbow Trout Weight (g): 1156 Sample No. 01N001(LN)
 Length (mm): 492

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. MB 1019/09 01N0012(W)

Species: Rainbow Trout Weight (g): 1307 Length (mm): 525

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 20px;">white spots <input type="checkbox"/></p> <p style="padding-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 20px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 20px;"><i>- head smashed from club</i></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <i>NA</i></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish ^{600 1017109}
 Species: Rainbow Trout Weight (g): 596 Length (mm): 366 Sample No. 120015(W)

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 10027(w)
 Species: Rainbow trout Weight (g): 4 Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N0028(u)
 Species: Rainbow trout (u) Weight (g): 3 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N0042(LW)
 Species: Rainbow Trout (W) Weight (g): 929 Length (mm): 467

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): tear on both from net removal

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N0043(W)
 Species: Rainbow trout (W) Weight (g): 747 Length (mm): 401

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1N0048(W)

Species: Rainbow trout (W)

Weight (g): 624

Length (mm): 409

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net handling</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1N0049(w)

Species: Rainbow trout (w)

Weight (g): 1289

Length (mm): 505

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N0050 (w)
 Species: Bainbridge trout (w) Weight (g): 1245 Length (mm): 479

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>ripped caudal tail</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1N0051(W)

Species: Rainbow trout (W)

Weight (g): 876

Length (mm): 422

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): gill net resp 1/8"

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>partial dorsal</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>missing, torn left</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	<u>pectoral, undersized right</u>
<u>pectoral, torved caudal</u>		

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. W0052(W)
 Species: Rainbow trout Weight (g): 823 Length (mm): 427

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N0054(W)
 Species: Rainbow trout (w) Weight (g): 296 Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p> <p style="padding-left: 20px;"><u>lacerations on belly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 1 Indiv. Fish Sample No. 16N10013(w)
 Species: Rainbow trout Weight (g): 1821 Length (mm): 561

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>all wet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10017(w)
 Species: Rainbow trout Weight (g): 1230 Length (mm): 470

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10018(W)
 Species: Rainbow trout Weight (g): 1267 Length (mm): 476

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10026
 Species: Rainbow trout Weight (g): 536 Length (mm): 365

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks on body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10045(W)
 Species: Rainbow trout (W) Weight (g): 1069 Length (mm): 456

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/11/09

Reach: 1

Indiv. Fish Sample No. GN10098(W)

Species: Rainbow Trout (W)

Weight (g): 543

Length (mm): 364

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10049(W)
 Species: Rainbow Trout Weight (g): 1218 Length (mm): 494

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10056(W)
 Species: Rainbow CW Weight (g): 1246 Length (mm): 489

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marking</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p><u>Jaw broken & healed</u></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 19N10057 (W)
 Species: Rainbow (W) Weight (g): 998 Length (mm): 449

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IGN10058 (W)
 Species: Rainbow (W) Weight (g): 1255 Length (mm): 497

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Marks</u> _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/11/09 Reach: 1 Indiv. Fish Sample No. 16N10059 CW
 Species: Rainbow CW Weight (g): 802 Length (mm): 408

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/2009 Reach: 1 Indiv. Fish Sample No. 1E10032(w)
 Species: Rainbow Trout Weight (g): 2595 Length (mm): 561

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- has pit tag</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: I Indiv. Fish Sample No. 1E10042
 Species: RBW Weight (g): 1126 Length (mm): 466

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10043(w)
 Species: RBW Weight (g): 1148 Length (mm): 457

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>m</u></p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: N/A</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: I Indiv. Fish Sample No. 1E10044 (W)
 Species: RBW Weight (g): 1009 Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2008 Reach: 7 Indiv. Fish Sample No. 1E10046 (w)
 Species: R B W Weight (g): 318 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: N/A</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10047CW
 Species: 1E10047CW Weight (g): 1023 Length (mm): 459

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 1 Indiv. Fish Sample No. 1E0049 (w) ^{CRS 10/1/09 1E0049(w)}
 Species: RBW Weight (g): 1130 Length (mm): 453

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>scaring</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: N/A</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): ^{PS} ~~10/1/2009~~ 10/1/2009 Reach: 1 Indiv. Fish Sample No. 1E/0051a (w)
 Species: Rainbow Trout Weight (g): 492 Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1210058 (W)
 Species: RAINBOW TROUT Weight (g): 20 Length (mm): 121

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Weighed w/ zip tie + tag

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10071(LW)

Species: Rainbow (W)

Weight (g): 366

Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09
 Species: Rainbow trout

Reach: 1

Indiv. Fish Sample No. 161010 CW

Weight (g): 7 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. M-BS-0001 (W)

Species: Rainbow Trout (W)

Weight (g): 14.2

Length (mm): 106

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. NI-BS-2010(LW)
 Species: Rainbow trout (w) Weight (g): 2.5 Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/2009 Reach: 2 Indiv. Fish Sample No. 260001 (w)
 Species: Rainbow Trout Weight (g): 1247 Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input checked="" type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>asymmetrical</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>caudal fin</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 2E0002 (4)
 Species: Rainbow Trout Weight (g): 1294 ~~484~~ _{PS} Length (mm): 1294 ~~484~~ _{PS} 484

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____ _____</td> <td><input type="checkbox"/> other (specify): _____ _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 2 F00003(w)
 Species: Rainbow-wild Weight (g): 908 Length (mm): 432

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 26N0063
 Species: Rainbow Trout Weight (g): 973^{PJ}₃₇₉ Length (mm): 339

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Fish Hook protruding from anus ↙

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN0064(w)
 Species: RBW Weight (g): 1083 Length (mm): 490

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 29N0065(w)
 Species: Rainbow Trout Weight (g): 1157 Length (mm): 479

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 20px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 20px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 20px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 20px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p> <p style="padding-left: 20px;"><u>- 1-2 mm diameter hemorrhagic spots to rear of anal fin and pelvic fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p style="margin-left: 20px;"><u>- damage from net</u></p> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN0082(H)
 Species: Rainbow Trout Weight (g): 580 Length (mm): 362

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/09 Reach: 2 Indiv. Fish Sample No. 26W80064(w)
 Species: RAINBOW Trout Weight (g): 1027 Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply) DEAD IN NET

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26N80065
 Species: RAINBOW TROUT Weight (g): 1064 Length (mm): 467

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>raised growth(s)</p> <p>reddened lesion(s)</p> <p>spinal deformities</p> <p>hemorrhagic body</p> <p>focal discoloration</p> <p>body fungus</p> <p>parasites(s) (specify):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input checked="" type="checkbox"/> other (specify): <u>GILL NET</u> <u>DAMAGED</u></p> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal head</p> <p>deformed head</p> <p>upper lip growth</p> <p>lower lip growth</p> <p>swollen nare</p> </div> </div> <p>BARBELS:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>missing</p> <p>stubbled</p> <p>deformed</p> <p>other (specify):</p> </div> </div>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>exophthalmic</p> <p>opaque</p> <p>missing</p> <p>hemorrhagic</p> <p>emboli</p> </div> </div> </td> <td style="border: none;"> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>exophthalmic</p> <p>opaque</p> <p>missing</p> <p>hemorrhagic</p> <p>emboli</p> </div> </div> </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<u>Left</u>	<u>Right</u>	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>exophthalmic</p> <p>opaque</p> <p>missing</p> <p>hemorrhagic</p> <p>emboli</p> </div> </div>	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>exophthalmic</p> <p>opaque</p> <p>missing</p> <p>hemorrhagic</p> <p>emboli</p> </div> </div>	<input type="checkbox"/> other (specify): _____ _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____
<u>Left</u>	<u>Right</u>							
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>exophthalmic</p> <p>opaque</p> <p>missing</p> <p>hemorrhagic</p> <p>emboli</p> </div> </div>	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>exophthalmic</p> <p>opaque</p> <p>missing</p> <p>hemorrhagic</p> <p>emboli</p> </div> </div>							
<input type="checkbox"/> other (specify): _____ _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____							

OPERCULA:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>frayed</p> <p>marginate</p> <p>pale</p> <p>other (specify): _____</p> </div> </div>	<p style="text-align: right;"><u>Right:</u></p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>normal</p> <p>frayed</p> <p>marginate</p> <p>pale</p> <p>other (specify): _____</p> </div> </div>
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FINS:

<input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26NA0080
 Species: Rainbow trout Weight (g): 1484 Length (mm): 553

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>dorsal and caudal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

Captured dead

Duplicate

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/09 Reach: 2 Indiv. Fish Sample No. 26W0090
Species: Rainbow Trout Weight (g): 683 Length (mm): 417

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left</u></td> <td style="text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): Gill Net Damage

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2G-N0093 (w)
 Species: Rainbow (w) Weight (g): 10.76 Length (mm): 471

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u>
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26-N0085 (w)
 Species: Rainbow (w) Weight (g): 568 Length (mm): 404

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Gill net marks</u></p> <p style="padding-left: 40px;"><u>Tail laceration</u></p> <p style="padding-left: 40px;"><u>Dorsal laceration</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic emboli</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic emboli	<input checked="" type="checkbox"/> hemorrhagic emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic emboli	<input checked="" type="checkbox"/> hemorrhagic emboli															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09 Reach: 2 Indiv. Fish Sample No. 26-10086 (w)
 Species: Rainbow (w) Weight (g): 657 Length (mm): 422

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09 Reach: 2 Indiv. Fish Sample No. 26-N0089 (w)
 Species: Rainbow (w) Weight (g): 704 Length (mm): 407

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09 Reach: 2 Indiv. Fish Sample No. 26N1147(w)
 Species: Rainbow (w) Weight (g): 1151 Length (mm): 492

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26NA0078(w)
 Species: Rainbow (w) Weight (g): 623 Length (mm): 412

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill NET Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09 Reach: 2 Indiv. Fish Sample No. A21W0001(w)
 Species: Rainbow (w) Weight (g): 1127 Length (mm): 483

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Gill Net Damage - Normal

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. A2-1N-0010(H)
 Species: RBH Weight (g): 364 Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Dill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): <u>N/A</u></p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Fungus spots on tail</u></p> <p>_____</p>
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Research tag

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09 Reach: 2 Indiv. Fish Sample No. 26W0090(w)
 Species: Rainbow (w) Weight (g): 68 Length (mm): 417

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

OPERCULA:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>Fill Net Damage</u>
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. C2GNG093(W)
 Species: RBW Weight (g): 1502 Length (mm): 518

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. CAG-NO10(CW)
 Species: Rainbow (w) Weight (g): 1295 Length (mm): 1295 504

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. C2GN0103(W)
 Species: RBW Weight (g): 180.6 Length (mm): 572

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/2009 Reach: 2 Indiv. Fish Sample No. C2GN0094(W)
 Species: RBW Weight (g): 1054 Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0035 CW
 Species: Rainbow CW Weight (g): 5.7 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2B00034 CW

Species: Rainbow CW

Weight (g): 6

Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0036CW
 Species: Rainbow CW Weight (g): 9.2 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009

Reach: 2

Indiv. Fish Sample No. 2FB0002

Species: Rainbow Wild

Weight (g): 950

Length (mm): 522

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; border: none;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; vertical-align: top; border: none;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009

Reach: 2

Indiv. Fish Sample No. 2EB0003

Species: Rainbow-wild

Weight (g): 914

Length (mm): 456

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2EB0004
 Species: Rainbow - Hatchery Weight (g): 619 Length (mm): 384

EXTERNAL EXAMINATION: (check all that apply)
 Tag # 509-359-7495 ID# EWucheney/61759

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none;"> <p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input checked="" type="checkbox"/> other (specify): <u>mp</u> <input checked="" type="checkbox"/> other (specify): <u>Club Damage</u></p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): Damage from Dorsal Fin tag

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2EB0005
 Species: Rainbow-Wild Weight (g): 693 Length (mm): 406

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2E80006
 Species: Rainbow - Hatchery Weight (g): 972 Length (mm): 461

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2E6007
 Species: Rainbow-wild Weight (g): 1148 Length (mm): 484

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2EB0008
 Species: Rainbow - Wild Weight (g): 966 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: Left:</p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Parasite</u>	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009

Reach: 2

Indiv. Fish Sample No. ZEBC0009

Species: Rainbow-wild

Weight (g): 1058

Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2E60610
 Species: Rainbow - wild Weight (g): 1512 Length (mm): 531

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input checked="" type="checkbox"/> other (specify): <u>Club Damage</u></p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>GILLS: Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. ZEBO011
 Species: rainbow-wild Weight (g): 1085 Length (mm): 496

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/2009 Reach: 2 Indiv. Fish Sample No. 2EB004
 Species: rainbow wild Weight (g): 16.7 Length (mm): 12

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0047
 Species: Rainbow (W) Weight (g): 1178 ^{CH}/_{W/L} Length (mm): 496 ^{CH}/_{W/L}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0048
 Species: Rainbow Weight (g): 1248 Length (mm): 491

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0049
 Species: Rainbow Weight (g): 1292 Length (mm): 481

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. LED0050
 Species: Rainbow trout (wild) Weight (g): 829 Length (mm): 514

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Minor tear on caudal and dorsal and anal and pelvic (right)

② 10/5/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 2 Indiv. Fish Sample No. 2ED0051(w)
 Species: Rainbow (w) Weight (g): 1030 Length (mm): 469

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2ED0052
 Species: Rainbow - Wild Weight (g): 898 Length (mm): 461

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophalmic</td> <td style="border: none;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2ED0053
 Species: Rainbow - wild Weight (g): 613 Length (mm): 399

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2E00054
 Species: Rainbow-wild Weight (g): 178 Length (mm): 256

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>GILLS: Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0055
 Species: Rainbow trout (W) Weight (g): 137 Length (mm): 247 ^{CK} _{14/5/12}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. ZED0056
 Species: Rainbow Weight (g): 138 Length (mm): 231

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. ZEPO057 (W)
 Species: Pinkish trout (W) Weight (g): 95 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>lesion right end of tail</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>frayed caudal and dorsal</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 26D0058
 Species: Rainbow trout (w) Weight (g): 174 Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09
 Species: Rainbow (w)

Reach: 2

Indiv. Fish Sample No. 2ED0059

Weight (g): 938 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09
 Species: Rainbow

Reach: 2
 Weight (g): 269

Indiv. Fish Sample No. 2ED0060
 Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2ED0061
 Species: Rainbow Wild Weight (g): 316 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Dorsal - Laceration</u> <u>Ventral (pelvic) Laceration</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2ED0062
 Species: Rainbow - wild Weight (g): 309 Length (mm): 309

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09

Reach: 2

Indiv. Fish Sample No. LED0063

Species: Rainbow trout (W)

Weight (g): 169

Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2E00064
 Species: Rainbow-wild Weight (g): 94.6 Length (mm): 212

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2ED0065
 Species: Rainbow (w) Weight (g): 36.8 Length (mm): 146

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2E00066
 Species: Rainbow (w) Weight (g): 9.8 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>UPPER GUT damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. LE0067
 Species: rainbow-trout Weight (g): 1017 Length (mm): 451

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2-ED 0068
 Species: Rainbow CW Weight (g): 142 Length (mm): 230

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

02

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2FD0070
 Species: rainbow-wild Weight (g): 730 Length (mm): 415

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/2009 Reach: 2 Indiv. Fish Sample No. 2ED0082
 Species: Rainbow wild Weight (g): 177.4 Length (mm): 222

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3EP0101 (w)

Species: Rainbow Trout

Weight (g): 1302

Length (mm): 517

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0102 CH
 Species: Rainbow Trout Weight (g): 1592 Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E100103 (w)
 Species: Rainbow Trout Weight (g): 980 Length (mm): 431

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EPO106 (H)
 Species: Rainbow Trout Weight (g): 424 Length (mm): 333

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>laceration on body (right)</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: J Indiv. Fish Sample No. 3ED02S2
 Species: RBW Weight (g): 20.8 Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3EF000 (H)

Species: Rainbow Trout

Weight (g): 1455

Length (mm): 485

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EFO02 CW
 Species: Rainbow Trout Weight (g): 1757 Length (mm): 527

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input checked="" type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input checked="" type="checkbox"/> <input type="checkbox"/> other (specify): <u>parasite unidentified</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____
<u>Left</u>	<u>Right</u>																			
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																			
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																			
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																			
<input type="checkbox"/> missing	<input type="checkbox"/> missing																			
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																			
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																			
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																			
_____	_____																			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input checked="" type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>hemorrhagic on pelvic fin</u> _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3E F003 (w)

Species: Rainbow Trout

Weight (g): 902

Length (mm): 423

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E F0004 (w)
 Species: Rainbow Trout Weight (g): 604 Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EFO510 (W)
 Species: Rainbow Trout Weight (g): 1056 Length (mm): 434

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 39NE0002^H

Species: RAINBOW TROUT

Weight (g): 651

Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply) (TAG ON BACK)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 36-NE0006^H

Species: RAINBOW TROUT

Weight (g): 789

Length (mm): 412

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36NED007^w
 Species: RAINBOW TROUT^w Weight (g): 844 Length (mm): 460

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 34NE008^w

Species: RAINBOW TROUT ^w

Weight (g): 1628 Length (mm): 564

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 39NE0011^w
 Species: RAINBOW TROUT^w Weight (g): 567 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3GNE0012^H
 Species: RAINBOW TROUT^H Weight (g): 1404 Length (mm): 458

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36NE0013^w
 Species: Rainbow (wild) Weight (g): 391 Length (mm): 351

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gilnet marks</u> <u>left side (low body) lesion</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: RAINBOW TROUT H

Reach: 3

Indiv. Fish Sample No. 3GNE0014

Weight (g): 376 Length (mm): 326

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u> <u>lesion near tail</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: RAINBOW TROUT^H

Reach: 3
 Weight (g): 423

Indiv. Fish Sample No. 39NE0016^H
 Length (mm): 326

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36 NE0019
 Species: RAINBOW TROUT w Weight (g): 1463 Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 36NE0026
 Species: Rainbow Trout Hatchery Weight (g): 1280 Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): Gill Net Damage

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Dorsal Fin Deformed

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 39NE0029[#]
 Species: RAINBOW TROUT H Weight (g): 623 Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: RAINBOW TROUT #

Reach: 3
 Weight (g): 430

Indiv. Fish Sample No. 3GNE0030 #
 Length (mm): 343

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3GNE0032
 Species: RAINBOW Weight (g): 352 Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gilnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening Right side

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 39WE0037

Species: RAINBOW TROUT w

Weight (g): 1089 Length (mm): 462

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6

Reach: 3

Indiv. Fish Sample No. 39NE0040

Species: Rainbow Trout ^H

Weight (g): 528

Length (mm): 362

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 3 Indiv. Fish Sample No. 36 NE0045 (11)
 Species: Rainbow Trout Weight (g): 321 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>right opercula damage</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Tail fin frayed</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36 NCJDS2 (w)
 Species: Rainbow Trout Weight (g): 332 Length (mm): 326

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): <u>Gill net marks</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09
 Species: Rainbow Trout

Reach: 3
 Weight (g): 1616

Indiv. Fish Sample No. 36NE0060 (w)
 Length (mm): 515

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EF0012(W)

Species: 3EF0012(W)

Weight (g): 22.2

Length (mm): 131

8-10/26/09 Rainbow Trout

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>cut on right</u></p> <p style="padding-left: 40px;"><u>ventral side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0001 w
 Species: Rainbow Trout (w) Weight (g): 2121 Length (mm): 557

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>yellow spots</u></p> <p style="padding-left: 40px;"><u>on abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>damage from gill net</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0002
 Species: Rainbow Trout Weight (g): 1515 Length (mm): 524

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36B0063
 Species: RAINBOW TROUT W Weight (g): 7 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EP0145
 Species: Rainbow Trout Weight (g): 11.6 Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED0149
 Species: Rainbow Trout Weight (g): 116 Length (mm): 131

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/9
 Species: RBW Trout

Reach: 3

Indiv. Fish Sample No. 3ED0198

Weight (g): 26.4 Length (mm): 138

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09

Reach: 3

Indiv. Fish Sample No. 3ED0279

Species: Rainbow Trout

Weight (g): 14.9

Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3ED0336

Species: Rainbow (w)

Weight (g): 7.0

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0343
 Species: Rainbow (w) Weight (g): 8.6 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3SE0019W

Species: Rainbow Trout - wild

Weight (g): 22.1

Length (mm): 134

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ED0327 W
 Species: Rainbow trout - wild Weight (g): 178 Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>healed wound on</u> <u>left ventral side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: _____

Indiv. Fish Sample No. 3ED0328W

Species: Rainbow trout - wild

Weight (g): 228

Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s) <u>(L) side</u></p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>cuts on body</u></p> <p style="padding-left: 40px;"><u>left and right side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/00
 Species: RB

Reach: 3
 Weight (g): 133

Indiv. Fish Sample No. 3520357
 Length (mm): 12

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0358
 Species: Rainbow trout Weight (g): 34.4 Length (mm): 155

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GNA0047

Species: RAINBOW TROUT

Weight (g): 929

Length (mm): 423

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 3 Indiv. Fish Sample No. 36NC0025
 Species: Rainbow Trout Weight (g): 1406 Length (mm): 503

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>worm eimeria</u> <u>from body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal 10/10/09 frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): split tail

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 3

Indiv. Fish Sample No. 36-NC0027^W

Species: Rainbow Trout

Weight (g): 1804

Length (mm): 548

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0002
 Species: Rainbow trout - WILTS CAC Weight (g): 602 Length (mm): 358
HATCHERY

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

OPERCULA:

 normal other (specify): _____
 slight shortening both (R) & (L)
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>stunted dorsal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0003 W
 Species: Rainbow trout - Wild Weight (g): 302 Length (mm): 299

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed caudal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: Rainbow Trout

Reach: 4
 Weight (g): 412

Indiv. Fish Sample No. 4EB0004
 Length (mm): 322

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening (left)

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4EB0005

Species: Rainbow Trout - Wild

Weight (g): 455

Length (mm): 317

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: <i>N/A</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 4

Indiv. Fish Sample No. 4EB0006

Species: Rainbow trout - Wild

Weight (g): 1620

Length (mm): 530

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4EB00071A
 Species: RB1+ Weight (g): 474 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: NA</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0008
 Species: Rainbow trout - Wild Weight (g): 1596 Length (mm): 509

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0009H
 Species: Rainbow trout - Hatchery Weight (g): 590 Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>stunted</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>dorsal fin</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4EB0010H

Species: RBT

Weight (g): 556

Length (mm): 375

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>caudal fin</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>chunk missing</u></p> <p><u>from dorsal fin</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0011
 Species: Rainbow trout - wild Weight (g): 364 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 4

Indiv. Fish Sample No. 4EB0013 W

Species: Rainbow trout - wild

Weight (g): 473 ~~674~~ cat

Length (mm): 374

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Missing Scales</u></p> <p style="padding-left: 20px;"><u>on (D) (R) abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>growth on (L) gill</u></p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <u>caudal</u>	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0014
 Species: Rainbow trout - wild Weight (g): 434 Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4EB0012
 Species: RAINBOW TROUT Weight (g): 627 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>healed wound - side</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 412B0016W

Species: RAINBOW TROUT

Weight (g): 1852 Length (mm): 545

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: RAINBOW TROUT #

Reach: 4

Indiv. Fish Sample No. 4EB0017^H

Weight (g): 454 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. UEB 0018H
 Species: RBH Weight (g): 508 Length (mm): 346

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> slight shortening <u>Right</u> <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4EB0019H
 Species: RBH Weight (g): 484 Length (mm): 394

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <i>NA</i> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed *caudal*
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 4 Indiv. Fish Sample No. 4EB0022H
 Species: Rainbow trout - Hatchery Weight (g): 498 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Stunted dorsal fin</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0009H

Species: Rainbow Trout (Hatchery) Weight (g): 611 Length (mm): 385

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0062H
 Species: Rainbow Trout (Hatchery) Weight (g): 442 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNAC0063W
 Species: Rainbow Trout (W) Weight (g): 1350 Length (mm): 481

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <p>white spots <input type="checkbox"/></p> <p>leech(es) <input type="checkbox"/></p> <p>black spot(s) <input type="checkbox"/></p> <p>anchor worm(s) <input type="checkbox"/></p> </div> <p><input type="checkbox"/> other (specify): <u>Gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0064H
 Species: Rainbow Trout (Hatchery) Weight (g): 829 Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p><u>White tag</u></p> <p><u>"Ewu Cheney (59245) 509-359-7498"</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p><input checked="" type="checkbox"/> <u>mouth sore / abrasion</u></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p><u>AND Gillnet damage</u></p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0065H
 Species: Rainbow Trout (Hatchery) Weight (g): 722 Length (mm): 375

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>cill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>dorsal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0066W
 Species: Rainbow Trout (Wild) Weight (g): 1346 Length (mm): 526

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: Rainbow Trout (#)

Reach: 4

Indiv. Fish Sample No. 4GNA0067

Weight (g): 479 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> <tr> <td style="border: none;"> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="border: none;"> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>	<p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>					
<p><input type="checkbox"/> other (specify): _____</p>	<p><input type="checkbox"/> other (specify): _____</p>					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (caudal)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0068^H

Species: Rainbow Trout (H)

Weight (g): 458

Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0069
 Species: RAINBOW TROUT (H) Weight (g): 589 Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u>	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <input checked="" type="checkbox"/> <u>mouth cut (L)</u> <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>small dorsal fin</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EB0050

Species: Rainbow H

Weight (g): 5^{ml} 426

Length (mm): 326

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input checked="" type="checkbox"/> slight shortening	
<input type="checkbox"/> severe shortening	

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Rainbow Trout

Reach: 4
 Weight (g): 536

Indiv. Fish Sample No. 4EB0054¹⁷
 Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input checked="" type="checkbox"/> other (specify): <u>eye damage due to cooler storage</u>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4FB00576[#]
 Species: Rainbow Trout Weight (g): 549 Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4FB0058
 Species: Rainbow Trout^H Weight (g): 642 Length (mm): 372

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS: <u>10/10/09</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>MISSING right pectoral</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EB0059
 Species: Rainbow Trout Weight (g): 685 Length (mm): 372

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EB0060

Species: rainbow # _____

Weight (g): 578

Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4 EB0061
 Species: Rainbow Trout^{tr} Weight (g): 610 Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Rainbow Trout #

Reach: 4
 Weight (g): 527

Indiv. Fish Sample No. 4EB30062
 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Rainbow W

Reach: 4

Indiv. Fish Sample No. 4ED0459

Weight (g): 157 Length (mm): 252

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0460
 Species: Rainbow W Weight (g): 360 Length (mm): 275

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0557W

Species: Rainbow trout

Weight (g): 44.6

Length (mm): 161

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0006
 Species: Rainbow W Weight (g): 712 Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Caudal fin</u></p> <p><u>split and frayed</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: _____

Indiv. Fish Sample No. 46NE0008

Species: Rainbow H

Weight (g): 595

Length (mm): 369

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): Damage probably due to removal from Gill net

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): <u>Caudal fin is split and frayed</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0011

Species: Rainbow H

Weight (g): 616

Length (mm): 367

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NE0019
 Species: Rainbow w Weight (g): 539 Length (mm): 362

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 523000 1H

Species: Rainbow trout - H

Weight (g): 577

Length (mm): 366

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed 1st gill raker on (L)</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0002H
 Species: Rainbow (H) Weight (g): 381 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>lacerations on both sides</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0003 H
Species: Rainbow trout - H Weight (g): 465 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify): <u>on caudal fin</u> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%;"><tr><th style="text-align: center;">Left</th><th style="text-align: center;">Right</th></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> exophthalmic</td><td><input type="checkbox"/> exophthalmic</td></tr><tr><td><input type="checkbox"/> opaque</td><td><input type="checkbox"/> opaque</td></tr><tr><td><input type="checkbox"/> missing</td><td><input type="checkbox"/> missing</td></tr><tr><td><input type="checkbox"/> hemorrhagic</td><td><input type="checkbox"/> hemorrhagic</td></tr><tr><td><input type="checkbox"/> emboli</td><td><input type="checkbox"/> emboli</td></tr></table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	Left	Right	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
Left	Right															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>torn anal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5030004
 Species: Rainbow trout - 4 Weight (g): 468 Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">Unknown leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">under black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">mouth anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>dorsal, R</u></p> <p><input type="checkbox"/> hemorrhagic <u>pectoral</u></p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0005H
 Species: Rainbow Trout (H) Weight (g): 498 Length (mm): 347

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0004H
 Species: Rainbow trout trout H Weight (g): 430 Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>lacerations on</u></p> <p style="padding-left: 40px;"><u>(R)</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>turn dorsal fin</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5090007H

Species: Rainbow trout - H

Weight (g): 406

Length (mm): 307

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify): <u>unknown</u> white spots <input type="checkbox"/> <u>unknown</u> leech(es) <input type="checkbox"/> <u>unknown</u> black spot(s) <input type="checkbox"/> <u>unknown</u> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>abrasion on R</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <u>dorsal</u>	<input checked="" type="checkbox"/> other (specify): <u>L pectoral</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>regenerated, lots of</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	<u>scar tissue</u>

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5030008 H
 Species: Rainbow trout - H Weight (g): 549 Length (mm): 349

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>lacerations on</u> <u>L</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Slight</u> <u>tear in dorsal</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0009-H
 Species: Rainbow trout - H Weight (g): 572 Length (mm): 363

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>deformed @ gill flap</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Scar tissue in caudal fin</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SEB00104

Species: Rainbow Trout (H)

Weight (g): 519

Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0011
 Species: Rainbow trout - H Weight (g): 391 Length (mm): 306

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>ulcerations on</u> <u>(R)</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>dorsal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5230012

Species: Rainbow trout - H

Weight (g): 646

Length (mm): 374

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="margin-left: 20px;"><u>(R) side abrasion</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed dorsal, shortened

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0013 H
 Species: Rainbow trout - H Weight (g): 563 Length (mm): 346

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;"><i>Other</i> leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;"><i>(both sides)</i> black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed *pectoral* other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5E30014H
 Species: Rainbow trout (H) Weight (g): 316 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0015H
 Species: Rainbow Trout (H) Weight (g): 400 Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	---

FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB00164
 Species: Rainbow Trout (H) Weight (g): 444 Length (mm): 326

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
--	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5EB00174

Species: Rainbow trout - H

Weight (g): 435

Length (mm): 415 CAC 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p><u>unknown</u> <input type="checkbox"/> white spots</p> <p> <input type="checkbox"/> leech(es)</p> <p> <input type="checkbox"/> black spot(s)</p> <p> <input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p><u>abrasions on</u></p> <p><u>(R)</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>dorsal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SEB0018H

Species: Rainbow Trout (H)

Weight (g): 355

Length (mm): 296

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SED0001H
 Species: Rainbow Trout (H) Weight (g): 576 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SED0002 HW

Species: RAINBOW ^{AR} - HW

Weight (g): 581

Length (mm): 365

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>PARASITE</u></p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>PARASITE</u></p>
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FINS:

<p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><u>DORSAL/CAUDAL</u></p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0003 H
 Species: RAINBOW - H Weight (g): 398 Length (mm): 327

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p><i>Right nare - damaged</i></p> <p>BARBELS: <i>N/A</i></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening - *Ray*

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <i>Dorsal - damaged/absent</i>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<i>CAUDAL - RAYS missing</i>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	<i>Right pec - scarred</i>

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 520005A
 Species: Rainbow-H Weight (g): 449 Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening RT SIDE
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>parasite</u>
--	---

FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SED0004H
 Species: Rainbow Trout (H) Weight (g): 482 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>2 parasites</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0407
 Species: RAINBOW W Weight (g): 550 Length (mm): 358

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>RT SIDE - ABRASION</u></p> <p style="padding-left: 20px;"><u>RT PECTORAL FIN - PARASITE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SE00008 H
 Species: Rainbow Trout (H) Weight (g): 460 Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>2 parasites</u>	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SED0009H
 Species: Rainbow Trout (H) Weight (g): 454 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>Parasite</u></p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SEED0010H

Species: Rainbow Trout (H)

Weight (g): 499

Length (mm): 352

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 56NMA00074

Species: RAINBOW TROUT (H)

Weight (g): 695

Length (mm): 367

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15^{AR} 10/12/09 Reach: 5 Indiv. Fish Sample No. 56NA0008
 Species: RAINBOW TROUT - W Weight (g): 1289 Length (mm): 476

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>parasite</u> _____ _____
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FINS:

 normal frayed other (specify): DORSAL
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 56NVA8889

Species: RAINBOW TROUT - W

Weight (g): 1414

Length (mm): 496

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <table style="margin-left: 150px; border: none;"> <tr><td>white spots</td><td><input type="checkbox"/></td></tr> <tr><td>leech(es)</td><td><input type="checkbox"/></td></tr> <tr><td>black spot(s)</td><td><input type="checkbox"/></td></tr> <tr><td>anchor worm(s)</td><td><input type="checkbox"/></td></tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	white spots	<input type="checkbox"/>	leech(es)	<input type="checkbox"/>	black spot(s)	<input type="checkbox"/>	anchor worm(s)	<input type="checkbox"/>	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: N/A</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
white spots	<input type="checkbox"/>																							
leech(es)	<input type="checkbox"/>																							
black spot(s)	<input type="checkbox"/>																							
anchor worm(s)	<input type="checkbox"/>																							
<u>Left</u>	<u>Right</u>																							
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																							
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																							
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																							
<input type="checkbox"/> missing	<input type="checkbox"/> missing																							
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																							
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																							

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Parasite</u>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0101W
 Species: Rainbow Trout (W) Weight (g): 513 Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB01024
 Species: Rainbow Trout Weight (g): 581 Length (mm): 353

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SGNA0006H
 Species: Rainbow Trout (H) Weight (g): 416 Length (mm): 315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 5 Indiv. Fish Sample No. 56NA5012 (2)
 Species: Rainbow trout Weight (g): 981 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

Based on photos 11/2/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 6

Indiv. Fish Sample No. 6EB0002^{ft}

Species: Rainbow Trout^{ll}

Weight (g): 572

Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 6 Indiv. Fish Sample No. 6EB0003A
 Species: Rainbow trout (#) Weight (g): 543 Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>≈ 5mm puncture wound left side near gill</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/10 Reach: 0 Indiv. Fish Sample No. WEB000414
 Species: Rainbow-trout Weight (g): 390 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>facial tumor on belly</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0001H
 Species: Rainbow Trout (H) Weight (g): 452 Length (mm): 343

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6EB0005H

Species: rainbow trout

Weight (g): 609

Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0007
 Species: rainbow trout Weight (g): 460 Length (mm): 344

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09
 Species: Rainbow trout

Reach: C

Indiv. Fish Sample No. 6EB30008^H

Weight (g): 499 Length (mm): 352

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6520009^W

Species: Rainbow Trout

Weight (g): 388

Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 68B0010^H

Species: rainbow trout

Weight (g): 485

Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 60

Indiv. Fish Sample No. 6EB0011W

Species: rainbow trout

Weight (g): 554

Length (mm): 358

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6EB0013H

Species: Rainbow Trout (H)

Weight (g): 452 Length (mm): 329

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
---	--

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09
 Species: rainbow trout

Reach: 6
 Weight (g): 630

Indiv. Fish Sample No. GERB0014W
 Length (mm): 370

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Tagged: Ewu Cheney 58591
 509.359.7498

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 10EB0015^H

Species: Rainbow trout

Weight (g): 470

Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 60 Indiv. Fish Sample No. 6ES0016 W
 Species: rainbow trout Weight (g): 594 Length (mm): 364

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 60 Indiv. Fish Sample No. 6EB0017W
 Species: rainbow trout Weight (g): 529 Length (mm): 343

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>missing some scales</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	--

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09
 Species: Rainbow trout

Reach: 6
 Weight (g): 549

Indiv. Fish Sample No. 6EB0018^H
 Length (mm): 365

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/19
 Species: Rainbow-wild

Reach: 6
 Weight (g): 470

Indiv. Fish Sample No. 6EB0019W
 Length (mm): 348

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6EB0020H

Species: Rainbow Trout (H)

Weight (g): 536

Length (mm): 364

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/19

Reach: 6

Indiv. Fish Sample No. 6EB0021W

Species: Rainbow - wild

Weight (g): 571

Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0022
 Species: rainbow trout Weight (g): 798 Length (mm): 410

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: L Indiv. Fish Sample No. 6EB0023W
 Species: Rainbow Trout (W) Weight (g): 590 Length (mm): 360*

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body <i>Head</i></p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0024W
 Species: Rainbow Trout (W) Weight (g): 521 Length (mm): 359

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>parasites</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	--

FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0184H
 Species: RBH Weight (g): 348 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>burn, right side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input checked="" type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>caudal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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right pectoral

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: C Indiv. Fish Sample No. 0EB0185H
 Species: RBH Weight (g): 376 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0186H
 Species: RBH Weight (g): 485 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 6EB0187W
 Species: RBW Weight (g): 563 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <i>caudal</i> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. GED0013-4

Species: Rainbow trout - H

Weight (g): 453

Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed Caudal
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0055W
 Species: Rainbow Trout (W) Weight (g): 1208 Length (mm): 514

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0056H
 Species: Rainbow Trout (H) Weight (g): 1440 Length (mm): 519

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA0057W

Species: rainbow trout

Weight (g): 496 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0058W
 Species: rainbow trout Weight (g): 586 Length (mm): 363

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0059H
 Species: Rainbow Trout (H) Weight (g): 444 Length (mm): 337

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0082-W

Species: Rainbow trout

Weight (g): 320

Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 69NA0089-14

Species: Rainbow trout

Weight (g): 396

Length (mm): 325

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/2009 Reach: CE Indiv. Fish Sample No. 06WA0090
 Species: FBW Weight (g): 1165 Length (mm): 460

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>GILL NET MARKINGS</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

CATCH DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. CGNA0091
 Species: Rainbow trout - W Weight (g): 624 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0092

Species: Rainbow trout

Weight (g): 722

Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. UGNA00934
 Species: Rainbow trout -lt Weight (g): 482 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. CGNA006^{AK} 94
 Species: Rainbow trout -H Weight (g): 423 Length (mm): 348

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): <u>Gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify):	<p>_____</p> <p>_____</p>																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 6 Indiv. Fish Sample No. CGN0106 W
 Species: Rainbow Trout Weight (g): 381 Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

Based on photo 11/2/79

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10074

Species: Redside Shiner

Weight (g): 8.2

Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 11/5/09

Reach: 2

Indiv. Fish Sample No. 2EB0022

Species: Redside shiner

Weight (g): 4.0

Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Damaged gut</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0009
 Species: Sculpin Weight (g): 12 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0010
 Species: Sculpin Weight (g): 32 Length (mm): 139

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 1 Indiv. Fish Sample No. 1E0014
 Species: Sculpin Weight (g): 3 Length (mm): 64

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/20/09 Reach: 1 Indiv. Fish Sample No. 1E0015
 Species: Sculpin Weight (g): 62 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0027
 Species: Sculpin Weight (g): 8 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1N10024

Species: Sculpin

Weight (g): 11

Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N10029
 Species: Sculpin Weight (g): 9 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N10030
 Species: Sculpin Weight (g): 8 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10055
 Species: SCULPIN Weight (g): 20 Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. N1B50002
 Species: Sculpin Weight (g): 4.9 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. N1BS0003
 Species: Scolpin Weight (g): 3.8 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. NIBS0004
 Species: Sculpin Weight (g): 4.8 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10081
 Species: Sculpin Weight (g): 15.2 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E0085

Species: Sculptor

Weight (g): 16

Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 161092
 Species: Sculpin Weight (g): 15 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 12/3/09 Reach: 1 Indiv. Fish Sample No. KE10091
 Species: sculpin Weight (g): 13 Length (mm): 106

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/26/09 Reach: 1 Indiv. Fish Sample No. 1E10095
 Species: Sculpin Weight (g): 10.8 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	HEAD and ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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GILLS: <u>Left:</u> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<u>Right:</u> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10097
 Species: Sculpin Weight (g): 116 Length (mm): 188

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10094
 Species: Sculpin Weight (g): 22.2 Length (mm): 120

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10099
 Species: Sculpin Weight (g): 15.6 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2E00037
 Species: Sculpin Weight (g): 3.2 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0038
 Species: Sculpin Weight (g): 11.2 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2FD0039
 Species: Sculpin Weight (g): 4.5 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2 E D0090
 Species: Sculpin Weight (g): 13.3 Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS:</p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Parasites</u>	<p style="text-align: center;"><u>Left:</u></p> <div style="text-align: center;">  </div> <p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>Parasites</u>
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0015
 Species: Sculpin Weight (g): 18.0 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0016
 Species: sculpin Weight (g): 10.5 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0018
 Species: sculpin Weight (g): 11.5 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0023
 Species: Sculpin Weight (g): 4.2 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0025
 Species: Sculpin Weight (g): 6.2 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00281
 Species: SN Weight (g): ^{clt 10/6/09} ~~6.7~~ 6.7 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00282
 Species: SN Weight (g): 82 Length (mm): 6.0

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>red spots on right flank</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00283
 Species: SN Weight (g): 4.6 Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3 EB 0066
 Species: Sculpin Weight (g): 32 Length (mm): 138

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EFO024
 Species: Sculpin Weight (g): 4.8 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0032
 Species: Sculpin Weight (g): 6.3 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E F0033
 Species: Sculpin Weight (g): 6.4 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3E0344
 Species: sculpin Weight (g): 7.4 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/09

Reach: 3

Indiv. Fish Sample No. 3E100367

Species: Sculpin

Weight (g): 130

Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. JE00386
 Species: Scupin Weight (g): 8.0 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3SE0001

Species: sculpin

Weight (g): 0.7

Length (mm): 45

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <i>N/A</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3SE0023
~~3SE0001~~

Species: salmon

Weight (g): 0.4

Length (mm): 40

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal N/A <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0520
 Species: Sculpin Weight (g): 1.2 Length (mm): 52

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 6/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0519
 Species: sculpin Weight (g): 1.5 Length (mm): 50

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0518
 Species: sculpin Weight (g): 1.8 Length (mm): 58

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Sculpin

Reach: 4

Indiv. Fish Sample No. 4ED0484

Weight (g): 6.1 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ETD0556
 Species: Sculpin Weight (g): 4.2 Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5660079
 Species: SCALPIN Weight (g): 7.2 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input type="checkbox"/> normal	<input type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0080
 Species: SCULPIN Weight (g): 5.8 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0081
 Species: SCULPIN Weight (g): 3.6 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB 0082
 Species: Sculpin Weight (g): 5.0 Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: SALPIN

Reach: 5
 Weight (g): 4.4

Indiv. Fish Sample No. 5EB0083
 Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0084
 Species: SCULPIN Weight (g): 3.6 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0085

Species: SCULPIN

Weight (g): 3.1

Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0086
 Species: SCULPIN Weight (g): 5.6 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EBO087
 Species: SCULPIN Weight (g): 2.8 Length (mm): 63

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 52E0088
 Species: Sculpin Weight (g): 10.9 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5E130089

Species: Sculpin

Weight (g): 4.3

Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0090
 Species: SALPIN Weight (g): 5.4 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0091
 Species: SCULPIN Weight (g): 4.0 Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: SCULPIN

Reach: 5
 Weight (g): 3.5

Indiv. Fish Sample No. 5EB0185
 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 5

Reach: 5

Indiv. Fish Sample No. 5EB0191

Species: SCULPIN

Weight (g): 5.2

Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> raised growth(s) <i>filled w/ opaque white fluid</i></p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEB0192
 Species: SCUMPIN Weight (g): 5.5 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB 0194
 Species: SCULPIN Weight (g): 7.9 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. GBB0195

Species: 5EAB0195^{OK} SCULPIN

Weight (g): 4.8

Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0197
 Species: SCULPIN Weight (g): 12.4 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EE0004
 Species: SCULPIN Weight (g): 6.7 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. SEB0006

Species: SCULPIN

Weight (g): 7.9

Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EE 0007
 Species: SCULPIN Weight (g): 3.8 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EBO125
 Species: Sculpin Weight (g): 8 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 0FB0161
 Species: Sculpin Weight (g): 3.6 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY):

10/15/09

Reach: 6

Indiv. Fish Sample No. 162
6EB0125 *Jan*

Species: Sculpin

Weight (g): 7

Length (mm): 94

10/28/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 05E0002
 Species: 74 SN Weight (g): 1.5 Length (mm): 59

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 65E0010
 Species: SN Weight (g): 0.6 Length (mm): 40

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____
<u>Left</u>	<u>Right</u>							
<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli							
<input type="checkbox"/> other (specify): _____ _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____							

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0013
 Species: Sculpin Weight (g): 7.7 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1GN10011
 Species: Smallmouth bass Weight (g): 333 Length (mm): 278

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <i>NA</i></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>- damaged</u>
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 7 Indiv. Fish Sample No. 1N0004
 Species: Small mouth bass Weight (g): 252 Length (mm): 244

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. IN10022

Species: Smallmouth Bass

Weight (g): 5

Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IN10023
 Species: Smallmouth Bass Weight (g): 6 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. IN10025
 Species: Smallmouth Bass Weight (g): 95.6 Length (mm): 83.5 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N10026
 Species: Smallmouth Bass Weight (g): 9 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10069
 Species: Smallmouth Bass Weight (g): 13 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10070
 Species: Smallmouth Bass Weight (g): 8.8 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10077
 Species: Smallmouth Bass Weight (g): 2.9 Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. IE10086
 Species: Smallmouth Bass Weight (g): 9 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. 1E10093

Species: Smallmouth Bass

Weight (g): 10

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/03/09 Reach: 1 Indiv. Fish Sample No. N1-BS-0005
 Species: Small mouth Bass Weight (g): 6.1 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. NI-BS-0006

Species: Smallmouth Bass

Weight (g): 7.8

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. N1-BS-0007

Species: Smallmouth bass

Weight (g): 3.6

Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input checked="" type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. MI-PS-0008
 Species: Smallmouth Bass Weight (g): 1.6 Length (mm): 47

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. NI-PS-0009
 Species: Smallmouth Bass Weight (g): 5.6 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>small lesion on</u> <u>left side</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0035
 Species: Small Mouth Bass Weight (g): 12 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0036
 Species: Small Mouth Bass Weight (g): 61 Length (mm): 43

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0037
 Species: Small Mouth Bass Weight (g): 1 Length (mm): 49

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0038
 Species: Small Mouth Bass Weight (g): 1 Length (mm): 43

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> ^(sw) normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>lesion on dorsal side</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/2009 Reach: 2 Indiv. Fish Sample No. 2A0039
 Species: Small Mouth Bass Weight (g): 2 Length (mm): 49

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0040
 Species: Small Mouth Bass Weight (g): 46 Length (mm): 46

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0077
 Species: Small Mouth Bass Weight (g): <1 Length (mm): 43

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0078
 Species: Small Mouth Bass Weight (g): 2 Length (mm): 49

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0079
 Species: Small Mouth Bass Weight (g): 2 Length (mm): 49

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0082
 Species: Small Mouth Bass Weight (g): 1 Length (mm): 46

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0010
 Species: Smallmouth Bass Weight (g): 6.6 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0011
 Species: Small mouth Bass Weight (g): 4.2 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0016
 Species: Smallmouth Bass Weight (g): 9 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0017
 Species: Smallmouth Bass Weight (g): 5.3 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2500018
 Species: Smallmouth Bass Weight (g): 3.5 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0019
 Species: Smallmouth Bass Weight (g): 6.0 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2EP0020
 Species: Smallmouth Bass Weight (g): 5 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0021
 Species: Smallmouth Bass Weight (g): 6.1 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2ED0022

Species: Smallmouth Bass

Weight (g): 3.4

Length (mm): 64

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2ED0023

Species: Smallmouth Bass

Weight (g): 5.6

Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2E0024
 Species: Smallmouth Bass Weight (g): 1.6 Length (mm): 50

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0025
 Species: Smallmouth Bass Weight (g): 1.2 Length (mm): 45

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2ED0026

Species: Smallmouth Bass

Weight (g): 1.7

Length (mm): 53

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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Duplicate

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 2ED0027

Species: Smallmouth Bass

Weight (g): 7

Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0027
 Species: Smallmouth Bass Weight (g): 7 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0028
 Species: Smallmouth Bass Weight (g): 4.3 Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Scale loss</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED 0029
 Species: Smallmouth Bass Weight (g): 1.5 Length (mm): 49

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. Q E00030
 Species: Smallmouth Bass Weight (g): 2 Length (mm): 57

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0031
 Species: Smallmouth Bass Weight (g): 1.7 Length (mm): 51

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2ED0032
 Species: Smallmouth Bass Weight (g): 7.9 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2E00099
 Species: Smallmouth Bass Weight (g): 6.4 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN6 0027
 Species: SB Weight (g): 360 Length (mm): 279

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damag</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN90069
 Species: SB Weight (g): 1147 Length (mm): 414

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

captured dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 2 Indiv. Fish Sample No. 2EB0020
 Species: Smallmouth Bass Weight (g): 5.8 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0028

Species: Smallmouth Bass

Weight (g): 7.4

Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED018
 Species: Small mouth bass Weight (g): 9 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3600119 *fw 10/20/09*
 Species: Small mouth bass Weight (g): 17 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED02120

Species: SMALL MOUTH BASS

Weight (g): 19

Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Small mouth bass

Reach: 3
 Weight (g): 7

Indiv. Fish Sample No. 3EDD0124
 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0167
 Species: SMALL MOUTH BASS Weight (g): 20 Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0168
 Species: Small mouth bass Weight (g): 15 Length (mm): 113

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0169
 Species: Small mouth bass Weight (g): 9 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0170
 Species: (SB) Small mouth bass Weight (g): 8.2 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 36P0171

Species: Small mouth bass

Weight (g): 14

Length (mm): 112

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Smallmouth Bass

Reach: 3

Indiv. Fish Sample No. 3EPOJ12

Weight (g): 13.4

Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0173
 Species: (SB) Smallmouth bass Weight (g): 56.8 Length (mm): 161

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0174

Species: SMALL MOUTH BASS

Weight (g): 9

Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0175

Species: SMALL MOUTH BASS

Weight (g): 97

Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0176
 Species: SMALL MOUTH BASS Weight (g): 9 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0177

Species: Small mouth bass

Weight (g): 6

Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0178
 Species: SB Weight (g): 13.7 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00180
 Species: SB Weight (g): 10.7 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0181
 Species: Smallmouth bass Weight (g): 14.6 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0182
 Species: Smallmouth Bass Weight (g): 20.4 Length (mm): 111

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36D0185
 Species: Smallmouth bass Weight (g): 7 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3EP0186

Species: Smallmouth Bass

Weight (g): 19.8

Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00188
 Species: SB Weight (g): 12.5 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Red Spot under</u> <u>Mouth</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/2009 Reach: 3 Indiv. Fish Sample No. 3ED0218
 Species: SB Weight (g): 9.0 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
Species: SMALL MOUTH BASS

Reach: 3

Indiv. Fish Sample No. BED0219

Weight (g): 15 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0220
 Species: Small mouth bass Weight (g): 45 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0221
 Species: Small mouth bass Weight (g): 11 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0222
 Species: Small Mouth bass Weight (g): 8 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/2009 Reach: 3 Indiv. Fish Sample No. 3ED0223
 Species: SB Weight (g): 12.5 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Smallmouth Bass

Reach: 3

Indiv. Fish Sample No. 3E00224

Weight (g): 21.6

Length (mm): 116

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3ED0225
 Species: SB Weight (g): 14.7 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <i>CH 10/6/09</i></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): tail fin frayed

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0226
 Species: Small mouth bass Weight (g): 14 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 150px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0277
 Species: Small Mouth bass Weight (g): 12 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: Small Mouth Bass

Reach: 3
 Weight (g): 8

Indiv. Fish Sample No. 3ED0279
 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0230

Species: SMALL MOUTH BASS

Weight (g): 7

Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0231
 Species: Small mouth bass Weight (g): 10 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0244

Species: Small mouth bass

Weight (g): 10

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3600245 *sub 6069*

Species: Small Mouth Bass

Weight (g): 8

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0246
 Species: Small mouth bass Weight (g): 19 Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0247
 Species: Smallmouth bass Weight (g): 9 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EPO248
 Species: Smallmouth Bass Weight (g): 13.5 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/06/2009 Reach: 3 Indiv. Fish Sample No. 3E00249
 Species: SR Weight (g): 16.9 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0250
 Species: SB Weight (g): 7.2 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0261
 Species: SB Weight (g): 10.7 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3600262
 Species: Smallmouth Bass Weight (g): 16 Length (mm): 118

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3CP0263
 Species: SMALL MOUTH BASS Weight (g): 12.2 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED00264
 Species: Smallmouth Bass Weight (g): 14.3 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00265
 Species: Smallmouth Bass Weight (g): 5.3g Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: SMALL MOUTH BASS

Reach: 3
 Weight (g): 7.7

Indiv. Fish Sample No. 3ED0266
 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00268
 Species: Smallmouth Bass Weight (g): 2.4 Length (mm): 55

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Red spot on</u> <u>Belly</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3600269
 Species: Small mouth bass Weight (g): 2 Length (mm): 55

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

10/6/09

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3600270
 Species: Smallmouth bass Weight (g): 5 Length (mm): 270 72
10/6/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0273
 Species: Smallmouth Bass Weight (g): 1.7 Length (mm): 56

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 36D0284
 Species: Small mouth bass Weight (g): 6 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0285

Species: Small mouth bass

Weight (g): 7

Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: small mouth bass

Reach: 3
 Weight (g): 17

Indiv. Fish Sample No. 3ED0286
 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3ED0287
 Species: Small mouth bass Weight (g): 4 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 34NE0038
 Species: Small mouth bass Weight (g): 1018 Length (mm): 390

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 34WF0039
 Species: Small mouth bass Weight (g): 377 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3 EB 0050

Species: Smallmouth bass

Weight (g): 39

Length (mm): 143

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EB0053
 Species: Smallmouth bass Weight (g): 20 Length (mm): 114

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3ED0061

Species: Small mouth bass

Weight (g): 16

Length (mm): 111

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED0179
 Species: SM Bass Weight (g): 9.6 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED0184
 Species: SM Bass Weight (g): 9.9 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3E00183
 Species: SM Bass Weight (g): 7.9 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EP0189
 Species: SM BASS Weight (g): 14 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3E10217
 Species: SM Bass Weight (g): 9.2 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="border: none;"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____
<u>Left</u>	<u>Right</u>							
<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli							
<input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____							

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EPO267
 Species: SM Bass Weight (g): 85 Length (mm): 8.8

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Lower abrasion/lesion</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3E10272
 Species: SM Bass Weight (g): 9.2 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): <u>rear lower fin regions</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. PE10305
 Species: Smallmouth bass Weight (g): 80.2 Length (mm): 165

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. JED0307

Species: Smallmouth bass

Weight (g): 92.2

Length (mm): 175

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EF0015

Species: Small mouth bass

Weight (g): ^{14.9}103

Length (mm): 149 103

85 10/7/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09
 Species: Small mouth bass

Reach: 3
 Indiv. Fish Sample No. 3EF0027
 Weight (g): 103²²
 Length (mm): 181
85 10/7/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. BEF0028
 Species: Small mouth bass Weight (g): 11.2 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0030
 Species: Small mouth bass Weight (g): 26.8 Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EF0035

Species: Small mouth bass

Weight (g): 4.1

Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 367NA 0007
 Species: Smallmouth Weight (g): 250 Length (mm): 251

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009

Reach: 3

Indiv. Fish Sample No. 36NA0008

Species: Smallmouth Bass

Weight (g): 407

Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0009
 Species: Smallmouth Bass Weight (g): 764 Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0010
 Species: Smallmouth Bass Weight (g): 785 Length (mm): 357

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophalmic</td> <td style="border: none;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0011
 Species: Smallmouth Bass Weight (g): 376 Length (mm): 285

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0012
 Species: Smallmouth Bass Weight (g): 360 Length (mm): 278

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0013
 Species: Smallmouth Bass Weight (g): 367 Length (mm): 282

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening (left side)

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 30NA0014
 Species: Smallmouth Bass Weight (g): 282 Length (mm): 259

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36VA0015
 Species: Smallmouth Bass Weight (g): 271 Length (mm): 258

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0016
 Species: 3GNA0016 P5 Smallmouth Bass Weight (g): 250 Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0017
 Species: Smallmouth Bass Weight (g): 119 Length (mm): 193

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0018
 Species: Smallmouth Bass Weight (g): 76 Length (mm): 166

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): <u>Damage from ziploc</u></p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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Box Longphk 11/2/09

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0019
 Species: Smallmouth Bass Weight (g): 236 Length (mm): 250

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3ED0303

Species: Smallmouth bass

Weight (g): 498

Length (mm): 313

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input checked="" type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED0304

Species: Smallmouth bass

Weight (g): 324

Length (mm): 272

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3ED0306

Species: Smallmouth bass

Weight (g): 90

Length (mm): 185

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0060
 Species: Small Mouth bass Weight (g): 289 Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>minor gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0061
 Species: Small mouth bass Weight (g): 287 Length (mm): 259

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0062
 Species: Smallmouth bass Weight (g): 264 Length (mm): 256

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/11 Reach: 3 Indiv. Fish Sample No. 39NA0105
 Species: 5cm Mouth Bass Weight (g): 100 Length (mm): 188

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage on left body</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net damage on left</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>caudal fin tear</u></p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3634 0106
 Species: Smallmouth Bass Weight (g): 119 Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>frayed caudal</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0107
 Species: Smallmouth bass Weight (g): 77 Length (mm): 163

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>tear caudal</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 3 Indiv. Fish Sample No. 36NA0128
 Species: SM Bass Weight (g): 441 Length (mm): 298

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): Anal fin lesion

Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/08 Reach: 3 Indiv. Fish Sample No. 3GNAD139
 Species: sm mouth bass Weight (g): 589 Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>slight tear on caudal fin</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 3 Indiv. Fish Sample No. 3GNA0140
 Species: SM Bass Weight (g): 608 Length (mm): 323

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet</u> <u>Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: SM Bass

Reach: 3

Indiv. Fish Sample No. 36 NA0141

Weight (g): 306 Length (mm): 256

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net Damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09

Reach: 3

Indiv. Fish Sample No. 3GNE0480

Species: Smallmouth bass

Weight (g): 253

Length (mm): 248

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GWE0082
 Species: Smallmouth Bass Weight (g): 752 Length (mm): 359

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>W/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED041
 Species: Smallmouth Bass Weight (g): 2.7 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4ED0401

Species: Smallmouth Bass

Weight (g): 71.6

Length (mm): 173

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4ED0403

Species: Smallmouth Bass

Weight (g): 10.4

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <i>NA</i></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4E00404
 Species: SB Weight (g): 31 Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0406
 Species: Smallmouth Bass Weight (g): 3.9 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0407
 Species: Smallmouth Bass Weight (g): 3.4 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0408
 Species: Smallmouth Bass Weight (g): 3.7 Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4E00409
 Species: SB Weight (g): 9.2 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0417
 Species: Smallmouth Bass Weight (g): 9.7 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0418
 Species: SB Weight (g): 8.1 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4E00419
 Species: Smallmouth Bass Weight (g): 4.7 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0481
 Species: Smallmouth Bass Weight (g): 7.0 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4E0422
 Species: Smallmouth Bass Weight (g): 63 Length (mm): 3.0

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4 EP0423
 Species: SB Weight (g): 5.8 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0424
 Species: SB Weight (g): 84 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4E00425

Species: Smallmouth bass

Weight (g): 8.3

Length (mm): 57

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0426
 Species: SB Weight (g): 4 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED427
 Species: SB Weight (g): 2.1 Length (mm): 56

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0429
 Species: SB Weight (g): 1.6 Length (mm): 53

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0430
 Species: Smallmouth Bass Weight (g): 8.4 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4ED0432

Species: Smallmouth Bass

Weight (g): 4.7

Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4BPO435

Species: SB

Weight (g): 2.6

Length (mm): 58

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0431
 Species: Smallmouth bass Weight (g): 2.8 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0433
 Species: Smallmouth bass Weight (g): 6.3 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0434
 Species: Smallmouth bass Weight (g): 2.8 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0436
 Species: Smallmouth bass Weight (g): 5.1 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0437
 Species: Smallmouth bass Weight (g): 4.6 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0438

Species: Smallmouth bass Weight (g): 64 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/19/09 Reach: 4 Indiv. Fish Sample No. 4ED00439
 Species: Smallmouth bass Weight (g): 4.6 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0440
 Species: Smallmouth bass Weight (g): 24 Length (mm): 56

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 9ED0441
 Species: Smallmouth bass Weight (g): 3.6 Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. GED0444

Species: Smallmouth bass

Weight (g): 6.0

Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0445
 Species: smallmouth bass Weight (g): 3.7 Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0446
 Species: Smallmouth bass Weight (g): 2.9 Length (mm): 62

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0447
 Species: Smallmouth bass Weight (g): 2.6 Length (mm): 64

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0449
 Species: Smallmouth bass Weight (g): 2.6 Length (mm): 63

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0450
 Species: Smallmouth bass Weight (g): 4.1 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____
<u>Left</u>	<u>Right</u>																			
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																			
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																			
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																			
<input type="checkbox"/> missing	<input type="checkbox"/> missing																			
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																			
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																			
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																			
_____	_____																			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0452
 Species: Smallmouth bass Weight (g): 2.9 Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0540
 Species: Smallmouth Bass Weight (g): 6.3 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0550
 Species: Smallmouth bass Weight (g): 7.3 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0553
 Species: Small mouth bass Weight (g): 3.7 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0541
 Species: Smallmouth bass Weight (g): 9.5 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0542
 Species: smallmouth bass Weight (g): 10.9 Length (mm): 93

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0549
 Species: Smallmouth bass Weight (g): 8.8 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0544
 Species: Smallmouth bass Weight (g): 9.3 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. YED0545

Species: Smallmouth Bass

Weight (g): 7.9

Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0546
 Species: smallmouth bass Weight (g): 3.8 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4ED0547

Species: Smallmouth bass

Weight (g): 6.2

Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. AED0548

Species: Small mouth Bass

Weight (g): 5.2

Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0549
 Species: Smallmouth bass Weight (g): 9.1 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0551

Species: Smallmouth bass Weight (g): 7.3 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED055A
 Species: Smallmouth bass Weight (g): 2.9 Length (mm): 63

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4E00554
 Species: Smallmouth Bass Weight (g): 4.6 Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0555
 Species: Smallmouth bass Weight (g): 4.5 Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4TF0006
 Species: Smallmouth bass Weight (g): 4.2 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0559

Species: Smallmouth bass

Weight (g): 72.5

Length (mm): 172

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0560

Species: Smallmouth bass

Weight (g): 65.3

Length (mm): 169

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p><i>OK</i></p> <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0563

Species: Smallmouth bass

Weight (g): 90.3

Length (mm): 179

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0566

Species: Smallmouth bass

Weight (g): 77.6

Length (mm): 173

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0568
 Species: Small mouth bass Weight (g): 62.9 Length (mm): 162

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0100
 Species: Smallmouth bass Weight (g): 560 Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Smallmouth Bass

Reach: 4
 Weight (g): 381

Indiv. Fish Sample No. 46-NE0004
 Length (mm): 279

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 4GNE1A2
 Species: Smallmouth Bass Weight (g): 371 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5230038

Species: Smallmouth Bass Weight (g): 143 Length (mm): 217

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0041
 Species: Smallmouth Weight (g): 59 Length (mm): 171

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>V/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 50130044
 Species: Smallmouth Bass Weight (g): 68 Length (mm): 171

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0048
 Species: Smallmouth Bass Weight (g): 43 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <i>N/A</i></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0051
 Species: Small mouth Bass Weight (g): 17.8 Length (mm): 111

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5ED0014

Species: Smallmouth Bass

Weight (g): 252 Length (mm): 275

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <i>N/A</i></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5000015

Species: Smallmouth Bass

Weight (g): 86

Length (mm): 174

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0016
 Species: Smallmouth BASS Weight (g): 89 Length (mm): 178

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <i>N/A</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5000017
 Species: Small mouth Bass Weight (g): 122 Length (mm): 205

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>n/a</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0018
 Species: Smallmouth Bass Weight (g): 77 Length (mm): 173

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <i>N / R</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input checked="" type="checkbox"/> other (specify): <u>scar on left opercle AR</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 5 Indiv. Fish Sample No. 5ED8020
 Species: Smallmouth Bass Weight (g): 65 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____	<p align="center" style="font-size: 1.5em;">N/A</p>															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5ED0021

Species: Small mouth Bass

Weight (g): 44

Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. SED 0022 *to 10/21/09*

Species: Smallmouth Bass

Weight (g): 59 Length (mm): 158

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <i>N/A</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 500023
 Species: Smallmouth Bass Weight (g): 71 Length (mm): 172

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <i>N/A</i></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/04 ^{AR} 10/12/04 Reach: 5 Indiv. Fish Sample No. 520024

Species: smallmouth Bass Weight (g): 49 Length (mm): 158

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: N/A</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5ED 0453

Species: Smallmouth Bass

Weight (g): 46

Length (mm): 152

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGNA0027
 Species: ~~walleye~~ ^(TS) smallmouth bass Weight (g): 407 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed (<i>caudal</i>) <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0028
 Species: Small Mouth Bass Weight (g): 267 Length (mm): 277

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGNA0030
 Species: Smallmouth Bass Weight (g): 291 Length (mm): 281

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0046
 Species: smallmouth bass Weight (g): 468 Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed caudal</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SGNA0054
 Species: small mouth bass Weight (g): 406 Length (mm): 300

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA70055^{RS}
 Species: smallmouth bass Weight (g): 300 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0056
 Species: smallmouth bass Weight (g): 385 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0057
 Species: Small mouth bass Weight (g): 344 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input checked="" type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>caudal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SGNA0058
 Species: small mouth bass Weight (g): 505 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: # 5 Indiv. Fish Sample No. 56-NE0006
 Species: Smallmouth Bass Weight (g): 397 Length (mm): 317

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophalmic</td> <td style="border: none;"><input type="checkbox"/> exophalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophalmic	<input type="checkbox"/> exophalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS: <u>frayed</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56-NE0009
 Species: Smallmouth Bass Weight (g): 405 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56-NE0011
 Species: Smallmouth Bass Weight (g): 327 Length (mm): 301

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNE0013
 Species: Smallmouth bass Weight (g): 445 Length (mm): 320

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>frayed rgt opercula</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5Ebd 122

Species: Smallmouth bass

Weight (g): 8.2

Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Smallmouth bass

Reach: 5

Indiv. Fish Sample No. ^{OK} 5EBD0123

Weight (g): 4

Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0124

Species: Smallmouth bass

Weight (g): 3.9

Length (mm): 70

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Smallmouth bass

Reach: 5
 Weight (g): 7.4

Indiv. Fish Sample No. 5ED0125
 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SED 0126
 Species: Smallmouth Bass Weight (g): 3.9 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0127

Species: Smallmouth bass

Weight (g): 6.0

Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED4128

Species: Smallmouth bass

Weight (g): 11.2

Length (mm): 98^{ARC} 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0129
 Species: Smallmouth Bass Weight (g): 6.6 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	---

FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Smallmouth bass

Reach: 5
 Weight (g): 7.9

Indiv. Fish Sample No. 5ED0130
 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0139
 Species: Smallmouth Bass Weight (g): 3.8 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Smallmouth Bass

Reach: 5
 Weight (g): 19.4

Indiv. Fish Sample No. 5ED0025
 Length (mm): 113

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0024

Species: Smallmouth bass

Weight (g): 184

Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5800030

Species: Smallmouth bass

Weight (g): 5.9

Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0019

Species: SMALLMOUTH BASS

Weight (g): 69.7

Length (mm): 174

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0049
 Species: Small mouth bass Weight (g): 33.4 Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5830050

Species: Smallmouth bass

Weight (g): 41.7

Length (mm): 143

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB0054
 Species: Smallmouth Bass Weight (g): 25 Length (mm): 127

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0055

Species: Smallmouth Bass

Weight (g): 32.1

Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0056

Species: Smallmouth Bass

Weight (g): 37.8

Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0057

Species: Smallmouth bass

Weight (g): 27.8

Length (mm): 131

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0058
 Species: Smallmouth bass Weight (g): 21.5 Length (mm): 123

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. EB30059

Species: Smallmouth bass

Weight (g): 30.5

Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Smallmouth bass

Reach: 5
 Weight (g): 38.5

Indiv. Fish Sample No. 5E30061
 Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0062
 Species: Smallmouth bass Weight (g): 37.3 Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0063

Species: Smallmouth bass

Weight (g): 146^{40.6}
810/13/09

Length (mm): 146

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Smallmouth bass

Reach: 5
 Weight (g): 28.8

Indiv. Fish Sample No. SEB0064
 Length (mm): 133

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0065

Species: Smallmouth bass

Weight (g): 27.9 Length (mm): 126

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5E90064
 Species: Smallmouth bass Weight (g): 29.5 Length (mm): 131

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5E130067
 Species: Smallmouth bass Weight (g): 14.3 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0068

Species: Smallmouth bass

Weight (g): 37.4

Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. SEBS0069

Species: Smallmouth Bass

Weight (g): 15.5

Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. SE130070

Species: Smallmouth Bass

Weight (g): 13.0

Length (mm): 103

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 5 Indiv. Fish Sample No. 52B0071
 Species: smallmouth bass Weight (g): 11.1 Length (mm): 93

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Based on photo 11/2/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5E B0072
 Species: Smallmouth Bass Weight (g): 12.2 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0073
 Species: Smallmouth bass Weight (g): 14.2 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5E90074

Species: Smallmouth bass

Weight (g): 11.8

Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0075
 Species: Smallmouth Bass Weight (g): 9.5 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ER0076

Species: Smallmouth Bass

Weight (g): 13.0

Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB0077
 Species: Smallmouth Bass Weight (g): 6.3 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0108

Species: Smallmouth

Weight (g): 44.9

Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB0109
 Species: Smallmouth bass Weight (g): 7.2 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5TF0005

Species: Smallmouth

Weight (g): 37

Length (mm): 144

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEB0128
 Species: Smallmouth Bass Weight (g): 13.6 Length (mm): 10.0

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. DEB0133
 Species: Smallmouth Bass Weight (g): 17.5 Length (mm): 11

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0135
 Species: Small Mouth Bass Weight (g): 11.0 Length (mm): 10.0

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Small Mouth Bass

Reach: 5
 Weight (g): 37.3

Indiv. Fish Sample No. 5E130136
 Length (mm): 14.0

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. SEB0137

Species: Smallmouth bass

Weight (g): 33.6

Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14 Reach: 5 Indiv. Fish Sample No. 5EB0143
 Species: Smallmouth Bass Weight (g): 39.1 Length (mm): 146

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5EB01421

Species: Small Mouth Bass

Weight (g): 39.2 Length (mm): 14

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEB0149
 Species: Smallmouth Bass Weight (g): 32.0 Length (mm): 141

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5EB0157

Species: Small mouth Bass

Weight (g): 37.2

Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5EB0161

Species: Smallmouth Bass

Weight (g): 34.5

Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Small Mouth Bass

Reach: 5

Indiv. Fish Sample No. 5EBD104

Weight (g): 179 Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input checked="" type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EBD107
 Species: small mouth bass Weight (g): 8.3 Length (mm): 8.5

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. SEB0108

Species: Small Mouth Bass

Weight (g): 14.4

Length (mm): 10.5

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EBD109
 Species: small mouth bass Weight (g): 9.0 Length (mm): 9

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0176
 Species: Smallmouth Bass Weight (g): 12.2 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EBO178
 Species: Smallmouth Bass Weight (g): 32.4 Length (mm): 137

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0144
 Species: Smallmouth Bass Weight (g): 12.5 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEDO147
 Species: Small mouth Bass Weight (g): 12.3 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0150
 Species: Smallmouth Bass Weight (g): 15.0 Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEDO151
 Species: Smallmouth Bass Weight (g): 5.1 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEDO153
 Species: Smallmouth Bass Weight (g): 2.6 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0069
 Species: Smallmouth Bass Weight (g): 422 Length (mm): 314

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Discolored,</u> <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0070
 Species: Smallmouth Bass Weight (g): 36.415 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0026
 Species: SB Weight (g): 376 Length (mm): 307

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0028
 Species: SB Weight (g): 60.1 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0029
 Species: SB Weight (g): 52.2 Length (mm): 159

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0031
 Species: SB Weight (g): 61.2 Length (mm): 167

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0035
 Species: SB Weight (g): 10.1 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB00376^{RS}
 Species: SB Weight (g): 9.1 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0037
 Species: SB Weight (g): 36.6 Length (mm): 148

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0038
 Species: SB Weight (g): 42.1 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0040
 Species: SB Weight (g): 56.6 Length (mm): SB 104.5
~~166~~

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09
 Species: SB

Reach: 6

Indiv. Fish Sample No. 6EB0042

Weight (g): 33.0 Length (mm): 142

R
10/27/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0043
 Species: SB Weight (g): 23 Length (mm): 133

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> fecal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6 EB0044
 Species: SB Weight (g): 24.9 Length (mm): 96 ^{SW 10/6} 139

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0047
 Species: SB Weight (g): 9.1 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0049
 Species: SB Weight (g): 54.7 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6E80050
 Species: SB Weight (g): 32.5 Length (mm): 144

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. GEBOOS1
 Species: SB Weight (g): 9.6 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0052
 Species: SB Weight (g): 14.0 Length (mm): 106

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0053
 Species: SB Weight (g): 7.1 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0055
 Species: SB Weight (g): 50.8 Length (mm): 161

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0057
 Species: SB Weight (g): 60.1 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0058
 Species: SB Weight (g): 47.6 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0059
 Species: SB Weight (g): 42.2 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0060A
 Species: SB Weight (g): 8.3 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0060B
 Species: SB Weight (g): 13.2 Length (mm): 105.105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0061
 Species: SB Weight (g): 8.6 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6EB0062

Species: SB

Weight (g): 6.7

Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0065
 Species: Smallmouth Bass Weight (g): 53.6 Length (mm): 166

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0066
 Species: SB Weight (g): 35 Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0067
 Species: smallmouth bass Weight (g): 12.5 Length (mm): ~~101~~ ¹⁰¹

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No: 6EB0068

Species: SB

Weight (g): 7.9

Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0069
 Species: SB Weight (g): 12.4 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening <input type="checkbox"/> other (specify): _____ _____ _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EBO072
 Species: SB Weight (g): 93.4 Length (mm): 199

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0072
 Species: Smallmouth Bass Weight (g): 71.2 Length (mm): 179

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. WEB0073
 Species: SB Weight (g): 9.5 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6EB0074

Species: smallmouth bass

Weight (g): 8.1

Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0075
 Species: SB Weight (g): 13.2 Length (mm): 103

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input checked="" type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0076
 Species: SB Weight (g): 37.5 Length (mm): 151

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0077
 Species: SB Weight (g): 44.2 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 0EB0079

Species: SB

Weight (g): 9.2

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0080
 Species: SO Weight (g): 7.2 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0082
 Species: SB Weight (g): 103.6 Length (mm): 204

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0083
 Species: SB Weight (g): 54.4 Length (mm): 166

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 6 Indiv. Fish Sample No. 6EB0087
 Species: SB Weight (g): 9.5 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0088
 Species: SB Weight (g): 7.1 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0089
 Species: SB Weight (g): 9.9 Length (mm): 249.4

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 6 Indiv. Fish Sample No. 6EB0093
 Species: Smallmouth Bass Weight (g): 43.0 Length (mm): 152

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Discolored</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

Based on photo 11/3/01

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB095
 Species: SB Weight (g): 40.9 Length (mm): 151

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0096
 Species: SB Weight (g): 32 Length (mm): 138

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____ </p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> mild erosion (caudal) <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0097
 Species: SB Weight (g): 9.0 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0099
 Species: SB Weight (g): 26.9 Length (mm): 131

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0100
 Species: SB Weight (g): 13.2 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EBO101
 Species: SB Weight (g): 10.4 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0102
 Species: SB Weight (g): 6.7 Length (mm): ~~81~~ 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0103
 Species: SB Weight (g): 8.1 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0104
 Species: SB Weight (g): 12.4 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EBO105
 Species: Smallmouth bass Weight (g): 7.4 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 4 Indiv. Fish Sample No. 6EB0106
 Species: SB Weight (g): 9.3 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No.: 6EB0108
 Species: Smallmouth bass Weight (g): 34.4 Length (mm): 139

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0109
 Species: SB Weight (g): 37.2 Length (mm): 146

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0110
 Species: SB Weight (g): 30.3 Length (mm): 141

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
---	---

FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0113
 Species: SB Weight (g): 10.2 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0115
 Species: SB Weight (g): 46 Length (mm): 155

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0116
 Species: SB Weight (g): 6.8 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0117
 Species: SB Weight (g): 32.1 Length (mm): 141

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0119
 Species: SB Weight (g): 14.9 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0120
 Species: SB Weight (g): 24.4 Length (mm): 134

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> fecal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0121 10/28/09

Species: SB Weight (g): 17.2 Length (mm): 111

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0122
 Species: SB Weight (g): 6.1 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EBO123
 Species: SB Weight (g): 8.6 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0124
 Species: SB Weight (g): 13.9 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6TF0015
 Species: SB Weight (g): 8.6 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/05/09 Reach: 6 Indiv. Fish Sample No. GTFO010
 Species: SB Weight (g): 75 Length (mm): 190

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. EB0188

Species: SB Weight (g): 3.0 Length (mm): 63

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 0EBO194
 Species: SB Weight (g): 10.3 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 0EB0195
 Species: SB Weight (g): 23.0 Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0196
 Species: SB Weight (g): 14.5 Length (mm): 106

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 09EB0197
 Species: SB Weight (g): 3.9 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 0EB0198
 Species: SB Weight (g): 5.3 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0199
 Species: SMALLMOUTH BASS Weight (g): 8.8 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 0EB0200

Species: SB

Weight (g): 7.7

Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0201
 Species: Smallmouth bass Weight (g): 8.5 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILKS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 4

Indiv. Fish Sample No. 6EB0202

Species: Smallmouth bass

Weight (g): 13.8

Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0203
 Species: SB Weight (g): 9.1 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/19 Reach: 6 Indiv. Fish Sample No. WEB0204
 Species: SB Weight (g): 7.9 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EBU205
 Species: SB Weight (g): 5.1 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. WFB0206

Species: SB

Weight (g): 8.4

Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 0EB0207

Species: SB

Weight (g): 13.2

Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify):

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify):

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0208

Species: SB

Weight (g): 5.8

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0210
 Species: SB Weight (g): 8.5 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0211
 Species: SB Weight (g): 87.2 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 10EB0212
 Species: SB Weight (g): 10.4 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p style="text-align: right;"><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6EB0213
 Species: SB Weight (g): 7.8 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 10EB0214
 Species: SB Weight (g): 5.6 Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 4

Indiv. Fish Sample No. VED0022

Species: Smallmouth bass

Weight (g): 12.0

Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0023
 Species: Smallmouth bass Weight (g): 13.7 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	---

FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

Based on photo 11/3/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. WED0024
 Species: Smallmouth bass Weight (g): 12.6 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GED0025
 Species: SB Weight (g): 14.7 Length (mm): 103

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GED0026
 Species: SB Weight (g): 9.4 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. GED0027

Species: SB

Weight (g): 8.7 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input checked="" type="checkbox"/> severe erosion <i>missing half caudal</i>	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: C Indiv. Fish Sample No: ED0028
 Species: SB Weight (g): 7.5 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GED0029
 Species: SB Weight (g): 6.2 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 4

Indiv. Fish Sample No. 6E0030

Species: SB

Weight (g): 7.1

Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. LED0031

Species: Smallmouth bass

Weight (g): 5.2

Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____
<u>Left</u>	<u>Right</u>																			
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																			
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																			
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																			
<input type="checkbox"/> missing	<input type="checkbox"/> missing																			
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																			
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																			
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																			
_____	_____																			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. UGNA0022a

Species: SB Weight (g): 908 Length (mm): 379

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0023

Species: Smallmouth bass

Weight (g): 635

Length (mm): 399

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GENA 0027
 Species: Smallmouth bass Weight (g): 85 Length (mm): 185

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>Caudal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0024
 Species: SB Weight (g): 296 Length (mm): 383

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>tear on 2 opercula</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0025
 Species: SB Weight (g): 301 Length (mm): 423

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <i>caudal, dorsal</i>	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0026

Species: SB

Weight (g): 421

Length (mm): 303

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <i>caudal</i></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 60 Indiv. Fish Sample No. 66NA0034
 Species: SB Weight (g): 498 Length (mm): 334

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66-NA0028
 Species: SB Weight (g): 712 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. CGNA0042
 Species: SB Weight (g): 322 Length (mm): 278

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): forked tail

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66N10043

Species: smallmouth bass

Weight (g): 586

Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA0044

Species: Smallmouth Bass

Weight (g): 705

Length (mm): 348

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gil net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0045
 Species: Smallmouth Bass Weight (g): 661 Length (mm): 331

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): Damaged right side

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0046
 Species: Smallmouth Bass Weight (g): 615 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0047
 Species: Smallmouth Bass Weight (g): 437 Length (mm): 312

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 65NA0048

Species: Smallmouth bass

Weight (g): 663

Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0049
 Species: Smallmouth Bass Weight (g): 432 Length (mm): 310

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 10 Indiv. Fish Sample No. 1061NA0050
 Species: Smallmouth bass Weight (g): 423 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed caudal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 106NA0051
 Species: small mouth bass Weight (g): 955 Length (mm): 395

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 06NA0052

Species: Smallmouth bass

Weight (g): 493

Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
---	--

FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

* caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA0053

Species: Smallmouth Bass

Weight (g): 980

Length (mm): 389

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet damage</u> <u>Pale color</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify):

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify):

Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/00 Reach: 6 Indiv. Fish Sample No. 06NA-0054
 Species: Smallmouth bass Weight (g): 1099 Length (mm): 415

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>will not damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>caudal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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* caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 6GNA0066
 Species: Smallmouth bass Weight (g): 1274 Length (mm): 420

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

CAUGHT HEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0067
 Species: SB Weight (g): 454 Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. CGNA-0069
 Species: Smallmouth bass Weight (g): 557 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 6 Indiv. Fish Sample No. 66NA0070
 Species: Smallmouth bass Weight (g): 1026 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p style="text-align: center;"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p style="text-align: center;"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. UGNA0071

Species: Smallmouth bass

Weight (g): 916

Length (mm): 395

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; border: none;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; vertical-align: top; border: none;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 4

Indiv. Fish Sample No. 69A0072

Species: Smallmouth bass

Weight (g): 1267

Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. CGNA0073

Species: Smallmouth bass

Weight (g): 1048 Length (mm): 398

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed *Slight in dorsal*

hemorrhagic *dorsal*

emboli *Caudal*

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 4

Indiv. Fish Sample No. 6GNA0074

Species: 6GNA0074 SB

Weight (g): 1487 Length (mm): 450

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed slight

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. UGNA0075

Species: Smallmouth bass

Weight (g): 827

Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p align="center"><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p align="center"><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 			

OPERCULA:

- normal
- slight shortening
- severe shortening
- other (specify): _____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ENAO076
 Species: SB Weight (g): 456 Length (mm): 324

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 616 NA 0109

Species: Smallmouth Bass

Weight (g): 432

Length (mm): 303

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CATCH DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0027
 Species: SB Weight (g): 621 Length (mm): 321

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0029
 Species: SB Weight (g): 663 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0030
 Species: SB Weight (g): 418 Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA0031
 Species: SB Weight (g): 3.1020 Length (mm): 386

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Tape worm</u></p> <p style="padding-left: 40px;"><u>Gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6GNA0032

Species: SB

Weight (g): 786

Length (mm): 384

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed caudal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 66NA0033

Species: SB

Weight (g): 502 Length (mm): 304

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed caudal/dorsal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNAC035
 Species: SB Weight (g): 928 Length (mm): 388

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA0037
 Species: SB Weight (g): 439 Length (mm): 318

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 66NA0036

Species: SB

Weight (g): 760

Length (mm): 371

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09
 Species: SB

Reach: 6
 Weight (g): 431

Indiv. Fish Sample No. CGNA0039
 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net mark</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify):																		

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA0108
 Species: SB Weight (g): 451 Length (mm): 308

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>caudal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09
 Species: SB

Reach: 6

Indiv. Fish Sample No. 66NA0110

Weight (g): 838 Length (mm): 838 383

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 66NA0111

Species: SB

Weight (g): 1279

Length (mm): 431

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/05 Reach: 6 Indiv. Fish Sample No. 6GNA116
 Species: SB Weight (g): 587 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 66NA0117
 Species: SB Weight (g): 675 Length (mm): 341

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>caudal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 0 Indiv. Fish Sample No. 106NA0118
 Species: SB Weight (g): 1203 Length (mm): 336

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. SW 6C1N8 6GNA0119
 Species: SB Weight (g): 709 Length (mm): 348

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0120
 Species: SB Weight (g): 842 Length (mm): 375

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6GNA0121
 Species: SB Weight (g): 590 Length (mm): 339

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. MB 1097609
Walleye Weight (g): 412 Length (mm): 367

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input checked="" type="checkbox"/> upper lip growth (<i>inside</i>)</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1N0017
 Species: Walleye Weight (g): 389 Length (mm): 353

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <i>NA</i></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. SMG 1017109 01N0018
 Species: Walleye Weight (g): 374 Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1119070
 Species: Walleye Weight (g): 969 Length (mm): 460

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0017
 Species: Walleye Weight (g): 592 Length (mm): 415

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0018
 Species: Walleye Weight (g): 315 Length (mm): 340

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1N0044
 Species: Wallegee Weight (g): 487 Length (mm): 393

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>1/2" left missing due to gill net</u>
<input type="checkbox"/> slight shortening	
<input type="checkbox"/> severe shortening	

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1610028
 Species: WALLEN Weight (g): 2236 Length (mm): 606

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10035
 Species: Wanone Weight (g): 425 Length (mm): 384

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 180037
 Species: Walleye Weight (g): 486 Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10038
 Species: Walleye Weight (g): 268 Length (mm): 319

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1E0039

Species: WILD WALL EYE

Weight (g): 321

Length (mm): 343

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10091
 Species: WALLEYE Weight (g): 583 Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish ^{CRB 10/1/09 1E0051}
 Species: YALLENÉ Weight (g): 3046 Length (mm): 674
 Sample No. 1E10051

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10057
 Species: Waugene Weight (g): 783 Length (mm): 446

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 1E10059

Species: WAGTAIL

Weight (g): 426

Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1EP0060
 Species: WALLEYE Weight (g): 310 Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 1 Indiv. Fish Sample No. 1E10062
 Species: WALLEE Weight (g): 300 Length (mm): 330

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____
<u>Left</u>	<u>Right</u>																			
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																			
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																			
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																			
<input type="checkbox"/> missing	<input type="checkbox"/> missing																			
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																			
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																			
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																			
_____	_____																			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N0014
 Species: Walleye Weight (g): 1106 Length (mm): 498

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 16 CMB 16N1005K 4/1/09

Species: Walleye

Weight (g): 444 Length (mm): 381

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Between anal + caudal fin</u> 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N/0023
 Species: Walleye Weight (g): 545 Length (mm): 407

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10025
 Species: Walleye Weight (g): 568 Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net marks damage</u> 10/1/09</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;">Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09

Reach: 1

Indiv. Fish Sample No. 16N10035

Species: Walleye

Weight (g): 546

Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 16N10044
 Species: Walleye Weight (g): 504 Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10065
 Species: Walleye Weight (g): 31.2 Length (mm): 157

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 2/29/09 ^{9 (B) 2/29/09} Reach: 2 Indiv. Fish Sample No. 2GN0001
 Species: Walleye Weight (g): 1310 Length (mm): 536

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Damage to underneath</u> <u>body surface near</u> <u>head.</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/29/09 Reach: 2 Indiv. Fish Sample No. 26N0002
 Species: Walleye Weight (g): 453 Length (mm): 385

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/29/09 Reach: 2 Indiv. Fish Sample No. 26N0006
 Species: Walleye Weight (g): 452 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p><u>little redness from gill net on bottom of fish</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p><u>eye damage due to gill net, a little blood.</u></p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/29/09 Reach: 2 Indiv. Fish Sample No. 2GN0007
 Species: Walleye Weight (g): 441 Length (mm): 372

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: NA</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>damaged left opercula</u>
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2GN0003
 Species: Walleye Weight (g): 643 Length (mm): 425

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="font-style: italic; padding-left: 20px;"><u>gill net marks on dorsal body near head</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. Z6N0004
 Species: Walleye Weight (g): 463 Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>slight net damage on skin dorsal side near head</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 7/30/09 Reach: 2 Indiv. Fish Sample No. 2GNOED5
 Species: Wallege Weight (g): 389 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill marks on skin top dorsal near head (15) 7/30/09</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): <u>N/A</u></p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>tail slightly frayed</u></p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/2009 Reach: 2 Indiv. Fish Sample No. 26N/2017
 Species: Walleye Weight (g): 268 Length (mm): 316

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 26N10018
 Species: Walleye Weight (g): 477 Length (mm): 376

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/09 Reach: TB 2 Indiv. Fish Sample No. 26M20013
 Species: Walleye Weight (g): 473 Length (mm): 383

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2001 Reach: TB 2 Indiv. Fish Sample No. 26N20014
 Species: Walleye Weight (g): 421 Length (mm): 377

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input checked="" type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/09 Reach: + 2 PJ Indiv. Fish Sample No. 26N20015
 Species: Walleye Weight (g): 474 Length (mm): 390

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 26N40009
 Species: Walleye Weight (g): 432 Length (mm): 366

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 08/10/2009 ^{MZ} Reach: 2 Indiv. Fish Sample No. 25N40011
 Species: Walleye Weight (g): 480 Length (mm): 381 mm

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): Sill Net Damage

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 2 Indiv. Fish Sample No. 25N4002 b

Species: Walleye Weight (g): 542 Length (mm): 403

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>NA</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY):

10/01/2009

Reach:

F2

Indiv. Fish Sample No.

26N⁴0016 *10/01/09*

Species:

walleye

Weight (g):

524

Length (mm):

406

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09

Reach: 2

Indiv. Fish Sample No. 265030

Species: WAUENE

Weight (g): 490

Length (mm): 384

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> ↕ ↕ </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>GILL NET</u> <u>DAMAGE</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): <hr/> <hr/>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"><hr/></td> <td style="border: none;"><hr/></td> </tr> <tr> <td style="border: none;"><hr/></td> <td style="border: none;"><hr/></td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	<hr/>	<hr/>	<hr/>	<hr/>
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
<hr/>	<hr/>																					
<hr/>	<hr/>																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): <hr/> <hr/>
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): <hr/>	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): <hr/>
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): <hr/> <hr/>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26N50031
 Species: WALLEYE Weight (g): 448 Length (mm): 358

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">  </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>GILL NET DAMAGE</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:


 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26W50032
 Species: WAGBUE Weight (g): 610 Length (mm): 393

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">  </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>GILL NET</u> <u>DAMAGE</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <input checked="" type="checkbox"/></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/05 Reach: 2 Indiv. Fish Sample No. 26250033
 Species: WARRMOUTH Weight (g): 550 Length (mm): 395

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>GILL NET</u></p> <p style="padding-left: 40px;"><u>DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26250034
 Species: WALBIE Weight (g): 491 Length (mm): 382

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>GILL NET</u> <u>DAMAGE</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26260-025
 Species: W4424E Weight (g): 1899 Length (mm): 582

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 26260026
 Species: Walleye Weight (g): 458 Length (mm): 371

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p align="center"><u>NA</u></p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/09 Reach: 2 Indiv. Fish Sample No. 26260053B ^{CMB} _{10/2/09}

Species: WALLEYE Weight (g): 569 Length (mm): 412

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN60054
 Species: WE Weight (g): 443 Length (mm): 345

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: N/A</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <i>ffv</i> <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN90068
 Species: WE Weight (g): 590 Length (mm): 401

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <u>tail</u>	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26N10 0059
 Species: WALLEYE Weight (g): 510 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input type="checkbox"/> other (specify): <u>GILL NET</u> <u>DAMAGE</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 29N100060
 Species: WE Weight (g): 400 Length (mm): 359

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> <u>slight</u> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN10061
 Species: WE Weight (g): 467 Length (mm): 382

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed tail	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 2GN100062
 Species: WE Weight (g): 520 Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN110645
 Species: WE Weight (g): 453 Length (mm): 364

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. ZGN110046
 Species: WE Weight (g): 479 Length (mm): 382

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/09 Reach: 2 Indiv. Fish Sample No. ZGN110047
 Species: WE Weight (g): 504 Length (mm): 374

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 26N110048
 Species: WAUETE Weight (g): 484 Length (mm): 372

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;"><u>Gill net</u></p> <p style="padding-left: 40px;"><u>DAMAGE</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 2

Indiv. Fish Sample No. 26N0067

Species: Walleye

Weight (g): 606

Length (mm): 422

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>adipose and caudal tears</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2620074
 Species: Walleye Weight (g): 3484 Length (mm): 387

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>slight tear on caudal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2620075
 Species: Walleye Weight (g): 438 Length (mm): 369

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>tears on caudal & adipose fins</u></p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N0076
 Species: Walleye Weight (g): 508 Length (mm): 379

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p><i>irregular hemorrhages around anal fin/gilt net damage on operculum (left side)</i></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p style="text-align: center;"><i>10/30/09</i></p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): *slight tear adipose fin*

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N0077
 Species: Wallege Weight (g): 487 Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: Left:</p> <p><input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>slight fair</u> <u>caudal fin</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N0078
 Species: Walleye Weight (g): 448 Length (mm): 261 ^{Ⓢ 10/3/09} 353

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): slight tear
caudal and dorsal anal
fin [Ⓢ]

606/10/3/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 2620079
 Species: Walleye Weight (g): 614 Length (mm): 407

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>adipose</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	<u>and caudal fins</u>
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N0080
 Species: Walleye Weight (g): 1148 Length (mm): 505

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Adipose and caudal tear</u></p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 2 Indiv. Fish Sample No. 26N0088
 Species: Walleye Weight (g): 536 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mark</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input checked="" type="checkbox"/> other (specify): <u>tear on anal adipose and caudal fin</u>
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3EVD0104
 Species: Walleye Weight (g): 581 Length (mm): 398

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
--	--

<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3ED0122

Species: Walleye

Weight (g): 38.4

Length (mm): 173

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3E00123
 Species: WALLEYE Weight (g): 39.4 Length (mm): 168

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 34WF0027

Species: WALLEYE

Weight (g): 1014

Length (mm): 492

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic emboli</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic emboli</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic emboli</p>
<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic emboli</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic (caudal fin)

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3GNE0034
 Species: WALLEYE Weight (g): 518 Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 39NE0054

Species: WALLEYE

Weight (g): 640 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 34NE0055
 Species: WALLEYE Weight (g): 840 Length (mm): 459

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 34NE0056
 Species: WALLEYE Weight (g): 1332 Length (mm): 545

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 34WE0058
 Species: WALLEYE Weight (g): 576 Length (mm): 395

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>slight gill net</u> <u>marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify):																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify):
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify):	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify):
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>discolored caudal</u> <u>fin</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NED039
 Species: Walleye Weight (g): 1049 Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): left opercula damaged

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="center"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): Dorsal fin frayed

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36NE0057

Species: Walleye

Weight (g): 701

Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3 EB0039
 Species: WALLEYE Weight (g): 45 → 941 Length (mm): 453
8/10/7/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3EB0040
 Species: WALLEYE Weight (g): 599 Length (mm): 399

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3 EB 0041
 Species: WALLEYE Weight (g): 422 Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 3EB0042

Species: WALLEYE

Weight (g): 677 Length (mm): 431

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EB0045
 Species: WALLEYE Weight (g): 41 Length (mm): 169

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3EB0049
 Species: WALLEYE Weight (g): 29 Length (mm): 162

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E100301

Species: Walleye Weight (g): 35.2 Length (mm): 165

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>Damage from Z. g. etc</u></p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0302
 Species: walleye Weight (g): 19.3 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EP0319
 Species: Walleye Weight (g): 14.8 Length (mm): 124

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3E00372
 Species: walleye Weight (g): 7.4 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. JED0376
 Species: Walleye Weight (g): 22.4 Length (mm): 143

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0093
 Species: Wallage Weight (g): 12.1 Length (mm): 114

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 35F0014
 Species: Walleye Weight (g): 29.7 Length (mm): 157

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3EF0021
 Species: Walleye Weight (g): 395 Length (mm): 179

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0030
 Species: Walleye Weight (g): 550 Length (mm): 392

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <i>NA</i></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0031
 Species: Walleye Weight (g): 461 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0032
 Species: Walleye Weight (g): 489 Length (mm): 370

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0035
 Species: Walleye Weight (g): 558 Length (mm): 411

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify):</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>- small growth on left gill</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NA0063
 Species: Walleye Weight (g): 1976 Length (mm): 621

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0064
 Species: Walleye Weight (g): 395 Length (mm): 359

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED0294

Species: Walleye

Weight (g): 427

Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0295
 Species: Walleye Weight (g): 428 Length (mm): 369

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3ED 0296

Species: Walleye

Weight (g): 886

Length (mm): 470

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED 0297

Species: Walleye

Weight (g): 697

Length (mm): 401

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: Walleye

Reach: 3

Indiv. Fish Sample No. 3E1D0298

Weight (g): 374

Length (mm): 351

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ED0299
 Species: Walleye Weight (g): 475 Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0300
 Species: Walleye Weight (g): 166 Length (mm): 276

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/2008

Reach: 3

Indiv. Fish Sample No. 3EPO338

Species: ~~SFA~~ walleye

Weight (g): 39.9

Length (mm): 17

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10-8-09

Reach: 3

Indiv. Fish Sample No. 3ED0341

Species: ~~White Sturgeon~~ Walleye

Weight (g): 21.8

Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ED00778
 Species: walley Weight (g): 24.2 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/19
 Species: Walleye

Reach: 3
 Weight (g): 1045

Indiv. Fish Sample No. 36WA010
 Length (mm): 453

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA-0033
 Species: WE Weight (g): 588 Length (mm): 400

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 36NA0034

Species: Walleye

Weight (g): 551

Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: WALLEYE

Reach: 3

Indiv. Fish Sample No. 36NA0036

Weight (g): 574 Length (mm): 390

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 39NA0037

Species: WALLEYE

Weight (g): 454

Length (mm): 364

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0038
 Species: Walleye Weight (g): 159 Length (mm): 265

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0048
 Species: Walleye Weight (g): 441 Length (mm): 370

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 36NA0077

Species: Walleye

Weight (g): 10/8/09 453
8/10/09 Length (mm): 377

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: Walleye

Reach: 3

Indiv. Fish Sample No. 36NA0078

Weight (g): 162 Length (mm): 265

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09
 Species: WAHIEYE

Reach: 3
 Weight (g): 389

Indiv. Fish Sample No. 36NA0079
 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3GNA0080

Species: Walleye

Weight (g): 484

Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNAD096
 Species: Walleye Weight (g): 574 Length (mm): 410

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>caudal, anal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GINA0097
 Species: Walleye Weight (g): 523 Length (mm): 397

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed *caudal* other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA00298
 Species: Walleye Weight (g): 1349 Length (mm): 550

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed <i>caudal</i>	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0099
 Species: Walleye Weight (g): 785 Length (mm): 435

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <i>caudal, anal</i></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9 Reach: 3 Indiv. Fish Sample No. 36NA0100
 Species: Walleye Weight (g): 1757 Length (mm): 575

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0102
 Species: Walleye Weight (g): 419 Length (mm): 347

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed caudal, anal other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA0103
 Species: Walleye Weight (g): 563 Length (mm): 410

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed *dorsal, caudal, anal* other (specify): _____

hemorrhagic

emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NAD124
 Species: Walleye Weight (g): 145 Length (mm): 264

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/00

Reach: 3

Indiv. Fish Sample No. 3GNAD114

Species: Walleye

Weight (g): 492

Length (mm): 381

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed *dorsal, caudal, anal*

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0115
 Species: Walleye Weight (g): 716 Length (mm): 439

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input type="checkbox"/> normal	<input type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>white slime</u></p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>white slime</u></p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input checked="" type="checkbox"/> frayed <u>dorsal, caudal, anal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 ~~10/8/09~~ 10/8/09 Reach: 3 Indiv. Fish Sample No. 391NAT0116
 Species: Wallace Weight (g): 848 Length (mm): 459

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>dark spots</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>dark spots</u></p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>caudal, pelvic</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3ENA0117
 Species: Walleye Weight (g): 419 Length (mm): 348

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>dorsal, caudal, anal</u> <input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/9
 Species: Walleye

Reach: 3 Indiv. Fish Sample No. 3GWA0129
 Weight (g): 456 Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36NA-0138
 Species: Walleye Weight (g): 582 Length (mm): 432

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>caudal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Walleye

Reach: 4

Indiv. Fish Sample No. YEBO066

Weight (g): 457 Length (mm): 360

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; border: none;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; vertical-align: top; border: none;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EB0067

Species: Walleye

Weight (g): 472 Length (mm): 375

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Species: Walleye

Reach: 4

Indiv. Fish Sample No.: 4ED0398

Weight (g): 374.57^g Length (mm): 370

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0399
 Species: Walleye Weight (g): 390 Length (mm): 81^{SL}352

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0400
 Species: 4ED0400B Walleye Weight (g): 33.8 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0428
 Species: Walleye Weight (g): 34.6 Length (mm): 165

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____

Reach: 4

Indiv. Fish Sample No. 4E00465

Species: Walleye

Weight (g): 16.5

Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Based on photo 4/2/01

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0524
 Species: Walleye Weight (g): 19.6 Length (mm): 143

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0525
 Species: walleye Weight (g): 14.3 Length (mm): 125

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0526
 Species: Walleye Weight (g): 17.1 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed *caudal* other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4E00527
 Species: Walleye Weight (g): 18.5 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0528

Species: walleye Weight (g): 15.4 Length (mm): 128

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0529

Species: Walleye Weight (g): 16.7 Length (mm): 131

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0530
 Species: walleye Weight (g): 16.9 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0531
 Species: Walleye Weight (g): 22.5 Length (mm): 176

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0532
 Species: Walleye Weight (g): 163 Length (mm): 127

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4ED0533

Species: walleye

Weight (g): 16.7

Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0537
 Species: walleye Weight (g): 5.9 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED 0538
 Species: walleye Weight (g): 4.2 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 9ED0539
 Species: white eye Weight (g): 4.8 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46-NA001
 Species: Walleye Weight (g): 453 Length (mm): 377

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0012

Species: Walleye

Weight (g): 534 Length (mm): 402

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 44NA 0013

Species: Walleye

Weight (g): 466

Length (mm): 456

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0014

Species: WALLEYE

Weight (g): 424

Length (mm): 370

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46-NA0015

Species: Walleye

Weight (g): 190

Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0016
 Species: Walleye Weight (g): 170 Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0017

Species: Waneye

Weight (g): 193

Length (mm): 287

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p align="center"><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p align="center"><u>Right</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 			

OPERCULA:

- normal
- slight shortening
- severe shortening
- other (specify): _____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): _____ 	<p align="center"><u>Right:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>parasite</u>
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FINS:

- normal
- mild erosion
- severe erosion
- frayed (tail)
- hemorrhagic
- emboli
- other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0018
 Species: Walleye Weight (g): 130 Length (mm): 221

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0019

Species: Walleye

Weight (g): 475

Length (mm): 348

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0020

Species: WALLEYE

Weight (g): 409

Length (mm): 369

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>broken by ziptie</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (<u>dorsal + caudal</u>)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0024
 Species: Whiteeye Weight (g): 337 Length (mm): 335

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>parasite</u>
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0022
 Species: Walleye Weight (g): 457 Length (mm): 350

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0023

Species: Walleye

Weight (g): 242

Length (mm): 305

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0045

Species: Walleye

Weight (g): 2310 Length (mm): 592

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): deformed caudal fin

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0046

Species: WALLEYE

Weight (g): 578

Length (mm): 403

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed (caudal, dorsal)

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0047
 Species: Walleye Weight (g): 608 Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input checked="" type="checkbox"/> other (specify): <u>discoloration</u>	<p align="center"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0048

Species: Walleye

Weight (g): 444

Length (mm): 372

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0049

Species: Walleye

Weight (g): 579

Length (mm): 411

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0050
 Species: Walleye Weight (g): 551 Length (mm): 396

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NAC0070
 Species: Walleye Weight (g): 650 Length (mm): 403

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <u>N/A</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 44NA0071
 Species: Walleye Weight (g): 429 Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 49NA0091
 Species: WE Weight (g): 465 Length (mm): 371

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed fin</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: Walleye

Reach: 4
 Weight (g): 443

Indiv. Fish Sample No. 44NA0092
 Length (mm): 366

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 4 Indiv. Fish Sample No. 46NA0093
 Species: WE Weight (g): 446 Length (mm): 382

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>tail & dorsal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 46NA0094
 Species: WE Weight (g): 728 Length (mm): 422

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input checked="" type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 20px;">white spots <input type="checkbox"/></p> <p style="margin-left: 20px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 20px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 20px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>parasites</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>parasites</u></p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 4GNA0095
 Species: WE Weight (g): 602 Length (mm): 384

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 4GNA0096
 Species: WE Weight (g): 492 Length (mm): 386

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 4GNA0097
 Species: WE Weight (g): 592 Length (mm): 407

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 4GNA0098
 Species: WE Weight (g): 440 Length (mm): 362

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed tail & dorsal other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EP0453
 Species: Walleye Weight (g): 369 Length (mm): 339

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0454
 Species: Walleye Weight (g): 548 Length (mm): 387

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>pelvic fins</u> <u>have a bent deformation</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 41 Indiv. Fish Sample No. 4ED0459
 Species: Wall eye Weight (g): 484 Length (mm): 376

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0456
 Species: Walleye Weight (g): 417 Length (mm): 361

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0457
 Species: Walleye Weight (g): 406 Length (mm): 363

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0462
 Species: Walleye Weight (g): 25.3 Length (mm): 150

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EPD043
 Species: Walleye Weight (g): 363 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. UED0464
 Species: Walleye Weight (g): 18.9 Length (mm): 138

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0465
 Species: Walleye Weight (g): 16.5 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0466
 Species: Walleye Weight (g): 22.4 Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0467
 Species: Walleye Weight (g): 19.9 Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 1ED0468

Species: Walleye

Weight (g): 24.4 Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EDD0469

Species: Walleye

Weight (g): 31.8

Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0485

Species: Walleye Weight (g): 13.6 Length (mm): 120

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0789
 Species: Walleye Weight (g): 53.1 Length (mm): 180

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EPD0490
 Species: Walleye Weight (g): 57 Length (mm): 182

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0491
 Species: Walleye Weight (g): 40 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Walleye

Reach: 4

Indiv. Fish Sample No. 4ED0492

Weight (g): 32.5 Length (mm): 153

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EDD0493

Species: Walleye

Weight (g): 21.5

Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EDD0494

Species: Walleye

Weight (g): 30

Length (mm): 151

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0495

Species: Walleye

Weight (g): 27.2 Length (mm): 155

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0496
 Species: Walleye Weight (g): 22.7 Length (mm): 139

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0497
 Species: Walleye Weight (g): 18 Length (mm): 130

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EDD498
 Species: Walleye Weight (g): 20.3 Length (mm): 738

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Walleye

Reach: 4

Indiv. Fish Sample No. 4ED0499

Weight (g): 30.5 Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0500
 Species: Walleye Weight (g): 32.4 Length (mm): 165

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0501
 Species: Walleye Weight (g): 33 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0502
 Species: Walleye Weight (g): 26.2 Length (mm): 157

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Walleye

Reach: 4
 Weight (g): 20

Indiv. Fish Sample No. 4ED0503
 Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0504
 Species: Walleye Weight (g): 25.8 Length (mm): 147

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0505
 Species: Walleye Weight (g): 33.9 Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 21EP0506
 Species: Walleye Weight (g): 32 Length (mm): 155

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 21E00507
 Species: Walleye Weight (g): 31 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0508
 Species: Walleye Weight (g): 21.3 Length (mm): 136

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0509
 Species: Walleye Weight (g): 32.7 Length (mm): 155

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0511
 Species: Walleye Weight (g): 17.2 Length (mm): 129

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 100px;"> <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> </div> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

- normal
- slight shortening
- severe shortening
- other (specify): _____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

- normal
- mild erosion
- severe erosion
- frayed
- hemorrhagic
- emboli
- other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4
25.1 LB

Indiv. Fish Sample No. 4ED0512

Species: Walleye

Weight (g): ~~20.36~~ Length (mm): ~~135~~ 150 ^{LB}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0510
 Species: Walleye Weight (g): 20.3 Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0523
 Species: Walleye Weight (g): 23.0 Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0024
 Species: Wall eye Weight (g): 185 Length (mm): 263

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0051
 Species: Wall eye Weight (g): 232 Length (mm): 302

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0052
 Species: Walleye Weight (g): 340 Length (mm): 349

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NA0053
 Species: Walleye Weight (g): 160 Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0101

Species: Walleye

Weight (g): 202 Length (mm): 288

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0103

Species: Walleye

Weight (g): 426

Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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BAIT

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NA0105

Species: Walleye

Weight (g): 449

Length (mm): 370

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table border="0"> <tr> <td style="text-align: center;"><u>Left</u></td> <td style="text-align: center;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS:</p> <p style="text-align: center;"><u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: center;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
---	---

FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09
 Species: Walleye

Reach: 4
 Weight (g): 146

Indiv. Fish Sample No. 46NE0021
 Length (mm): 243

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5030022
 Species: Walleye Weight (g): 251 Length (mm): 328

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0023

Species: Walleye Weight (g): 30 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0024

Species: Walleye Weight (g): 49 Length (mm): 181

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0025
 Species: Walleye Weight (g): 56 Length (mm): 185

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: _____ Indiv. Fish Sample No. SEB0026

Species: Walleye Weight (g): 42 Length (mm): 181

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0028
 Species: Walleye Weight (g): ~~15~~ 30 Length (mm): 150

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0030
 Species: Wallace Weight (g): 31 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0031

Species: Walleye Weight (g): 53 Length (mm): 144.6

194

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0033
 Species: Walleye Weight (g): 104 Length (mm): 226

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5EB0114
 Species: Walleye Weight (g): 18.4 Length (mm): 137

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0027
 Species: Kokanee Walleye Weight (g): 44.0 Length (mm): 179

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SED0028
 Species: Walleye Weight (g): 59.0 Length (mm): 192

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5ED0029

Species: Walleye

Weight (g): 36.0 Length (mm): 162

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEB0030
 Species: Walleye Weight (g): 39 Length (mm): 176

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5ED0031
 Species: Walleye Weight (g): 36.1 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: S Indiv. Fish Sample No. 5ED0032
 Species: Walleye Weight (g): 41.3 Length (mm): 178

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SEDO035
 Species: Walleye Weight (g): 31.8 Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGINA0018
 Species: Walleye Weight (g): 6500 Length (mm): 900

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> <td style="border: none;"><input checked="" type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input checked="" type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0019
 Species: Walleye Weight (g): 5250 Length (mm): 895

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 56NA0020
 Species: walleye Weight (g): 436 Length (mm): 392

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0021
 Species: Walleye Weight (g): 541 Length (mm): 408

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGNA0022
 Species: walleye Weight (g): 953 Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0023
 Species: walleye Weight (g): 602 Length (mm): 415

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input checked="" type="checkbox"/> mild erosion (caudal)	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGNA0024
 Species: walleye Weight (g): 478 Length (mm): 378

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 56NA0025

Species: walleye

Weight (g): 368

Length (mm): 364

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5GNA0020

Species: Walleye

Weight (g): 934

Length (mm): 470

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 5

Indiv. Fish Sample No. 5GNA0043

Species: Walleye

Weight (g): 686

Length (mm): 443

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>GILLS: Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Walleye

Reach: 5 Indiv. Fish Sample No. 56-N/A 0044
 Weight (g): 1305 Length (mm): 498

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0047
 Species: Walleye Weight (g): 540 Length (mm): 372

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SGNA0048
 Species: Walleye Weight (g): 635 Length (mm): 432

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>Split/fern</u></p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0049
 Species: Walleye Weight (g): 234 Length (mm): 312

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NA0050
 Species: Walleye Weight (g): 1535 Length (mm): 575

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SGNA0051
 Species: Walleye Weight (g): 480 Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5GNA0052

Species: walleye

Weight (g): 1234

Length (mm): 514

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 20px;">white spots <input type="checkbox"/> <li style="padding-left: 20px;">leech(es) <input type="checkbox"/> <li style="padding-left: 20px;">black spot(s) <input type="checkbox"/> <li style="padding-left: 20px;">anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening 	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<p><input type="checkbox"/> other (specify): _____</p>
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caught lead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 56-NE0003

Species: Walleye

Weight (g): 749

Length (mm): 445

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 15

Indiv. Fish Sample No. 51-NE0004

Species: Walleye

Weight (g): 526 Length (mm): _____

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>mangled left opercula</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0005
 Species: Walleye Weight (g): 740 Length (mm): 435

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NE0010
 Species: Walleye Weight (g): 523 Length (mm): 405

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>split dorsal fin</u>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1

Reach: 5

Indiv. Fish Sample No. 5GNA0036

Species: Walleye

Weight (g): 490

Length (mm): 397

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5GNA0037

Species: Walleye

Weight (g): 383 Length (mm): 365

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5GNA0038

Species: Walleye

Weight (g): ⁸³⁰4536 Length (mm): 56NA00388

~~830~~ 453

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56-NA0039
 Species: Walleye Weight (g): 2022 Length (mm): 610

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 56NA0040
 Species: walleye Weight (g): 530 Length (mm): 390

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5GNA0041

Species: Walleye

Weight (g): 409

Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5GNA0042

Species: Walleye

Weight (g): 585

Length (mm): 435

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0027
 Species: Walleye Weight (g): 50.2 Length (mm): 189

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5E130029
 Species: 5F Walleye Weight (g): 37.6 Length (mm): 164
10/13/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Walleye

Reach: 5
 Weight (g): 59.7

Indiv. Fish Sample No. 57B0032
 Length (mm): 193

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0035
 Species: Walleye Weight (g): 31.8 Length (mm): 166

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0110
 Species: Walleye Weight (g): 19.1 Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB011
 Species: Walleye Weight (g): 21.7 Length (mm): 143

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SEB0112
 Species: Walleye Weight (g): 20.6 Length (mm): 147

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EBO113
 Species: Walleye Weight (g): 12.0 Length (mm): 118

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0115
 Species: Walleye Weight (g): 20.1 Length (mm): 138

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0142
 Species: Walleye Weight (g): 5.1 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5 EBO147
 Species: Walleye Weight (g): 16.2 Length (mm): 132

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0158
 Species: Walleye Weight (g): 15 Length (mm): 132

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5 EPO159

Species: Walleye Weight (g): 18.3 Length (mm): 134

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5E00162

Species: WE

Weight (g): 22.8

Length (mm): ~~5E00162~~ ^{sw 10/14}
146 mm

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="checked" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="checked" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center; padding-bottom: 5px;"><u>Left</u></td> <td style="width: 50%; border: none; text-align: center; padding-bottom: 5px;"><u>Right</u></td> </tr> <tr> <td style="border: none; vertical-align: top;"><input checked="checked" type="checkbox"/> normal</td> <td style="border: none; vertical-align: top;"><input checked="checked" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none; vertical-align: top;"><input type="checkbox"/> exophthalmic</td> <td style="border: none; vertical-align: top;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none; vertical-align: top;"><input type="checkbox"/> opaque</td> <td style="border: none; vertical-align: top;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none; vertical-align: top;"><input type="checkbox"/> missing</td> <td style="border: none; vertical-align: top;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none; vertical-align: top;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none; vertical-align: top;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none; vertical-align: top;"><input type="checkbox"/> emboli</td> <td style="border: none; vertical-align: top;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; vertical-align: top;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; vertical-align: top;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="checked" type="checkbox"/> normal	<input checked="checked" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="checked" type="checkbox"/> normal	<input checked="checked" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="checked" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="checked" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="checked" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="checked" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____ _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0164
 Species: Walleye Weight (g): 5.2 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5TEDD168
 Species: Walleye Weight (g): 14.3 Length (mm): 123

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5ED0169

Species: Walleye

Weight (g): 4.2

Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>GILLS: Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EDD0178
 Species: Walleye Weight (g): 5.6 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0179
 Species: WE Weight (g): 4.4 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5E00181
 Species: WF Weight (g): 4.1 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0184
 Species: Walleye Weight (g): 3.5 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0185
 Species: Walleye Weight (g): 4.4 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0188
 Species: Walleye Weight (g): 16.6 Length (mm): 134

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0190
 Species: Walleye Weight (g): 63 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5E00170
 Species: Walleye Weight (g): 4.7 Length (mm): 93

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0171 *sh 10/27/09*
 Species: Walleye Weight (g): 4.3 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5E00172
Walleye Weight (g): 24.2 Length (mm): 146 5E00146 ⁸ _{10/14/09}

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EPO173
 Species: Walleye Weight (g): 5.8 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0174
 Species: Walleye Weight (g): 4.1 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Walleye

Reach: 5
 Weight (g): 7.4

Indiv. Fish Sample No. 5EPO175
 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEDO176
 Species: Walleye Weight (g): 5.0 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>GILLS: Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0177
 Species: Walleye Weight (g): 4.8 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0180
 Species: Walleye Weight (g): 4.0 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Walleye

Reach: 5

Indiv. Fish Sample No. 5EDD0182

Weight (g): 5.0 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Walleye

Reach: 5
 Weight (g): 6.3
 Indiv. Fish Sample No. SEDO183
 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0040
 Species: Walleye Weight (g): 1275 Length (mm): 512

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 40px;">Discoloration <u>Discoloration</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0041
 Species: Walleye Weight (g): 924 Length (mm): 464

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Discoloration</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: Left:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: _____ Indiv. Fish Sample No. 56NE0043
 Species: Walleye Weight (g): 410 Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 5 Indiv. Fish Sample No. 6EB0034
 Species: Walleye Weight (g): 34.1 Length (mm): 170

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body <i>Head</i></p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0012
 Species: Walleye Weight (g): 316 Length (mm): 332

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0025
 Species: Walleye Weight (g): 434 Length (mm): 365

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0033
 Species: Walleye Weight (g): 47.0 Length (mm): 191

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0045
 Species: ~~6EB0045~~ Walleye Weight (g): 27.3 Length (mm): 158
8/10/10/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0046
 Species: Walleye Weight (g): 39 Length (mm): 173

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: L Indiv. Fish Sample No. 6EB0070
 Species: Walleye Weight (g): 29.1 Length (mm): 163

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/19 Reach: 6 Indiv. Fish Sample No. 0EB0071
 Species: Walleye Weight (g): 30.6 Length (mm): 161

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 0EB0078
 Species: Walleye Weight (g): 337 Length (mm): 165

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0085
 Species: WE Weight (g): 52.2 Length (mm): 189

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> ^{RS} normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic ^{RS} body <u>lower jaw</u></p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6E30086
 Species: WE Weight (g): 159.4 Length (mm): 280

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body head</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/18/09 Reach: 6 Indiv. Fish Sample No. 6EB0090
 Species: Walleye Weight (g): 30 Length (mm): 158

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. CEB0091
 Species: WE Weight (g): 62 Length (mm): 196

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0092
 Species: Walleye Weight (g): ~~434~~ 64 Length (mm): ~~315~~ 192

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 40px;"><input type="checkbox"/> white spots <li style="padding-left: 40px;"><input type="checkbox"/> leech(es) <li style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <li style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p style="text-align: right;"><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0094
 Species: Walleye Weight (g): 281 Length (mm): 154

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0098
 Species: Walleye Weight (g): 69.4 Length (mm): 197

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0107
 Species: Walleye Weight (g): 52.5 Length (mm): 192

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 100px;"><input type="checkbox"/> white spots <li style="padding-left: 100px;"><input type="checkbox"/> leech(es) <li style="padding-left: 100px;"><input type="checkbox"/> black spot(s) <li style="padding-left: 100px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify):
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FINS:

normal frayed other (specify):

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EBO103

Species: Walleye Weight (g): 23.8 Length (mm): 151

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 0EB0163
 Species: Walleye Weight (g): 38.1 Length (mm): 181

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6e Indiv. Fish Sample No. 6EB0189
 Species: Walleye Weight (g): 20.1 Length (mm): 145

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 60 Indiv. Fish Sample No. 6FB0190
 Species: Walleye Weight (g): 17.3 Length (mm): 135

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table>	<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. GEB 0191

Species: Walleye

Weight (g): 18.7

Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6EB0192

Species: Walleye

Weight (g): 9.7

Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 0ED0033
 Species: Walleye Weight (g): 25.9 Length (mm): 152

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0032
 Species: Walleye Weight (g): 24.7 Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 02ED0034

Species: Walleye

Weight (g): 27.5

Length (mm): 160

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6ED0035
 Species: Walleye Weight (g): 20.8 Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 0

Indiv. Fish Sample No. 0EP0036

Species: Walleye

Weight (g): 24.5

Length (mm): 149

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6 ED0037
 Species: Walleye Weight (g): 15.5 Length (mm): 136

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. GE00038
 Species: Walleye Weight (g): 8.4 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: Ce Indiv. Fish Sample No. 06-NA 0001
 Species: Walleye Weight (g): 577 Length (mm): 399

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> other (specify): <u>damaged</u>
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
---	---

FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09
Species: Walleye

Indiv. Fish Sample No. 06NA0002
Reach: 6
Weight (g): 384⁵²⁴
Length (mm): 384
10/16/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input checked="" type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0003

Species: Walleye

Weight (g): 462

Length (mm): 385

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>CK</u></p> <p><u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed *dorsal & caudal*

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0004

Species: Walleye

Weight (g): 457

Length (mm): 378

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA0005

Species: Walleye

Weight (g): 577 Length (mm): 412

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="border: none;"></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>		<u>Right</u>	<input type="checkbox"/> normal		<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic		<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque		<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> missing		<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic		<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli		<input type="checkbox"/> emboli
<u>Left</u>		<u>Right</u>																					
<input type="checkbox"/> normal		<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic		<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque		<input type="checkbox"/> opaque																					
<input checked="" type="checkbox"/> missing		<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic		<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli		<input type="checkbox"/> emboli																					

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0006
 Species: Walleye Weight (g): 656 Length (mm): 417

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA6007

Species: Walleye

Weight (g): 542 Length (mm): 391

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion</p> <p><input checked="" type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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Caught alive

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. WENP0208
 Species: Walleye Weight (g): 508 Length (mm): 390

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed caudal fin other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0009
 Species: Walleye Weight (g): 546 Length (mm): 402

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed *Dorsal and tail fin*
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0010

Species: Walleye

Weight (g): 446

Length (mm): 373

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p align="right"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0011

Species: Walleye

Weight (g): 577

Length (mm): 409

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed dorsal, caudal

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0012
 Species: Walleye Weight (g): 376.8 Length (mm): 382

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 6 Indiv. Fish Sample No. CG-NA0013
 Species: Walleye Weight (g): 1128 Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0014
 Species: Walleye Weight (g): 657 Length (mm): 417

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input checked="" type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input checked="" type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No: ICNA0015
 Species: Walleye Weight (g): 547 Length (mm): 396

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed *Caudal & dorsal*
 mild erosion hemorrhagic *dorsal*
 severe erosion emboli
 other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0017
 Species: Walleye Weight (g): 517 Length (mm): 398

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0018
 Species: Walleye Weight (g): 423 Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/04 Reach: 6 Indiv. Fish Sample No. CGNA0019
 Species: Walleye Weight (g): 519 Length (mm): 382

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 60 Indiv. Fish Sample No. 66NA0028
 Species: Walleye Weight (g): 495 Length (mm): 377

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NAD029

Species: Walleye

Weight (g): 454

Length (mm): 374

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6GNA0030

Species: Walleye

Weight (g): 385.3 Length (mm): 386

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0031
 Species: Walleye Weight (g): 578 Length (mm): 409

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p style="text-align: center;"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p style="text-align: center;"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. CGNA0032

Species: Walleye

Weight (g): 574 Length (mm): 398

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input checked="" type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0034
 Species: Walleye Weight (g): 523 Length (mm): 406

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <i>dorsal and tail</i> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09

Reach: 6

Indiv. Fish Sample No. 6GNA 0033

Species: Walleye

Weight (g): 1147

Length (mm): 498

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 4 Indiv. Fish Sample No. 6GNA0035
 Species: Walleye Weight (g): 833 Length (mm): 440

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0036
 Species: Walleye Weight (g): 522 Length (mm): 366

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input checked="" type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6GNA0037
 Species: Walleye Weight (g): 1348 Length (mm): 545

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>discolored</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 6GNA0038
 Species: Walleye Weight (g): 399.1 Length (mm): 354

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Hole in dorsal fin</u> _____ _____
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Caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 66NA0039
 Species: Nalleye Weight (g): 692 Length (mm): 429

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 66NA0040

Species: Walleye

Weight (g): 278

Length (mm): 333

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; padding: 5px;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input checked="" type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0016LMW
 Species: Mountain whitefish Weight (g): 911 Length (mm): 424

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS: <u>P5</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1E10031 (MW)
 Species: MTN WHITEFISH Weight (g): 1397 Length (mm): 477

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">  </div> <div> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) </div> <input checked="" type="checkbox"/> other (specify): <u>HEMORRHAGE NEAR</u> <u>ADULT</u> </div> </div>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p style="margin-top: 20px;"> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ </p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

LEFT PELVIC

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/1/09 Reach: 1 Indiv. Fish Sample No. 1810033(LW)
 Species: LAKE WHITE Weight (g): 1128 Length (mm): 439

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10066(LMW)
 Species: Whitefish (CMW) Weight (g): 32.3 Length (mm): 151

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10064 (LW)
 Species: Whitefish (LW) Weight (g): 250.8 Length (mm): 285

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09

Reach: 1

Indiv. Fish Sample No. IE10067

Species: Whitefish (M)

Weight (g): 30

Length (mm): 152

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/3/09 Reach: 1 Indiv. Fish Sample No. 1E10068
 Species: Whitefish (MTN) Weight (g): 471 Length (mm): 175
(weighed w/ tag)

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 2E0008 (MWT)
 Species: Mtn. Whitefish Weight (g): 109 Length (mm): 237

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/01/2009 Reach: 2 Indiv. Fish Sample No. 26-N40012a(MW)
 Species: Mt. White Fish Weight (g): 1226 Length (mm): 480

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>Cut - Right Side</u> <u>between Pectoral</u> <u>and Pelvic Fin</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	

OPERCULA:

normal other (specify):

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input checked="" type="checkbox"/> other (specify): <u>Blow Shot</u></p>
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FINS:

normal frayed other (specify):

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009 Reach: 2 Indiv. Fish Sample No. 24N50035(MW)
 Species: MW Weight (g): 1059 Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>Broken, exposing gills under nare</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/02/2009

Reach: 2

Indiv. Fish Sample No. 26N110019 (MW)

Species: Whitefish
Cake

Weight (g): 1197 Length (mm): 468

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09 Reach: 2 Indiv. Fish Sample No. 260110050 (MWR)
 Species: WHITEFISH (MTR) Weight (g): 584 Length (mm): 944

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 36NE0018

Species: LAKE WHITEFISH

Weight (g): 1487

Length (mm): 512

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> mild erosion (right pelvic fin)</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09

Reach: 3

Indiv. Fish Sample No. 3GNE0022

Species: LAKE WHITEFISH

Weight (g): 1515

Length (mm): 515

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09 Reach: 3 Indiv. Fish Sample No. 3GNE 0023
 Species: LAKE WHITEFISH Weight (g): 1132 Length (mm): 459

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 36NA0029
 Species: Lake Whitefish Weight (g): 569 Length (mm): 376

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0028
 Species: Whitefish Weight (g): 611 Length (mm): 376

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): <u>- major gill net damage</u> _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36-NA-049

Species: Lake Whitefish

Weight (g): 1097

Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Frayed tail fin

* Caught Dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09
 Species: Lake whitefish

Reach: 3
 Weight (g): 987

Indiv. Fish Sample No. 36NA0050
 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): Tail and dorsal fins frayed

* caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NAD05
 Species: Lake Whitefish Weight (g): 1933 Length (mm): 515

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Frayed Tail</u> _____ _____
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* Caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36NA0052

Species: Lake whitefish

Weight (g): 1103

Length (mm): 476

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>frayed tail fin</u> _____ _____
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*caught dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NA0053
 Species: Lake Whitefish Weight (g): 2445 Length (mm): 559

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Frayed dorsal and tail</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36NA0054

Species: Lake whitefish

Weight (g): 1440

Length (mm): 467

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): Right opercula damage from gill net

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

**Caught dead*

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NA0056
 Species: Lake whitefish Weight (g): 1660 Length (mm): 518

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed
 mild erosion hemorrhagic
 severe erosion emboli
 other (specify): frayed tail fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36NA0055

Species: Lake whitefish

Weight (g): 1022

Length (mm): 435

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): frayed tail fin

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09

Reach: 3

Indiv. Fish Sample No. 36NA0057

Species: LAKE WHITEFISH

Weight (g): 1084

Length (mm): 471

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): Frayed TAIL

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NA0059
 Species: Lake whitefish Weight (g): 457 Length (mm): 355

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Frayed Tail</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NA0058
 Species: Lake Whitefish Weight (g): 1014 Length (mm): 445

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0083
 Species: Whitefish Weight (g): 968 Length (mm): 421

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body <i>on abdomen</i></p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0084
 Species: White fish Weight (g): 1065 Length (mm): 457

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0085
 Species: 3GNA0085 Whitefish Weight (g): 10.99 Length (mm): 450

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>- gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing <u>NA</u></p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 36NA0086
 Species: LAKE WHITEFISH Weight (g): 1607 Length (mm): 533

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gilnet marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0087
 Species: LAKE WHITEFISH Weight (g): 1216 Length (mm): 476

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input checked="" type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): hemorrhaging-left

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GNA 0088
 Species: LAKE WHITEFISH Weight (g): 1189 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

CAUGHT DEAD ☹

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0089
 Species: LAKE WHITEFISH Weight (g): 1559 Length (mm): 541

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>some gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0090
 Species: LAKE WHITEFISH Weight (g): 1073 Length (mm): 458

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>major gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify):</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0091
 Species: LAKE WHITEFISH Weight (g): 953 Length (mm): 447

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Some gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0092
 Species: Lake Whitefish Weight (g): 2136 Length (mm): 607

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gillnet marks.</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input checked="" type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 3GNA0093
 Species: LAKE WHITEFISH Weight (g): 1049 Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input checked="" type="checkbox"/> spinal deformities <input checked="" type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0094
 Species: Lake whitefish Weight (g): 489 Length (mm): 352

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> <u>healed wound on right</u> <u>abdomen</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____ _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/2009 Reach: 3 Indiv. Fish Sample No. 36NA0095
 Species: LAKE WHITEFISH Weight (g): 471 Length (mm): 342

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3 ¹³ ₁₄ ¹⁷ ₁₉ Indiv. Fish Sample No. 36NA081

Species: LAKE WHITEFISH

Weight (g): 452 ¹¹⁴⁰ Length (mm): 452

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3GNA0082
 Species: LAKE WHITEFISH Weight (g): 1200 Length (mm): 452

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. HEB00001

Species: LAKE Whitefish

Weight (g): 1946 Length (mm): 519

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: N/A</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4FB0015
 Species: LAKE WHITE FISH Weight (g): 94 Length (mm): 210

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0004

Species: LAKE WHITEFISH

Weight (g): 704

Length (mm): 380

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="margin-left: 40px;">white spots <input type="checkbox"/></p> <p style="margin-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="margin-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="margin-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="margin-left: 40px;"><u>MISSING scales</u></p> <p style="margin-left: 40px;"><u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA 0006
 Species: LW Weight (g): 1434 Length (mm): 472

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare - <i>Damage from Gill Net</i> <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0005
 Species: LW Weight (g): 44.960 Length (mm): 441

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 4GNA0007
Species: LW Weight (g): 693 Length (mm): 375
HE

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE: <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u>	HEAD and ORAL CAVITY: <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare BARBELS: <input type="checkbox"/> normal <u>N/A</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	EYES: <table style="width:100%;"><tr><td style="text-align: center;"><u>Left</u></td><td style="text-align: center;"><u>Right</u></td></tr><tr><td><input checked="" type="checkbox"/> normal</td><td><input checked="" type="checkbox"/> normal</td></tr><tr><td><input type="checkbox"/> exophthalmic</td><td><input type="checkbox"/> exophthalmic</td></tr><tr><td><input type="checkbox"/> opaque</td><td><input type="checkbox"/> opaque</td></tr><tr><td><input type="checkbox"/> missing</td><td><input type="checkbox"/> missing</td></tr><tr><td><input type="checkbox"/> hemorrhagic</td><td><input type="checkbox"/> hemorrhagic</td></tr><tr><td><input type="checkbox"/> emboli</td><td><input type="checkbox"/> emboli</td></tr></table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA: <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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GILLS: <u>Left:</u> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<u>Right:</u> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS: <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0008
 Species: LW Weight (g): 1045 Length (mm): 464

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill Net Damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 24GNA0062 ²⁵ _{03/18/12}

Species: LAKE WHITEFISH

Weight (g): 1733 Length (mm): 535

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 44NA0026
 Species: Lake Whitefish Weight (g): 1345 Length (mm): 465

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 96NA0027

Species: LAKE WHITEFISH

Weight (g): 1338

Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 49NA0028
 Species: LAKE WHITEFISH Weight (g): 1906 Length (mm): 500

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46N00029
 Species: LAKE WHITEFISH Weight (g): 1171 Length (mm): 470

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0030
 Species: LW Weight (g): 2009 Length (mm): 575

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal N/A</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Caught dead

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/07

Reach: 4

Indiv. Fish Sample No. 46NA0031

Species: LW

Weight (g): 1319

Length (mm): 475

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>Caught Dead</u></p> <p style="padding-left: 20px;"><u>Gillnet damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>NA</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0032
 Species: LW Weight (g): 460 Length (mm): 1114

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Caught dose</u> <u>bill not change</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <u>NA</u> <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. UGNA0038
 Species: LW Weight (g): 1083 Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed Tail
 hemorrhagic
 emboli
 other (specify):

caught Dead

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4GNA0034
 Species: LAKE WHITEFISH Weight (g): 1393 Length (mm): 493

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u> _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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CATCH IT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/09/09 Reach: 4 Indiv. Fish Sample No. 4GNA0035
 Species: LW Weight (g): 1092 Length (mm): 455

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <u>N/A</u> <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed tail <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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caught head

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 41-NA0036
 Species: LAKE WHITEFISH Weight (g): 1296 Length (mm): 473

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal B10/9/02</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No.: 46N/A0038
 Species: LAKE WHITEFISH Weight (g): 1359 Length (mm): 438

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0039
 Species: LAKE WHITEFISH Weight (g): 2331 Length (mm): 563

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0091
 Species: LAKE WHITEFISH Weight (g): 1717 Length (mm): 490

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0042

Species: LAKE WHITEFISH

Weight (g): 1185

Length (mm): 474

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 46NA0072
 Species: ~~46NA0072~~ LAKE WHITEFISH Weight (g): 1589 Length (mm): 500
8510/9/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify):

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify):

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA-0074

Species: LAKE WHITEFISH

Weight (g): 1205

Length (mm): 460

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Missing scales</u> 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 44NA0075
 Species: LAKE WHITEFISH Weight (g): 1331 Length (mm): 450

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0076

Species: LACE WHITEFISH

Weight (g): 1505

Length (mm): 490

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 44NA0077

Species: LAKE WHITEFISH

Weight (g): 1183

Length (mm): 494

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09
 Species: LAKE WHITEFISH

Reach: 4
 Weight (g): 1111

Indiv. Fish Sample No. 46NA0078
 Length (mm): 450

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0079

Species: LAKE WHITEFISH

Weight (g): 1750

Length (mm): 510

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 21

Indiv. Fish Sample No. 46NA0088

Species: LAKE WHITE FISH

Weight (g): 2438 Length (mm): 550

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0089

Species: LAKE WHITEFISH

Weight (g): 1773 Length (mm): 498

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>discoloration along lateral (left)</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
--	---

FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

CAUGHT DEAD

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 46NA0090

Species: LAKE WHITEFISH

Weight (g): 2528

Length (mm): 580

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>discoloration</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 20px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 46NFE0036
 Species: Mountain whitefish Weight (g): 171 Length (mm): 260

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. SGNA0016
 Species: Lake Whitefish Weight (g): 904 Length (mm): 418

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09 Reach: 5 Indiv. Fish Sample No. 5GNA0035
 Species: W. Lake Whitefish Weight (g): 1173 Length (mm): 490

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5GNA0059
 Species: lake mountain white fish Weight (g): 1515 Length (mm): 478
RS

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed dorsal <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. SGNA0060
Species: lake ~~Mountain~~ white fish Weight (g): 1700 Length (mm): 510
RS

EXTERNAL EXAMINATION: (check all that apply)

BODY SURFACE:	HEAD and ORAL CAVITY:	EYES:
<input checked="checked" type="checkbox"/> normal	<input checked="checked" type="checkbox"/> normal head	<input checked="checked" type="checkbox"/> normal
<input type="checkbox"/> raised growth(s)	<input type="checkbox"/> deformed head	<input type="checkbox"/> exophthalmic
<input type="checkbox"/> reddened lesion(s)	<input type="checkbox"/> upper lip growth	<input type="checkbox"/> opaque
<input type="checkbox"/> spinal deformities	<input type="checkbox"/> lower lip growth	<input type="checkbox"/> missing
<input type="checkbox"/> hemorrhagic body	<input type="checkbox"/> swollen nare	<input type="checkbox"/> hemorrhagic
<input type="checkbox"/> focal discoloration		<input type="checkbox"/> emboli
<input type="checkbox"/> body fungus		
<input type="checkbox"/> parasites(s) (specify):	BARBELS:	
<input type="checkbox"/> white spots	<input type="checkbox"/> normal	
<input type="checkbox"/> leech(es)	<input type="checkbox"/> missing	
<input type="checkbox"/> black spot(s)	<input type="checkbox"/> stubbed	
<input type="checkbox"/> anchor worm(s)	<input type="checkbox"/> deformed	
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):
_____	_____	_____
_____	_____	_____

OPERCULA:

<input checked="checked" type="checkbox"/> normal	<input type="checkbox"/> other (specify):
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

GILLS:	Left:	Right:
<input checked="checked" type="checkbox"/> normal		<input checked="checked" type="checkbox"/> normal
<input type="checkbox"/> frayed		<input type="checkbox"/> frayed
<input type="checkbox"/> marginate		<input type="checkbox"/> marginate
<input type="checkbox"/> pale		<input type="checkbox"/> pale
<input type="checkbox"/> other (specify):	_____	<input type="checkbox"/> other (specify):

FINS:

<input type="checkbox"/> normal	<input checked="checked" type="checkbox"/> frayed caudal	<input type="checkbox"/> other (specify):
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SGNE0053
 Species: LW Weight (g): 607 Length (mm): 373

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal <u>N/A</u></p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 54NE0054
 Species: lake whitefish Weight (g): 575 Length (mm): 344

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <u>caudal</u> <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0055
 Species: LW Weight (g): 657 Length (mm): 376

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>Gill net damage</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>Damage</u> <u>around base of</u> <u>tail</u>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NF0056
 Species: Lake Whitefish Weight (g): 1806 Length (mm): 532

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>Slight gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> slight shortening (<u>R+L</u>)</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (<u>anal + caudal</u>)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: lake whitefish

Reach: 5
 Weight (g): 848

Indiv. Fish Sample No. 56-NE0057
 Length (mm): 404

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>
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<p>GILLS: Left:</p> <p><input type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (caudal, anal, pelvic)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5GNE0058
 Species: Lake Whitefish Weight (g): 563 Length (mm): 368

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed caudal

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0059
 Species: lake whitefish Weight (g): 395 Length (mm): 485

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p align="center"><i>left side of face removed</i></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input checked="" type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal <i>10/14/09</i></p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>missy left opercula</u></p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0060
 Species: lake whitefish Weight (g): 1540 Length (mm): 482

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed (<u>caudal + anal</u>)</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input checked="" type="checkbox"/> other (specify): <u>broken dorsal</u></p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 56NE0061

Species: lake white fish

Weight (g): 1616

Length (mm): 522

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gillnet marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0062
 Species: lake whitefish Weight (g): 471 Length (mm): 1315

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill net marks</u>	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0063
 Species: lake whitefish Weight (g): 1757 Length (mm): 536

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>damage to left + right</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0064
 Species: lake whitefish Weight (g): 1780 Length (mm): 520

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify): <u>gill net mats</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0065
 Species: Lake Whitefish Weight (g): 627 Length (mm): 363

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> white spots <input type="checkbox"/> <input type="checkbox"/> leech(es) <input type="checkbox"/> <input type="checkbox"/> black spot(s) <input type="checkbox"/> <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> </div> <p><input checked="" type="checkbox"/> other (specify): <u>gill net marks</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net damage</u></p>
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<p>GILLS: Left:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>Right:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed <u>anal+caudal</u></p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0006
 Species: lake whitefish Weight (g): 1323 Length (mm): 489

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input checked="" type="checkbox"/> other (specify): <u>gill</u> _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: Left:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p>Right:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0067
 Species: Lake whitefish Weight (g): 521 Length (mm): 357

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchpr worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>gill</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none; padding-top: 10px;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input checked="" type="checkbox"/> other (specify): <u>gill net damage on R</u></p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0068
 Species: lake whitefish Weight (g): 545 Length (mm): 363

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input checked="" type="checkbox"/> other (specify):</p> <p style="padding-left: 20px;"><u>gill net marks</u></p> <p style="padding-left: 20px;"><u>rupture of skin +</u></p> <p style="padding-left: 20px;"><u>stomach contents.</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p style="padding-left: 20px;"><u>decapitated head</u></p> <p style="padding-left: 20px;"><u>from gill net</u></p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input checked="" type="checkbox"/> marginate</p> <p><input checked="" type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SGNE0071
 Species: lake white fish Weight (g): 1460 Length (mm): 485

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <u>gill net marks</u> <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input checked="" type="checkbox"/> other (specify): <u>vs 10/14/09</u> _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0005
 Species: Yellow Perch Weight (g): 66 Length (mm): 169

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>NA</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/2009 Reach: 1 Indiv. Fish Sample No. 1E0006
 Species: Yellow Perch Weight (g): 62 Length (mm): 164

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240013
 Species: Yellow Perch Weight (g): 4 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0014
 Species: Yellow Perch Weight (g): 3 Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09

Reach: 2

Indiv. Fish Sample No. 2A0041

Species: Yellow Perch

Weight (g): 36

Length (mm): 142

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240042
 Species: Yellow Perch Weight (g): 35 Length (mm): 140

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0052
 Species: Yellow Perch Weight (g): 3 Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0055
 Species: Yellow Perch Weight (g): 6 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0056
 Species: Yellow Perch Weight (g): 6 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0059
 Species: Yellow Perch Weight (g): 1 Length (mm): 64

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0060
 Species: Yellow Perch Weight (g): 6 Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed

mild erosion hemorrhagic

severe erosion emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 09/30/09 Reach: 2 Indiv. Fish Sample No. 2A0061
 Species: Yellow Perch Weight (g): 3 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0063
 Species: YELLOW PERCH Weight (g): 4 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0065
 Species: Yellow Perch Weight (g): 8 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240066
 Species: Yellow Perch Weight (g): 3 Length (mm): 60

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0068
 Species: Yellow Perch Weight (g): 3 Length (mm): 68

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240073
 Species: Yellow Perch Weight (g): 3 Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 2A0074
 Species: Yellow Perch Weight (g): 4 Length (mm): 67

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 9/30/09 Reach: 2 Indiv. Fish Sample No. 240075
 Species: Yellow Perch Weight (g): 3 Length (mm): 61

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/6/09
 Species: CH 10/6/09 3ED0201 YP

Reach: 3

Indiv. Fish Sample No. 3ED0201

Weight (g): 7.2 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EPO202
 Species: Y Perch Weight (g): 15.9 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

10/26/09

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3ED 0113 82
3ED 0113
3ED 0113
 Species: Y Perch Weight (g): 6.0 Length (mm): 83

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EDU139
 Species: Y Perch Weight (g): 5.5 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EPD0140
 Species: Y Perch Weight (g): 4.1 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09

Reach: 3

Indiv. Fish Sample No. 3EP0141w

Species: Yellow Perch

Weight (g): 6.6

Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EPO 147
 Species: Y Perch Weight (g): 8.1 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3E0150
 Species: Yellow Perch Weight (g): 5.1 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3E D0151W
 Species: Perch Weight (g): 105 Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EP0153
 Species: Yperch Weight (g): 4.2 Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3E10199
 Species: Y perch Weight (g): 12.1 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09
 Species: Y Perch

Reach: 3
 Weight (g): 143

Indiv. Fish Sample No. 3E00200
 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EPO 238
 Species: Y Perch Weight (g): 3.8 Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09
 Species: Y Perch

Reach: 3
 Weight (g): 7.2

Indiv. Fish Sample No. 3EP0239
 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3400259
 Species: Perch Weight (g): 6.2 Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/07/09 Reach: 3 Indiv. Fish Sample No. 3EPO280
 Species: Y Perch Weight (g): 4.4 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 2ED0379
 Species: ~~Smallmouth bass (M)~~ Weight (g): 7.0 Length (mm): 885
Yellow perch

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 3 Indiv. Fish Sample No. 3ED0380
 Species: yellow perch Weight (g): 6.3 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/7/09 Reach: 2 Indiv. Fish Sample No. 3E00395
 Species: yellow perch Weight (g): 3.2 Length (mm): 65

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED0350

Species: Yellow perch

Weight (g): 7.5

Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09 Reach: 3 Indiv. Fish Sample No. 3ED0352
 Species: Yellow perch Weight (g): 6.3 Length (mm): 85

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/08/09

Reach: 3

Indiv. Fish Sample No. 3ED0353

Species: Yellow perch

Weight (g): 5.1

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 2400354
 Species: YP Weight (g): 4.9 Length (mm): 78

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10.08.09 Reach: 3 Indiv. Fish Sample No. RED0355
 Species: Yellow perch Weight (g): 6.1 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ _____			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10.4.08

Reach: 3

Indiv. Fish Sample No. 3800364

Species: YP

Weight (g): 8.2

Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 3 Indiv. Fish Sample No. 3500369
 Species: Yellow Perch Weight (g): 3.2 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3ED0389

Species: Yellow Perch

Weight (g): 6.7

Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input checked="" type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 3

Indiv. Fish Sample No. 3SE 0003

Species: Yellow Perch

Weight (g): 0.6

Length (mm): 44

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3SE 4444
 Species: Yellow Perch Weight (g): 4.0 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/5/09 Reach: 3 Indiv. Fish Sample No. 3SE0005
 Species: Yellow Perch Weight (g): 4.4 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <i>N/A</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 3SE0007
 Species: Yellow Perch Weight (g): 3.6 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS: <i>N/A</i></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/2/09

Reach: 3

Indiv. Fish Sample No. 3 SE0018

Species: Yellow Perch

Weight (g): 5.1

Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS: <u>N/A</u></p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 3 Indiv. Fish Sample No. 36 NE 0020
 Species: Yellow Perch Weight (g): 3.5 Length (mm): 69

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> other (specify): <u>laceration above</u> <u>Dr operculum</u></p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS: <u>N/A</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 2/ED 0412

Species: Yellow Perch

Weight (g): 7.5

Length (mm): 93

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09

Reach: 4

Indiv. Fish Sample No. 4ED0413

Species: Yellow Perch

Weight (g): 11.7

Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0420
 Species: Yellow Perch Weight (g): 4.3 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0443
 Species: Yellow Perch Weight (g): 6.0 Length (mm): 86

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal NA</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/8/09 Reach: 4 Indiv. Fish Sample No. 4ED0451
 Species: Yellow Perch Weight (g): 6.0 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing NA</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4RE00091
 Species: Yellow Perch Weight (g): 4.3 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4BE0002
 Species: Yellow Perch Weight (g): 5.9 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0442A
 Species: Yellow Perch Weight (g): 3.7 Length (mm): 71

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/19/09 Reach: 4 Indiv. Fish Sample No. 4ED0442B
 Species: Yellow Perch Weight (g): 44 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0514
 Species: Yellow perch Weight (g): 6.1 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4ED0515

Species: Yellow Perch

Weight (g): 5.1

Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input checked="" type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4ED0516

Species: Yellow perch

Weight (g): 8.1

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0521
 Species: Yellow perch Weight (g): 4.6 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/04 Reach: 4 Indiv. Fish Sample No. 4ED0522
 Species: Yellow Perch Weight (g): 3.8 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0534
 Species: Yellow perch Weight (g): 2.2 Length (mm): 63

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4ED0535

Species: Yellow perch

Weight (g): 5.2

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09 Reach: 4 Indiv. Fish Sample No. 4ED0536
 Species: Yellow perch Weight (g): 3.5 Length (mm): 79

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/9/09

Reach: 4

Indiv. Fish Sample No. 4TF0005

Species: Yellow Perch

Weight (g): 12

Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 4^{cal} 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EB0037
 Species: Yellow perch Weight (g): 10.4 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0470
 Species: Yellow Perch Weight (g): 17.8 Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0471

Species: Yellow Perch

Weight (g): 5.2

Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0472
 Species: Yellow Perch Weight (g): 13.0 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
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<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0473
 Species: ~~4ED0473~~ Yellow perch Weight (g): 4.0 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0474
 Species: Yellow Perch Weight (g): 10.7 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0475
 Species: Yellow perch Weight (g): 13.1 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0976
 Species: Yellow Perch Weight (g): 4.8 Length (mm): 82.5

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0477

Species: Yellow perch

Weight (g): 3.0

Length (mm): 74

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0478

Species: Yellow perch

Weight (g): 5.2 82^{cm}

Length (mm): 82

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0479
 Species: Yellow perch Weight (g): 11.1 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/19/09

Reach: 4

Indiv. Fish Sample No. 4E120480

Species: Yellow perch

Weight (g): 7.6

Length (mm): 93

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4ED0481

Species: Yellow perch

Weight (g): 83

Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0482
 Species: Yellow Perch Weight (g): 7.0 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4E1D0483
 Species: Yellow perch Weight (g): 13.4 Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0487
 Species: Yellow perch Weight (g): 34 Length (mm): 72

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0486
 Species: Yellow Perch Weight (g): 7.2 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0488
 Species: Yellow Perch Weight (g): ~~92~~ 8.0 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/07 Reach: 4 Indiv. Fish Sample No. 4ED0513
 Species: yellow perch Weight (g): 6.3 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4ED0517
 Species: Yellow perch Weight (g): 65 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> <td style="border: none;"> <input type="checkbox"/> other (specify): _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EE0004

Species: Yellow Perch

Weight (g): 5.3

Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: _____ Indiv. Fish Sample No. 4EE0005
 Species: Yellow Perch Weight (g): 9.7 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4EE0010
 Species: Yellow Perch Weight (g): 3.5 Length (mm): 75

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 4EE0020

Species: Yellow Perch

Weight (g): 3.4

Length (mm): 73

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09

Reach: 4

Indiv. Fish Sample No. 46NE0029

Species: Yellow Perch

Weight (g): 186

Length (mm): 242

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/10/09 Reach: 4 Indiv. Fish Sample No. 4GNE0035
 Species: Yellow perch Weight (g): 89 Length (mm): 197

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify):</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify):</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5EB0078

Species: Rainbow Trout
Yellow Perch

Weight (g): 11

Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0033
 Species: Walleye Yellow perch Weight (g): 15.5 Length (mm): 111

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="right"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. ^{CAC} 5EBD0034

Species: Yellow perch

Weight (g): 11.7

Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0131
 Species: yellow perch Weight (g): 3.7 Length (mm): 76

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09
 Species: Yellow Perch

Reach: 5
 Weight (g): 3.0

Indiv. Fish Sample No. 5EDD0132
 Length (mm): 66

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09

Reach: 5

Indiv. Fish Sample No. 5ED0134

Species: Yellow Perch

Weight (g): 9.2

Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5ED0135
 Species: Yellow Perch Weight (g): 11.6 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): some damage on L. side

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13/09 Reach: 5 Indiv. Fish Sample No. 5EB0116
 Species: Yellow perch Weight (g): 7.8 Length (mm): 90

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/13

Reach: 5

Indiv. Fish Sample No. 5TF0004

Species: Yellow Perch

Weight (g): 9.8

Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEB0127
 Species: Yellow Perch Weight (g): 6.2 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0130
 Species: Yellowperch Weight (g): 13.1 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0131
 Species: Yellow perch Weight (g): 6.0 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish 5E80132
 Species: Yellow Perch Weight (g): 10.8 Length (mm): 100 Sample No. 5E80132 ② 10/14

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0141
 Species: Yellowperch Weight (g): 11.2 Length (mm): 103

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EBO148
 Species: Yellow Perch Weight (g): 8.7 Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5EB0150

Species: ~~5EB0150~~, 10/27/09
Yellow Perch

Weight (g): 22.7 Length (mm): 126

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5EBO151

Species: Yellow Perch

Weight (g): ~~107.6~~ 12.5 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <li style="padding-left: 40px;">white spots <input type="checkbox"/> <li style="padding-left: 40px;">leech(es) <input type="checkbox"/> <li style="padding-left: 40px;">black spot(s) <input type="checkbox"/> <li style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): 	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify):</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify):
<input type="checkbox"/> slight shortening	
<input type="checkbox"/> severe shortening	

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify):
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify):
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EBO152
 Species: Yellow Perch Weight (g): 8.6 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5E80153

Species: Yellow Perch

Weight (g): 9.1

Length (mm): 97

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EBO159
 Species: Yellow Perch Weight (g): 10.4 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0184
 Species: Yellow Perch Weight (g): 7.6 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen.nare	<p>EYES:</p> <table style="width:100%; border:none;"> <tr> <td style="text-align:center; border:none;"><u>Left</u></td> <td style="text-align:center; border:none;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____

Reach: 5

Indiv. Fish Sample No. 5EB01846

Species: yellow perch

Weight (g): 6.4

Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

Based on photo 11/2/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EB0186
 Species: Yellowperch Weight (g): 11.8 Length (mm): 106

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEB0187
 Species: Yellow Perch Weight (g): ~~106~~ ^{11.5} Length (mm): 106
EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input checked="" type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Yellowperch

Reach: 5
 Weight (g): 7.9

Indiv. Fish Sample No. 5EB0189
 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5E80193
 Species: Yellow Perch Weight (g): 4.6 Length (mm): 80

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Yellowperch

Reach: 5
 Weight (g): 7.6
 Indiv. Fish Sample No. SEB0176
 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0186
 Species: Yellow perch Weight (g): 12.4 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: yellowperch

Reach: 5
 Weight (g): 12.6

Indiv. Fish Sample No. 5ED0187
 Length (mm): 107

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; padding-right: 10px;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> <td style="width:50%; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> </td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Yellowperch

Reach: 5 Indiv. Fish Sample No. 5 EDO189

Weight (g): 10.2 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. SEDO191
 Species: Yellow Perch Weight (g): 8.2 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0192
 Species: Yellow Perch Weight (g): 13.4 Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic

severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5EP0193
 Species: Yellow Perch Weight (g): 66 Length (mm): 88

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09

Reach: 5

Indiv. Fish Sample No. 5ED0195

Species: Yellow Perch

Weight (g): 3.9

Length (mm): 77

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening

severe shortening

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 5ED0199
 Species: Yellow Perch Weight (g): 13.7 Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal other (specify): _____

slight shortening _____

severe shortening _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

normal frayed other (specify): _____

mild erosion hemorrhagic _____

severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. 56NE0047
 Species: Yellow perch Weight (g): 272 Length (mm): 264

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input checked="" type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09 Reach: 5 Indiv. Fish Sample No. STF0014
 Species: Yellowperch Weight (g): 102.4 Length (mm): 198

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/14/09
 Species: Yellowperch

Reach: 5 Indiv. Fish Sample No. 5TF 0015
 Weight (g): 22.7 Length (mm): 124

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p style="text-align: right;"><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/15/09 Reach: 6 Indiv. Fish Sample No. 6EB0160
 Species: Yellow Perch Weight (g): 5.7 Length (mm): 87

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"><u>Left</u></td> <td style="text-align: center; padding: 5px;"><u>Right</u></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> <td style="padding: 5px;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> <td style="padding: 5px;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> missing</td> <td style="padding: 5px;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> <td style="padding: 5px;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> <td style="padding: 5px;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 6SE0005

Species: YP

Weight (g): 6.1

Length (mm): 85

10/16/09

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 65E0006
 Species: YP Weight (g): 7.1 Length (mm): 89

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09 Reach: 6 Indiv. Fish Sample No. 65E0007
 Species: YP Weight (g): 5.1 Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli </td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli			
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____				

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. 65E0008

Species: YP

Weight (g): 5.1

Length (mm): 81

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/16/09

Reach: 6

Indiv. Fish Sample No. WEB0093

Species: Yellow Perch

Weight (g): 107

Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____ Reach: 6 Indiv. Fish Sample No. 6E150227
 Species: yellow perch Weight (g): 7 Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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Based on p 18 to 11/2/09

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0046
 Species: YP Weight (g): 6.0 Length (mm): 84

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. GED0047
 Species: YP Weight (g): 9.9 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): _____

Reach: 6

Indiv. Fish Sample No. GE10049

Species: Yellow Perch

Weight (g): 14.3

Length (mm): 113

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

Back on photo 11/3/09

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 12/12/09

Reach: 6

Indiv. Fish Sample No. GED0049

Species: YP

Weight (g): 7.5

Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> <tr> <td><input type="checkbox"/> other (specify): _____</td> <td><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																		

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. WED0050
 Species: Yellowperch Weight (g): 1.04 Length (mm): 10.7

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6ED0051

Species: Yellow perch

Weight (g): 17

Length (mm): 115

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>			

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

<p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6 EDO052
 Species: Yellow perch Weight (g): 13.8 Length (mm): 109

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nares</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. GED0053

Species: Yellow perch

Weight (g): 13.5

Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6E00054

Species: YP

Weight (g): 20.5

Length (mm): 119

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6ED0055

Species: YP

Weight (g): 9.0

Length (mm): 94

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; text-align: center;"><u>Left</u></td> <td style="width:50%; border: none; text-align: center;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify):</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify):	<input type="checkbox"/> other (specify):																					
_____	_____																					
_____	_____																					
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																						

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6ED0056

Species: YP

Weight (g): 8.3 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0057
 Species: YP Weight (g): 7.2 Length (mm): 95

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0059
 Species: YP Weight (g): 10.7 Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> <tr> <td style="border: none;"> _____</td> <td style="border: none;"> _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____	_____	_____	_____	_____
<u>Left</u>	<u>Right</u>																					
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																					
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																					
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																					
<input type="checkbox"/> missing	<input type="checkbox"/> missing																					
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																					
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																					
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																					
_____	_____																					
_____	_____																					

OPERCULA:

 normal other (specify): _____
 slight shortening _____
 severe shortening _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic _____
 severe erosion emboli _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6ED0061

Species: YP

Weight (g): 8.9

Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0065
 Species: YP Weight (g): 11.5 Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 60 Indiv. Fish Sample No. 6ED0067
 Species: YP Weight (g): 16.7 Length (mm): 116

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. WED0068a
 Species: YP Weight (g): 8.8 Length (mm): 99

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 6ED00686

Species: YP

Weight (g): 10.6

Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09
 Species: YP

Reach: 6

Indiv. Fish Sample No. GED0073

Weight (g): 10.2 Length (mm): 101

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6F00074
 Species: YP Weight (g): 8.5 Length (mm): 92

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/12/09

Reach: 6

Indiv. Fish Sample No. GED0075

Species: YP

Weight (g): 8.0

Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

- normal
- slight shortening
- severe shortening
- other (specify): _____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<input type="checkbox"/> other (specify): _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0080
 Species: YP Weight (g): 10.8 Length (mm): 98

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Left</u></td> <td style="text-align: center; width: 50%;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): <input type="checkbox"/> other (specify): _____ _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

 normal other (specify): _____
 slight shortening
 severe shortening

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p style="text-align: right;"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal frayed other (specify): _____
 mild erosion hemorrhagic
 severe erosion emboli

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 4

Indiv. Fish Sample No. GED0081

Species: YP

Weight (g): 8.6

Length (mm): 96

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center; border: none;"><u>Left</u></td> <td style="width:50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____																

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. GED0082

Species: YP

Weight (g): 12.9

Length (mm): 110

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nares <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> slight shortening	_____
<input type="checkbox"/> severe shortening	_____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<input checked="" type="checkbox"/> normal	<input type="checkbox"/> frayed	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> mild erosion	<input type="checkbox"/> hemorrhagic	_____
<input type="checkbox"/> severe erosion	<input type="checkbox"/> emboli	_____

FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. GED0083

Species: YP

Weight (g): 13.2

Length (mm): 108

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; text-align: center;"><u>Left</u></td> <td style="width:50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															
<p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____	<input type="checkbox"/> other (specify): _____ _____ _____															

OPERCULA:

 normal
 slight shortening
 severe shortening
 other (specify): _____

<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

 normal
 mild erosion
 severe erosion
 frayed
 hemorrhagic
 emboli
 other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. 10ED0084

Species: Y8

Weight (g): 7.1

Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

- normal
- slight shortening
- severe shortening
- other (specify): _____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

- normal
- mild erosion
- severe erosion
- frayed
- hemorrhagic
- emboli
- other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: 6

Indiv. Fish Sample No. GED0086

Species: YP

Weight (g): 11.3

Length (mm): 102

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): <ul style="list-style-type: none"> <input type="checkbox"/> white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> other (specify): _____ 	<p>HEAD and ORAL CAVITY:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ 	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> <td style="border: none;"><input type="checkbox"/> other (specify): _____</td> </tr> </table>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____
<u>Left</u>	<u>Right</u>																	
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal																	
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic																	
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque																	
<input type="checkbox"/> missing	<input type="checkbox"/> missing																	
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic																	
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli																	
<input type="checkbox"/> other (specify): _____	<input type="checkbox"/> other (specify): _____																	

OPERCULA:

- normal
- slight shortening
- severe shortening
- other (specify): _____

<p>GILLS: <u>Left:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____ 	<p><u>Right:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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FINS:

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion 	<ul style="list-style-type: none"> <input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli 	<input type="checkbox"/> other (specify): _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09

Reach: CP

Indiv. Fish Sample No. GED0088

Species: YP

Weight (g): 12.0

Length (mm): 105

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focal discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;"><input type="checkbox"/> white spots</p> <p style="padding-left: 40px;"><input type="checkbox"/> leech(es)</p> <p style="padding-left: 40px;"><input type="checkbox"/> black spot(s)</p> <p style="padding-left: 40px;"><input type="checkbox"/> anchor worm(s)</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Left</u></td> <td style="text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input checked="" type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p> <p>_____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input checked="" type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

OPERCULA:

normal

slight shortening

severe shortening

other (specify): _____

<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FINS:

normal

mild erosion

severe erosion

frayed

hemorrhagic

emboli

other (specify): _____

FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. GED0092
 Species: Yp Weight (g): 10.1 Length (mm): 104

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focul discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;"><u>Left</u></td> <td style="width: 50%; text-align: center; border: none;"><u>Right</u></td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> <td style="border: none;"><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> <td style="border: none;"><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> opaque</td> <td style="border: none;"><input type="checkbox"/> opaque</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> missing</td> <td style="border: none;"><input type="checkbox"/> missing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> <td style="border: none;"><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> emboli</td> <td style="border: none;"><input type="checkbox"/> emboli</td> </tr> </table> <p><input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____</p>	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM

Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED0099
 Species: YP Weight (g): 9.6 Length (mm): 100

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><u>Left</u></td> <td style="width: 50%; text-align: center;"><u>Right</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> normal</td> <td><input checked="" type="checkbox"/> normal</td> </tr> <tr> <td><input type="checkbox"/> exophthalmic</td> <td><input type="checkbox"/> exophthalmic</td> </tr> <tr> <td><input type="checkbox"/> opaque</td> <td><input type="checkbox"/> opaque</td> </tr> <tr> <td><input type="checkbox"/> missing</td> <td><input type="checkbox"/> missing</td> </tr> <tr> <td><input type="checkbox"/> hemorrhagic</td> <td><input type="checkbox"/> hemorrhagic</td> </tr> <tr> <td><input type="checkbox"/> emboli</td> <td><input type="checkbox"/> emboli</td> </tr> </table> <input type="checkbox"/> other (specify): _____ <input type="checkbox"/> other (specify): _____ _____ _____	<u>Left</u>	<u>Right</u>	<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic	<input type="checkbox"/> opaque	<input type="checkbox"/> opaque	<input type="checkbox"/> missing	<input type="checkbox"/> missing	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> emboli	<input type="checkbox"/> emboli
<u>Left</u>	<u>Right</u>															
<input checked="" type="checkbox"/> normal	<input checked="" type="checkbox"/> normal															
<input type="checkbox"/> exophthalmic	<input type="checkbox"/> exophthalmic															
<input type="checkbox"/> opaque	<input type="checkbox"/> opaque															
<input type="checkbox"/> missing	<input type="checkbox"/> missing															
<input type="checkbox"/> hemorrhagic	<input type="checkbox"/> hemorrhagic															
<input type="checkbox"/> emboli	<input type="checkbox"/> emboli															

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 0EDG109
 Species: Yellow perch Weight (g): 7.0 Length (mm): 91

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> raised growth(s)</p> <p><input type="checkbox"/> reddened lesion(s)</p> <p><input type="checkbox"/> spinal deformities</p> <p><input type="checkbox"/> hemorrhagic body</p> <p><input type="checkbox"/> focul discoloration</p> <p><input type="checkbox"/> body fungus</p> <p><input type="checkbox"/> parasites(s) (specify):</p> <p style="padding-left: 40px;">white spots <input type="checkbox"/></p> <p style="padding-left: 40px;">leech(es) <input type="checkbox"/></p> <p style="padding-left: 40px;">black spot(s) <input type="checkbox"/></p> <p style="padding-left: 40px;">anchor worm(s) <input type="checkbox"/></p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>HEAD and ORAL CAVITY:</p> <p><input checked="" type="checkbox"/> normal head</p> <p><input type="checkbox"/> deformed head</p> <p><input type="checkbox"/> upper lip growth</p> <p><input type="checkbox"/> lower lip growth</p> <p><input type="checkbox"/> swollen nare</p> <p>BARBELS:</p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> stubbed</p> <p><input type="checkbox"/> deformed</p> <p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p> </td> </tr> </table> <p>_____</p>	<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>
<p align="center"><u>Left</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>	<p align="center"><u>Right</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> exophthalmic</p> <p><input type="checkbox"/> opaque</p> <p><input type="checkbox"/> missing</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p> <p><input type="checkbox"/> other (specify): _____</p>			

<p>OPERCULA:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> slight shortening</p> <p><input type="checkbox"/> severe shortening</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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<p>GILLS: <u>Left:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>	<p><u>Right:</u></p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> marginate</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> other (specify): _____</p>
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<p>FINS:</p> <p><input checked="" type="checkbox"/> normal</p> <p><input type="checkbox"/> mild erosion</p> <p><input type="checkbox"/> severe erosion</p>	<p><input type="checkbox"/> frayed</p> <p><input type="checkbox"/> hemorrhagic</p> <p><input type="checkbox"/> emboli</p>	<p><input type="checkbox"/> other (specify): _____</p> <p>_____</p>
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FISH EXTERNAL EXAMINATION FORM
Upper Columbia River (UCR) Fish Tissue Study

Date (MM/DD/YYYY): 10/17/09 Reach: 6 Indiv. Fish Sample No. 6ED017
 Species: Yellow perch Weight (g): 19 Length (mm): 120

EXTERNAL EXAMINATION: (check all that apply)

<p>BODY SURFACE:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> raised growth(s) <input type="checkbox"/> reddened lesion(s) <input type="checkbox"/> spinal deformities <input type="checkbox"/> hemorrhagic body <input type="checkbox"/> focal discoloration <input type="checkbox"/> body fungus <input type="checkbox"/> parasites(s) (specify): white spots <input type="checkbox"/> leech(es) <input type="checkbox"/> black spot(s) <input type="checkbox"/> anchor worm(s) <input type="checkbox"/> <input type="checkbox"/> other (specify): _____ _____ _____	<p>HEAD and ORAL CAVITY:</p> <input checked="" type="checkbox"/> normal head <input type="checkbox"/> deformed head <input type="checkbox"/> upper lip growth <input type="checkbox"/> lower lip growth <input type="checkbox"/> swollen nare <p>BARBELS:</p> <input type="checkbox"/> normal <input type="checkbox"/> missing <input type="checkbox"/> stubbed <input type="checkbox"/> deformed <input type="checkbox"/> other (specify): _____ _____ _____	<p>EYES:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____ </td> </tr> </table>	<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____
<p align="center"><u>Left</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____	<p align="center"><u>Right</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> exophthalmic <input type="checkbox"/> opaque <input type="checkbox"/> missing <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli <input type="checkbox"/> other (specify): _____ _____			

<p>OPERCULA:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> slight shortening <input type="checkbox"/> severe shortening	<input type="checkbox"/> other (specify): _____ _____ _____
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<p>GILLS: <u>Left:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____	<p align="right"><u>Right:</u></p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> frayed <input type="checkbox"/> marginate <input type="checkbox"/> pale <input type="checkbox"/> other (specify): _____
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<p>FINS:</p> <input checked="" type="checkbox"/> normal <input type="checkbox"/> mild erosion <input type="checkbox"/> severe erosion	<input type="checkbox"/> frayed <input type="checkbox"/> hemorrhagic <input type="checkbox"/> emboli	<input type="checkbox"/> other (specify): _____ _____ _____
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APPENDIX D

PHOTOGRAPHS OF FISH COLLECTED

**AVAILABLE UPON REQUEST
(13.2 GIGABYTES OF DATA)**